



Canadian Pensioners Concerned, Inc., Ont. Division
10 Trinity Square ~ Toronto, Ont. M5G 1B1 ~ Canada
Phone 416-368-5222 ~ Fax 416-368-0443
info@canpension.ca www.canpension.ca

**Senior Homelessness in Ontario
Presentation to the Ontario Senior Secretariat
Housing Liaison Committee**

BY

**CANADIAN PENSIONERS CONCERNED, INC.,
ONTARIO DIVISION**

April 21, 2005

The Mission Statement of Canadian Pensioners Concerned (CPC), Ontario Division makes it clear that as seniors CPC speaks not just about the housing needs of seniors but for the housing needs of all ages. Homeless families and homeless individuals are the offspring of seniors. The Ontario Division's Housing Position Statement discusses the many issues involved in housing and homelessness. It suggests ways of dealing with and preventing the problem. The Statement is available on this website.

The focus of this presentation is on homelessness as it relates to seniors living in Ontario. In seeking research information on this topic it became clear that much more research is required than is available. A recent research study by the University of Toronto entitled "Homeless Older Adults Research Project" was completed in November 2004 for the City of Toronto.ⁱ The findings of that research project will be referred to in this presentation. Next year CPC Ontario Division hopes to be able to provide more information on this topic as we are beginning a research project on homelessness of seniors living in rural and small town Ontario.

We all know that homelessness is a growing problem that needs careful attention. The senior population will increase in the near future as the baby boomer generation becomes seniors. A report from the City of Toronto Urban Development Roundtable, Rental Working Group, provides a sample of the population increase of seniors in Toronto. It projects that "it is expected that by 2021 there will be 92,000 more people over the age of 65 than today - 52,000 of them will be aged 75 and over". Under the current conditions there is already a shortage of affordable housing and services to meet the needs of seniors. This indicates that there will be a shortage of the supply in the future as senior numbers increase. Seniors as a group have been dependent on the rental housing market.ⁱⁱ

The City of Toronto research (November 2004) reports that older seniors who have experienced homelessness individually are of the opinion that homelessness for seniors should be defined as a condition facing those who are 50 years of age and older. The expectations of life when an individual is about to lose a place called home change drastically. This impacts significantly on the quality of life that a person wants to have whether the person is 50 or 65. The effect of homelessness is that the 50 year old and older homeless person may appear and behave 10 to 20

years older than the general population. It is known that the life expectancy of homeless people is lower than that of the general population. It is also known that in the homeless group men outnumber women while the same is not so in the general senior population where women outnumber men.ⁱⁱⁱ

The same study also points out that homelessness has a different impact for men than for women. “Homelessness among women is more likely to stem from family crises (e.g. marital breakdown, widowhood), where as with men it is often due to work related challenges (e.g. loss of employment). Women are also more likely to become homeless in their mid-fifties, which is at an older age compared with men. Older homeless women require greater attention for the following reasons: many older women live below the low-income cutoffs, which places them at risk for homelessness, and older women live longer than men and are more likely to live alone, making them more vulnerable to becoming homeless. Older women also have different health needs than men and therefore require (different) services. These factors should be considered in the planning and delivery of services.”^{iv}

What are the causes of homelessness for seniors? It is generally accepted that issues such as eviction, loss of a spouse and loss of income are recognized as causes of homelessness in older age. Seniors suffer especially from the affordable housing problem. They are in the middle of the affordability problem. Seniors are 21% of all households, with 26% of this number spending more than 30% of their incomes on housing. Seniors are 17% of those in severe housing need or paying more than 50% of their income on shelter.^v

The Toronto Dominion Bank Recommendations refer to the disproportionate effects of homelessness on certain demographic groups - such as senior citizens living alone. Females often do not qualify for the same CPP benefits as their male counterparts because of their lower history of workforce participation. Benefits under OAS and GIS programs provide a maximum of just under \$1000 a month and are the total income for many seniors. Seniors at the top end of the low income working group have high taxes to pay and claw backs on public pensions. On the death of a spouse they often are subject to pension benefits being cut in half which often results in 65 – 75% lower incomes.^{vi}

There are many variations related to homelessness as it is reflected in seniors' needs. There is a difference between those who have chronic homelessness and those who are new homeless individuals. The chronic homeless person in Toronto has been homeless for 365 days or more while the new homeless are homeless less than 365 days.^{vii} 60% of these chronic homeless rate their health as poor or fair, while 50% of the new homeless individuals rate their health as good, very good or excellent. 80% of the general population rate their health as excellent. About one half of both new and chronic homeless have depression related symptoms. The same comparisons can be made related to physical and mental health, problems with drinking and memory problems.^{viii}

