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'Growing Old' in Shelters and 'On the Street': Experiences of Older Homeless People

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ABSTRACT

Homelessness among older people in Canada is both a growing concern, and an emerging field of study. This article reports thematic results of qualitative interviews with 40 people aged 46 to 75, carried out as part of a mixed-methods study of older people who are homeless in Montreal, Quebec, Canada. Our participants included people with histories of homelessness (n = 14) and persons new to homelessness in later life (n = 26). Interviews focused on experiences at the intersections of aging and homelessness including social relationships, the challenges of living on the streets and in shelters in later life, and the future. This article outlines the 5 main themes that capture the experience of homelessness for our participants: *age exacerbates worries; exclusion and isolation; managing significant challenges; shifting needs and realities; and resilience, strength, and hope*. Together, these findings underscore the need for specific programs geared to the unique needs of older people who are homeless.

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Homelessness has long been considered a significant social problem and marker of inequality that requires targeted policy and practice responses (Lee, Tyler, & Wright, 2010; Shlay & Rossi, 1992; Toro, 2007). More recently, ending homelessness has been identified as a grand challenge for social work in the 21st century (Henwood et al., 2015). Yet, although research in this area tends to focus on youth and young families, there is evidence to suggest that more people aged 50+ are experiencing homelessness in the United States, Canada, Australia, and the United Kingdom (Crane & Warnes, 2010; Culhane, Metraux, Byrne, Stino, & Bainbridge, 2013; Hightower, Hightower, & Smith, 2003; McDonald, Dergal, & Cleghorn, 2007). This increase in homelessness among older people may be a result of population aging, shifting age structure, and may also be compounded by poverty, labor market changes, rising housing costs, and changing commitments to public social programs and services (Crane & Warnes, 2010; Culhane et al., 2013).

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Although only a small body of literature focuses on older people who are homeless, it clearly outlines that older people have distinct needs with regards to mental and physical health, safety, and access to services (Gonyea, Mills-Dick, & Bachman, 2010; Grenier et al., 2016b; McDonald et al., 2007).

This article reports findings from 40 qualitative interviews with men and women aged 46 to 75 who were using shelter services in Montreal, Quebec. Listening directly to older people with lived experience on the streets and in the shelter system provides important insights into trajectories in and out of homelessness, needs, and experiences that may shift as people age. It also provides foundational knowledge to assist with the development of policies, community services, and responses that are suitable for older people who are homeless. To begin, we sketch the existing knowledge base on older homelessness, describe our methods, and outline the descriptive characteristics of our sample. We then present five themes that give insight into interview participants' trajectories, needs and concerns, and hopes for the future: *age exacerbates worries; exclusion and isolation; managing significant challenges; shifting needs and realities; and resilience, strength, and hope*. Finally, we provide suggestions for social programming, with the intent of improving the lives of older people who are homeless, and ultimately eliminating homelessness in late life.

Literature review: Homelessness among older people

Definitions of homelessness among older people vary between research, policy, and practice contexts. The Canadian Homelessness Research Network (2012) described homelessness as "the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (1). Four subgroups fall within this broader category of homelessness: the unsheltered, the emergency sheltered, the provisionally sheltered, and those at risk of homelessness. Although our work draws on this broad definition, the interview data in this article includes only those in the unsheltered and emergency sheltered categories (i.e., older people using shelter services in Montreal, Quebec). But what does *older* mean in the context of homelessness? In the existing literature, the age of 50—rather than the standard 65—is considered to be the most appropriate marker of *old age* in a homeless population (Grenier et al., 2016b). This is based on findings that homeless people aged 50+ in Toronto, Canada subjectively considered themselves old (McDonald, Dergal, & Cleghorn, 2004), and a general consensus that older people who are homeless tend to exhibit mental and physical health characteristics that are more consistent with nonhomeless people who are approximately 10 years older than them (Cohen, 1999; Gonyea et al., 2010; Hwang et al., 1998).

The literature on aging and homelessness suggests a number of issues. First, research has established that older homeless people have needs for health, housing, and social care that are distinct from their younger counterparts. Older homeless people are more likely to have mental and physical health concerns, and may require access to specialized medical care beyond what is available in shelters (Gonyea et al., 2010; Kellogg & Horn, 2012; Ploeg, Hayward, Woodward, & Johnston, 2008). Typically designed with younger people in mind, shelters are often inaccessible and/or ill-equipped to meet older people's needs (Serge & Gnaedinger, 2003). Older people are also known to encounter violence on the streets and in shelters (Lee & Schreck, 2005; North, Smith, & Spitznagel, 1994) and are thought to face higher threats to safety than their younger counterparts, because they are often seen as easy targets (Dietz & Wright, 2005). Add to this that older people tend to have challenges in navigating and accessing shelters and services (McDonald et al., 2007), and typically experience longer periods of homelessness than younger people (Caton et al., 2005; Grenier, et al., 2016b).[1]

