

Aging in the Right Place: Building Capacity for Promising Practices that Support Older People Experiencing Homelessness in Montreal, Calgary, and Vancouver

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ABSTRACT

Background: This project builds upon a pilot study that documented innovative shelter/housing solutions that have not undergone rigorous evaluation but hold the promise of supporting “aging in the right place” for older persons (50+) with experiences of homelessness (OPEH) in Montreal, Calgary, and Vancouver. “Aging in the right place” means older adults remain in their homes and communities supported by housing, health, social services responsive to their unique lifestyles and needs. While our pilot study identified innovative shelter/housing solutions that support OPEH to establish and maintain a home and work towards aging in the right place, there remains a knowledge gap regarding what works, why it works, and for whom it works.

Methods/Design: Through a community-based participatory research approach, we will conduct evaluations of 11 different promising shelter/housing practices to determine the types of practices that appear most useful in supporting aging in the right place, and the groups of OPEH for whom the promising practices work based on intersections of risk (e.g., age, gender, sexual orientation, race/ethnicity, disability, Indigenous status, and immigrant status). Our overall goal is to improve the shelter/housing options to meet the unique and complex health and social needs of OPEH across Canada.

Discussion: Program evaluations will offer practice-based evidence of ways in which promising practices of shelter/housing might serve as best practices for supporting OPEH to establish and maintain a home and work towards aging in the right place. Project findings will inform housing, homelessness, health, and social service providers’ design and delivery of

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programs for OPEH to improve the sustainability of community housing, build provider capacity, and ensure supports that promote aging in the right place are sustained.

Keywords: *homelessness, housing, aging in place, community engaged research, evaluation*

1. Background

Homelessness exists across a spectrum that includes 1) unsheltered or absolutely homeless and living on the streets or in places not intended for human habitation; 2) emergency sheltered, including people staying in homeless or family violence shelters; 3) provisionally accommodated (e.g., people living temporarily with others [couch surfing] or in institutional contexts [hospital, prison]); or 4) at-risk of homelessness, including people living in precarious or substandard housing (Gaetz et al., 2016). Estimates suggest that more than 235,000 people in Canada are homeless on any given night (Gaetz et al., 2016); and Indigenous people are five times more likely to experience homelessness compared to the general population (Bingham et al., 2019). Canada's homeless population is also getting older (Burns, 2016; Burns et al., 2012; Reynolds et al., 2016). In recognition of the premature aging and increased morbidity and mortality associated with homelessness, age 50+ is most commonly used to categorize an 'older' person experiencing homelessness (OPEH) (Brown et al., 2017; Crane & Joly, 2014).

While research on OPEH in Canada is gaining momentum, it remains scarce, particularly compared to earlier ages in the lifecourse (Grenier et al., 2016). Compared to younger people experiencing homelessness, and older adults in general, OPEH have more complex health and social challenges and significant unmet needs for suitable shelter/housing and support services (McDonald et al., 2007, 2009; McGhie et al., 2013). In addition, homeless sector services (e.g., emergency shelters and soup kitchens) are typically not designed for an aging clientele with health and mobility issues (Burns, 2016; S. L. Canham et al., 2019), and few senior-specific shelter/housing options exist for OPEH that account for the diversity of housing needs or enable OPEH to age in place (Burns, 2016; Burns & Sussman, 2019; Canham et al., 2018, 2019; Furlotte et al., 2012; McLeod & Walsh, 2014). Yet, recent reports suggest that OPEH represent close to 50% of emergency shelter clients in large urban centres, including Montréal, Calgary, and Vancouver (Calgary Homeless Foundation, 2018; Latimer et al., 2015; Urban Matters CCC and the BC Non-Profit Housing Association, 2018), and the number of OPEH is expected to continue to increase as a consequence of population aging, increasing urbanization, and a continued shortage of affordable housing (Burns, 2016; McDonald et al., 2007; Reynolds et al., 2016). Moreover, members of the younger baby boomer cohort have been identified as particularly at-risk for homelessness due to life course disadvantages associated with competitive job and housing markets, and resulting challenges accumulating assets to protect against housing insecurity (Culhane et al., 2013).

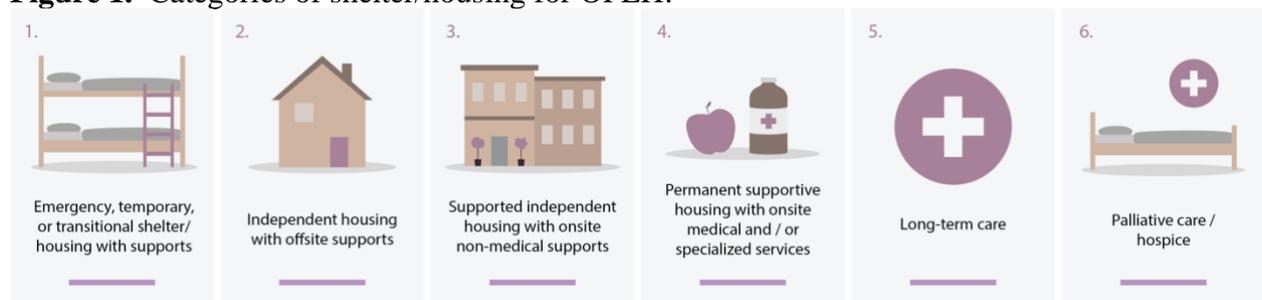
In emergency homeless services, OPEH often face harassment and bullying from their younger counterparts (Hecht & Coyle, 2001). Similarly, OPEH with complex health and social needs encounter barriers accessing mainstream long-term care residences because of substance use and behavioral health (Crane & Warnes, 2007). Furthermore, homecare services exclude older people without stable housing and pre-seniors aged 50-64 years who represent the largest subgroup of OPEH (Burns et al., 2012; Sussman et al., 2020; Walsh et al., 2015). If older people are able to transition into independent housing, worries about living alone without adequate specialized support contribute to isolation, insecurity, and increased tenancy failure (Crane & Warnes, 2007; McDonald et al., 2009). However, research suggests that providing a continuum of supportive shelter/housing options, from accessibly designed and appropriately staffed crisis accommodation (McLeod & Walsh, 2014) to trauma-informed end-of-life care (Ko & Nelson-Becker, 2014), can meet the diverse needs of OPEH and promote aging in the right place

