

# North Shore Seniors at risk of homelessness Community Needs Assessment



## Lionsview Senior's Planning Society 2011

Prepared by Leya Eguchi, RSW

Lionsview gratefully acknowledges its funders including  
City of North Vancouver, District of North Vancouver, District of West Vancouver,  
Donors from across the North Shore and United Way of the Lower Mainland

# Executive Summary

---

## DEMOGRAPHICS

- The total population of seniors over the age of 65 on the North Shore is 26,930. There are an additional 21,920 between the ages of 55 and 65.
- The population of North Shore seniors over the age of 65 is projected to increase by at least 24% over the next 5 years, 48% over the next 10 years and 73% over the next 20 years.
- 1,675 seniors on the North Shore had an after tax income below the low income cut-off (LICO) in 2006, which is \$15,344 for singles and \$18,676 for a two person household. There are 1,215 North Shore seniors over the age of 65 who are in core housing need and spending more than half their income on housing. This is the group that is considered to be at risk of homelessness.
- OAS and CPP are the main source of income for many low income seniors on the North Shore. Most low income seniors do not have any savings and rely entirely on OAS and supplements. Income averages \$1381.96 per month for a single person who meets the full qualification criteria.
- Many seniors considered to be at high risk of homelessness make significantly less than \$1200 per month due to not meeting the full qualification criteria for OAS/ CPP or having applied before turning 65.
- Many seniors have their social circles and support network on the North Shore, and will be at risk of isolation and depression if moved to another community.

## HOUSING AND SERVICES

- 21% of seniors live in rented apartments, with a median rent payment of \$994 per month.
- There are a total of 1446 units of affordable social housing available to seniors on the North Shore, of which 829 are seniors only units. 535 of these units can be accessed through the BC Housing Registry, and the remainder are operated by Non-Profit Societies or Housing Co-ops. 160 seniors are on the BC Housing waitlisted as of January 2011.
- Vancouver Coastal Health (VCH) currently has 111 subsidized assisted living units available on the North Shore for seniors requiring some supports.
- The gap between the number of low income seniors (below LICO) and subsidised affordable housing units available is estimated between 400-800.
- SAFER caps the maximum rate at \$700 for a single person, which does not reflect the reality of the North Shore.

## HOMELESSNESS

- There are up to 60 homeless seniors annually on the North Shore ages 55 and up that are known to outreach workers. About 10-20 are chronically homeless, while the rest are temporarily or periodically homeless. There may be additional homeless seniors who move in and out of the North Shore, are hiding deep in the bushes or couch surfing (staying in a temporary location).
- Homeless seniors are underrepresented on "snapshot" counts partly due to a high mortality rate.
- About one third of the homeless population have a serious mental health concern. Depression, anxiety and dementia are the most common concerns among the elderly homeless population.
- About half to one third of the elderly homeless population regularly consumes alcohol. Although hard drug use is low, there are a few crack users among the chronically homeless.
- Lookout Emergency Aid Society, Canadian Mental Health Association (CMHA) and Senior's Services Society are the main agencies providing outreach services to seniors at risk of homelessness.
- There are many community and volunteer services that provide services to seniors, and referral services which will provide information, referrals and help with application forms, taxes and advocacy. However, there is no over-arching framework of communication or collaborative service delivery that ties all of the services together.

# Contents

<b>EXECUTIVE SUMMARY</b>	<b>2</b>
DEMOGRAPHICS	2
HOUSING AND SERVICES	2
HOMELESSNESS	2
<b>INTRODUCTION</b>	<b>4</b>
<b>SCOPE OF REPORT AND DEFINITIONS</b>	<b>5</b>
<b>COMMUNITY DEMOGRAPHIC AND ECONOMIC PROFILE</b>	<b>6</b>
SOCIAL INDICATORS	6
LIFE EXPECTANCY AND LEADING CAUSES OF DEATH	7
TABLE 1: POPULATION OF SENIORS OVER 55 ON THE NORTH SHORE	7
PROJECTED POPULATION GROWTH	7
TABLE 2: PROJECTED RATE OF POPULATION GROWTH FOR SENIORS OVER 55 AND 65 ON THE NORTH SHORE	7
<b>SENIOR'S HOUSING RISK</b>	<b>8</b>
INCOME/ASSETS	8
TABLE 3: INCOME CHARACTERISTICS OF SENIORS OVER THE AGE OF 65, FOR PERSONS NOT IN ECONOMIC FAMILIES	8
TABLE 4: INCOME CHARACTERISTICS OF NORTH SHORE SENIORS OVER THE AGE OF 65 BY SEX, FOR PERSONS NOT IN ECONOMIC FAMILIES	9
TABLE 5: HOUSING COSTS	9
TABLE 6: RENT INCREASES	9
HOUSING COST IN THE PRIVATE MARKET	9
TABLE 7: HOUSING TENURE AND NUMBER OF HOUSEHOLD MAINTAINERS FOR NORTH SHORE SENIORS OVER 65	10
TABLE 8: HOUSEHOLDS IN CORE HOUSING NEED AND SPENDING AT LEAST HALF (INALH) OF HOUSEHOLD INCOME ON SHELTER COSTS FOR SENIORS OVER THE AGE OF 65	10
FOOD INSECURITY	10
<b>SOCIAL HOUSING AND HOUSING SUBSIDIES FOR SENIORS</b>	<b>11</b>
HOUSING AND SUPPORT SERVICES ALONG THE HOUSING CONTINUUM	11
EMERGENCY SHELTER AND TRANSITIONAL HOUSING	11
ASSISTED LIVING (INDEPENDENT LIVING BC)	11
TABLE 9: ASSISTED LIVING UNITS AVAILABLE THROUGH VANCOUVER COASTAL HEALTH	12
SENIORS' SUPPORTED HOUSING ON THE NORTH SHORE	12
INDEPENDENT SOCIAL HOUSING	13
TABLE 10: SOCIAL HOUSING AVAILABLE TO SENIORS THROUGH THE BC HOUSING REGISTRY	13
TABLE 11: SOCIAL HOUSING AVAILABLE THROUGH NON-PROFIT SOCIETIES OR HOUSING COOPS	14
RENT ASSISTANCE (SAFER)	14
<b>HOMELESS SENIORS</b>	<b>15</b>
TABLE 12: OUTREACH CASELOAD OF HOMELESS/AT-RISK SENIORS OVER 55 FOR NORTH SHORE SERVING AGENCIES	15
PHYSICAL & MENTAL HEALTH	15
ADDICTIONS & VICTIMIZATION	16
<b>SERVICE NEEDS OF SENIORS AT RISK</b>	<b>16</b>
CASE MANAGEMENT & EVICTION PREVENTION	16
HOUSING ASSISTANCE, FINANCIAL MANAGEMENT, NUTRITIOUS MEALS & SOCIALIZATION	17
EXISTING SERVICES FOR HOMELESS/AT-RISK SENIORS	18
COMMUNITY RESOURCES	20
GAPS IN SERVICES	21
<b>NORTH SHORE SPECIFIC RECOMMENDATIONS</b>	<b>22</b>
<b>SUCCESSFUL MODELS IN OTHER COMMUNITIES</b>	<b>23</b>
<b>CONCLUSION</b>	<b>24</b>
<b>REFERENCES</b>	<b>25</b>

# Introduction

---

Homelessness is rising on the North Shore, and the fear of losing one's housing is a concern for many seniors living on the North Shore. There are very few services on the North Shore that address the unique needs of seniors who are homeless or at risk of homelessness, leaving this group at increased risk. Homeless seniors are often invisible in local policy and media reports, and are often subsumed without special consideration into the general homeless population. The number of seniors is expected to increase dramatically with the aging of the baby boomer generation and to lead to a proportionate increase in homeless seniors.

There are many pathways by which an elderly person ends up homeless. According to Doolin (1986), there are 3 common categories of homeless elderly:

- the chronic or traditional homeless
- the deinstitutionalized; and
- the dishoused or temporarily homeless

Each of these groups has a different pathway into homelessness and unique service needs. The pathway into homelessness for the elderly includes deinstitutionalization, poverty, and lack of affordable housing. Risk factors or triggering events in this group include evictions; the death of a spouse, relative or significant other; and loss of income (Crane, 1996; Cohen, 1999). For women, the breakdown of family and gradual loss of social supports are more likely to precipitate homelessness (Sullivan, 1991). Many chronically homeless seniors have had an unstable employment and residential history for most of their adult life. In addition, many have struggled with mental illness or addictions. As they age, their challenges magnify as their prospects of employment diminish, their social circles grow smaller, and they develop multiple health problems and dementia. In contrast, elderly women are increasingly being identified as a group at risk for experiencing temporary homelessness in late life (Kutza, 1991).