Second, the literature recognizes distinctions in homeless trajectories, with older people following one of two patterns: they are either homeless throughout their lives and continue this pattern as they age (i.e., chronic or episodic homelessness), or they become homeless for the first time in later life (i.e., late life homelessness). To date, the majority of literature has focused on the chronic category. However, recent work suggests that the second pathway is increasingly common on an international level. Research conducted with older homeless people in the United States, England, and Australia found that two-thirds of the participants surveyed had not experienced homelessness earlier in life (Crane et al., 2005). Although women are less likely to become homeless before age 50, long-term or chronic homelessness among older men is often attributed to the dissolution of a childhood home, marital break-up, or discharge from the army or prison (Crane & Warnes, 2010). Recent homelessness among older people is less well documented, but may be associated with the loss of employment or housing; death of a spouse, relative, or close friend who provided care; domestic violence and/or family breakdown; and substance misuse and/or gambling (Crane & Warnes, 2010; Gonyea et al., 2010; McDonald et al., 2007; Rothwell et al., 2016).

Third, the literature on homelessness among older people draws attention to the shifting age structures and the potential impact of population aging. This includes persons who are currently aging in situations of homelessness, and an aging population, where there are greater numbers of older people in society. Estimates suggest that between 150,000 and 300,000 people are homeless in Canada,[2] with particular groups, such as Aboriginal populations, greatly overrepresented (see Patrick, 2014). Although older people represent a minority of the homeless population in some cities and regions across Canada, the age structure is rapidly increasing in others. For example, the 2014 homeless count

in Vancouver found 14% of total homeless persons (sheltered and unsheltered) to be in the 55–64 age category, and 4% in the 65+ category (Greater Vancouver Regional Steering Committee on Homelessness, 2014). The proportion of older homeless people is even larger in Toronto, with the 2013 homeless count reporting that 29% of those counted were over age 51 (City of Toronto, 2013). By contrast, although there are less total homeless people in Montreal than in Vancouver or Toronto, the 2015 Montreal count identified people aged 50+ as the proportionally largest group of homeless persons at 41% of the total, compared to 39% for those aged 31–49 and 19% for those ages 30 and less (Latimer, McGregor, Méthot, & Smith, 2015). Looking to international data, Culhane et al. (2013) also found increasing rates of shelter use in New York City among single adults born during the later years of the baby boomer period. Yet, despite this shifting age structure, policies and programs on homelessness rarely include older people as a subpopulation. A survey of policy documents across Canada found that only four of 42 documents included substantial responses to the needs of older people who are homeless (Grenier et al., 2016a).

More recent literature on homelessness among older people has attempted to document risk profiles, pathways, challenges, and coping mechanisms, with consistent trends emerging. Reynolds et al.'s (2016) study of 14 older homeless people in Winnipeg outlined the complex personal, relational, and structural/societal factors leading to homelessness; struggles associated the loss of familial and social relationships; the shame of living in shelters; the challenges of restricted mobility and finding a way out of homelessness. Davis-Berman (2011a, 2011b) presented similar results based on interviews with 10 older homeless men and 10 older homeless women in shelters in the Midwestern United States. Men in this sample experienced challenges in finding employment despite their desire to return to work, encountered significant barriers in accessing housing, were estranged from their families, and developed coping strategies that included staying away from younger shelter users (Davis-Berman, 2011a). By contrast, older women found it confusing to navigate social services and access housing assistance, found it chaotic to live in shelters among a majority of younger residents, described pathways related to their roles as nurturers, and often had fractured family relationships (Davis-Berman, 2011b). In sum, although the body of knowledge on homelessness among older people is growing, research on lived experiences at differing social locations and across geographic locales is needed.

Methods: Qualitative interviews with 40 homeless men and women

This article presents the results of 40 semi-structured, qualitative interviews carried out to understand the experiences of homeless men and women aged 50 to 75 in 2014 in Montreal, Canada. Our research was conducted in partnership with the Old Brewery Mission, a major service provider in Montreal, with

ethics approval obtained from the research ethics boards at McMaster and McGill University. The service provider has separate men's and women's pavilions that provide service for up to 300 men and 80 women per night. The program offers emergency shelter beds, beds within transitional programs located in a separate wing or building, a large cafeteria (located in the main shelter site), and a café that operates during daytime hours. Recruitment for the study relied on self-identification, through face-to-face conversations with people who qualitatively looked older, were using the cafeteria or shelter services, and/or were in close proximity to the shelter prior to meal or shelter times (i.e., bus shelters, a nearby parking lot, queues for the cafeteria, or the café). This recruitment technique built on our observations that older people do not venture far from the shelter during the day. Parking lots and bus shelters were used as nearby waiting places, with older people tending to show up at the beginning of the cafeteria service.