(Canham et al., 2018; Humphries & Canham, 2021). While aging in place is a driver for many policies impacting older persons (World Health Organization, 2007) and a growing body of literature is identifying the innovations required to support aging in the right place (Golant, 2015; Sixsmith et al., 2017), the extent to which innovations across the shelter/housing continuum impact OPEH’s abilities to age in the right place remains unknown.

This project builds upon a CMHC-SSHRC Partnership Development grant (pilot study), which documented promising practices of shelter/housing and supports for OPEH in three urban centres (Montréal, Calgary, and Vancouver) that have seen a dramatic increase in homelessness among adults aged 50+ (Calgary Homeless Foundation, 2018; Latimer et al., 2015; SPARC BC and United Way Lower Mainland, 2018). “Promising practices” are innovative solutions that have not been subject to rigorous evaluation, but hold the promise of supporting “aging in the right place” for OPEH (Canadian Public Health Association, 2019; Walsh et al., 2011). While aging in place involves supporting older adults to live as long as possible in their homes and communities (Wiles et al., 2012), aging in *the right* place recognizes that where an older person lives impacts their ability to age optimally and must support their unique lifestyles, preferences, and needs. In other words, the ‘right’ set of housing, health, and social supports can enable older adults to age in a positive way, including older adults with limited income, precarious housing histories, and/or chronic complex health conditions (Golant, 2015). Independent living and social support have recently been shown to be associated with remission from schizophrenia among older adults (Lange et al., 2019).

Given the critical gaps in knowledge for sub-populations of OPEH, and limited classification of shelter/housing practices with potential to support the diverse needs of OPEH, pilot study findings were organized into the following categories (Figure 1): 1) Emergency, temporary, or transitional shelter/housing with supports; 2) Independent housing with offsite supports; 3) Supported independent housing with onsite non-medical supports; 4) Permanent supportive housing (PSH) with onsite medical support and/or specialized services; 5) Long-term care; and 6) Palliative care/hospice (Canham, Humphries, et al., 2022; Canham, Walsh, et al., 2022). This categorization acknowledges that a continuum of shelter/housing solutions are needed to meet the needs of diverse OPEH and also provides a framework from which to select promising practices across a continuum for further evaluation.

Figure 1. Categories of shelter/housing for OPEH.



1.1 Theoretical Frameworks

In most Western nations, including Canada, “aging in place”—that is, “staying put” at home for as long as possible (Burns, 2016) is a dominant policy concept that underpins social service delivery (Government of Canada, 2018). Considerable research, however, shows that marginalized older adults, including OPEH, often do not have the choice to age in appropriate settings (Burns, 2016; Golant, 2015). Our project draws on Golant’s (2015) model of aging in the right place that recognizes that where an older person lives impacts their ability to age optimally and must match their unique lifestyles, preferences, and needs. Golant (2015)

theorizes that the ‘right’ set of housing, health, and social supports can enable seniors to age in a positive way, including older adults with limited income and/or chronic complex health conditions.

In 2017, Canada’s federal government launched the National Housing Strategy that adopts a rights-based approach to housing prioritizing the most vulnerable Canadians (Government of Canada, 2018). Rights-based housing is “rooted in the philosophy that all people deserve housing, and that adequate housing is a precondition for recovery (Gaetz et al., 2013, p. 2)” and is underpinned by principles of inclusion, accountability, participation, and non-discrimination. A growing body of literature suggests that there are significant improvements in health and social outcomes associated with a rights-based approach to housing (Canham et al., 2019; Goering et al., 2014; Henwood et al., 2019; Larimer et al., 2009; Russolillo et al., 2014; Somers et al., 2013), though few studies focus on OPEH specifically. This is aligned with our research objectives.

Finally, intersectionality is a research and policy paradigm rooted in attempts to understand systems of oppression and privilege, which underscores that lived experiences are complex and affected by two or more interacting domains of social inequity (Hankivsky & Christoffersen, 2008). This analytic framework highlights the multiple barriers and disadvantages that social groups experience (e.g., poverty and poor health) based on age, gender identity, sexual orientation, race/ethnicity, Indigenous status, disability, immigrant status, among others. Intersectionality informs this project, which views the ‘right’ to housing for OPEH as a social justice issue, keying in on intersecting social constraints that preclude housing access equity.