This needs assessment was conducted for Lionsview Seniors' Planning Society in order to bring to the forefront the very real and growing existence of seniors at risk of homelessness on the North Shore. In addition to demographic information, this assessment will address the health care and service needs of elderly people who are homeless or at risk of homelessness and the barriers to accessing services. It also presents service-delivery models from communities that are addressing the multiple social service and health care needs of this particularly vulnerable population.

## ACRONYMS

CPP -Canada Pension Plan  
OAS -Old Age Security  
GIS -Guaranteed Income Supplement  
DNV - District of North Vancouver  
CNV - City of North Vancouver  
DWV - District of West Vancouver  
VCH – Vancouver Coastal Health  
LICO – Statistics Canada's low income cut-off (after tax)  
INALH – A household in core housing need that spends at least half of their income on housing  
CMHA – Canadian Mental Health Association  
LGH – Lions Gate Hospital  
ILBC - Independent Living BC





# Scope of Report and Definitions

---

This report will cover North Shore residents over the age of 55 who are at risk of becoming homeless, facing homelessness for the first time or chronically homeless. While 65 is often used as definition for seniors, most social service providers dealing with homelessness consider a person a senior if they are younger than 60 but display multiple health problems and cognitive decline associated with the harsh living conditions of homelessness and addictions. Due to the availability of age specific statistics, some of the indicators of housing risk will be for seniors 65 and over. Data related to homelessness such as shelter usage and utilization of homelessness outreach services will be for adults 55 and over. Age groups will be clearly defined for each data set. The North Shore is defined as the geographic area encompassed by the City of North Vancouver, District of North Vancouver, and the District of West Vancouver. First Nations reserves will not be covered in this report due to limited data availability and separate funding structures.

## DEFINITION OF HOUSING RISK

There is no agreed upon definition of housing risk, although the primary risk factor is the imminent loss of a person's current housing due to lack of funds or eviction. A person may also be at risk if they do not have a stable and secure living arrangement, which includes the risk of family breakdown. Housing risk includes those who are visibly homeless, those staying in temporary accommodation and those at risk of losing their accommodation in the near future. While financial risk is most predictable, housing risk may arise from sudden and unexpected events such as injury, illness, loss of employment or relationship breakdown. In addition, risk can be intensified by a range of complex health, mental health, and substance abuse issues as well as lack of social support and access to services.

## DEFINITION OF AFFORDABLE HOUSING

The Canada Mortgage and Housing Corporation (2010) considers a home affordable if the household spends less than 30 per cent of their before-tax income on housing. This includes rent or mortgage; all utilities such as electricity, water and heating; maintenance and repair costs; property taxes and municipal services. Adequate housing is assessed by the self report of residents that their home does not need any major repairs. Suitable housing means that there are enough bedrooms for the size and composition of the household. Core housing need is defined as failing to meet affordability standards and one or both of the adequacy and suitability criteria.

Due to the high housing cost on the North Shore, many residents pay well above 30% of their income on housing in order to remain on the North Shore. In order to focus on the population that is at particular risk to losing their housing, this report will focus on currently homeless individuals, those who have grounds to believe that they are in imminent risk of losing their housing, or who fulfill all of the following criteria:

- Have an income below the LICO (Statistics Canada's after tax low income cut-off )
- Spending at least half (INALH) of household income on shelter costs
- Have no assets (savings/property)
- Do not have family/social supports that may significantly reduce housing risk

## DEFINITION OF LOW INCOME

To account for people with an adequate income who choose to live in expensive or undersized housing, it is important to consider household income when determining actual need.

Canada has no agreed upon definition of low income or poverty. The National Advisory Council on Aging (2005) uses Statistics Canada's after tax low income cut-off (LICO) as an indicator of economic vulnerability. The after-tax income is used rather than before tax income since it more accurately reflects disposable income. The LICO is defined as income levels at which families or persons not in economic families spend 20% more than average of their after tax income on food, shelter and clothing (Statistics Canada, 2010). Metro Vancouver's housing data book defines low income as households with incomes below 50% of the median income for the region. In this document, the after tax LICO will be used to define low income unless otherwise indicated.

# Community Demographic and Economic Profile

The North Shore is primarily a residential community known as one of the wealthiest regions of Metro Vancouver, but not everyone is well off. Fixed income seniors who have been long time residents of the North Shore are increasingly at risk of losing their housing as they face rising real estate costs, increases in rent, property taxes and changes to the Residential Tenancy Act. The number of seniors experiencing core housing need has been steadily increasing over the past several years, as has the senior's homelessness problem.

The North Shore is a geographic area encompassed by the City of North Vancouver, District of North Vancouver, and the District of West Vancouver.



## SOCIAL INDICATORS

Many North Shore households are led by highly educated professionals (or retirees). Over 33% of residents on the North Shore have a university degree, which is nearly double the provincial average. The employment rate for adults 18 and over was 73.8% for males and 64.5% for females in 2006. For adults 65 and over, the employment rate was 41.8% for males and 24.4% for females. (Statistics Canada, 2006) Many North Shore residents have strong social networks with long standing family and community ties. According to a report by Vancouver Coastal Health (2009), 71% of North Shore residents feel a strong sense of community belonging. The crime rate on the North Shore is relatively low compared to the provincial average.

## HOUSING TYPE

Many seniors on the North Shore live in housing they own, in a single detached home, duplex, townhouse or apartment. Based on a 2005 survey conducted by Lionsview Seniors' Planning Society, approximately 77% of seniors owned their home, while 21% of seniors lived in rented apartments or other types of rental housing. These numbers include seniors living in social housing, assisted living, retirement homes and nursing homes, health care facilities, etc.

## CLIMATE

The annual average temperature on the North Shore's residential neighbourhoods is around 10 °C, amongst the mildest in Canada. Despite normally mild winters, extreme cold and wet conditions are not uncommon during winter months, with temperatures reaching well below 0°C.

## LIFE EXPECTANCY AND LEADING CAUSES OF DEATH

According to Vancouver Coastal Health (2009), the average life expectancy on the North Shore is 84.9 for women and 81.6 for Men. The leading causes of death are chronic diseases including cancer, stroke, cardiovascular disease, pneumonia/influenza and lung disease.

## POPULATION

The population of the North Shore is 169,858, broken down as follows: the District of North Vancouver 82,562 (21,515 seniors); the City of North Vancouver 45,165 (11,025 seniors); and the District of West Vancouver 42,131 (11,025 seniors) according to the 2006 Census (Statistics Canada). Total population of adults over the age of 55 on the North Shore is 48,850. The population of seniors over the age of 65 is 26,930.

**TABLE 1: POPULATION OF SENIORS OVER 55 ON THE NORTH SHORE**

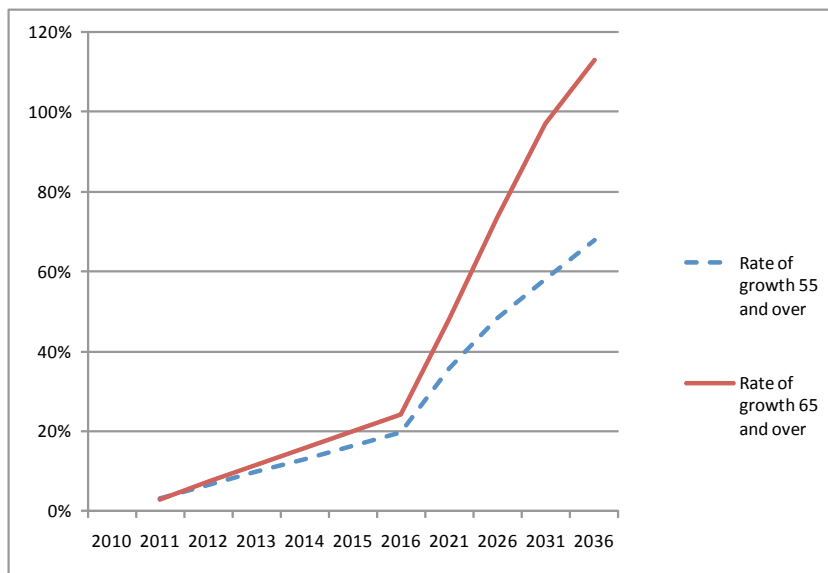
Population	North Shore Total	DNV	CNV	DWV
Total Population in 2006	169,858	82,562	45,165	42,131
Total Population (55 and over)	48,850	21,515	11,025	16,310
Population aged 65 to 74	13,350	5,945	2,980	4,425
Population aged 75 to 84	9,835	3,920	2,230	3,685
Population aged 85 years and over	3,745	1,300	865	1,580

(Statistics Canada, 2006)

## PROJECTED POPULATION GROWTH

The North Shore has a higher population of seniors over the age of 55 (28.8%) compared to the rest of Metro Vancouver (Statistics Canada 2008). For the last 35 years, growth in the senior population has almost always been greater than growth in the rest of the population. With the aging of the baby boom, this will continue for the foreseeable future. Based on Statistics Canada's Population Projections, the population of North Shore seniors over the age of 55 is expected to increase by 16% over the next 5 years, 32% over the next 10 years and 53% over the next 20 years. The projected rate of increase of seniors over the age of 65 is much more drastic, with a 24% increase over the next 5 years, 48% over the next 10 years and 73% over the next 20 years. This estimate is based on the most conservative projections, which means that the actual increase is likely to be even higher.

