

# Housing Framework for Accommodating Older Adults Who Have Faced Homelessness

Greater Vancouver Shelter Strategy Society  
Homeless Seniors Community of Practice  
Draft for comment – December 20, 2013



## Introduction

The Homeless Seniors Community of Practice has identified some key components and preferred practices for housing that includes older people (50+) who have experienced homelessness and/or have lived with chronic risk of homelessness. For more information on the issues and context of this challenge, see the [Towards Aging in Place](#) summary report.

This document outlines seven preferred practices for supportive housing sites and two community and regional strategies. These points reflect a broad consensus among diverse agencies and stakeholders, as well as findings from our literature review. The opportunity now is to begin to implement and adapt this framework in housing sites that serve this population.

## Community and Regional Strategies

1. **Accommodate aging in place, so people can remain in their communities:** older people typically want to remain in their location of choice. Housing sites that include people 50+ who have experienced homelessness and/ or imminent risk of homelessness need to be located throughout Greater Vancouver, with numbers of units reflecting local need. Facilities need to be fully accessible for those with mobility issues.
2. **Develop a network of sites:** a Greater Vancouver regional network of supportive housing sites that serve this population can add value by identifying and sharing preferred practices, strategizing on emerging challenges, planning for additional supportive housing, and celebration of successes.

## Preferred Practices for Housing Sites

1. **Create non-institutional, community-linked housing:** the housing is non-institutional and is well integrated with surrounding neighbourhoods. Residents participate in existing seniors' organizations, networks and services. They use nearby community amenities. Sites are friendly and welcoming. For example, residents may opt to have a community pet, and/or to have regular visits by other pets. Rules are minimal and clearly posted.
2. **Facilitate natural supports and resident involvement:** residents support each other to the extent that they are able, minimizing staffing costs and empowering residents to play important roles in each others' lives. This approach includes mentoring and buddy systems. Friends, family and volunteers from the broader community also provide support to residents. Community partnerships with local organizations complement peer resources. For example, local seniors' services help link residents to volunteer drivers.

Residents are meaningfully involved. They play important roles in supporting each other and contributing to their community. They cooperatively participate in housing management.

3. **Build in food security:** housing sites have food gardens and community kitchen facilities (in addition to private kitchens), so that residents can support and learn from each other. Residents develop skills in shopping for and preparing high quality, less processed foods. They gain ability to meet unique dietary requirements. Overall, residents meet their own nutritional needs instead of relying on staff for food preparation and clean up.
4. **Recognize and celebrate residents' cultural heritage:** residents host culturally specific annual celebrations, ethnic meals, storytelling, etc. Guest speakers, video viewings, field trips and other activities also support cultural learning. Creating opportunities for recognition and celebration of the cultural heritage of various residents, be they of First Nations or other backgrounds, is a powerful way to build respect and connection.
5. **Promote wellness and active living:** residents encourage and support each other to participate in disease prevention and a variety of physical activities. For example, weekly field trips provide access to nature walks and easy hikes. Residents have access to a variety of complementary health and wellness modalities, on and off site.
6. **Provide care onsite and supports as needed:** primary health care services are provided onsite as appropriate and feasible, through partnership with health authorities. These services help with a range of medical needs, including effective management of medications. Counselling services and healing opportunities such as art therapy and music therapy are available, as feasible.

Operating agencies provide variable levels of staff support on site, optimized to uphold safety. Sites with “low barrier” access criteria have higher staffing levels and are managed according to behavioural guidelines. In larger communities, there are “higher barrier” sites that serve as incentives to sustain clean and sober living. For smaller communities, and in cases where the housing is a small number of units, staff support is provided primarily on an outreach basis.

7. **Charge rent geared to income:** rent levels are set on a sliding scale, depending on resident income and ability to pay. Rent is determined based on 30% of gross income. Community agencies owning and operating the housing sites use standard income verification procedures as do housing cooperatives.

Please send any feedback to James Pratt, Project Facilitator: [james@prattconsulting.ca](mailto:james@prattconsulting.ca).



*The Greater Vancouver Shelter Strategy Society gratefully acknowledges United Way of the Lower Mainland and Real Estate Foundation of BC financial contributions to this initiative.*