1.2 Study aims/objectives

While our pilot study enabled us to identify promising practices with potential to support the diverse needs of OPEH, evidence of the impact of these practices to support aging in the right place has not been adequately documented. There is limited systematic evaluation regarding “what works, why it works, and for whom it works” despite documented need for evidence-based solutions for diverse OPEH (Canadian Homelessness Research Network, 2013a, p. 4). We will evaluate the characteristics of promising practices across the shelter/housing continuum and the suitability of these practices for the groups of OPEH for which the promising practices work to determine how these shelter/housing options are promoting aging in the right place. Our overall goal is to improve the shelter/housing options to meet the unique and complex health and social needs of OPEH across Canada. To achieve this goal, our specific objectives are to:

1. Evaluate promising practices of shelter/housing for OPEH that promote aging in the right place and make recommendations for expanding a promising practice locally (scaling up) or enabling a promising practice to be adapted in other communities (scaling out).
2. Train a new generation of scholars to develop advanced research skills and lines of inquiry on homelessness, housing, and aging research.
3. Facilitate knowledge mobilization around promising practices for OPEH in Canada and internationally, while increasing public awareness of OPEH and perceptions of aging in the right place through public lectures, media, interviews, publications, and photo exhibits.

2. Methods/Design

2.1 Study design

This project is guided by principles of community-based participatory research (CBPR) (Israel et al., 2005; Kwan & Walsh, 2018), which advocates for drawing on various expertise—in this case, co-applicants, collaborators, partner organizations, and lived expertise advisors. The research objectives, evaluation sites, and methods of this project has been collaboratively designed by academic and non-academic partners, including service providers and advisors. OPEH are integral to all aspects of this project, from project development through to knowledge mobilization. Their meaningful involvement will enable the development of effective and sustainable solutions to meet the housing, health, and service needs of OPEH (Gulbrandsen & Walsh, 2015; Walsh & Kwan, 2013).

Based on the Canadian Homelessness Research Network's Hierarchy of Evidence (Canadian Homelessness Research Network, 2013b), we will conduct multiple concurrent mixed method evaluations of different promising practices across the shelter/housing continuum that promote aging in the right place among OPEH. The proposed work will conduct de-identified document reviews, environmental audits, provider interviews, and photovoice interviews with clients of approximately 11 distinct programs. We will determine points of similarity and difference, understand impacts of promising practices on OPEH health and shelter/housing tenure, and explore the policy and practice implications and opportunities for systems change.

2.2 Ethics

This study has been reviewed and approved by Simon Fraser University (2020s0204), McGill University, (20-09-008), and the University of Calgary (REB20-1229) Ethics boards. To protect identities, names and any other information that might identify a participant, will be removed from transcriptions and field notes. Any photos taken as part of data collection that could potentially identify individuals will be blurred. All data will be collected, managed, and stored in accordance with university research ethics procedures and all data will be anonymized. We perceive that the risks for physical or emotional harm to the participants associated with the proposed research to be minimal. The time and effort required by participants is minimal and there is no deception or other manipulation of participants. Given that participants might share difficult experiences, which may lead to emotional/and or psychological distress, the researcher will make clear at the beginning and throughout the interview that participation is voluntary, and participants can withdraw their consent at any time without harm.

2.3 Program evaluations

One promising practice evaluation will be conducted per year, per city for each year of the project, resulting in a total of four each in Calgary and Vancouver (12 months each) and three in Montréal (18 months each, allowing additional time and resources for bilingual data collection and analysis and translation). As a systematic and rigorous method of examining a promising practice (i.e., a program), focusing on its implementation, unique setting, and efficacy (Canadian Homelessness Research Network, 2013a), we will conduct detailed and intensive mixed method program evaluations. For all promising practice evaluations, we will collect similar data to enable cross-site comparisons. Based on existing literature and pilot findings (Canham, Humphries, et al., 2022; Canham, Walsh, et al., 2022), we will develop interview guides to collect organization-, program-, and client-level data on experiences and

perceptions of aging in the right place for diverse samples of OPEH. Outlined in Table 1, data collection methods will include:

A. De-identified document review. Researchers will build upon pilot study data to collect robust information about each promising practice organization through detailed reviews of websites and available program and client data (e.g., intake and release forms, service agreements, program costs). Where possible, we will utilize data already available.

B. Environmental audits. A built environmental audit of each program site will be conducted using adapted components of the Multiphasic Environmental Assessment Procedure (Moos & Lemke, 1996) for emergency, transitional, or temporary shelter/housing and PSH; the Independent Living Checklist (Mahmood et al., 2008) for independent housing; and the Therapeutic Environment Screening Scale (Sloane & Mathew, 1990) for long-term care/hospice. Each audit protocol will be adapted to address the unique needs of OPEH. Environmental audits are effective for assessing the characteristics of the built environment in a standardized manner (Chaudhury et al., 2011). Researchers will also document relevant built environment features with photographs. A secondary observation will be conducted to evaluate the built environmental quality of the nearby neighborhood environment of the promising practice. The environmental assessment data will complement provider and client interviews on use, function, safety, and accessibility of housing at each site.