**TABLE 2: PROJECTED RATE OF POPULATION GROWTH FOR SENIORS OVER 55 AND 65 ON THE NORTH SHORE**



(Statistics Canada, 2006)

# Seniors' at Housing Risk

While the absolute homeless population is relatively low on the North Shore, there are a large group of seniors living in poverty and at risk of losing their housing. Most of these seniors will not end up homeless, as many will have access to family supports, community services, shelter assistance and subsidized housing. Seniors with private savings, significant equity in their homes, readily accessible family supports and those living in public subsidised housing are not considered high risk unless there are extenuating circumstances that put them at immediate risk.

Every year a small percentage of seniors fall through the cracks and become homeless for the first time. Many will be homeless for a short period of time and then be housed again, but it is a stressful, confusing and traumatic experience for many seniors. Below are some risk factors that may increase the chance of a senior becoming homeless.

## AFTER TAX INCOME

One of the key indicators of housing risk is low income. While the average income of North Shore seniors over 65 seems adequate, the median after-tax income indicates that many seniors are on a tight fixed income. The current low income cut-off (LICO) for the North Shore is \$15,344 for a one person household and \$18,676 for a two person household (Statistics Canada 2010). These figures are based on urban areas with populations between 30,000 - 99,999. Based on this definition, approximately 1,675 seniors on the North Shore are considered low income. While there are a significant number of low income seniors, this information must be balanced by factors that may reduce housing risk, such as owning their own home.

**TABLE 3: INCOME CHARACTERISTICS OF SENIORS OVER THE AGE OF 65, FOR PERSONS NOT IN ECONOMIC FAMILIES**

Income characteristics	DNV	CNV	DWV
Seniors 65+ not in economic families	2,845	2,520	2,775
Average 2005 after-tax income \$	32,153	27,216	39,262
Median 2005 after-tax income \$	26,461	22,605	30,093
Persons with low income after tax	575	580	540
Prevalence of low income after tax in 2005 %	20.1%	23%	19.5%

(Statistics Canada, 2006)

## SOURCES OF INCOME

While OAS and CPP are the main source of income for many seniors on the North Shore, 32% have some form of employment income (Statistics Canada, 2006; National Advisory Council on Aging, 2005). Many North Shore Residents also draw from private savings including investments, RRSPs and private pension plans. Many low income seniors do not have any savings, and rely entirely on OAS, GIS, Allowances and BC Senior's Supplement. For a single person who meets the full qualification criteria, the total amount received averages \$1381.96. (Service Canada, 2011) Many seniors do not meet the full qualification criteria or applied before turning 65, and receive significantly less.

## ASSETS/SAVINGS

While many North Shore seniors have assets such as property, private savings and pensions, approximately 10-20% of North Shore seniors have been below the low income cutoff for most of their adult life, making it impossible to accumulate any savings or property. According to Statistics Canada, nearly a third of all family units in Canada had no private savings or pension assets in 1999. This proportion was substantially higher for unattached individuals (45%). While it is difficult to link income to assets, seniors whose sole income source is OAS and GIS have no substantial assets.





## GENDER DIFFERENCES

Women are at a much higher risk of poverty, since their income is 20% less than men on average. Over 80% of low income seniors on the North Shore are women.

**TABLE 4: INCOME CHARACTERISTICS OF NORTH SHORE SENIORS OVER THE AGE OF 65 BY SEX, FOR PERSONS NOT IN ECONOMIC FAMILIES**

Income characteristics by sex	Male	Female
Total number of persons not in economic Families	2,045	6,100
Median 2005 after-tax income \$	32,148	25,684
Average 2005 after-tax income \$	38,801	31,123
Persons with low income after tax	315	1,380

(Statistics Canada, 2006)

## HOUSING COST IN THE PRIVATE MARKET

Housing risk is determined by the cost of housing relative to income. The median monthly payment for rental housing on the North Shore is \$994 per month in the private rental market. The median monthly payment for owner occupied housing is \$1,043. For a person with an income level at the low income cut-off (LICO) (\$1279/month for a one person household), this leaves about \$300 a month for basic necessities such as food, medication and utilities not covered by rent. For those making considerably less than the LICO, they may be going hungry and scraping by using services such as food banks and community meals and foregoing medication. The relatively low median monthly payments for owner-occupied dwellings is due to the fact that many seniors who own their homes have finished paying their mortgages.

**TABLE 5: HOUSING COSTS**

	North Shore	DNV	CNV	DWV
Median monthly payments for rented dwellings \$	994	1000	858	1,123
Median monthly payments for owner-occupied dwellings \$	1,043	1,127	1,112	889

(Metro Vancouver, 2010)

In addition, there has been a rent increase of an average of 18% in all three North Shore municipalities between 2003 to 2008 (CMHC, 2008). For seniors on a fixed income, these rent increases can significantly affect their ability to pay rent.

**TABLE 6: RENT INCREASES**

Apartment type	City of North Vancouver		District of North Vancouver		District of West Vancouver	
	2003	2008	2003	2008	2003	2008
Bachelor \$	644	761	657	798	727	892
One-bedroom \$	768	869	771	941	1007	1154
Two-Bedroom \$	929	1083	1015	1135	1474	1754

(CMHC, 2008)

Table 7 indicates housing tenure and the number of household maintainers over the age of 65 for households on the North Shore. 3,105 senior households on the North Shore have one housing maintainer and live in rental units, which indicates that the majority of renters over 65 live on their own. Senior renters who are living alone are at significantly higher risk of housing instability.

**TABLE 7: HOUSING TENURE AND NUMBER OF HOUSEHOLD MAINTAINERS FOR NORTH SHORE SENIORS OVER 65**

Number of household maintainers	North Vancouver, District				North Vancouver, City				West Vancouver, District			
	Total	1	2	3 +	Total	1	2	3 +	Total	1	2	3 +
Total	6850	4805	1895	155	4135	3240	830	60	6295	4580	1665	45
Rented	890	760	105	20	1365	1155	180	15	1335	1190	125	15
Owned	5,965	4,040	1,785	135	2,770	2,085	650	35	4,960	3,390	1,535	35

(Statistics Canada, 2006)

Households in Core Housing Need and spending at least half (INALH) of household income on shelter are considered to be in dire housing circumstance. Households in Core Housing Need is a measure of the number of households that are inadequately housed due to the condition of the unit, the size of the unit, or the cost of the unit, given that alternative affordable housing costing not more than 30% of before-tax household income is not available. Based on data from Metro Vancouver (2010), there are 1215 North Shore seniors over the age of 65 who are spending more than half their income on housing. Since 1,675 seniors on the North Shore are considered low income, a significant proportion of the seniors in dire housing need are likely also in the low income category.

**TABLE 8: HOUSEHOLDS IN CORE HOUSING NEED AND SPENDING AT LEAST HALF (INALH) OF HOUSEHOLD INCOME ON SHELTER COSTS FOR SENIORS OVER THE AGE OF 65**

	NS	DNV	CNV	DWV
Total Households	4,055	1,740	1,280	1,035
Seniors (65+)	1,215	410	375	430
% of Seniors	30%	24%	29%	41%

(Metro Vancouver, 2010)

## FOOD INSECURITY

The Salvation Army meal program provided approximately 15,000 low cost meals (\$3) to seniors, and the emergency food bank had approximately 3,750 visits by seniors in 2010. Salvation Army confirms that there are hundreds of seniors that visit their programs who are experiencing food insecurity. These seniors live on a small fixed income, and sacrifice their diet and medications in order to keep their home.