All of this leads us to know that homelessness is more than a housing problem. More is required than building houses in which seniors can live. Health and the social services must also be provided. The Canadian Mental Health - Ontario, the Centre for Addiction and Mental Health, the Ontario Federation of Community Mental Health and Addiction Program and the Alcohol and Drug Recovery Association of Ontario participated in a "Making Gains 2004 Conference in Mental Health & Addictions". A number of the workshops focused on the issues related to housing and the experience of homelessness. One workshop was titled "Fusion Care in the Black Hole".^{ix} The black hole of homelessness provides a theoretical framework for describing ways in which people enter, experience and exit the homeless situation. It is like a spiral and provides a good way of understanding the motivation, resources, and service needs of people coming into the shelter system.

Can we think for a few moments of what the experience of being caught in this spiral would be like? For one reason or another a person loses the home which has been the centre of his/her daily living. Feelings of fear would likely emerge - then anger - then rejection. Unless it changes soon the person would likely be caught in an experience where he/she would feel alone and would sink further into the spiral to the bottom where the black hole consumes him/her. Often alienation from family and friends takes place. The community as a whole tends to look away and often looks down on the person having this experience. Two myths related to homeless people are that they are just lazy and should get a job, and that homeless people choose to live on the street.^x

Homeless individuals need not just a living space they call their home but supportive services that enable them to live on their own. To deal with their homelessness people need available resources which are similar to the counseling and case management resources used in the mental health and addiction treatment programs. This level of service is required to deal with the multiple issues of many homeless people. Senior homeless individuals have the added factors related to age. The following recommendations are formed keeping these issues in mind. They are similar to the recommendations in the research report made for the City of Toronto in November 2004 by the University of Toronto.^{xi}

Throughout this paper, by default, statistics quoted refer to the City of Toronto. Although the effects of homelessness on individuals may not vary from place to place, the percentage of homeless in the senior population and the extent or lack of support services may differ according to local circumstances, The Toronto study is an example of the type of research needed to understand the problems related to homelessness, particularly with the older citizens of our communities.

Recommendations

- 1. Research:** More research is needed to identify the needs of homeless seniors in Ontario so that programs can be developed to improve access for seniors to health and social services. As has been identified above little is known about the size and the needs of homeless seniors and thus programs have not been developed to meet their needs. Knowledge of homeless seniors living in many rural areas is lacking and for this reason outreach programs do not seem to exist.
- 2. Access to Shelters:** Homeless seniors on the whole need assistance in accessing and using services therefore case management programs must be developed. This will require more workers with training to assist senior homeless people to access health and social services. These workers would provide more than the access to these services, they would also help in the continuum of care and link people to services that match their individual need. For example, health care issues related to emerging problems such as eye care, dental care, and mental health care.
- 3. Shelter:** Additional Shelter options are needed to meet the various needs of seniors who are experiencing homelessness for the first time, recognizing the special needs of women. This would include separate floors for senior men and senior women. This would also help meet the

special needs of the people in the shelter, e.g. palliative care, care after release from hospital and other special care required.

4. **Housing:** Additional supportive housing must be built recognizing that with the aging of baby boomers, the number of seniors needing this kind of housing will greatly increase.

5. **Prevention of Homelessness:** More awareness of the unique needs of seniors is required for the prevention of homelessness. Provision of access to support programs earlier than currently allowed by government legislation. For example older seniors face ageism in seeking work therefore the Ontario Works program does not prevent homelessness in the 60 to 65 age group. The return of Ontario Disability Support Program (ODSP) benefits to this age group would assist in the prevention of homelessness. Other government support programs need to be reviewed with the aim of preventing homelessness.

6. **Evaluation:** Ongoing evaluation of current programs would help us develop new ways of dealing with homelessness and its prevention.

i

ii Lynne McDonald, Principal Investigator, “Homelessness Older Adults Research Project, Executive Summary”, funded by City of Toronto Supportive Communities Partnership Initiative (Toronto: University of Toronto Institute for Human Development, Life Course and Aging, November 2004).

iii McDonald, op.cit., p2.

iv Ibid.,pp.2,3..

v Hulchanski, op.cit., p.21

vi Don Drummond in Hulchanski, op cit., pp.49, 50

vii McDonald, op.cit., p.1

viii Ibid., p.3

ix From p.15 of the Preliminary Conference Program, “Making Gains 2004 in Mental Health & Addictions, Knowledge Integration Action Conference” held in Toronto, October 3-6, 2004 by the Canadian Mental Health Association, the Ontario Centre for Addictions and Mental Health, the Ontario Federation of Community Mental Health and the Addictions Program, and the Addictions Recovery association of Ontario.

x