C. Provider interviews. Up to 5 providers from each promising practice organization, including administrators and frontline service providers, will be interviewed about organization-, program-, and client-level data. An anticipated 55 provider interviews will be conducted across the promising practices. Researchers will conduct mixed method interviews (i.e., structured questionnaire and in-depth interviews) with providers to collect data on who the program serves (e.g., client demographics), the ways the promising practice supports aging in the right place for OPEH, the strengths and weaknesses of the programs, and what programs can be scaled up and/or scaled out. Providers will also serve as key liaisons to identifying clients to interview.

D. Client interviews. Up to 15 OPEH clients within each promising practice organization will be identified and interviewed in a staggered fashion. An anticipated 165 in-depth photovoice interviews (Plunkett et al., 2013; Wang, 1999) will be conducted with clients across the promising practice sites. Photovoice is a participatory action research strategy that allows people to record and reflect their experiences through photography while promoting critical dialogue about issues (Mahmood et al., 2012; Walsh, Beamer, et al., 2010; Walsh, Shier, et al., 2010), such as aging in the right place and rights-based housing. Co-applicants have effectively used photovoice methods to engage homeless research participants and promote a sense of empowerment (Mahmood et al., 2012; Walsh, Beamer, et al., 2010; Walsh, Shier, et al., 2010). We will purposively recruit diverse participants to examine client-level data related to intersectional identity factors, including different age cohorts (50-to-64 and 65+), women, survivors of domestic violence, Indigenous peoples, people with disabilities, people living with mental health and substance use issues, veterans, LGBTQ2+ seniors, and racialized groups. Each client will be interviewed in two or three 45-60-minute sessions, which will allow time for client participants to become comfortable with the researcher and build trust and rapport (Bukowski & Buetow, 2011; Burns et al., 2020; Canham, 2019).

Client participants will be asked to self-report demographic factors, health and well-being, and their housing history. Client participants will also be asked about their perceptions of the promising practice, recommendations for improving the promising practice, and how they experience aging in the right place. Using photovoice techniques, which empower study participants to create their own images or photos (Wang, 1999), client participants will be instructed to take pictures of people, items, or places they perceive to be related to their ability to age in the right place and that positively or negatively influence this ability. Client

participants will be asked to keep a photo journal describing why they took a particular picture and to share the meaning or story behind the photographs taken and the relevance to aging in the right place.

Table 1. Categories of Data and Associated Methods

Organization-level data	Program-level data	Client-level data
History/operator/organizational structure, philosophy, funding, cost to clients, staffing model (A, C)	Program history, goals/objectives, funding, staffing model, cross-sector collaborations (A, C)	Demographics (age, gender, sexual orientation, race/ethnicity, disability, Indigenous status, immigrant status) (A)
Organizational supports offered (social, medical, personal, psychological) (A, C)	Program elements/supports offered and how the program integrates with other services or systems in housing and homelessness sector (A, C)	Shelter/housing history, stability, safety, satisfaction, design (accessibility) (C)
Clientele (program users vs. all clients) demographics (age, gender, sexual orientation, race/ethnicity, disability, Indigenous status, immigrant status) (A)	Utilization rates by sub-groups of OPEH: demographics (age, gender, sexual orientation, race/ethnicity, disability, Indigenous status, immigrant status) (A)	Physical, mental, cognitive health and quality of life, substance use, functional limitations (C)
Elements of built environment (e.g., accessibility, affordability, and connection to transportation); # of beds/design of facility (A, B)	Client mental and physical health, social (e.g., inclusion, participation, non-discrimination), and housing (e.g., stability, eviction) outcomes (C)	Perceptions of social connection or isolation, inclusion, participation, discrimination, control, choice, privacy, security (C, D)
	Perceptions of promising practice strengths and challenges for aging in the right place for OPEH (C)	Perceptions of promising practice strengths and challenges for aging in the right place for OPEH (D)

2.4 Data analysis

Though preliminary iterative data analysis will occur concurrent to data collection, final analyses and report writing will occur following each program evaluation. Researchers will transcribe the audio-recorded interviews. Quantitative data and environmental audits will be analyzed using descriptive and inferential statistics in the statistical package R (R Core Team, 2013). Qualitative data from the in-depth interviews, including discussions surrounding the photos taken by client participants, will be thematically analyzed in NVivo (QSR International, 2018) using Braun and Clarke’s (Braun & Clarke, 2006) six-step process: 1) Familiarization with the data; 2) Generation of initial codes and patterns of meaning in the data; 3) Organizing identifiable codes within themes; 4) Refining themes through consultation with partners who work with OPEH (e.g., housing/shelter providers, service agencies, promising practice staff members) and lived expertise advisors; 5) Defining a final set of themes; and 6) Final review of themes with the project team. Researchers will examine themes in each photo alongside client participants’ narrative data.

There will be multiple ways in which the data will be analyzed and reported so that promising practices serve as case studies, as well as offer opportunities for cross-site comparisons. First, within-site analyses will use all forms of data, as well as distinguish between the perspectives of providers and clients, which will enable data to be triangulated to examine potential convergences and divergences of perceptions and experiences. This within-site analysis will enable examination of macro-level policies (e.g., program operations) and micro-level intersectionalities (e.g., Indigeneity, disability, age, etc.) that affect the ability of diverse OPEH to age in the right place. Second, we will have opportunities to examine which characteristics converge or diverge across the sites and describe city-specific findings or findings by shelter/housing type. Analyses will occur in an iterative fashion and reflect consultation with community partners and project advisors, where possible.