Recruitment and interviews were conducted by two former shelter workers (trained by the principle investigator [PI]/first author), as a means to facilitate access. Each participant provided written consent to take part in the interview and was given 15 dollars in compensation. Interviews ranged from 30 to 60 min, were conducted in a private setting close to the shelter at the choice of the participant (e.g., small office of the shelter, nearby park or café), and at a time that would not jeopardize their eligibility for meals or shelter. Interviews were open-ended and guided by a set of probing questions. Participants were asked what it was like to be older and homeless, to describe pathways through homelessness, their daily experiences living on the streets and in shelters, their needs and concerns, and their use of spaces and services. Participants also discussed their relationships with family and friends and the challenges associated with growing old. Data on age, gender, ethno-cultural background, level of education, and employment history were documented at the end of the interview by participant self-report. Interviews were audio-recorded, professionally transcribed, and reviewed by the team to ensure completeness.

Almost all (n = 37) interviews were conducted in French, the majority language in Montreal, with the remaining three conducted in English. The average age of our sample was 58. Study participants ranged in age from 46–76, with 10 participants aged 46–54, 25 participants aged 55–64, and 5 participants aged 65+. The youngest person in the sample was 46 and the oldest was 76. Although we had set the inclusion criteria at age 50, one participant revealed that he was actually 46 at the end of the interview. This participant had a series of health issues, self-identified as *old* (and "looked older" as per interviewer), and his discussions were consistent with the findings of the study. Upon discovering this age, the interviewer followed protocol of allowing the participant to keep the compensation. The participant stressed that although only 46, he "felt old" and asked that his data be included in the study to help other

people. Of the 40 interview participants, 29 were men and 11 were women, reflecting that men are disproportionally represented among shelter users (see Rich & Clark, 2005). Three participants identified as Aboriginal and two were born outside of Canada. 19 of the participants were enrolled in the in-house transitional program (primarily persons new to homelessness or in support programs),[3] 17 were using the large dorm-style emergency shelters for men or women, three lived off-site in subsidized housing linked to the shelter, and one participant had been housed for a year but continued to use the downtown cafeteria and cafe. The content of the interviews suggests that just over a third (n = 14) of participants had experienced homelessness throughout their lives, and approximately two-thirds (n = 26) of participants were experiencing homelessness for the first time in later life.[4]

Each interview was analyzed as an individual narrative in its own right, and across interviews by means of thematic analysis. Our qualitative research was generally guided by a narrative approach (Holstein & Gubrium, 2012) and constructivist grounded theory (Charmaz, 2006). However, the gaps in knowledge and practice on homelessness among older people combined with the multiple trajectories into homelessness required an approach that would help identify themes relevant for policy and practice interventions. Thematic analysis offers a flexible approach to identify patterns that can be used to inform practice settings (Braun & Clarke, 2006; also see Paillé & Mucchielli, 2012). We drew on Braun and Clarke's (2006) six-step analysis to identify themes and present our results. In step one, we familiarised ourselves with the data by manually reading each interview and taking notes in the margins. In step two, the PI and a research assistant generated codes, compared their lists, and agreed upon the initial scheme. Interviews were loaded into Nvivo and interviews were coded accordingly. Once all interviews were coded, step three consisted of reviewing material and grouping codes together into key themes. In step four, the content of the themes were printed and reviewed, comparing and contrasting the material across interviews. Step five involved review by the broader team and revising the themes where necessary. In step six, we named and defined the themes, and proceeded to write the publication on this component of the project (See Braun & Clarke, 2006, p.87). This article reports on the five key themes from our interviews with older people who are homeless.

Thematic findings: The intersections of age and homelessness

Theme 1. Age and stigma exacerbate shame, anxiety, and worry

Interviews highlighted how age and stigma played a role in worsening shame, anxiety, and worry. Participants in our study discussed the expected challenges—including access to income and housing, mental and physical health concerns, safety, and security. They also stressed the shame and stigma of

being homeless in later life, and explained how social perceptions and responses could worsen how they felt about themselves. Participants felt stigmatized, sensed that others were judging them, and were deeply ashamed of their situations:

> Look, in reality, it's not a choice that people make. You know, it's not their fault, and so what happens to them. … Me, I think that it's more "society," as such, that rejects those people. Then those people feel rejected so they prefer to live in the street. (Participant 31, 50-year-old woman, transitional program)