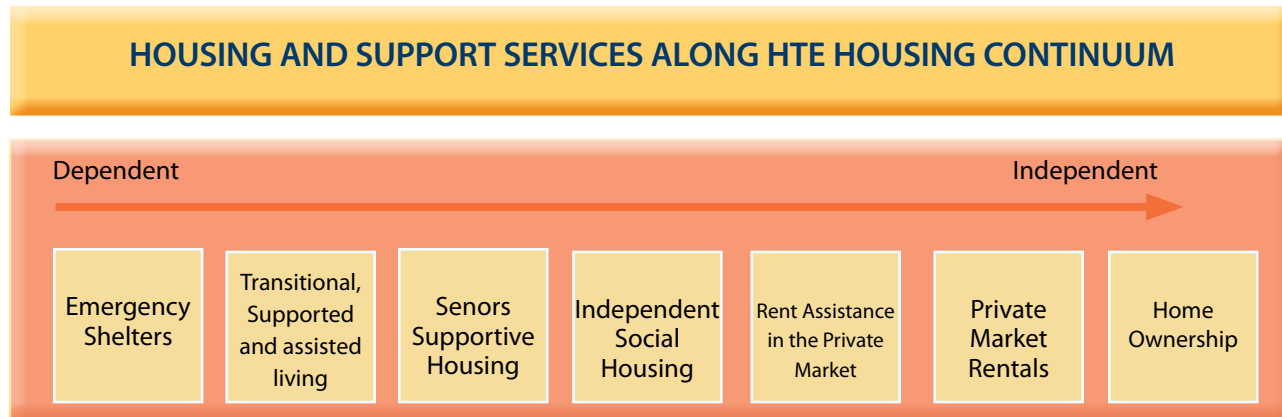
Food insecurity among vulnerable seniors is especially troublesome because they have unique nutritional needs and may require special diets for medical conditions that can become compromised when there is not enough food to eat. A study which examined the health and nutritional status of seniors found that food insecure seniors had significantly lower intakes of vital nutrients in their diets when compared to their food secure counterparts (Lee & Frongillo, 2001). In addition, food insecure seniors were 2.33 times more likely to report fair/poor health status and had higher nutritional risk.



# Social Housing and Housing Subsidies for Seniors

## CONTINUUM OF HOUSING FOR SENIORS

The following program illustrates the continuum of housing for seniors.



## EMERGENCY SHELTER AND TRANSITIONAL HOUSING

Currently, the Lookout Shelter is the only emergency housing available for homeless seniors. Lookout has 45 emergency shelter beds with the average length of stay of 17.6 days (2009/2010). Basic services include room & board, crisis interventions, access to a phone and internet, laundry, a change of clothing and showering facilities.

Lookout also operates North Shore Transitional Housing at the same location, which has 25 bachelor units for adults and seniors. It provides longer-term (up to 2 years) housing for individuals who have experienced repeated housing crises. This allows staff to provide support and assistance over a sustained period to address the health and social needs of these individuals and to bring a greater level of stability to their lives.

There is no senior-specific emergency or transitional housing facility on the North Shore.

## ASSISTED LIVING (INDEPENDENT LIVING BC)

ILBC offers assisted living suites to bridge the gap between home care and residential care. Assisted living homes are self-contained, wheelchair accessible apartments where residents receive hospitality and personal care services such as meals, house-keeping, laundry, recreational opportunities, assistance with medications, and a 24-hour response system. Subsidized Assisted Living is provided through Vancouver Coastal Health, and is primarily intended for seniors and those with physical disabilities. For a person living alone, isolated, and in need of help with meals and personal care, this is an option. Vancouver Coastal Health (VCH) currently has 111 subsidized assisted living units available on the North Shore.

Individuals and couples pay 70% of their after tax income, which covers monthly rental accommodation, hospitality services and personal care services. Tenants on income assistance pay a flat rate. Telephone, cable, household and toiletry supplies, all medications, personal care supplies and insurance are not included in the 70%.

In order to be eligible, a senior must be able to direct their own care and make decisions about their daily activities and needs; be able to live independently but require some help with day-to day activities; and not behave in ways that put the safety of others at risk. Many of the hard to house seniors do not meet this set of criteria.

**TABLE 9: ASSISTED LIVING UNITS AVAILABLE THROUGH VANCOUVER COASTAL HEALTH**

Area	Name of Building	Bach	1 bed	Operator
CNV	Churchill House	31	6	Chartwell Seniors Housing
DNV	Cedar Garden	0	30	Vancouver Coastal Health
	Lynn Valley House	0	14	North Shore Private Hospital (1985) Ltd.
DWV	Kiwanis Manor	0	30	inSite Housing, Hospitality and Health Services
Total		31	80	

(Vancouver Coastal Health, 2010)

## SENIORS' SUPPORTED HOUSING ON THE NORTH SHORE

The aim of Seniors' Supported Housing (SSH) is to enhance the independence, health and quality of life of elderly residents living in existing seniors' buildings, which Vancouver Coastal Health (VCH) does not control access to as they do in 'Assisted Living' or residential facilities, and to improve the utilization of health services. This is achieved by working collaboratively with tenants, building managers and Board members, other community service agencies and VCH health services to:

- improve links to health and social services
- provide opportunities for social and recreational activities
- foster partnerships with other community services and resources.

Vancouver Coastal Health has currently SSH programs in 3 communities; North Vancouver, Squamish and Richmond. Starting as a pilot project in 2005, it was evaluated after one year, proving its success immediately. Seniors surveyed stated they felt better able to look after their own health; benefited from improved social connections; felt safer; and increased their participation in recreational and social activities. SSH ran as a pilot for 2 years becoming an ongoing program of VCH in 2007. Coastal VCH has added another site in Pemberton, and the NS is looking to expand its program in other subsidized housing buildings on the North Shore. The VCH pilot became part of the planning for the BC Housing Supportive Housing program.

- The current NS program is at Anavets, Twin Towers and since April 2010, Sunnyside Manor. A part-time coordinator supports 340 residents in these buildings. Activities include:
- fitness classes such as chair exercises and yoga
- a health drop in with a nurse; monthly visits from a podiatrist; regular case management meetings with other VCH staff for those residents who qualify for home or long-term care
- An evening meal program (Diners' Club) once or twice a week
- Monthly lunches, often linked with a health presentation (relevant to seniors) and/or social events
- A monthly newsletter to inform/remind seniors what is happening that month
- Answering questions seniors might have re other community services or supports for which they may be eligible; assisting with e.g. completion of application forms.

All the activities are free to seniors as costs of the coordinator and other programming are paid by VCH. The only exceptions to this are the evening meal program and podiatry for which most residents pay \$6 as they qualify for premium assistance.



SSHP was implemented by VCH to help vulnerable, low income seniors stay successfully in their homes. The added advantage is it helps them stay out of hospital, emergency room and long term care facilities. It is a successful story as evidenced by better health of residents and satisfaction of building managers. The SSH program promotes healthy living by providing food security initiatives like the Diners' Club, increasing physical activity, providing social connectedness and reducing barriers to accessing health services.

For more information, please contact Jean Thompson, Team Leader, Population Health, Vancouver Coastal Health, 604 904 6460 or jean.thompson@vch.ca.

## INDEPENDENT SOCIAL HOUSING FOR ALL AGES

There are 535 units of independent social housing that can be accessed by seniors through the BC Housing Registry, and 736 units operated by Non-Profit Societies or Housing Co-ops for a total of 1271 units of affordable housing available to seniors on the North Shore. These units do not come with supports or meals and the rent is adjusted to a senior's income with subsidies built into the rent. It is important to note that the units below without a specified age restriction are available to non-seniors (families, persons with disabilities), and there are currently 436 households on the BC housing waitlist (BC Housing, 2011). This significantly limits the number of units available to seniors in buildings that do not have an age restriction.

As of January 2011, there were 160 seniors on the BC Housing waitlist, consisting of 130 seniors in North Vancouver (District and City combined) and 30 seniors in West Vancouver (BC Housing, 2011). This does not include the waitlist maintained by non-profit societies and co-ops. The waitlist is not representative of the total number of seniors in need of affordable housing, as many seniors may not know how to apply or may choose not to apply due to hesitations about the long wait list or fear/apprehension of the quality and safety of social housing.

**TABLE 10: SOCIAL HOUSING UNITS AVAILABLE TO SENIORS THROUGH THE BC HOUSING REGISTRY**

Area	Name of Building	Restrictions	Bach	1 bed	Total Units	Seniors Only Units
DNV	Capilano House	55+ only	0	63	63	63
	Zajac Norgate House			15	15	10
CNV	Grant McNeil Place		0	15	241	209
	Mount Sea View		0	8		
	St. Andrew's Place		0	9		
	Twin Towers	60+ only	113	96		
DWB	Capilano Towers	55+ only	53	17	231	115
	Klahanee Park Lodge		0	56		
	Libby Lodge	55+ only	37	8		
	Sunnyside Manor		9	51		
Total			212	323	550	397

(BC Housing Registry, 2010)



**TABLE 11: SOCIAL HOUSING AVAILABLE THROUGH NON-PROFIT SOCIETIES OR HOUSING CO-OPS**

Area	Name of Building	Restrictions	Bach	1 bed	Total Units	Seniors Only
CNV	Anavets Senior Citizens Housing*	55+	84	4	266	126
	Kiwanis Towers		49	49		
	Legion Towers	55+	0	33		
	Norgate House	55+	0	5		
	Quay View		0	34		
	Creekside Housing Co-op		0	8		
DNV	Lions Garey Court		0	0	389	345
	Lions Manor	55+	0	60		
	Lions Plaza		0	4		
	Kiwanis Lynn Manor	55+	107	96		
	Mount Seymour Park Housing		0	10		
	Riverwoods Housing Co-op		0	18		
	Silverlynn Apartments	55+	68	14		
	Burrardview Housing Co-op		0	8		
	Indian River Housing Co-op		0	4		
	Kiwanis Seniors Housing of West Van	65+	68	128		176
<b>Total</b>			<b>434</b>	<b>477</b>	<b>911</b>	<b>647</b>

(BC Housing Registry, 2010)

\* Under the proposed redevelopment of the Anavets building over the next several years, the existing building will be replaced with a new building with 22 studios and 54 one bedroom units.