3. Discussion and Implications

While policies continue to promote aging in place (Greenfield, 2012), the means of developing and implementing supports for aging in *the right* place for different populations of older adults, including OPEH, have not been systematically evaluated. For example, little is known about the specific community housing supports needed for different sub-populations of older adults (Grenier et al., 2016). Program evaluations will offer practice-based evidence of ways in which promising practices of shelter/housing might serve as best practices for supporting OPEH to establish and maintain a home and work towards aging in the right place. Project findings will inform housing, homelessness, health, and social service providers' design and delivery of programs for OPEH to improve the sustainability of community housing, build provider capacity, and ensure supports that promote aging in the right place are sustained.

Representing one of the first concerted efforts to evaluate evidence-based interventions targeting OPEH across the shelter/housing continuum, this project will make significant contributions to the evaluation literature. By including a variety of non-academic partners (e.g., municipal planners, housing providers), intersectoral capacity will be built and knowledge generated from this project will help bridge the gap between research and impact on housing (i.e., accelerating the knowledge-to-action cycle) to support older adults to age in the *right* place regardless of life circumstance. Furthermore, our Partnership will provide avenues for intersectoral collaboration and communication amongst non-academic partners who have direct inputs into policy development and can influence shelter/housing design and provision for OPEH. Because our partners will have access to evidence-based research, the potential for scaling will be greatly increased. Lastly, our students and fellows will have access to interdisciplinary research and scholarship on housing, homelessness, and aging; and, through invaluable experience working with co-applicants, collaborators, partner organizations, and lived expertise advisors will be well-equipped to contribute to policy and practice to improve housing for those in greatest need.

4. Knowledge and Dissemination Strategy

This project will mobilize knowledge to academic audiences through scholarly publications and conferences. Because we want to generate wide, public knowledge of study findings across multiple platforms and ensure findings are accessible, we will develop a project website, engage with and produce content for television, print, and podcast media, and develop an end-of-project photo exhibit. And, to enable project outputs to reach community agencies providing housing, homelessness, and aging services, policymakers, including the Canadian Mortgage Housing Corporation, we will disseminate knowledge through the project's local advisory committees; the Collaborative Housing Research Network Knowledge Mobilization Hub; and the Expert Community on Housing Initiative (ECOH) platform.

Declarations

Competing interests: None declared.

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References

Bingham, B., Moniruzzaman, A., Patterson, M., Sareen, J., Distasio, J., O'Neil, J., & Somers, *Social Science Protocols*, November 2022, 1-13. 8
<http://dx.doi.org/10.7565/ssp.v5.6952>

- J. M. (2019). Gender differences among Indigenous Canadians experiencing homelessness and mental illness. *BMC Psychology*, 7(1), 1–12. <https://doi.org/10.1186/s40359-019-0331-y>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown, R. T., Hemati, K., Riley, E. D., Lee, C. T., Ponath, C., Tieu, L., Guzman, D., & Kushel, M. B. (2017). Geriatric conditions in a population-based sample of older homeless adults. *The Gerontologist*, 57(4), 757–766. <https://doi.org/10.1093/geront/gnw011>
- Bukowski, K., & Buetow, S. (2011). Making the invisible visible: A Photovoice exploration of homeless women’s health and lives in central Auckland. *Social Science and Medicine*, 72(5), 739–746. <https://doi.org/10.1016/j.socscimed.2010.11.029>
- Burns, V. F. (2016). Oscillating in and out of place : Experiences of older adults residing in homeless shelters in Montreal, Quebec. *Journal of Aging Studies*, 39, 11–20. <https://doi.org/10.1016/j.jaging.2016.08.001>
- Burns, V. F., Grenier, A., Lavoie, J.-P., Rothwell, D., & Sussman, T. (2012). Les personnes âgées itinérantes — invisibles et exclues. Une analyse de trois stratégies pour contrer l’itinérance. *Frontières*, 25(1), 31. <https://doi.org/10.7202/1018230ar>
- Burns, V. F., Kwan, C., & Walsh, C. A. (2020). Co-producing knowledge through documentary film: A community-based participatory study with older adults with homeless histories. *Journal of Social Work Education*, 56(sup1), S119–S130. <https://doi.org/10.1080/10437797.2020.1723763>
- Burns, V. F., & Sussman, T. (2019). Homeless for the first time in later life: Uncovering more than one pathway. *The Gerontologist*, 59(2), 251–259. <https://doi.org/10.1093/geront/gnx212>
- Calgary Homeless Foundation. (2018). *Point-in-time count report*. <http://www.calgaryhomeless.com/wp-content/uploads/2021/02/2018-Calgary-Point-in-Time-Homeless-Count-Full-Report.pdf>
- Canadian Homelessness Research Network. (2013a). *What works and for whom? A framework for designing and implementing promising practices research*. <https://www.homelesshub.ca/resource/what-works-and-whom-framework-promising-practices>
- Canadian Homelessness Research Network. (2013b). *What works and for whom? Part 1: A hierarchy of evidence for promising practices research*. http://homelesshub.ca/sites/default/files/PPFramework_Part1.pdf
- Canadian Public Health Association. (2019). *Promising practices in Canada*. <https://www.cpha.ca/promising-practices-canada>
- Canham, S. L. (2019). *Determining the feasibility of a medical respite intervention study for older homeless patients in Metro Vancouver*. [https://bcsupportunit.ca/system/files/resources/2019-05/P2P_report_Determining the feasibility of medical respite_Final_0.pdf](https://bcsupportunit.ca/system/files/resources/2019-05/P2P_report_Determining_the_feasibility_of_medical_respite_Final_0.pdf)
- Canham, S. L., Battersby, L., Fang, M. L., Wada, M., Barnes, R., & Sixsmith, A. (2018). Senior services that support Housing First in Metro Vancouver. *Journal of Gerontological Social Work*, 61(1), 104–125. <https://doi.org/10.1080/01634372.2017.1391919>
- Canham, S. L., Custodio, K., Mauboules, C., Good, C., & Bosma, H. (2019). Health and psychosocial needs of older adults who are experiencing homelessness following hospital discharge. *The Gerontologist*, 60(4), 715–724. <https://doi.org/10.1093/geront/gnz078>
- Canham, S. L., Humphries, J., Moore, P., Burns, V., & Mahmood, A. (2022). Shelter/housing *Social Science Protocols*, November 2022, 1-13. <http://dx.doi.org/10.7565/ssp.v5.6952>