> At my age, I don't see life ahead of me anymore. You see, I don't know, I don't see the end of the tunnel, because everywhere I go: "Ah! He's homeless." Everywhere you go: you're homeless. It's as if I wanted to erase myself. (Participant 9, 56-year-old man, shelter)

Throughout interviews, participants outlined how their experiences differed from when they were younger, and how age and the future intensified their concerns. They worried about their daily circumstances and their plans for the future. Declining mental and physical health, and an awareness that one was nearing the end of life, made late-life homelessness particularly stressful and emotionally taxing. Some participants related the stress of being homeless in late life to a sense that one has "little time left." Constant anxieties, coupled with a lack of resources and supports, made it difficult for participants to envision a pathway out of homelessness:

> It's so much harder at 55, to find yourself homeless, then it is at 20, 25 years old. Because at 20, 25, if you're in good health, you don't have a worry in life. … At 55, it's different. … When I wake up in the morning, at 55 years old, in a shelter bed, it troubles me, and it makes me scared too. I'm scared to stay here … being homeless at my age. I find it hard emotionally. (Participant 35, 55-year-old man, transitional program).

> But it's definitely worrying because there are less years in front of you. At a certain point, my health will catch up with me. … You never know, it could happen at any time! It's worrying, yeah. It's so worrying that sometimes you just have to stick your head in the sand, and say, "Well, I'll think about this tomorrow." And then the next … at some point, you'll have to face the music. (Participant 1, 56-year-old man, transitional program).

Theme 2. Exclusion and isolation challenge the exit from homelessness

Participants discussed feeling excluded from mainstream society and distanced from social and familial relationships. Participants who could potentially return to work also felt excluded from the labor market. Their age, health problems, and in some cases, a lack of qualifications made it very difficult to regain employment and break the *cycle of homelessness*. This exclusion presented a barrier to social participation and contributed to feelings of isolation and ostracization:

> As for me, I think that living this, you exclude yourself, and a lot of other people exclude you. I was on the other side before becoming homeless. So, you know, the perception that people have, it plays a big part. … So that together makes it so that, if you don't have family either, let's say, you don't have … close friends or a strong social network. Well, you experience all that, you live with loneliness and isolation. (Participant 35, 55-year-old man, transitional program)

> Q: If I ask you, what does it mean for you to age on the streets? A: Not much, there are no open doors, 1. Work. 2. Social exclusion. It's really an overload of social segregation. (Participant 40, 59-year-old man, shelter).

Experiences of social exclusion, isolation, and segregation were worsened by limited social relationships. Many participants described how they lacked meaningful, long-term social relationships and mentioned ruptured or unstable relationships with family and/or close friends. Although over half of participants had children, many of them had little contact with their kin (i.e., children, siblings, or parents). Even when participants did maintain contact with their families, they hid the severity of their situations and/or the details of their homelessness as a result of their shame. Participants kept their situations to themselves and downplayed the emotional losses that they had incurred. The following responses were typical across interviews:

> My sister … it's been a long time since I've seen her too. And my kids, too, it's been a long time since I've seen them. (Participant 32, 61-year-old woman, shelter)

> My mother, she knew about it, and then my sister, she knew a little … but … she doesn't know I'm there on a regular basis, that I'm at the mission and all that. … My private business, that's personal, that's me, and that's it. (Participant 27, 64-year-old man, shelter)

Theme 3. Managing significant challenges and the need for socio-emotional support

Our interviews reveal the challenges that occur at the intersections of homelessness and aging, and the difficulties of managing health problems in the current system. Older people discussed countless chronic health issues (e.g., heart and lung problems, diabetes, etc.), preventable medical issues (e.g., foot and dental problems), and challenges accessing care (e.g., few appropriate services, long waits, no ID cards, etc.). Some of the key issues that emerged were the lack of identification cards, long waits in hospitals, and the stigma of accessing care through regular community-based channels. Participants also discussed how their everyday realities and schedules of waiting for food and shelter, combined with a lack of affordable transportation, created challenges to attending appointments:

> As for me, I need to make several appointments with my cardiologist, my respirologist. I'm supposed to get a pneumoscopy, but where am I, where do I stay? How

> can they get a hold of me? I don't have money to get around, you know, everything is … [undecipherable]. (Participant 4, 56-year-old man, shelter)

> It's good to be able to concentrate all your problems in the same place, whether it's a health problem or a housing problem. Because there are lots of health problems, problems of foot care. I realize that there are lots of people whose feet hurt, and they need care, and then when they have the possibility to have a nurse on-site (you know), it's a start, it's a very good thing. (Participant 36, 54-year-old man, transitional program)

