

Harm Reduction Housing for Older People with Experiences of Homelessness (HR HOPEH): Literature Summary Sheet



Gaps in the Current Service Landscape

Homelessness is a complex issue that is closely correlated with other challenges such as substance use, poverty, and mental health conditions¹⁻². For older people experiencing homelessness (OPEH) and substance use, there are significant additional challenges to acquiring and maintaining housing. These are important to consider because homelessness and substance use-related harms are rising among older adults in Canada³⁻⁵, and due to demographic aging older adults are anticipated to continue to make up a significant proportion of those utilizing housing and substance use-related supports⁶⁻⁷.

Barriers to Housing Stability for OPEH

Complex Health Challenges and Accelerated Aging	Exclusion from Housing/Services	Limitations of Existing Housing Models
<ul style="list-style-type: none"> Unstable housing and problematic substance use are both associated with a high chronic disease burden⁸⁻⁹, and those with co-occurring substance use and homelessness are at a heightened risk of having unmet general and mental health needs¹⁰⁻¹². Homelessness has been shown to cause premature onset of geriatric conditions by as much as 20 years. This has led age 50 to be recognized as 'old' among chronically homeless older adults¹³⁻¹⁵. 	<ul style="list-style-type: none"> Shelters are often ill-suited for those with the complex health and social challenges experienced by individuals in late-life homelessness¹⁶. However, a lack of adequate and affordable long-term housing options frequently lead to longer shelter stays¹⁷⁻¹⁸. Seniors-oriented housing and services typically accept individuals 65 years and over, excluding younger OPEH with accelerated aging. For these reasons, OPEH often reside in hospitals for months or years awaiting appropriate placement¹⁹ 	<ul style="list-style-type: none"> Housing First (HF) is the dominant model in Canada. HF draws on harm reduction principles, housing individuals who use substances without requiring treatment or abstinence from substance use. Studies demonstrate that HF can lead to positive health and social outcomes like increased housing stability²⁰⁻²³, including among OPEH²⁴. HF units tend to be 'scattered-site' and reliant on community-based health and social service access²⁶⁻²⁶. OPEH with complex physical and mental health conditions may struggle to maintain independent housing and prefer congregate arrangements with on-site supports²⁷.

Key Messages

- Older people with experiences of homelessness, including those engaging in problematic substance use, have distinct needs that are frequently overlooked by policymakers, as well as in the design of relevant services.
- OPEH's experiences accessing housing and relevant services warrant further study to ensure these distinct needs are better addressed.

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