- options, supports, and interventions for older people experiencing homelessness. *Ageing & Society*, 42, 2515-2641. <https://doi.org/10.1017/S0144686X21000234>
- Canham, S. L., Walsh, C. A., Sussman, T., Humphries, J., Nixon, L., & Burns, V. F. (2022). Identifying shelter and housing models for older people experiencing homelessness. *Journal of Aging and Environment*, 36(2), 204–225. <https://doi.org/10.1080/26892618.2021.1955806>
- Canham, S. L., Wister, A., & O’Dea, E. (2019). Strengths, weaknesses, opportunities, and threats to housing first in Metro Vancouver. *Evaluation and Program Planning*, 75, 69–77. <https://doi.org/10.1016/j.evalprogplan.2019.05.004>
- Chaudhury, H., Sarte, A. F. I., Michael, Y. L., Mahmood, A., Keast, E. M., Dogaru, C., & Wister, A. (2011). Use of a systematic observational measure to assess and compare walkability for older adults in Vancouver, British Columbia and Portland, Oregon neighbourhoods. *Journal of Urban Design*, 16(4), 433–454. <https://doi.org/10.1080/13574809.2011.585847>
- Crane, M., & Joly, L. (2014). Older homeless people: Increasing numbers and changing needs. *Reviews in Clinical Gerontology*, 24(4), 255–268. <https://doi.org/10.1017/S095925981400015X>
- Crane, M., & Warnes, A. M. (2007). The outcomes of rehousing older homeless people: A longitudinal study. *Ageing and Society*, 27(6), 891–918. <https://doi.org/10.1017/S0144686X07006319>
- Culhane, D., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). The age structure of contemporary homelessness: Evidence and implications for public policy. *Analyses of Social Issues and Public Policy*, 13(1), 228–244. <https://doi.org/10.1111/asap.12004>
- Furlotte, C., Schwartz, K., Koornstra, J. J., & Naster, R. (2012). “Got a room for me?” Housing experiences of older adults living with HIV/AIDS in Ottawa. *Canadian Journal on Aging*, 31(1), 37–48. <https://doi.org/10.1017/S0714980811000584>
- Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The state of homelessness in Canada 2016: A Canadian observatory on homelessness research paper*. Canadian Observatory on Homelessness Press. <http://homelesshub.ca/SOHC2016>
- Gaetz, S., Scott, F., & Gulliver, T. (2013). *Housing First in Canada: Supporting communities to end homelessness*. Canadian Homelessness Research Network Press. <http://www.homelesshub.ca/sites/default/files/HousingFirstInCanada.pdf>
- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Aubry, T., Nelson, G., MacNaughton, E., Streiner, D., Rabouin, D., Ly, A., & Powell, G. (2014). *National final report: Cross-site At Home/Chez Soi project*. http://www.mentalhealthcommission.ca/English/system/files/private/document/mhcc_at_home_report_national_cross-site_eng_2.pdf
- Golant, S. M. (2015). *Aging in the right place*. Health Professions Press.
- Government of Canada. (2018). *Canada’s national housing strategy: A Place to Call Home*. <https://www.placetocallhome.ca>
- Greenfield, E. A. (2012). Using ecological frameworks to advance a field of research, practice, and policy on aging-in-place initiatives. *Gerontologist*, 52(1), 1–12. <https://doi.org/10.1093/geront/gnr108>
- Grenier, A., Barken, R., Sussman, T., Rothwell, D., Bourgeois-Guérin, V., & Lavoie, J.-P. (2016). A literature review of homelessness and aging: Suggestions for a policy and practice-relevant research agenda. *Canadian Journal on Aging / La Revue Canadienne Du Vieillessement*, 35(1), 28–41. <https://doi.org/10.1017/S0714980815000616>
- Gulbrandsen, C., & Walsh, C. (2015). Aging and resilience: Older women’s responses to change and adversity. *Societies*, 5(4), 760–777. <https://doi.org/10.3390/soc5040760>
- Hankivsky, O., & Christoffersen, A. (2008). Intersectionality and the determinants of health: *Social Science Protocols*, November 2022, 1-13. <http://dx.doi.org/10.7565/ssp.v5.6952>