Our participants revealed how homelessness was experienced as devastating, underscoring the need for social-emotional support alongside a link to resources. A few of the participants mentioned a local program for persons aged 55+ and emphasized the need for specialized programs. One participant suggested that it would be useful to provide all services in one place, with an on-site nurse, so that individuals could easily access comprehensive supports.[5] A second felt that it was important for shelter workers to have more knowledge of existing supports so that they could share this information with older people who are homeless (and especially those new to homelessness in late life). A third commented on the need for more hands-on support to help find appropriate programs and resources. Across all suggestions, however, was the need for emotional support that extended beyond the offered *case manager* resource. Given the discussion of anxiety, shame, exclusion, and isolation, this need for emotional support makes good sense. In this vein, one participant suggested that a peer connector who has been successfully housed could potentially offer assistance to mitigate hopelessness and serve as an illustration that an exit from homelessness is possible, even in later life. The following are suggestions from two of the participants:

> I asked someone at [a local service for older people]: "Is there someplace else, for people 55 and over?" He said: "I don't know." They don't know. Maybe the information was poorly… Maybe several centers could work together to make it more visible or more… For people to be better informed; that, I don't know how they can do it. (Participant 6, 60-year-old man, subsidized housing)

> Mentally, it was very, very hard. That why, when someone comes to a shelter for the first time, instead of saying: "Here is the list of programs." Well, we should have a contact person, not a worker. … They were never on the streets; they don't know what it is like. But qualified psychotherapists, psychologists … to make people understand what the streets are, and what they will experience. (Participant 27, 64-year-old man, shelter)

Theme 4. Shifting needs and desires for 'home'

Our interviews illustrate that needs for housing, care, and services seem to shift with age. The need for safe, secure, and affordable housing was particularly urgent among older people with chronic health conditions, limited

mobility, and fixed incomes. Participants repeatedly commented on their fatigue: They were tired of waiting in line to access a bed, tired of wandering through the city during the day, tired of living with other homeless people, tired of following a shelter's rigid schedule, and tired of worrying about their belongings being stolen. Although bodily realities and mobility problems made it difficult to survive and to get around the city, their accounts highlighted two key points. First, that the existing services were inadequate, second, that exhaustion had an impact on their perceptions, and the energy that would be required to exit homelessness:

> Ah! Walking all day, for me, it's very hard on the body, ok. Sleeping outside on a park bench, that's very, very hard on the body. The bones, the humidity. Just leaving in the morning and then not going to work. … You're always faced with the outdoors, and always faced with walking, walking. It's not easy walking from downtown. (Participant 16, 51-year-old man, shelter)

> During the day, there is no place for you to rest; you're on the street, so you're outside, so it seems to me, you know, the stress is even worse. So, you know, they say all the time that stress makes you older. I think that in those cases, if it was me, I think I would age faster. (Participant 30, 53-year-old woman, transitional program)

Obtaining stable housing was a priority across interviews. However, participants' needs were simple: They wanted to spend their later years in places where they could relax and live independently without having to share a room and/or follow a strict schedule or rules. Participants wanted autonomy, flexibility, and privacy—and in some cases, this meant living in a place where one could continue to drink and/or occasionally use drugs. At the same time, flexibility and privacy had to be balanced with social support to overcome loneliness and social isolation. The following quotes outline these tensions:

> Yeah [I would like to have] a quiet place where… If I could have my room all to myself… Relax a little. … There's always someone in my room. It's long, … you feel better getting back to your things. (Participant 34, 50-year-old man, transitional program)

> I want a space where I can be well. I wasn't well when I was young. I've never been well anywhere. I need a simple place … where I can have peace, and quiet … but not be all alone. (Participant 22, 65-year-old woman, transitional program)

Theme 5. Resilience, strength, and hope

Older people outlined experiences of fatigue, exclusion, isolation, and the everyday anxieties of aging on the streets. At the same time, when asked about growing old on the streets, many participants discussed life lessons, resilience, strength, and hope. They did so by evoking life lessons, the wisdom

they had gained through their lives, and how they came to be respected in various aspects of their lives, and for particular skills or resources. The following quotes illustrate the findings on strengths and resilience:

> Q: What does aging mean to you, getting older on the streets? A: Experience. Q: Ok. A: Wisdom. Q: Getting older on the streets, that's how you see it, it's the wisdom that you have gained. A: Yeah, that's where I learned to be wise. Because there are several people who told me I am wise. (Participant 2, 57-year-old man, transitional program)

> You also learn things with the people on the street. Positive things, it's not only negative things that come from living with homeless people, even those who have spent their whole life on the streets. … It's not easy living on the streets. Especially the people in line … standing in lines everywhere, always waiting outside in the cold. … Even if they don't have a lot of training, aren't very educated, if they're a bit rough at times, you still learn from them. (Participant 1, 56-year-old man, living in transitional program)

