

Being and Staying Eligible for Services:

Providers' Perspectives of Supporting Older Adults with Lived Experience of Homelessness

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Land

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Background and Objective

Older people experiencing homelessness (OPEH) are a marginalized population with limited access to shelter/ housing supports (Canham et al., 2022).

Understanding program-specific (in)eligibility criteria along with strategies to sustain tenancy in shelter/housing settings is crucial to supporting OPEH.

Objective: This study examined providers' understanding of program (in)eligibility across six different shelter/housing settings, factors that impact a client's ability to stay eligible, and the interventions providers use to assist OPEH to maintain their eligibility.



Methods

- Semi-structured, qualitative interviews with 34 providers from six shelter/housing organizations serving OPEH in three Canadian cities
- Part of a larger study
 evaluating shelter/housing
 organizations which serve
 OPEH and investigating how
 OPEH age in the right place
 (Canham et al., 2022)



Three Themes

	2	3
Becoming eligible for shelter/housing programs	Challenges to staying eligible	Provider and organizational protocols to maintain clients' eligibility



Becoming Eligible for Shelter/Housing Programs

	2	3
Clients' substance use	Mental health	Autonomy in daily needs



Becoming Eligible for Shelter/Housing Programs: Clients' Substance Use

Providers from six programs noted policies ranging from **no active substance use** (2 sites) to **controlled substance use** (3 sites) to actively requiring substance use for eligibility (1 site).

[Clients] don't need to be sober, but they need to have a certain stability about consumption. So, someone that would be out of control would not be accepted because it would create problems in the environment. (Montreal Site 1)



Becoming Eligible for Shelter/Housing Programs: Mental Health

The six programs ranged from barring clients wth severe mental health issues (1 site) to requiring management of mental health issues (2 sites) to requiring clients to have a behavioral disorder (1 site) to having no policy on mental health issues (2 sites).

There are many mental health issues, but they are being followed [by doctors or mental health providers]. That's one of the things that we insist on: the follow-ups. (Montreal Site 1)



Becoming Eligible for Shelter/Housing Programs: Autonomy in Daliy Needs

Of the six programs, five required autonomy in meeting daily needs except for one site, which was open to complex care needs and limited autonomy.

They need to be reasonably independent still... [This is not] a long-term care facility where we have nurses on staff all the time to physically take care of somebody.... (Calgary Site 1)



Staying Eligible for Shelter/Housing: Challenges

Disrespect/aggression/violence towards staff or other clients (4 sites)

Not working on finding permanent housing or following program (2 sites)

Losing autonomy (4 sites)



Provider and Organizational Protocols to Maintain Clients' Eligibility

- Talk to clients to share concerns
- Encourage healthcare follow-ups

- Consult with or refer to community services
- Warnings or crisis eviction



Provider Protocols to Maintain Clients' Eligibility

Providers from three programs discussed talking with the client to share concerns and discuss interventions.

Depending on the degree of the crisis that the client is displaying, we change our actions. But first, we try to talk to clients directly and express our concerns and see if they are willing to speak to us and agree to some sort of intervention to help themselves and go from there.

(Vancouver Site 1)



Provider Protocols to Maintain Clients' Eligibility

Providers also discussed the role of crisis eviction in case of physical decline or loss of autonomy.

The Residential Tenancy Act allows us to end a tenancy for cause if we felt that someone cannot live independently. But that would be an absolute last resort for us, and we would only do that to force a crisis to make sure we could get them into supportive housing. (Vancouver Site 2)



Implications

 If clients have controlled substance use, managed mental health, and are autonomous in daily living, they are more likely to become eligible for services Clients who comply with prescribed plans from providers/community services are more likely stay eligible for services There are limited services available for OPEH who don't meet the above criteria



Thank you!

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