- A Canadian perspective. *Critical Public Health*, 18(3), 271–283.
<https://doi.org/10.1080/09581590802294296>
- Hecht, L., & Coyle, B. (2001). Elderly homeless: A comparison of older and younger adult emergency shelter seekers in Bakersfield, California. *American Behavioral Scientist*, 45(1), 66–79. <https://doi.org/http://dx.doi.org/10.1177/00027640121957024>
- Henwood, B. F., Lahey, J., Rhoades, H., Pitts, D. B., Pynoos, J., & Brown, R. T. (2019). Geriatric conditions among formerly homeless older adults living in permanent supportive housing. *Journal of General Internal Medicine*, 34(6), 802–803.
- Humphries, J., & Canham, S. L. (2021). Conceptualizing the shelter and housing needs and solutions of homeless older adults. *Housing Studies*, 36(2), 157–179.
<https://doi.org/10.1080/02673037.2019.1687854>
- Israel, B. A., Parker, E. A., Rowe, Z., Salvatore, A., Minkler, M., López, J., Butz, A., Mosley, A., Coates, L., Lambert, G., Potito, P. A., Brenner, B., Rivera, M., Romero, H., Thompson, B., Coronado, G., & Halstead, S. (2005). Community-based participatory research: Lessons learned from the Centers for Children’s Environmental Health and Disease Prevention Research. *Environmental Health Perspectives*, 113(10), 1463–1471.
<https://doi.org/10.1289/ehp.7675>
- Ko, E., & Nelson-Becker, H. (2014). Does end-of-life decision making matter? Perspectives of older homeless adults. *American Journal of Hospice and Palliative Medicine*, 31(2), 183–188. <https://doi.org/10.1177/1049909113482176>
- Kwan, C., & Walsh, C. A. (2018). Ethical issues in conducting community-based participatory research: A narrative review of the literature. *Qualitative Report*, 23(2), 369–386. <https://doi.org/10.46743/2160-3715/2018.3331>
- Lange, S. M. M., Meesters, P. D., Stek, M. L., Wunderink, L., Penninx, B. W. J. H., & Rhebergen, D. (2019). Course and predictors of symptomatic remission in late-life schizophrenia: A 5-year follow-up study in a Dutch psychiatric catchment area. *Schizophrenia Research*, 209, 179–184. <https://doi.org/10.1016/j.schres.2019.04.025>
- Larimer, M. E., Malone, D. K., Garner, M. D., Atkins, D. C., Burlingham, B., Lonczak, H. S., Tanzer, K., Ginzler, J., Clifasefi, S. L., & Hobson, W. G. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *Journal of the American Medical Association*, 301(13), 1349–1357. <https://doi.org/10.1001/jama.2009.414>
- Latimer, E., McGregor, J., Méthot, C., & Smith, A. (2015). *I Count Mtl 2015: Count and survey of Montreal’s homeless population on March 24, 2015*.
https://www.homelesshub.ca/sites/default/files/attachments/I_Count_MTL_2015_report.pdf
- Mahmood, A., Chaudhury, H., Kobayashi, K., & Valente, M. (2008). The housing and community characteristics of South Asian immigrant older adults in Greater Vancouver, British Columbia: A comparison between older adults in ethno-specific seniors’ housing and community-dwelling older adults. *Journal of Architectural and Planning Research*, 25(1), 54–75. <https://www.jstor.org/stable/43030820>
- Mahmood, A., Chaudhury, H., Michael, Y. L., Campo, M., Hay, K., & Sarte, A. (2012). A photovoice documentation of the role of neighborhood physical and social environments in older adults’ physical activity in two metropolitan areas in North America. *Social Science and Medicine*, 74(8), 1180–1192.
<https://doi.org/10.1016/j.socscimed.2011.12.039>
- McDonald, L., Dergal, J., & Cleghorn, L. (2007). Living on the margins: Older homeless adults in Toronto. *Journal of Gerontological Social Work*, 49(1–2), 19–46.
https://doi.org/10.1300/J083v49n01_02
- McDonald, L., Donahue, P., Janes, J., & Cleghorn, L. (2009). Understanding the health, *Social Science Protocols*, November 2022, 1-13.
<http://dx.doi.org/10.7565/ssp.v5.6952>