## RENT ASSISTANCE (SAFER)

The Shelter Aid for Elderly Renters (SAFER) program helps make rents affordable for BC seniors with low to moderate incomes. SAFER provides monthly cash payments to subsidize rents for eligible BC residents who are age 60 or over and who pay rent for their homes. The program reimburses part of the difference between 30% of the household's total income and the rent. Regardless of actual amount of rent paid, SAFER will only consider amounts up to maximum rent level of \$700 for singles and \$755 for couples on the North shore. This means that if a senior has a monthly income of \$1,200 and pays \$900 a month in rent, the amount of subsidy provided by SAFER will be \$300.

According to outreach workers, many seniors are not accessing SAFER because of lack of knowledge about the program, or difficulty with the application process. Further public education and assistance with forms will be helpful to increase access to this program. Other eligibility restrictions will be discussed later in the report in the "Barriers to Accessing Services" section.

# Homeless Seniors

Estimating the number of homeless elderly is a great challenge. According to the 2008 homeless count (Metro Vancouver), 13 adults over the age of 55 were counted on the North Shore who were considered absolute homeless. This is considered an undercount by many North Shore service providers. Most of the homeless seniors on the North Shore are known to the housing outreach workers at Canadian Mental Health Association (CMHA) and Lookout Emergency Aid Society. According to CMHA's Outreach Coordinator, their current caseload contains 46 people above the age of 60 who are currently homeless or at imminent risk of losing their home. Out of these, 9 of these clients are 65 and over. This is the core group of hard to house seniors on the North Shore. The Lookout Shelter counted 11 people over the age of 60 who stayed at the shelter between April-November 2010. There were 37 more during this time between the ages of 55-60, who they consider a "senior" based on their support needs. The number of older adults (55 and over) staying in the shelter at any given time ranged from 4-10 in 2010. Some seniors who were temporary homeless have been housed since their stay. However, there are not many housing options for people with multiple barriers and many hard to house seniors continue to experience housing instability.

**TABLE 12: OUTREACH CASELOAD OF HOMELESS/AT-RISK SENIORS OVER 55 FOR NORTH SHORE SERVING AGENCIES**

Age	55-60	60-65	65+	Total
CMHA	60	37	9	106
Lookout	7	2	2	11
Senior's Services	NA	NA	NA	3-4

Although the elderly constitute a small percentage of the total homeless population, their absolute numbers are increasing (Metro Vancouver, 2008). Seniors are consistently underrepresented among the homeless compared with the general population, most likely due to the higher mortality rates of homeless seniors (Hwang, 2000; Stergiopoulos & Herrmann, 2003).

## PHYSICAL HEALTH

Elderly people who are homeless are more likely to experience multiple medical problems and chronic illnesses that may have gone untreated for years. Many illnesses common to aging are found in higher frequencies among homeless adults, including diabetes, cardiac disease, circulatory problems, hypertension, lung disease, stomach ailments, glaucoma, asthma, anaemia, dental problems, arthritis and sensory impairment (Cohen, Teresi & Holmes, 1988; Kutza & Keigher, 1991; Gelberg, Linn & Mayer-Oakes, 1990). In addition, the homeless elderly face problems stemming from harsh living environments such as the consequences of trauma or criminal assault, infestations with scabies or lice, peripheral vascular disease, cellulitis and leg ulcers, exposure, hypothermia, frostbite, and communicable diseases such as tuberculosis and HIV (Gelberg, 1992; Brickner, et. al, 1984). For an elderly person who is homeless in a "survival mode" and trying to find a safe place to sleep every night, addressing his or her health care quickly loses priority.

## MENTAL HEALTH

Elderly people who are homeless or recently homeless and lack social supports are especially prone to depression, dementia, and other mental health problems. Although it is difficult to assess the prevalence of undiagnosed mental illness among the homeless population, approximately one-third of single homeless adults have a severe mental illness according to the 2008 Metro Vancouver Homeless Count. Based on reports from front line workers, over half of the elderly homeless population on the North Shore suffer from depression, anxiety or both. In addition, about a third of the elderly homeless population display signs of dementia, which includes significant memory problems, cognitive impairments, poor judgment and poor comprehension. The presence of dementia or depression makes it difficult to provide follow-up, which is necessary to secure housing. Both conditions may also threaten an elderly person's stable housing (e.g., non-payment of rent because of cognitive difficulties and memory loss) or create a dangerous environment in the home, often leading to loss of housing (e.g., leaving water running or forgetting to turn off the stove).

## ADDICTIONS

Based on interviews with North Shore service providers, over two thirds of the elderly homeless population has an addiction, although seniors are less likely to be addicted to hard drugs compared to their younger counterparts. Alcohol is the most frequently used substance for homeless seniors. Additionally, older homeless women are less likely to drink or use drugs compared to their male counterparts. Chronic alcoholism can cause the premature onset of dementia, which could affect people well below 50. While the number of seniors using illicit drugs such as crack is relatively low, it is still at around 10-20% of homeless seniors.

## VICTIMIZATION

Seniors are often targeted for financial abuse on the streets and in the shelter. Elderly females are at particularly high risk for physical, sexual and financial abuse. For elderly females, there is often a pattern of abuse that is established well before becoming homeless. This includes domestic violence and economic abuse by spouses, children, other family members or caregivers. The presence of abuse contributes to housing risk.

# Service Needs of Seniors at Risk

---

This section outlines the services that are needed for seniors at risk. Many of these services are provided by existing agencies, but there is no central access point. Nor is service delivery co-ordinated to ensure that seniors at risk are aware of and able to access the services they need.

## CASE MANAGEMENT

For both those elderly persons experiencing homelessness for the first time and those who have been living in the streets or shelters for many years, intensive case management services are an integral part of the transition into permanent housing. Along with this is a requirement to establish relationships with other much needed services such as health care and behavioural health services. Good case management allows for continuity of care, coordination of services, and follow-through while maintaining the dignity of each individual and addressing his/her unique needs.

Once in a stable housing situation, previously homeless elderly persons may benefit from on-going case management services. The on-going involvement of social workers or case managers may help to ensure that the elderly person maintains his or her independence in the community for as long as possible. The case manager may coordinate supportive services such as in-home care, meal deliveries, transportation to medical appointments, medication monitoring, and visitors, which help to improve the quality of life for the elderly person. The case manager and support network may also monitor potentially negative situations such as risks for eviction (e.g. for non-payment of rent) or self-neglect.

## EVICITION PREVENTION

Many elderly persons face evictions because of ever-increasing rents in many communities, which also have low vacancy rates, thereby creating a need for eviction prevention assistance. Elderly persons need to be aware of their rights as tenants and of legal eviction procedures. In conjunction with general case management, eviction assistance, availability of emergency rental funds and advocacy may prevent many elderly persons from losing their homes. An additional obstacle to finding other housing can be the inclusion of an eviction history on one's housing/rental record, making eviction prevention assistance critical.





## HOUSING ASSISTANCE

A stable living environment is important for an elderly person in order to allow for the identification and resolution of their neglected health care and other needs. Due to the busy environment and risk of victimization in an adult shelter, it is often not an ideal placement for an elderly person who has just become homeless.

Housing options for elderly homeless persons are limited, especially for those younger than the usual age qualification for seniors housing. Complete medical, mental health and case management assessment are important in determining the appropriate housing needs of an elderly homeless individual. An elderly person found wandering on the streets and presenting with dementia, chronic medical conditions, and poor hygiene and self-neglect may be deemed incapable of living independently in the community. However, after intensive medical and case management intervention, the same person may be able to thrive in a permanent housing situation with supportive services and social networks in place. Collaboration between case managers, health care providers, substance abuse counsellors, and mental health providers are integral in developing a housing plan that takes into consideration the specific needs and wishes of the elderly person.

## FINANCIAL MANAGEMENT

It is necessary to determine an elderly person's eligibility for financial benefits and to secure a stable income in order to obtain permanent housing. The elderly person may be unaware of benefits such as SAFER (Shelter Aid for Elderly Renters), B.C. Income Assistance for Seniors Not Receiving Old Age Security and Veterans' Benefits.

Further, many seniors are unaware that their low incomes may create eligibility for Temporary Premium Assistance, Gold CareCard benefits, Medical Services Only (MSO) Program, Fair PharmaCare Plan or Travel Assistance Program. These programs provide full or partial coverage for eligible prescription drugs, designated medical supplies and medically necessary travel based on income. In addition, there are financial aid programs for special equipment, assistive devices, or other types of supports through the Ministry of Employment and Income Assistance, Red Cross or other community agencies.

Following through with the application process necessary to secure such benefits requires paperwork and long waits for filing this paperwork that an elderly person may find discouraging. Elderly persons with cognitive disabilities or elderly immigrants faced with changing immigration policies and language and cultural barriers may require even more assistance.

In addition to assistance with securing a stable income, elderly persons, especially those with significant mental health problems, cognitive impairments, or substance abuse problems, may need assistance with money management or benefit from the Public Trustee service. Such services ensure that the participant's rent is paid or that the limited income lasts through the month to support the senior's need for food, prescription co-payments, and transportation. This will also help prevent financial abuse.

## NUTRITIOUS MEALS

A well-balanced, nutritious meal is crucial for an elderly person with ailing health, chronic medical conditions, and living in a harsh environment such as on the streets and in shelters. Elderly persons who are homeless or are on an extremely limited budget may utilize food banks, community meals and subsidised meal delivery services. These meal sites provide what may often be the only hot, nutritious meal an elderly person will have for the day. In addition, community meals may also serve as a significant place for socialization and interpersonal contact.

## SOCIALIZATION

Seniors who live in poverty are at higher risk of isolation and depression. Meal programs, recreational programs and social activities are essential to help seniors establish and maintain social supports and mitigate the risk of homelessness.



## EXISTING SERVICES FOR AT-RISK/HOMELESS SENIORS

### CMHA (CANADIAN MENTAL HEALTH ASSOCIATION)

CMHA provides outreach services to adults and seniors who are homeless or at risk of homelessness. Clients do not need to have a mental health diagnosis to receive outreach services. An outreach worker will meet at the office or where the senior resides and will provide help accessing income supports, medical and housing services. CMHA also produces an affordable rental housing list which is distributed each week to North Shore service providers. The current caseload includes around 60 people 55 and above who are homeless or not stably housed. Contact 604-987-6959 for more information.

### LOOKOUT EMERGENCY AID SOCIETY

Lookout provides outreach services to adults and seniors who are homeless. Many of the clients are shelter clients, but some live outdoors. An outreach worker seeks out and works with adults and seniors residing outdoors to encourage them to come into the shelter or access housing. Once a person comes into the shelter, Lookout provides complete case management service to help a person obtain stable housing and supports. Lookout Emergency Aid Society currently has about 10 seniors who are over the age of 55 in their outreach caseload. Call 604-982-9126 for more information.

### SENIORS SERVICES SOCIETY

Seniors Services, which is located in New Westminster, provides outreach services to Lower Mainland seniors who are homeless or at risk of homelessness. They ensure that the senior has access to immediate safe accommodation, assess their short and long term housing and services needs, assist them in locating long term stable housing and work with landlords to prevent eviction. In addition to providing information and referral to North Shore seniors over the phone, the Seniors Services outreach worker will meet with the older adult in their current home. The outreach worker works one on one with the older adult to find out if the adult has any health, income, or other concerns. A typical case requires an initial meeting that may take up to three hours and it takes about three months to find stable housing. Seniors Services outreach serves about three seniors on the North Shore at any one time with turn over every three months. Call 604-520-6621 for more information.

### SALVATION ARMY

The Salvation Army Senior Services includes advocacy, linking seniors to resources, counselling, low cost meals (\$3/meal) and help with Wills. The Salvation Army will provide clothing, furnishing and food bank services for seniors in need. For more information call 604-988-7225.

### SUPPORTED HOUSING COORDINATOR (VANCOUVER COASTAL HEALTH)

On the North Shore, a Seniors Supported Housing Coordinator (currently 0.6 FTE) is responsible for the following:

1. Working with a variety of VCH, non-profit, commercial, volunteer and governmental resources within the community to develop supports, opportunities and services for low income seniors, including:
  - Health services (on-site health checks and clinics, medication assessment and intervention, and support in navigation of the health service system including referral to Home Health and the Nurse-Practitioner).
  - Meal supports/programs (including shopping, cooking, food delivery and the Congregate Meal program)
  - Social and recreational programs
  - Education opportunities (including health promotion and self-care, safety and security)
  - Transportation services
  - Physical activity opportunities, developing strength and balance and preventing falls
  - Financial assistance and benefits
  - Housekeeping; on a trial basis starting November 2010.
2. Acting as a first contact and support for seniors, to build positive relationships, and, with seniors, identify their practical, psychosocial and health-related needs.
3. Providing assistance to seniors who need information on community resources, assistance with documents/applications, etc.
4. Maintaining and distributing information about community programs, supports, and services to seniors.
5. Liaising with apartment managers/on-site caretakers of the non-profit housing providers.

## ADDICTIONS AND MENTAL HEALTH SERVICES AND OLDER ADULT MENTAL HEALTH TEAM

**Stepping Stones** is an Adult and Seniors Addiction Day Program. It is an interdisciplinary team providing professional mental health therapy services to individuals 19 years of age and older who have psychiatric and psychosocial problems. Assessment and treatment are offered to people with a range of mental health difficulties including:

- Anxiety problems
- Mood problems
- Concurrent disorders (Mental Health and Addiction problems)
- Personality and interpersonal problems.

They do not offer treatment for severe and persistent psychotic disorders and forensic and/or court mandated clients. While many of homeless clients with mental health and/or addiction problems are accessing this service, barriers have been noted due to not being ready, not compliant, involvement in the criminal justice system or long wait time. To contact Stepping Stones, call 604-904-6180.

**The Older Adult Mental Health Team** provides specialized on-site and outreach assessment & treatment for seniors aged 70 and over with complex, age-related mental health problems such as dementia, severe and persistent mental illness with complicating age-related decline, depression and anxiety, substance abuse and delusional disorder. For more information, call 604-904-6199.

**Alcohol & Drug Information and Referral Services** is a phone line that respond to enquiries and offer referrals to a variety of resources including treatment services, education and prevention resources and self-help groups. Call 604-660-9382.

## NORTH SHORE COMMUNITY PSYCHIATRIC SERVICES

Provides specialized service to adults who are developing or have a serious, persistent mental illness. Services also support clients with other serious mental disorders causing significant acute and ongoing functional disabilities. Services include adult community support services, assertive community outreach, community residential program, family management, psycho-social rehab and community living support workers and walk-in assessment. The service covers persons with a diagnosed serious mental illness such as schizophrenia, bipolar disorder and episodic psychosis and a person must be compliant with the treatment plan and medication schedule to continue receiving services. For more information, call 604-983-6020.

## HOME AND COMMUNITY CARE SERVICES (VANCOUVER COASTAL HEALTH)

Home and Community Care (HCC) services provide a range of health care and support services for eligible adults/seniors who have acute, chronic, palliative or rehabilitative health care needs. HCC services include Assisted Living, Home Support and Choice in Supports for Independent Living, Residential Care and Hospice Palliative End-of-Life Care, as well as Home Care Nursing and Community Rehabilitation, Adult Day Services, Case Management and Home Support services. Access to publicly funded home and community care services is through the home and community care teams of Vancouver Coastal Health. These services are free to adults requiring care following discharge from an acute care hospital, care at home rather than hospitalization or care because of a terminal illness. To be eligible for subsidized services, such as home support, assisted living, adult day care, case management, residential care services and/or palliative care services, clients must be unable to function independently because of chronic, health-related problems or have been diagnosed by a doctor with an end-stage illness. For information on access to services call 604-986-7111.

## NORTH SHORE CRISIS SERVICES SOCIETY

North Shore Crisis Services Society will provide outreach services, temporary shelter and other supports to women fleeing abuse, including elderly women. Call 604-987-0366 for more information.

## COMMUNITY RESOURCE/REFERRAL SERVICES

There are many community and volunteer services that provide low cost food, social programs and supports which are accessed by seniors at risk of homelessness. Below is a non-exhaustive list of North Shore Services for seniors:

**Capilano Community Services** provides administrative support for several non-profit agencies, including the Red Cross medical equipment loan service. It also offers a variety of programs through Seniors Hub (such as shopping, walking, telefriends, visits and small group outings). Contact 604-988-7115 for more information.

The **North Shore Community Resources Society** provides information on services, resources and activities available to seniors on the North Shore and throughout the region. The Seniors' One-Stop Information Line (604-983-3303) provides general information on health, transportation, education, housing and finances, as well as referrals and follow-up. The North Shore Community Resources Society also publishes The Green Book directory to North Shore agencies, the North Shore Guide to Helping Services for Seniors & Caregivers, and the Oak Tree Project Adult Abuse Prevention & Response Directory. Further information available by calling 604-985-7138.

**North Shore Neighbourhood House** provides seniors programming at the John Braithwaite Community Centre, which they operate in partnership with the City of North Vancouver and the North Vancouver Recreation Commission. The North Shore Neighbourhood House also has a weekly food bank and soup/buns. Call 604-987-8138 for more information.

**Parkgate Community Services Society** offers an extensive range of programming for seniors in the Blueridge, Seymour and Deep Cove areas. The Society operates two community centres at Seycove [not sure about Seycove] and Parkgate, with many of the activities taking place in the seniors' lounge at Parkgate (3625 Banff Court). The Recreation Commission also offers a number of seniors' programs in the same facility. Contact 604-983-6350 for additional information.

**Silver Harbour Centre** (144 East 22nd Street) offers a variety of recreational and education programs, as well as support services for those 55 years and older, including low-cost, hot midday meals and light refreshments. Call 604-980-2474 to learn more.

**West Vancouver Seniors Activity Centre** (695 West 21st Street) offers a wide variety of social and support services including daily hot meals and transportation to shops and services. For information call 604-925-7283 or contact the Outreach Co-ordinator 604-925-7211.

**North Shore Diners Club Congregate Meals Program (VCH)** offers a three course meal for \$6 at 5pm at each of the following locations. Subsidised meals available for residents at Anavets and Twin Towers. Call 604-904-6273 for more information.

- Tuesdays; Parkgate Community Centre
- Tuesdays; Capilano Lions House
- Tuesday/Thursday; Sunnyside Manor
- Wednesdays; ANAVETS
- Monday/Thursday; Twin Towers

**North Shore Meals on Wheels** is a fee for cost meal program delivered by the North Shore Meals on Wheels Society. It is a volunteer service that delivers hot meals to the elderly, the disabled or those who are unable to prepare a nutritious meal for themselves, and also act as liaison between client, family and health care providers. For more information, call 604-922-3414.



**The Lynn Valley Seniors Association** operates in partnership with the municipality, community groups, and the Recreation Commission to offer services in the Lynn Valley area. Programs are based at the historic Mollie Nye House. Activities include drop-in lunch, arts and crafts, bus trips, a walking group and discussion groups. For more information, call 604-987-5820.

The **North Shore Volunteers for Seniors** offers hot meals and social connection in a supportive environment. The Society also operates a telefriend and visitor program. For more information call 604-922-1575.

**Health & Seniors Information Line (BC Ministry of Health)** provides information about health services, the health care system, and interpretation of a wide variety of health media releases, legislation, policies, programs and services. Call 1-800-465-4911.

**2-1-1 Community Information & Services Line (Community Information Vancouver)** is a free, confidential service for access to health and human services information and referrals to community services, social services, health services, government services and other information. To access, dial 211.

#### CASE MANAGEMENT (FEE FOR SERVICE)

There are many agencies that provide senior's case management services for a fee. One example is Hollyburn Family Services, whose fees are relatively affordable. Services include: case management; assistance with tasks of daily living; medication monitoring; nutrition monitoring and meal planning; personal care; companionship; transport to appointments; travel companions; shopping; housekeeping; laundry and respite for family and full-time caregivers.

#### COUNSELLING

Hollyburn Family Services provides counselling services on a sliding scale which addresses issues such as substance misuse, sexual abuse, relationships, parenting, domestic violence, grief and loss, post traumatic stress, health concerns and personal growth. The waitlist is several months long. Some community programs offer peer counselling, such as North Vancouver Seniors Outreach Program. Front line workers report that it is extremely difficult to get counselling for their clients. Call 604 987 8211 for more information.

#### GAPS IN SERVICES

While there are several outreach and information services, there is currently no central access point that coordinates education, outreach and case management services for seniors at risk of homelessness. Many seniors fall through the cracks because they are not aware of the services available in their community, have difficulty accessing services or do not meet eligibility criteria due to age, mental health, addictions or refusal to comply with conditions of a service. Many seniors find it difficult to navigate the myriad of services and paperwork, and get discouraged when they do not receive the expected services or are not treated with respect. Many services are in place that can reduce the risk of homelessness, but they would be more effective if they were easier to navigate, such as clarity on where to call to access needed services and coordinated, one stop service delivery. In terms of services, the main gaps noted were:

- There is not enough seniors specific outreach/case management (no fee) for homeless/at-risk seniors on the North Shore
- Lack of counselling services (dealing with grief, loss, trauma, addictions etc.)
- Lack of detox facilities on the North Shore, especially timely services geared to older clients
- Lack of services for those under 60 who are considered senior by front line workers

# North Shore Specific Recommendations

---

## OUTREACH AND CASE MANAGEMENT

- Build on the existing Integrated Case Management system to develop coordinated case management services for at-risk seniors
- Add age specific outreach services targeting elderly persons in the community who may be isolated and at risk of homelessness due to depression and other health problems. Collaboration with existing services and providers will allow for efficient use of resources
- Fund the senior's one stop line and strengthen community knowledge of existing services.
- Provide a senior's specific drop-in center where elderly persons experiencing homelessness have a warm place to sit, have a coffee/snack, and access services.
- Support Seniors Coalition members' efforts to enhance life skills planning, financial management, meal programs, social engagement (preventing isolation) and transportation services on the North Shore

## HOUSING

- Provide a senior's specific emergency shelter in the form of a seniors' safe house (3+ beds). This would allow seniors a period of time to "reconnect" and establish interpersonal contacts and social support in a safe environment. The need for a safe place for elderly women is particularly strong given the risk of financial, physical and sexual victimization.
- Low barrier housing with supports (ideally 20-30+ units) for seniors and those who may be younger but are considered to have the same needs as seniors. Those with a history of eviction, experiencing mental illness or who have addictions are difficult to place in independent market or non-profit housing and need a place other than the street.
- There is a continuing need for independent below market housing as well as housing with supports for seniors.
- A strong need was expressed by front line workers for better access to addiction/mental health/concurrent disorder services (Vancouver Coastal Health) and detox centres. The ideal would be to fast-track a homeless person when they are ready, rather than miss the window of opportunity because of delayed appointment times, eligibility criteria, compliance and waiting lists.
- Homeless persons 50-64 years may not be considered a "senior" by some health care, service and housing providers, although many may have chronic medical conditions similar to those who are older. Expanding existing senior's services for this age group is essential.
- There is need for counselling services that are free and available without a long wait. In particular, there is a need for crisis counselling for seniors.
- Transportation to services and programs is essential to ensure participation in programs and services offered.



# Successful Models in Other Communities

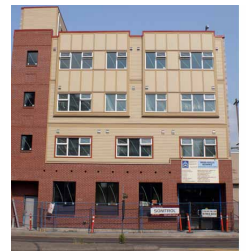
## SMITH-YUEN APARTMENTS

The Smith-Yuen Apartments are located in Vancouver's downtown eastside, and provide 52 self-contained one-bedroom apartments for seniors with low incomes and serious, persistent mental illnesses. Tenants are drawn from the Vancouver Coastal Health Authority's waiting list, with emphasis on current Downtown Eastside and Downtown South residents thus allowing them to age-in-place in a familiar neighbourhood. The Katherine Sanford Housing Society manages the building with funding from several levels of government. The building was designed specifically for the low income elderly population with mental health concerns. In addition to a range of support services, such as home support provided by the health authority, the building design incorporates many specialized features geared to an aging population.



## RHODA KAELLIS RESIDENCE

Rhoda Kaellis Residence is a four storey wood frame building with 24 units of supportive housing for men and women with a history of homelessness, mental health issues and substance abuse. 50% of the units provide transitional housing & support services for up to two years. The remaining units are permanent independent housing for individuals moving from transitional housing. The building houses hard to house adults and seniors with multiple barriers. The building was funded by several levels of government and is managed by Lookout Emergency Aid Society.



## TEMPORARY HOUSING PROGRAM (THP)

Seniors Services Society's Temporary Housing Program fills the gap in emergency housing for seniors by providing high-barrier shelter space for homeless or at-risk seniors. The program provides a private apartment, furnished by donation, as temporary accommodation to homeless seniors for an average of three months. Clients receive one-on-one support from an outreach worker as needed to help them live independently in the temporary program. The worker and client work to obtain permanent appropriate housing. THP is unsupervised and unattended and the units are embedded within regular apartment buildings where the neighbours are regular tenants of the building. For this reason, clients must go through a strict screening process including intake and interview with THP staff. The program is priority and suitability based, and there is no waitlist.

## HOUSING COUNSELLING

Seniors Services Society provides information on housing options for seniors. Experienced and knowledgeable staff will determine a senior's housing and services needs. Once the Housing Counsellor clearly understands a senior's particular situation, a package of information is assembled according to their housing needs and sent to them by mail. Depending on the senior's need, they are connected to outreach or support services.

## SAGE SENIORS' SAFE HOUSE (ALBERTA)

This house provides safe and free housing, on a temporary basis to men and women 60 years of age or older who need safety from an abusive situation. Other services provided while in Safe Housing include: furnished accommodation, meals and snack items, peer support, professional assistance, connections to community resources, and practical assistance.

## SACRAMENTO SENIOR SAFE HOUSE (US)

The Safe House offers a six-bedroom, 4,783-square-foot residential facility which provides a safe place for abused and neglected seniors 62 and older to receive as many as 90 days of shelter. The Sacramento Senior Safe House is distinguished from other emergency shelter options by its home-like environment. These special touches include: senior-created original art on the walls, brightly painted accent walls in each bedroom, and volunteer-stitched handmade quilts for each bed.



# Conclusion

---

The programs highlighted in this paper are making significant contributions in their communities to address the needs of older adults facing homelessness, and yet the problems associated with elder homelessness will continue to grow as the Baby Boomer generation ages. Someone who has been homeless for most of his or her adult life may “age into elder homelessness”; or perhaps one unexpectedly becomes homeless for the first time as a senior. Either way, the needs of the elderly homeless require special attention. Measures to address these needs will require age-sensitive services, have minimal barriers to access, and are accommodating for the frail and multiply diagnosed senior. While this paper discusses the general service needs of elderly homeless persons on the North Shore, there may be specific needs that must be addressed for special demographic populations such as first nations and immigrant populations.

There are also larger systemic barriers such as old age pension rates, high rents and low vacancy rates, rent increases and restrictions due to eligibility criteria for social housing and services. Many provincial and federal programs do not take into account the higher rent and cost of living on the North Shore, such as the \$700 rent cap for SAFER. While some may argue that people need to move to cheaper communities if they can't afford the North Shore, many seniors will choose to forego food and medication rather than be removed from their social circle and supports. For these seniors, moving to another community may increase their risk of isolation and depression, which end up contributing to their risk of homelessness. Every attempt should be made to allow seniors to age-in-place in a familiar neighbourhood where they have social supports.

This paper can be used as a tool for increasing awareness about elder homelessness on the North Shore and among homeless service providers. As we continue to recognize the existence of elder homelessness, we are poised to ask questions about their special service needs. Subsequently, we hope to implement recommendations to create resources and housing, develop prevention programs, and eliminate barriers to accessing services.



# References

---

1. Abdul-Hamid W. (1997). The elderly homeless men in Bloomsbury hostels: their need for services. *International Journal of Geriatric Psychiatry*, 12, 724–7.
2. BC Housing. (2010). Housing Listings. [<http://www.bchousing.org/providers/registry>]
3. BC Housing. (2010). Information for seniors. [[http://www.bchousing.org/applicants/elderly\\_renter](http://www.bchousing.org/applicants/elderly_renter)]
4. Belcher JR. (1988). Defining the service needs of homeless mentally ill persons. *Hospital Community Psychiatry*, 39, 1203–5.
5. Brickner P, Filardo T, Iseman M, Green R, Conanan B, Elvy A. (1984). Medical aspects of homelessness. In: Lamb HR, editor. *The homeless mentally ill*. Washington (DC): American Psychiatric Association.
6. Cohen C. I., Teresi J. A. & Holmes, D. (1988). The physical well being of old homeless men. *Journal of Gerontology*, 43, S121–S128.
7. Cohen C.I. (1999). Aging and homelessness. *Gerontologist*, 39(1), 5–14.
8. Crane, M. (1992). Elderly, homeless and mentally ill: a study. *Nursing Standard*, 7(13), 35–8.
9. Crane, M. (1996). The situation of older homeless people. *Review of Clinical Gerontology*, 6, 389–98.
10. Dietz, T. & Wright, J. D. (2005). Victimization of the Elderly Homeless. *Care Management Journals*, 6 (1), 15-21.
11. Doolin, J. (1986). Planning for the special needs of the homeless elderly. *Gerontologist*, 26, 229–31.
12. Douglass RL, Atchison BJ, Lofton WJ, Hodgkins BJ, Kotowski K, Morris J. (1988). Aged, adrift and alone: Detroit's elderly homeless. Final report to the Detroit Area Agency on Ageing. Ypsilanti (MI): Department of Associated Health Professions.
13. Gelberg, L, Linn, LS, Mayer-Oakes, SA (1990). Differences in health status between older and younger homeless adults. *Journal of the American Geriatric Society*, 38, 1220–9.
14. Gelberg L, Linn LS. Demographic differences in health status of homeless adults. *J Gen Intern Med* 1992; 7:601–8.
15. Hwang, S.W. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association*, 283, 2152–7.
16. Kutza E.A. & Keigher, S.M. (1991). The elderly “new homeless”: an emerging population at risk. *Social Work*, 36, 288–93.
17. Ladner, S. (1992). The elderly homeless. In: Robertson M, Greenblatt M, editors. *Homelessness: a national perspective*. New York: Plenum Press; 1992. p 221–6.
18. Lee J.S. & Frongillo, E.A.(2001). Nutritional and health consequences are associated with food insecurity among U.S. elderly persons. *Journal of Nutrition*, 131, 1503-1509.
19. Metro Vancouver (2010). Housing Data Book. [[http://www.metrovancouver.org/planning/development/housingdiversity/HousingDataBookDocuments/Metro\\_Vancouver\\_Housing\\_Data\\_Book\\_2010.pdf](http://www.metrovancouver.org/planning/development/housingdiversity/HousingDataBookDocuments/Metro_Vancouver_Housing_Data_Book_2010.pdf)]
20. National Advisory Council on Aging (2005). Seniors on the margins: Aging in poverty in Canada. [<http://dsp-psd.pwgsc.gc.ca/Collection/H88-5-3-2005E.pdf>]
21. North Shore Community Resources. (2010). Information for Seniors. [<http://209.52.151.198/db/senior/senior.asp>]
22. Reynolds, T, Thornicroft, G, Abas, M, Woods, B, Hoe, J & Leese, M. (2000). Camberwell assessment of need for the elderly. *British Journal of Psychiatry*, 176, 444–52.
23. Service Canada (2011). Services for Seniors. [<http://www.servicecanada.gc.ca/eng/isp/pub/factsheets/rates.shtml>]
24. Statistics Canada (2001). The Assets and Debts of Canadians, Focus on private pension savings. [<http://dsp-psd.pwgsc.gc.ca/Collection/Statcan/13-596-XIE/13-596-XIE2001001.pdf>]
25. Statistics Canada (2006). Community Profiles from the 2006 Census. [<http://www12.statcan.ca/census-recensement/index-eng.cfm>]
26. Statistics Canada (2010). Low income cut-offs before and after tax for rural and urban areas, by family size, 2008 constant dollars, annual. [<http://cansim2.statcan.gc.ca>]
27. Stergiopoulos, V. & Herrmann, N. (2003). Old and Homeless: A Review and Survey of Older Adults Who Use Shelters in an Urban Setting. *Canadian Journal of Psychiatry*, 48, 374–380
28. Sullivan A.M. (1991). The homeless older women in context: alienation, cut-off and reconnection. *Journal of Women Aging*, 3(2), 3–24.
29. Tully, CT & Jacobson, S. (1992). The homeless elderly: America's forgotten population. *Journal of Gerontological Social Work*, 22(3/4), 61–81.
30. Vancouver Coastal Health (2008). Population Health Report. [[http://www.vch.ca/media/VCH\\_PopulationHealthReport.pdf](http://www.vch.ca/media/VCH_PopulationHealthReport.pdf)].
31. Vancouver Coastal Health (2009). North Shore Community Health Profile. [[http://www.vch.ca/media/CommunityProfile\\_NorthShore-2009.pdf](http://www.vch.ca/media/CommunityProfile_NorthShore-2009.pdf)].
32. Vancouver Coastal Health (2009). North Shore Chronic Disease Programs and Services Directory 2009/2010. [<http://www.nscr.bc.ca/information/caregiver/NSChronic.pdf>]
33. Vancouver Coastal Health (2010). Assessment & Treatment Services (ATS). [<http://vch.eduhealth.ca/PDFs/CD/CD.140.A87.pdf>].
34. Vancouver Coastal Health (2010). Home & Community Care. [[http://www.vch.ca/your\\_health/seniors/home\\_%26\\_community\\_support](http://www.vch.ca/your_health/seniors/home_%26_community_support)]