In particular, many of our participants underscored the importance of maintaining hope for exiting homelessness, and for their futures more generally. Discussions of hope focused on wanting to find stable housing, rebuild family relationships, find work, and/or live more stably in their later years. Within interviews however, the challenge of being homeless in late life, was often expressed within the frame of time left, where there is simply less time to recover and move forward. It was also expressed through a desire that the remainder of their lives be well-spent. In their discussions of hope, older people tended to look back to better times, drawing on these for support and guidance in their future. Illustrations given by our participants highlighted how their hope served as a crucial source of strength that enabled them to cope with their situation, and/or a protective factor that prevented them from giving up, falling into despair, or attempting suicide—an idea that some mentioned, but did not entertain:

> When I think about my family, I need to stay alive, yeah. I have kids. And they would be ashamed to have to say: "Ah! He killed himself because of homelessness and all that." But in a sense, it would have been my fault too. Because I loved life a lot. (Participant 9, 56-year-old man, shelter)

> In the next couple years, I hope to find myself an apartment for the few good years I have left, before the big pains of "aging" come. I really want a normal life, get up in the morning, go to work, think about vacation. Hang out with other people … I don't have a girlfriend, but would like to start a life with someone else. (Participant 20, 59-year-old man, shelter).

Discussion

A growing body of literature suggests that some groups of older people and homeless people should be recognized as vulnerable populations as a result of various forms of inequalities and social exclusion. One might expect, therefore, that the combination of age and homelessness would constitute a double jeopardy wherein homelessness exacerbates the challenges of old age and vice versa. Yet, although our findings point to how age may intensify the hardships of homelessness, and how experiences and trajectories of disadvantage become visible as one moves further through the life course, they also draw attention to deficiencies in existing programs, as well as the considerable strength and resilience that exists among older people who are homeless. Where some of these differences between struggle and resilience may be attributed to the variations that exist within experiences of homelessness, the subjective experiences of aging while homeless provide a more nuanced understanding of inequalities in late life, and more important, suggest directions for social work practice.

Our work illuminates how age and time may alter the experience of homelessness, and the emotional states and subjective perceptions that accompany homelessness in late life. The detailed lived experiences presented in this article highlight how structural challenges related to housing, poverty, and income are experienced across time, and in relation to well-being, family relationships, and social inclusion/exclusion. Experiences of homelessness in later life, including those of shame, anxiety, and worry, are exacerbated by aging and social exclusion. One cannot overlook how age and the perception of time left can impact upon experiences and perceptions of aging on the streets. Such subjective interpretations, coupled with social exclusion, impinge upon older homeless people's day-to-day well-being and their capacity to find pathways out of homelessness. Although often unmentioned in discussions of homelessness in late life, these invisible or personal aspects provide pathways to develop responses that would better meet the needs of older people who are homeless.

Everyday experiences at the intersections of aging and homelessness underscore the need to create integrated services that are more attuned to the nuanced needs of older people who are homeless in late life. Many participants who experienced homelessness for the first time in later life never imagined that they would become homeless, and expressed profound fears about living on the streets. At the same time, persons with experiences of homelessness throughout their lives discussed how aging brought about new challenges in terms of health and access to services. For both groups, life at the intersections of homelessness and aging was often one of marginalization, and an ongoing instability that meant

participants were living one day at a time. The devastation and exhaustion expressed in our interviews speak to the need for greater flexibility (e.g., a place to rest during the day, signing up for beds without waiting in lines, etc.) and practical resources (e.g., affordable housing with support, socio-emotional services, etc.) to encourage hope and facilitate the exit from homelessness.

Our work draws attention to the need for practical access to services and practice responses that address vulnerabilities, resilience, and future hopes and dreams. The stories of our participants repeatedly demonstrated how, simply put, one has to be resilient to survive into old age while living on the streets. Although this resilience and wisdom is recognized and known among shelter workers, it is likely often overlooked in other community-based settings—given the heavy (and important) emphasis on the needs and vulnerabilities of older homeless people. It is also, perhaps, clouded by negative stereotypes that homeless people choose to live on the streets. Recognizing this resilience and coping however, holds enormous potential where direct clinical practice is concerned. Change often begins with hope (Ives, Denov, & Sussman, 2015), but the repeated mention of hope in participant accounts also draws attention to fundamental flaws where the provision of support is concerned. Participants' hopes for the future were often quite simple: They centered on safety, stability, and autonomy, with support as necessary. To be effective and respectful, programs and services must provide for these basic needs in ways that account for older homeless people's resilience and recognize their strengths and humanity. Their hopes and dreams must be incorporated into decision-making processes, re-housing plans, and prevention programs.

On a theoretical level, our findings contribute to the need to advance understandings of a life course perspective with regards to aging and homelessness. Here, lines of thinking, similar to those being pursued by Padgett, Smith, Henwood, and Tiderington (2012) and Watkins and Hosier (2005) can help us to better understand the dimensions and trajectories that may result in, or affect, homelessness in late life. For example, the impacts of poverty as a result of precarious work, social determinants of health in particular neighbourhoods, and/or early experiences of trauma that can be found in the accounts of older people who are homeless, may represent key points for preventative interventions. On the practice level, our results link with recent studies such as Reynolds et al.'s (2016) study in Winnipeg, and Davis-Berman's (2011a, 2011b) studies of older homeless men and women in the Midwestern United States. These studies documented social isolation and exclusion, limited contact with family members, and/or ruptured social relationships. Our study further adds that emotional distress such as anxiety and worry were exacerbated by the feeling of time left, ruptured relationships, and exclusion, that over time made homelessness particularly stressful and taxing in later life.

Implications for social work practice

The findings of our interviews with older men and women who are homeless confirm older homeless people's distinct needs for health, housing, and social care, and highlight some of the discrepancies between existing programs and the needs of older people who are homeless (see also Gonyea et al., 2010; McDonald et al., 2007). In this sense, the data from interviews with older people who were homeless add nuance to the debate about housing in late life. The need for safe, secure, and affordable housing is common among all homeless people, regardless of age, and must continue to be central to advocacy. Our findings however, point to the pressing need for late life housing that supports privacy, flexibility, support, and control over the decisions made with regards to one's life. Participants noted the importance of privacy and a sense of control over the spaces within which they live—a finding that maps onto what we know about transitions and settling among older people (Golant, 2011). They also outlined that housing must be safe, secure, affordable, and not create or reinforce isolation and loneliness. Such insights become extremely important in the policy and practice context, and have implications for new models such as housing first that are rolling out across Canada (Employment and Social Development Canada, 2014). As such, the existing models of housing that include congregate housing or individual units in large block apartments may not meet older people's needs. We may need to more closely examine the debates and trends in housing in late life as a means to inform housing for vulnerable groups and older people who are homeless.

On the service level, the growing need for medical and physical care as our participants aged, combined with the difficulty of accessing services, echo the need for integrated services. Best practices in the field stress the importance of linking housing with services for older people, and ensuring that the swift provision of housing is accompanied by ongoing social and emotional support for older people (Gonyea et al., 2010; Grenier et al., 2016b; McDonald et al., 2007). A range of solutions exist to better integrate services, including the provision of on-site care whereby a visiting nurse or doctor sensitized to issues of homelessness and aging provides foot-care or other medical services, and/or an on-site social worker who is knowledgeable about accessing existing benefits or services for older people. Yet, accessing services also requires structural changes in the organization and provision of services. The idea that older people's needs will be met by existing public programs for older people must be challenged, and policies and programs that are currently geared to either older persons or homeless persons must be made more flexible so that older people who are homeless do not fall through the cracks.[6] These include, for example, knowledge and access to pension benefits (where possible) and homecare services (in shelter or transitional settings), better access to low income

housing for seniors (at a younger age), protection from eviction in the case of prolonged hospitalization, and the development of affordable long-term housing options with support (medical, physical and emotional, as needed).

Our findings on the emotional experiences of homelessness in later life point to the pressing need to offer socio-emotive support alongside tangible assistance to older homeless persons at all entry points (i.e., in homeless shelters, in re-housing projects, when accessing health services). Such support could focus on allowing for the expression and processing of anxieties and worries, the possibility of reconnecting with friends/family or other networks, and building on resilience and wisdom garnered from life on the streets by asking about knowledge gained, skills acquired, and "better times." With expertise in relationship building, communication, advocacy, and strength building, social workers are well positioned to directly offer this form of support. Importantly at this time, such professional support is rarely available on site in homeless shelters and housing services. Services must also reach beyond the provision of a resource or case manager resource, to include peer and skilled professionals who can assist with the loss, trauma, and shame that older people discuss in their interviews. Based on our findings, we strongly suggest that programs focused on housing consider the emotional and support needs of this group—and that interventions will be most effective when they address needs at both the structural and individual/relational levels.

In fact, one of the greatest tensions in our findings is that of circumstances/need and hope/resiliency. Where age (or the circumstances of declining health that may accompany age at locations of disadvantage) can be seen to worsen the realities of homelessness, our participants also attribute their experiences, life lessons, and hope to their age. Our results outline that where age may intensify the experience of homelessness, in some cases, age seems to offer the advantage of insight over time, and may, therefore, serve to buffer adversity or anchor hope. Yet, although acutely present in the accounts of older people, the stories of resilience and hope had little place within existing practices focused on housing and/or the provision of basic needs. Where we recognize that shelter workers are already overstretched, we argue that the creation of additional professional and peer supports in the shelter system that are devoted to socio-emotional needs may play a significant role in supporting older people through transitions to stable housing, and in the exit from homelessness. We suggest that shelters hire social workers with combined expertise in homelessness and aging to provide both the supportive access to resources and the social and emotional support that older people require.

Our findings were limited in the sense that they do not address two existing oversights of the field. First, the experiences of persons with episodic or chronic homelessness may differ significantly from those new to homelessness in late life. For example, we suspect that the scant attention our

participants gave to discussions of alcohol and substance use—a topic that dominates many discussions on homelessness—reflects our sample composition where many were new to homelessness, and, therefore, had different trajectories into homelessness. Second, we know little about how overrepresented populations may experience homelessness as they age (e.g., LGBTQ or Indigenous populations). Although three of our participants identified as Aboriginal, we did not gather data on sexual orientation or ethnic status. Third, our study was carried out in one Canadian province and, as such, experiences may be particular to the geographic and/or political/programming context of our sample site. Further research that attends to within-group specificities of older homelessness is necessary to broaden the findings presented in this article, and to meet the needs of older homeless people in diverse social locations. Targeted responses to new homelessness in late life could consider the trajectories of inequality that are carried across the life course and into late life, as well as profiles of risk (Rothwell et al., 2016).[7] Although sophisticated analytical methods have begun to examine distinct latent classes for people transitioning out of homelessness (Aubry, Klodawsky, & Coulombe, 2012), age has not been adequately explored. Furthermore, additional extensive supports for women who are leaving abusive situations, and/or individuals who lose family/friend caregivers, would represent a proactive response to some of the causes of new homelessness in late life. We also suggest that the role of hope be more carefully considered as holding clinical potential.

Conclusion

In sum, our findings explored the lived realities and day-to-day experiences of 40 older homeless people in Montreal, Canada, and make important contributions to the growing body of literature on homelessness in late life. In particular, our interview results draw attention to the complex experiences that take place at the intersections of aging and homelessness, how age and time alter the experiences of homelessness, and can intensifying the realities of homelessness in late life. In particular, findings further point to the stigma, experiences of exclusion, the contradictions that exist within current structures, and the need for the development of services that provide much needed socio-emotional support. As population demographics shift, the needs of older people who are homeless will continue to be present at the intersections of income support, housing, transportation, and care. Our intent is that the findings presented in this article can be used to contribute to greater knowledge on the experience of older homelessness, prevention efforts that build on hope as a means to help exit homelessness, and the development of more effective responses to homelessness in later life.

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Notes

1. Older people may be homeless for longer periods of time because they are less likely to reintegrate into the workforce (Caton et al., 2005) and have few options for affordable housing and care (Gonyea et al., 2010).
2. The lower number is a conservative estimate based on government sources, and the higher number, by advocates and non-governmental sources to account for the growth in municipal homelessness and persons who may not use services (Laird, 2007).
3. Note that the transitional program is a program offered within the shelter and does not equate to *being housed*. At the time of the interviews, services were shifting the model of service provision from a staged model whereby people began in shelter then graduated into more stable units with support, to a model whereby they could be housed in smaller shared units in the shelter (located upstairs and sometimes in another building) that were smaller and more like housing, than the emergency dorm rooms. Interviews with shelter workers outlined that where possible they tried to place those new to homeless (including older people) in such units in the hope to transition more quickly from the shelter system. Some of those offered this type of programming refused, as it was linked with a formal program. Some of the persons who were long-time service users of the shelter moved into these programs prior to housing, and others continued to use emergency shelter services.
4. These numbers thus reflect the previous footnote, whereby some new to homelessness opted for the transitional program and others the large dorm-style emergency shelters (men's shelter or women's shelter).
5. In late 2015, our research site initiated a trial on-site program where homeless men and women could receive nursing and medical treatment at the downtown pavilion.
6. There is no one national home care policy in Canada; rather, programs are delivered on a provincial basis. However, all use *home* or *domicile* as a basis for eligibility. This is primarily related to distinctions between medical services that are universal (federal jurisdiction), and those considered social provided by the community (fee, family, community/charity organization).
7. After controlling for psychosocial and health factors, older men stay approximately 2 weeks longer than younger men. This reality has implications for shelter services (i.e., older clients require resource intensive services). (Rothwell et al., 2016)

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