- housing, and social inclusion of formerly homeless older adults. In J. D. Hulchanski, P. Campsie, S. Chau, S. Hwang, & E. Paradis (Eds.), *Finding home: Policy options for addressing homelessness in Canada* (Vol. 24). Cities Centre, University of Toronto.
- McGhie, L., Barken, R., & Grenier, A. (2013). *Literature review: Housing options for older homeless people*. Gilbrea Centre for Studies in Aging, McMaster University. <http://aginghomelessness.com/wp-content/uploads/2012/10/Literature-Review-Housing-Options-for-Older-Homeless-People.pdf>
- McLeod, H., & Walsh, C. A. (2014). Shelter design and service delivery for women who become homeless after age 50. *Canadian Journal of Urban Research*, 23(1), 23–38. <https://www.jstor.org/stable/26195251>
- Moos, R. H., & Lemke, S. (1996). *Evaluating residential facilities: The Multiphasic Environmental Assessment Procedure*. Sage Publications, Inc.
- Plunkett, R., Leipert, B. D., & Ray, S. L. (2013). Unspoken phenomena: Using the photovoice method to enrich phenomenological inquiry. *Nursing Inquiry*, 20(2), 156–164. <https://doi.org/10.1111/j.1440-1800.2012.00594.x>
- QSR International. (2018). NVivo Qualitative data analysis software (Version 12). In *NVivo*. <http://www.qsrinternational.com>
- R Core Team. (2013). *R: A language and environment for statistical computing*. <http://www.r-project.org/>
- Reynolds, K. A., Isaak, C. A., DeBoer, T., Medved, M., Distasio, J., Katz, L. Y., & Sareen, J. (2016). Aging and homelessness in a Canadian context. *Canadian Journal of Community Mental Health*, 35(1), 1–13. <https://doi.org/10.7870/cjcmh-2015-016>
- Russolillo, A., Patterson, M., McCandless, L., Moniruzzaman, A., & Somers, J. (2014). Emergency department utilisation among formerly homeless adults with mental disorders after one year of Housing First interventions: A randomised controlled trial. *International Journal of Housing Policy*, 14(1), 79–97. <https://doi.org/10.1080/14616718.2014.884881>
- Sixsmith, J., Fang, M. L. M. L. M. L., Woolrych, R., Canham, S. L., Battersby, L., & Sixsmith, A. (2017). Ageing well in the right place: Partnership working with older people. *Working with Older People*, 21(1), 40–48. <https://doi.org/10.1108/WWOP-01-2017-0001>
- Sloane, P. D., & Mathew, L. J. (1990). The therapeutic environment screening scale: An observational screening instrument to assess the quality of nursing home environments for residents with dementia. *American Journal of Alzheimer's Care and Related Disorders & Research*, 5(6), 22–26. <https://doi.org/10.1177/153331759000500606>
- Somers, J. M., Rezansoff, S. N., Moniruzzaman, A., Palepu, A., & Patterson, M. (2013). Housing First reduces re-offending among formerly homeless adults with mental disorders: Results of a randomized controlled trial. *PLoS ONE*, 8(9), e72946–e72946. <https://doi.org/10.1371/journal.pone.0072946>
- SPARC BC and United Way Lower Mainland. (2018). *B.C. seniors' poverty report card*. <https://www.uwlm.ca/wp-content/uploads/2018/06/B.C.-Seniors-Poverty-Report-Card.pdf>
- Sussman, T., Barken, R., & Grenier, A. (2020). Supporting older homeless persons' positive relocations to long-term care: Service provider views. *Gerontologist*, 60(6), 1149–1158. <https://doi.org/10.1093/geront/gnz171>
- Urban Matters CCC and the BC Non-Profit Housing Association. (2018). *Vancouver homeless count 2018*. <https://vancouver.ca/people-programs/homeless-count.aspx>
- Walsh, C. A., Beamer, K., Alexander, C., Shier, M. L., Loates, M., & Graham, J. R. (2010). Listening to the silenced: Informing homeless shelter design for women through investigation of site, situation, and service. *Social Development Issues*, 32(3), 35–49. *Social Science Protocols*, November 2022, 1-13. <http://dx.doi.org/10.7565/ssp.v5.6952>

- Walsh, C. A., Hewson, J., Paul, K., Gulbrandsen, C., & Dooley, D. (2015). Falling through the cracks: Exploring the subsidized housing needs of low-income preseniors from the perspectives of housing providers. *SAGE Open*, 5(3).
<https://doi.org/10.1177/2158244015607353>
- Walsh, C. A., & Kwan, C. (2013). Exploring older people's perspectives of community organizing. *The International Journal of Aging and Society*, 2(1), 15–30.
<https://doi.org/10.18848/2160-1909/cgp/v03i01/57721>
- Walsh, C. A., MacDonald, P., Rutherford, G. E., Moore, K., & Krieg, B. (2011). Homelessness and incarceration among Aboriginal women: An integrative literature review. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 9(2), 363–386. <https://arctichealth.org/media/pubs/301040/06WalshMacDonald.pdf>
- Walsh, C. A., Shier, M. L., Sitter, K. C., & Sieppert, J. D. (2010). Applied methods of teaching about oppression and diversity to graduate social work students: A case example of digital stories. *Canadian Journal for the Scholarship of Teaching and Learning*, 1(2), 3. <https://doi.org/10.5206/cjsotl-rcacea.2010.2.3>
- Wang, C. C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health*, 8(2), 185–192.
<https://doi.org/10.1089/jwh.1999.8.185>
- Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. S. (2012). The meaning of “aging in place” to older people. *Gerontologist*, 52(3), 357–366.
<https://doi.org/10.1093/geront/gnr098>
- World Health Organization. (2007). *Global age-friendly cities: A guide*.
https://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf