

HOLDING ON TO HOUSING

**A Participatory Inquiry into Homelessness among
Older People in Rural Areas of Simcoe County**



Canadian Pensioners Concerned, Inc.
(Ontario Division)

In partnership with



Older Women's
Network



Ontario Community
Support Association



United Senior
Citizens of
Ontario

Sponsored by

New Horizons for Seniors, Social Development Canada

May, 2006

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**Canadian Pensioners Concerned, Inc. (Ontario Division)
10 Trinity Square, Toronto, Ontario M5G 1B1**

EXECUTIVE SUMMARY

This report presents the findings of a participatory research inquiry into homelessness among people aged 50 and over living in rural areas in Simcoe County, Ontario. The research, involving 37 participants in seven focus groups and two individual interviews, was conducted in five communities in the County between October, 2005 and February 2006. The participants included 13 older, homeless people, 12 providers of services to homeless people, 8 community service volunteers and 4 concerned members of clergy.

Four organizations serving older people were Partners in the research project. A team of volunteer researchers was drawn from the memberships of these organizations. The volunteers were trained to facilitate the groups, and collect and analyze data by a research consultant experienced in focus group methods.

Four main themes emerged from the study:

- 1) age and gender discrimination
- 2) diminishing supply of affordable housing
- 3) poverty among older, rural people
- 4) health problems and health care issues.

In addition, participants offered many suggestions for ways to improve services for homeless people and to address the problems of affordable housing supply.

The main conclusion of the study was that the difficulties older, homeless people face in Simcoe County had some of the same features as those they face in urban areas. However, in addition to the obvious need for more affordable social housing, the isolation often experienced in rural areas underscored the need for better transportation and more accessible health and social services. In these respects, the rural dwellers appear to be worse off.

Eleven recommendations were directed towards the various levels of government, public agencies, local non-profit housing, community service, labour, business and professional organizations. They were:

1. That educators, unions, elected officials, media and clergy of Simcoe County join in a public education campaign aimed at promoting and protecting the dignity and basic human rights of older women and men in the County.
2. That the federal and provincial governments to work together more effectively to end the erosion of the affordable housing supply, not only

in urban centres but in smaller urban and rural areas as well, as an urgent national priority.

3. That the Simcoe County Alliance To End Homelessness (SCATEH) continue to provide leadership in a coordinated, County-wide effort to end homelessness, focused on older as well as younger age groups.
4. That local, non-profit housing organizations join together with churches, service clubs, community service agencies, unions, the business sector and homeless persons themselves to explore the feasibility of acquiring and renovating abandoned rural dwellings to house homeless people.
5. That the Government of Ontario change the law to make persons in need between the ages of 60 and 64 eligible for benefits equivalent to, and subject to similar rules as those governing the Ontario Disability Supports Program, which replaced Family Benefits in 1998.
6. That Ontario Works staff be trained to communicate with all recipients about the rules of the program and about all of the services available to them, in a respectful, non-threatening manner.
7. That the local government authorities of Simcoe County develop a plan to expand public transportation that is accessible to disabled and older persons, to serve isolated rural areas and ease a major burden on limited incomes.
8. That the Federal and Ontario governments provide a significant infusion of new funding for public transportation in rural areas, as has been budgeted for urban areas.
9. That community service agencies, community information services and local libraries work together on an ongoing basis to evaluate existing information and support networks for homeless and other persons at risk, and to ensure that available services are truly accessible.
10. That the Local Health Integration Network for Simcoe County undertake a review of existing programs and facilities for the care of persons suffering mental illnesses, and develop a plan for their improvement and expansion.
11. That mobile health units, similar to the one currently operating in Orillia, be introduced in rural communities throughout Simcoe County.

ACKNOWLEDGEMENTS

I would like to express sincere thanks to the volunteers of the Project Committee who spent countless hours planning and implementing the myriad of tasks associated with this New Horizons Research Project; and to the volunteer researchers who facilitated and led the focus groups in Simcoe County to ensure that the voices of older, homeless people are heard. They were:

Joan Berndt, Orillia and Toronto	Lori Payne, Toronto
Sylvia Hall, Toronto	Dorothy Rivers-Moore, Toronto
Bea Levis, Toronto	Marie Smith, Orillia
Christine Mounsteven, Toronto	Ross Wallace, Innisfil
Shirley Paterson, Hawkestone	Margaret Watson, Toronto

I also wish to thank Howard Watson, who served as Chair of the Project Committee, and to acknowledge the expertise and enthusiasm of our consultant, Brenda Elias whose assistance in planning and initiating the research was invaluable. Our transcriber, Dale Lewis did an outstanding job of turning hours of tape recorded discussions into text. Malcolm Stewart applied his many skills to preparing the final report. Finally, we are grateful to the New Horizons for Seniors Program whose generous funding made this project possible.

Donald F. Bellamy
President, Canadian Pensioners Concerned, Inc. (Ontario Division)

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Section 1

INTRODUCTION

“Change is part of our human experience. It is important for us as humans to know that there is more to life than our immediate state of being. All effective programs for life need a focus on change if we wish them to lead to quality of life, and three areas need to be addressed: the program services themselves, the effective management of those services and change, or new beginnings. All three aspects are necessary.”¹

Canadian Pensioners Concerned (CPC) is a non-profit membership organization that is committed to preserving and enhancing a human-centred vision of life for all citizens, young and old. Within that vision, the Housing Committee of CPC (Ontario Division) was assigned the following mandate by the Board of Directors:

- To address a broad range of concerns related to seniors housing...
- To collect... data on the need for seniors housing in Ontario...
- ... to educate and alert citizens about growing housing problems
- To establish partnership[s] with other groups ...aimed at the development of housing projects through ...joint action
- To establish liaison contact with seniors across Ontario to act as information agents²

This report is the result of a research inquiry into the nature and extent of a largely neglected topic: the experience of homelessness among older persons

¹ Comments made at the presentation by Canadian Pensioners Concerned, Inc. (Ontario Division) to the Housing Liaison Committee of the Ontario Senior Secretariat. Toronto, April 21, 2005.

² Excerpted from Minutes of the Canadian Pensioners Concerned (Ontario Division) Board of Directors, June 2004.

in rural Ontario, and community responses to their needs. In the report, extensive data are presented on the causes and consequences of homelessness in one rural area, in the hope that concerned citizens and leaders in the target community and others across Ontario will be inspired to form partnerships and redouble efforts to improve the supply of affordable, accessible housing in their communities, with attention to the special needs and safety of older persons.

The report is also a result of the diligent efforts of many older volunteers who learned, practiced and applied the skills of research design, data collection and analysis to get the job done; and of effective collaboration among the Partner organizations, whose networks in the target community made the research possible. As a learning exercise in team-building for participatory research, this project has immeasurably improved the capacity of all who were involved to advance the above mandate.

In order to capture the current thinking about homelessness, relevant documents and materials were collected during the course of the project. A collaborative knowledge-building approach, the key to participatory research, was applied as the researchers reviewed these materials. Where possible research questions were adapted from sources found in the literature review and several efforts to create original lines of inquiry were pursued. Ours was an iterative process during which we shared our ideas with our Partners as we worked toward achieving the goals of the project.

Simcoe County, which lies due north of the Greater Toronto Area (see map below) was chosen as the research site. It is close enough to Toronto, where the administrative offices of the research project and many of the volunteer researchers are located, to permit relatively easy access yet sufficiently rural to meet the requirements of the study. Some members of the Project Committee, which consisted of members of all four partner organizations, lived in Simcoe County and were invaluable for their knowledge of the area and in establishing contacts.

As reported in the 2001 Census of Canada, the total population of Simcoe County was 377,050³. Roughly one-half lived in the urban communities of Barrie (pop. 103,710), Orillia (pop. 29,120) Midland - Penetanguishene (pop. 24,530) Collingwood (pop. 16,040) and Wasaga Beach (pop. 12, 420). The remaining one-half live in small towns, villages, hamlets and on farms throughout the County.

Map of Simcoe County



³ Statistics Canada (2004). 2001 Census Profiles for Ontario by Census Division. Ottawa, Queen's Printer.

THE PROBLEM

Canadian Pensioners Concerned believes that homelessness experienced by older people covers a wide range of issues and that a concerted effort is needed to identify and address these issues. Landmark studies such as the 1999 report of the Mayor's Task Force on Homelessness, Taking Responsibility for Homelessness⁴ (the 'Golden Report') have reinforced the idea that the visible face of homelessness is an urban one, associated with deteriorating city neighborhoods in such places as Toronto, Vancouver, Montreal, Ottawa and Hamilton. However, studies conducted in the last fifteen years have paid little attention to understanding the needs of at-risk and homeless individuals, particularly among older people living in rural areas^{5, 6}. Although communities are intuitively aware that rural homelessness has distinct characteristics, little research has been undertaken to determine how widespread this problem is outside of large urban areas, or how rural homelessness may be different from urban homelessness.

It is increasingly urgent that the causes of homelessness among older people be thoroughly understood, because ours is a rapidly aging society. Over the next three decades the number of Canadians reaching their mature years will increase from today's 13 per cent to between 20 and 25 per cent of the population. The present systems of income security, health, social services and housing supports for older people are barely adequate, and are at risk of becoming overwhelmed without thoughtful planning and action now.

CPC believes that the social costs of losing housing are paramount in determining the quality of life among older people, and regards this as a key factor in the present study. During this study, we often asked ourselves how we

⁴ Mayor's Homelessness Action Task Force (1999). Taking Responsibility for Homelessness. Toronto, City of Toronto.

⁵ Hulchanski, D. (2006). Dr. Hulchanski, Director of the Centre for Urban and Community Studies, University of Toronto stated, "There has been very little good research on the homeless and no research on seniors or older adults in either urban or rural communities." Personal communication to J. Berndt, New Horizons Housing Committee member, April 4, 2006.

⁶ McDonald, L. (2004). Homeless Older Adults Research Project. Toronto, University of Toronto, Institute for Life Course and Aging.

would react to losing the security of our housing. The honest answer was that most of us would likely feel anger initially, then panic. Ultimately we would fall into the 'dark hole' of despair as we sensed that we were being increasingly ignored and isolated from our communities. This is the stark reality experienced by several of the participants in our study.

LITERATURE REVIEW

Although according to Statistics Canada the rural populations of Canada and Ontario declined between 1991 and 2001, about thirteen per cent of Ontarians still live in rural areas, based on its definition of rural and small-town⁷. This represents more than 1.5 million individuals.

The Canada Mortgage and Housing Corporation did touch on some rural issues in a 2003 report, indicating that since so few institutional supports are available, rural people typically rely on family and friends who also live in the countryside⁸. Expanding on this information, a 2005 CMHC publication reported that issues such as changing demographics, population mobility, changes in health service delivery, and economic decline were affecting social housing in rural areas. These were associated with a long term trend of out-migration and population decline. However, rural areas adjacent to metropolitan areas, where net population growth and in-migration of newcomers (including retirees) are occurring, have experienced growing pressure on agencies by older persons searching for better access to services⁹.

In 2004 the Canadian Centre for Philanthropy reported that Ontario's rural population had a higher old-age dependency ratio combined with lower incomes

⁷ Statistics Canada defines 'rural' as areas outside of centres with a population of 1000 or more persons; or, areas outside of places with population densities of 400 or more persons per square kilometre. Rural and small-town (RST) are defined as areas outside the commuting zone of larger urban centres (with 10,000 or more population) known as Census Agglomerations (CA) and Census Metropolitan Areas (CMA) (more than 100,000 people).

⁸ Bruce, D. (2003). Housing needs of low-income people living in rural areas. Ottawa, Canada Mortgage and Housing Corporation.

⁹ Bruce, D. and T. Carter (2005). Social Housing in the Context of Rural Depopulation, Canada Mortgage and Housing Corporation.

than the urban population. Moreover, rural Ontario differed in a number of important ways from the rest of rural Canada. For example, at 4.3 per cent the unemployment rate in rural Ontario was much lower than the combined rate for urban and rural Canada. Further, despite generally lower incomes, the level of poverty was also lower in rural areas because of the lower costs of living, particularly the cost of housing¹⁰. However, by 2006 this trend may be shifting because costs associated with such basics as utilities/natural resources have started to reach uniformly high levels in rural as well as urban areas. In addition, in some rural areas of the province market value assessment has caused property taxes to increase markedly, leaving seniors and other fixed income residents wondering whether they can afford to keep their housing.

It is also important to address the relationship between homelessness and aging. In interviews with 91 homeless older adults in Toronto, McDonald found that almost 70% of them first became homeless between the ages of 41 and 60 years, leading her to suggest that that “old age” started in this population at about age 50¹¹. Although men outnumbered women in the general homeless population, the reverse was true in the older population at large: those most at risk of becoming homeless were women, among whom the proportion with low incomes rose with increasing age. This emphasized the importance of the partnership in this CPC project with the Older Women’s Network (OWN) and building on the findings of the latter’s study conducted across Ontario in 2000¹².

RESEARCH QUESTIONS

Based on the literature review, the following research questions were developed:

¹⁰ Canadian Centre for Philanthropy (2004). *The Rural Charitable Sector Research Initiative - A Portrait of the Nonprofit and Voluntary Sector in Rural Ontario*, Foundation for Rural Living.

¹¹ McDonald, *op. cit.*

¹² OWN Housing Sub Committee (2000). Housing Factor, 2000. Toronto, Older Women's Network.

- What is the extent of homelessness and how many persons are estimated to be at risk of homelessness?
- What are the specific reasons that individuals leave rural areas?
- What is the impact on individuals of separation from their informal support systems?
- How are local community services currently responding to the needs of homeless older persons in the rural areas of Simcoe County?
- What services would help people retain their housing?
- How do ethnic and/or cultural diversity affect provision of services?
- What roles do volunteers currently play in assisting older people to secure services and housing tenure?

These questions were modified according to the methods used and the issues that emerged during the study.

CHALLENGES AND LIMITATIONS

Clearly, it was not possible to achieve all that may have been wished for in this single study. Limited funds and time precluded research that encompassed all or several areas of rural Ontario. For practical reasons only one county, located near the Greater Toronto Area, was chosen as the research site. Therefore, the findings of this study are not transferable to other rural areas in Ontario or elsewhere. Similarly, while efforts were made to include a broad cross-section of persons informed about homelessness in the targeted community, no claim is made that all relevant experiences or opinions are represented. For example, while the researchers and participants included a reasonable gender balance, all were white and English – speaking, so the experiences of Aboriginal and culturally diverse persons were not reflected in the findings.

A number of factors presented challenges or imposed limitations on the study. First, given our choice of a participatory research approach, a great deal of time was necessarily invested in training and orienting volunteer researchers and in clarifying definitions and the parameters of the study. This took place over a nine month period in 2004 and 2005. It was considered to be a critical first step in

conducting research on rural homelessness among older people, on which there has been little previous investigation.

Second, by the time training was completed, the summer months had arrived, and this was not a good time of year to do research. The volunteer researchers were not as readily available, it was difficult to recruit focus group participants, and obtaining meeting space in the summer was difficult. Consequently, data collection was deferred until the fall.

Third, since CPC and its partner organizations all have offices in Toronto, and most of the volunteer researchers resided there, travel to meetings and focus groups in the target community was limited in time and cost.

However, despite these limitations the study was conducted carefully and conscientiously so that their impact on the overall quality and findings of the study was minimal.

Section 2

PROJECT DEVELOPMENT

THE PARTNERS

The four organizations that came together as Partners in this project are all concerned with the advancement and well-being of older persons. Together, they draw upon the energies and considerable expertise of a significant number of older Canadians.

Canadian Pensioners Concerned Inc. (Ontario Division)

Founded in 1969, CPC is a national, non-partisan, membership-based organization of mature Canadians with particular concern for the quality of life for people in our society, especially those who are vulnerable by virtue of age, illness, disabilities or economic needs. The Ontario Division of CPC has completed and published several research projects in the past.

Older Women's Network

Founded in 1985 with the purpose of giving a voice in the public domain to mid-life and older women, OWN has conducted research on women's housing needs, the shelter needs of abused women and women's economic security in old age.

Ontario Community Support Association

OCSA's history stretches back to 1975 when the first of its founding associations was incorporated. It supports, promotes and represents the common goals of its members - over 360 providers of community-based not-for-profit health and social services, that support people, including many seniors, to live at home in their own communities.

United Senior Citizens of Ontario

The United Senior Citizens of Ontario, incorporated in 1961, is a non-profit, voluntary organization. Its mission is to enhance the quality of life, community

participation and independence of seniors through unity, education, advocacy and cooperation with member clubs and other groups.

PREPARATORY STEPS

This project was guided by a number of events that served as learning tools during the planning stage of the study. Combined with a spirit of cooperative inquiry that emphasized working with community groups and individuals as co-researchers¹³, these events provided the Partners with the background to develop a common understanding of why this research was important.

a) Presentation to Ontario Seniors Secretariat

On April 21, 2005 the Chair of CPC's Housing Committee presented a paper to the Housing Advisory Committee of the Ontario Seniors Secretariat, an advisory body to the Government of Ontario. The focus of the presentation was on homelessness as it related to seniors living in Ontario. The paper concluded that "... [m]ore research is needed to identify the needs of homeless seniors in Ontario... Knowledge of homeless seniors living in rural areas is lacking"¹⁴.

b) Planning with Partners

An all-day Partnership Building Session was held in Toronto on May 12, 2005 with representatives from all four Partner Organizations, at which roles were clarified and key resources such as the Simcoe County Alliance to End Homelessness (SCATEH) (see Appendix A) were identified.

To develop the project structure and work plan, all participating representatives were involved brainstorming, action planning, task identification, and making contacts. An initial work plan was mapped out using a project management approach that accommodated the time limitations of the volunteers

¹³ Schneider, B. Participatory Research Project, University of Calgary, 2004

¹⁴ Canadian Pensioners Concerned (Ontario Division) (2005). Senior Homelessness in Ontario: Presentation to the Housing Liaison Committee. Ontario Senior Secretariat. H. Watson. Toronto, Canadian Pensioners Concerned, Inc., Ontario Division.

who undertook the bulk of the work (see Appendix B). The work plan was revised several times during the year to track all of the many tasks, resources and activities included in this research project.

During this session it was speculated that homelessness in the countryside is likely less visible than in urban areas. It was expected that finding homeless people in rural areas for research purposes would be difficult because they may be hidden on side roads or in wood lots, sleeping in vehicles, or living on isolated farms or family properties.

c) National Conference on Homelessness

Two members of the Project Committee attended the National Conference on Homelessness in May, 2005 hosted by York University and sponsored by the federal government's Homelessness Initiative. This confirmed the importance of CPC's research direction because out of more than 300 presentations on the topic of homelessness not one focused on rural, older people. There was no indication that rural studies on older people were underway in Canada.

At the conference, the Program Committee members met the authors of the SHARP report, who were giving a poster session on their study¹⁵. This turned out to be an important study that provided much guidance on participatory research for the project, oriented members to the community and provided another linkage to SCATEH.

d) SCATEH meeting and focus group

As mentioned above a key resource, SCATEH, was identified early in the planning stages of this project. SCATEH was a coalition of community stakeholders who are committed to developing and implementing strategies to eliminate homelessness.

Members of the Project Committee participated in the SCATEH annual general meeting in Barrie on June 15, 2005 and conducted a focus group with

¹⁵ Saulnier, Gail and Kate Storey (2002). SHARP: Simcoe County Homeless Action Research Project — A Participatory Model. Updated September, 2002.

some of the stakeholders interested in rural seniors. Although focusing on the needs of a specific sub-group of the homeless -- older persons -- was not a current priority for SCATEH, this engagement with the Steering Committee members provided a helpful orientation for the research project.

e) Visit to Penetanguishene Mental Health Centre

A site-visit in July 2005 to the Mental Health Centre in Penetanguishene, a large, provincial government facility serving seriously mentally ill patients, was the final phase in the exploration of the topic. This facility was a major resource that other rural communities did not have. The contact was made to establish a link with some staff members who had authored the aforementioned SHARP report.

PROJECT MANAGEMENT

Three all-day learning sessions were conducted in Toronto (May), Washago (August) and Barrie (September) to establish working relationships with Partner organizations. This activity gave an orientation to the wide range of issues related to homelessness, and provided opportunities for discussion and training in research design and the conduct of research. Each session was attended by between 10 and 12 persons.

Other important steps were to shape a common view of what a community researcher is expected to do and to make the roles and responsibilities of CPC and the research Partner organizations explicit (see Appendices C and D). The organizational structure of the project is diagrammed in Appendix E.

The office of CPC's Ontario Division in Toronto served as the coordination base for the project. The recruitment and training of the volunteer researchers was achieved with the assistance of the project Partners -- Older Women's Network, Ontario Community Support Association and United Senior Citizens of Ontario.

Section 3

RESEARCH PROCEDURES

DEFINING KEY CONCEPTS

The concept of homelessness is notoriously difficult to pin down. After much deliberation we decided to use the following definition of homelessness for this study:

Homelessness ... is the absence of a continuing or permanent home over which individuals or family groups have personal control and which provides the essential needs of shelter, privacy and security at an affordable cost, together with ready access to social and economic public services.

We decided to establish age 50 and over as a rough criterion for selecting the homeless people we sought to engage as participants in this study. This is consistent with McDonald's finding that old age among the homeless begins at around age 50¹⁶.

PURPOSES AND PHILOSOPHICAL ORIENTATION

The purposes of this research were 1) to give voice to older people who are homeless or at risk of becoming homeless, 2) to sensitize the broader community to their plight, and 3) to strengthen existing community service networks for homeless persons in Simcoe County and ultimately across Ontario.

The participatory approach applied throughout this project assumes that those who live through the experiences being studied are the experts and that valid, new knowledge can be produced through active engagement and interaction with those persons as co-researchers^{17, 18}. Accordingly, the research

¹⁶ McDonald, *op. cit.*

¹⁷ Kvale, S. (1996). *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: Sage.

was designed to gather stories from older people who had had the experience of losing their housing or who were at risk of losing it; and from persons who, as providers of housing assistance, social services and health care services, had knowledge of homelessness among older people in the target community.

METHODS

In keeping with our philosophy of 'partnership in discovery' the focus group method was chosen. This involved eight, two-hour, guided discussions with small groups of participants in settings with which they were familiar and comfortable. The focus groups were guided by trained, volunteer facilitators, and the proceedings were monitored and tape recorded by trained observers¹⁹.

In addition to the focus groups, data was gathered through individual interviews with two persons who had experienced homelessness firsthand. These were conducted and recorded by experienced interviewers.

TRAINING VOLUNTEER RESEARCHERS

The participatory research approach applied in this study included the involvement of older adult volunteers as project managers and researchers. In August, 2005 members of the research team gathered to finalize the components of the research design and to discuss ethical considerations, confidentiality, informed consent procedures. Assumptions, roles and responsibilities, and procedures to be adopted were discussed. Standard procedures and discussion guides for focus groups and individual interviews were prepared (see Appendices F and G).

RECRUITMENT OF FOCUS GROUP PARTICIPANTS

Focus groups were set up in conjunction with local service providers and members of SCATEH in an attempt to reach out to older people at places where

¹⁸ Morse, J. M., & Field, P. A. (1995). Qualitative Research Methods for Health Care Professionals. (2nd ed.). Thousand Oaks, CA: Sage.

¹⁹ Krueger, R. (1988). Focus Groups: A Practical Guide for Applied Research. Newbury Park, CA: Sage.

rural community members normally gathered. Eight designated members of CPC were trained to act as focus group facilitators and observer-recorders.

Those invited to participate in the focus groups were identified because of 1) their known personal experience with homelessness as service recipients, or 2) their experience as providers of services, either paid or volunteer, to homeless persons, or 3) their interest in homelessness by virtue of their responsibilities in faith, health or social service organizations²⁰.

Materials describing the purpose and nature of the research project, consent forms and confidentiality agreements were distributed at the beginning of each of the focus groups and reviewed with participants (see Appendices H, I and J). When securing the informed consent of persons to participate in the study and obtaining their permission for CPC to publish the research findings, the ethical standards promulgated by the University of Toronto were followed²¹

FOCUS GROUP DESCRIPTIONS

Between October, 2005 and February, 2006 a total of seven focus groups were held -- four in Orillia and one each in Barrie, Midland-Penetanguishene and Stroud. In addition, two individual interviews were conducted with older persons – one in Orillia and one in Alliston - who had experienced homelessness firsthand.

The number of participants varied from one group to another, as did their affiliations. Participants were a mixture of users, former users and potential users of community services for homeless people; paid service providers from a variety of organizations serving homeless and older people; volunteer service providers from similar organizations; and members of clergy and other professionals with an interest in homelessness (See Table 1 below).

²⁰ These participants included members of the clergy from various denominations. It is noted that, although no members of the police forces in the County participated directly in the study, they can be considered a secondary source of data, as their (generally supportive) actions in relation to homeless and older persons were frequently recounted in focus group discussions.

²¹ School of Graduate Studies (2003). Research Involving Human Subjects: Student Guide on Ethical Conduct. Toronto, University of Toronto Press.

Barrie – October 4, 2005

The first focus group was held in the rapidly growing city of Barrie which serves the homeless, including those from surrounding rural areas, through its community services. The seven participants, who met at a community service agency, included two service providers and five service users who had experienced homelessness in the past.

Orillia – October 14, 2005

This group of four was drawn from the Orillia area, Washago and Oro-Medonte. The participants met in a church hall. They included a service user, a service provider, and two volunteers, all rural residents of long standing.

Stroud October 19, 2005

This group of eight -- three clergy, two service providers and three volunteers, was drawn from Stroud and its neighbouring communities which included farm areas and small villages. The meeting took place in a church hall.

Midland-Penetanguishene – November 16, 2005

This group of eight met at a community psychiatric support facility. One participant was a member of clergy and seven were housing and mental health service providers who had contact with homeless people in the area.

Orillia – February 3, 2006

Three groups met, and one interview took place on this date. Group 1 met at the city hall. Three service users attended. Group 2 met in a church hall. Three retired, concerned community members attended. Group 3 met in a renovated motel. Two users of service were in attendance. The individual interview was conducted in the same motel, also with a service user.

Alliston – February 21, 2006

Two people were to be interviewed, but one cancelled. The person interviewed, an older woman, was at risk of losing her home. The interview took place in a housing registry office.

DATA COLLECTION AND ANALYSIS

All sessions were tape recorded and later transcribed by a skilled person with extensive research transcription experience. Volunteer committee members read the transcripts and analyzed the text manually, generating tentative themes from the raw data. Meetings were then held at which the tentative themes were finalized by consensus. In a similar manner, case examples and direct quotations from participants were selected for inclusion in the report of findings.

Table 1 – Categories of Participants

	FOCUS GROUPS							INTERVIEWS		Total
	1 Barrie	2 Orillia	3 Stroud	4 Midland	5 Orillia	6 Orillia	7 Orillia	1 Orillia	2 Alliston	
Service Users ¹	5	1	0	0	3	0	2	1	1	13
Service Providers ²	2	1	2	7	0	0	0	0	0	12
Volunteers ³	0	2	3	0	0	3	0	0	0	8
Others ⁴	0	0	3	1	0	0	0	0	0	4
Total	7	4	8	8	3	3	2	1	1	37

1 Currently and formerly homeless persons, and those at risk of becoming homeless.

2 Workers employed by public organizations such as hospitals, municipal social services departments, provincial institutions or non-government organizations such as shelters and food banks that provide services to homeless and/or older people.

3 Unpaid volunteers associated with the above types of organizations.

4 Concerned members of clergy.

Section 4

FINDINGS

Four main themes emerged from the focus group discussions regarding the experiences of homeless and at-risk older people and those who strive to assist them. These themes recurred frequently in each of the four groups. They were:

- Age and gender discrimination
- Declining supply of affordable housing for older people
- Poverty among older, rural people
- Health problems and health care issues

In addition, there was considerable assessment of community services for the homeless and older people, their adequacy and effectiveness, and how they could be improved. These discussions fell into three areas:

- Community Services: how do they measure up?
- Users and providers knowledge of available services
- Ideas and proposals for the future

THEME 1: AGE AND GENDER DISCRIMINATION

Several examples of age and gender discrimination were given. Although the main age group served in the mental health community of north Simcoe County was in the 35-50 range, there was a growing number of homeless people over 50 years of age.

“A parental attitude dominates this approach to the older homeless client and their rights are taken away, almost immediately, without much thought because caregivers, family, friends and service providers, and police believe they are ‘helping’ with this paternalistic viewpoint. Safety and security are enforced whether they like it or not!”

Service providers sometimes have to deal with substitute decision-makers holding Power of Attorney rather than with the older people themselves. This can lead to legal, moral and ethical issues for service providers attempting to advocate on behalf of older, vulnerable clients at risk.

”I gave my son Power of Attorney. They write out Powers of Attorney, the older people, and their kids talk them into it. I don’t know if all children are thinking of their old parents or thinking for themselves.”

Some people with no place to go have been stranded in nursing homes, hospitals, and domiciliary hostels against their wishes. These institutions provide room and board, and give a false sense of relief to the “caring community”, reducing concerns about leaving older people on the street even when their placement is inappropriate.

One client had to give up their little dog, which was not even considered when they lost their apartment. Often such special needs are disregarded even though these small things might represent a ‘lifeline to survival’.

Some older, homeless persons had lost character references owing to past evictions and unmanageable behaviors, chronic diseases, or personal hygiene problems. In some cases a strong sense of pride led to persistent refusals of assistance. Such factors often resulted in inability to secure apartment tenure even if one was found. As a result, these older, homeless people became well known to service providers. Repeated attempts to help them failed, isolating them even farther until they joined those with “no fixed address.”

A men’s shelter in the City of Barrie provided families and single people with a variety of services. Because they operated a men’s shelter, however, they were less familiar with women whose homelessness was less visible than men’s. Service providers were of the opinion that it was a greater stigma for a woman to

be homeless because of the belief that “if you’re homeless it’s bound to be your fault.”

“What kind of a woman could you possibly be to allow yourself to get into this situation?”

Some service providers believed that elderly men were better able to live a transient life than were elderly women. They believed that a male could ‘pick up and go’ psychologically and physically more easily than a woman.

Workers saw that physical problems could lead to emotional problems. Because people did not always share their pain with others, it was a lonely road for people who were on their own. If a functioning adult hit a bad spot in life that might last for a year or two, there would be no place to obtain free service even in a city like Barrie. A worker noted that the local mental health association was excellent and could provide brief service, but for ongoing help there were no support groups that the worker had ever been made aware of, where people could go for help and not have to worry about a fee, nor be embarrassed that there was no fee. This worker would love to have had a place where she could direct them and staff would talk with troubled people who could present their problems and be listened to.

THEME 2: DIMINISHING SUPPLY OF AFFORDABLE HOUSING FOR

It was impossible to estimate with any accuracy the proportion of homeless persons who were age 50 and older. The County had no statistics on homeless people by age. A “homelessness snapshot day” in Orillia indicated that 13 individuals looking for housing were aged 55 or over.

The following examples of the housing shortage in Simcoe County were given:

1. A fifty-bed Home for Special Care (HSC) was closed and those beds were not replaced. Many aging, developmentally delayed clients who were placed in

the community after the closure of the Huronia institution in Orillia were also struggling to cope.

2. One organization operated fourteen housing units for the entire community mental health program, but none was designated specifically for older people.
3. Few shelter or crisis beds were designated specifically for older people in Simcoe County, which occasionally resulted in situations like the following:

A well-known 'harmless' homeless man, who had been evicted for setting fires, [and when found had been beaten] was put in jail by the police because there was no other place for him to go. They picked him up as a last resort when the "system" failed.

It was noted that this man's needs were minimal: poor eyesight, a condition requiring drugs he couldn't afford and fear of dying alone. A supportive setting would have been much cheaper than taking up a nursing home /hospital bed or a jail cell.

4. One agency occasionally arranged temporary stays in motels. Police had vouchers for emergency hotel stays in Alliston, Collingwood and Wasaga Beach, but these vouchers were not honoured in Midland-Penetanguishene.
5. Local retirement homes with reasonable rent and good landlords were fully occupied. However, many private homes only accepted residents with higher incomes; therefore they were not an option for the homeless.
6. Some older people were renting rooms in reputed "drug houses" where noisy, nightly partying caused much distress.
7. Community workers estimated that 30% of homeless persons placed in nursing homes or hospitals do not need to be in such institutions, but could not cope in completely unsupported settings. Health care professionals wanted to support the individual's choice to live independently in their home communities, but since no housing options were available, many were placed outside of Simcoe County.

8. In Midland, no supportive housing had been built for the last 20 years, and no non-profit group was pursuing this option. Non-profit housing formerly designated for older people had been opened to all including families and younger adults.
9. There was the possibility of more nursing home beds being built in Simcoe County. Forty-five had been allocated by the province, but these had not yet materialized.
10. Throughout the County, substandard rooming houses were filled with displaced elderly persons who were at risk of causing harm to themselves or others. Protecting clients from harming themselves in their rooms could be an important role for workers, as in the case of frail clients using hotplates to stay warm:

“The landlord has put new windows which will help [lower] the heating costs. One client turned his hotplate on to stay warm last winter and I was very concerned because he’s over 70 and I just said to [the landlord], ‘you know you can’t do that. There are a lot of senior citizens living there.’ He’s put in new windows and new doors and he’s painted and cleaned up the place. But his rents are not reasonable.”

11. At any given time, several city parks and trailer parks throughout the County were occupied by small groups of squatters, “living rough” in tents. Half of them were thought to be older persons. All were under police pressure to move on. One man was known to be living in a horse trailer behind a barn.
12. Many older people have moved to Lake Country in Simcoe County. Because of the market value assessment, property taxes have increased greatly. In two townships, between 2000 and 2005 MVA property values increased 44% and taxes 28%. As a result older property owners questioned their ability to keep their houses.

It should be clear from the above examples that suitable housing for older, homeless people was in extremely short supply in Simcoe County. One professional from a non-profit organization working on support programs had contact with about 40 older people a year with a wide range of income levels, who were seeking information about housing.

Service providers reported that about 60 subsidized units in the southern part of the County had waiting lists of one year, and in the growing city of Barrie it was at least five years. A service organization's proposal for about 30 units was awaiting a decision.

In Orillia over a one month period, 375 people applied to link up with landlords through the local housing registry; but only about ten persons succeeded in finding permanent housing that way. Rents in this busy housing market were regarded as higher than expected for a rural county. But although Orillia rents seemed particularly "out of whack", all rents had been rising in the area. Those with tenuous housing (referred to as "the shakily housed") often occupied rooms at "huge" rents. A room with a bathroom and only a toaster or microwave oven in Orillia could rent for \$650 to \$700 a month. Moreover, it was not unknown for an unscrupulous landlord to appropriate rent money held in trust. A rental rate of \$650 was more than social assistance (Ontario Works) benefits, or between 50% and 75% of the combined Canada Pension Plan and Ontario Disability Supports (ODSP) benefits. Under such circumstances it was difficult if not impossible to pay for non-prescription medical supplies and other items that the older people needed to have, let alone food and clothing.

The quality of rooming houses in Barrie was considered by some informants to be of very low standard, like a lot of inexpensive housing across that city. A two-bedroom apartment in Barrie renting for \$750 a month was almost guaranteed to be substandard. A room with the use of laundry facilities for a lodger sharing with a landlord was only \$400 to \$500. However, there were few protections under the Tenant Protection Act and a dispute could lead to forced eviction. Furthermore, such arrangements gave no preference to older people, and tenure was uncertain.

When one older man was evicted, he was without a place for four days. He stayed with friends who connected him with services. The housing registry placed him in a rooming house with twelve other people. He was paying \$650 a month for a small room.

THEME 3: POVERTY AMONG OLDER, RURAL PEOPLE

Many older people in the area had lived an impoverished existence over their entire lives. As they approached old age, the loss of employment, disability or changes in family arrangements sometimes tipped them over the edge into poverty and homelessness. Those between the ages of 55 and 64 often became dependent on Ontario Works benefits as they did not yet qualify for old age pensions, and were often not eligible for Ontario Disability Supports benefits because of strict rules introduced by the provincial government in 1998.

In some cases, abusive family relationships kept vulnerable, older people in a state of poverty. It was reported that a number of widowed mothers supported unemployed adult sons who move in with them to take over or control the mother's pension income, the vehicle, and other resources. Sometimes a mother's house was taken over and she was given a room in the basement.

Sometimes, changes in family living arrangements precipitated poverty and homelessness. A man became homeless when his wife fell ill:

“A gentleman with a cane came to town a few years ago from a small community. He had to leave home because his wife was ill and could no longer care for him. He was under a lot of medication, and somehow managed to fall through all the cracks in the system. His daughter had given him some money to enable him to rent a room, but before he found one he was robbed. He has become chronically homeless, in and out of places for the last year. Maintaining housing is very difficult for him due to his low income.”

A 58-year old woman found herself on her own when her husband left and her disabled adult child decided it was time to move into her own home so that she could be more independent. The woman therefore lost income from her

daughter's disability pension that she had depended on to cover the costs of her apartment. She managed to hold on until she became ill. At 58, she was not eligible for Old Age Security and was forced to go on social assistance. She ultimately lost the two-bedroom apartment that she had lived in for 15 years.

Social assistance (Ontario Works) paid \$536 a month for a single person for rent, food, utilities and other necessities. Recipients may receive some additional allowance for medical needs such as dietary supplements.

One man in his late fifties whose English was not good lost his job because of his language barrier, his depression and the fact that he drank on the job. He was not yet eligible for a senior's pension, and was paying \$100.00 a week for rent. In some months his rent was \$500.00, and he was only receiving \$536.00 a month on Ontario Works.

Inaccurate interpretation or overly-harsh application of Ontario Works rules sometimes caused stress for recipients, some like these men:

“I have to go to Toronto tonight. They’re telling me my OW is going to be cut off the end of this month if I don’t go to Toronto to get a medical form filled out. Yet they won’t give me the money to go. After I get to Toronto and take the bills back, they will reimburse me, but first I’ve got to get the money to get there and back. Like I said it’s a catch 22.”

“We saw a man in his late forties who looked seventy. He died this summer. He was an alcoholic, chronically homeless for some years. Ontario Works cut him off when he could not produce a birth Certificate. A letter from OW told him he was suspended. He did not know why. The landlord got mad because he had no money for rent, so he just left.”

Shame and/or pride, often motivated by desire to protect their families' or their own reputation in the community, was identified as a factor that sometimes prevented older people from seeking help. Although health care professionals were aware of their needs, they could not

persuade these vulnerable people to ask for help until there was a crisis. Some did not use food banks or Out-of-the-Cold clothing depots because they were reluctant to let their neighbours know how desperate their situation was. Others, like this woman who valued her independence, were reluctant to “bother” workers about their problems:

“I’ve told my worker and then I think I’m on [her] again asking for favours. I don’t want to tell my worker everything that’s happening. It’s like I would be abusing her time. If I expect her to solve all my problems I might as well come every time I have one. It’s getting bigger and bigger, like when can I say oh I’m standing on my own two feet now.”

This self-deprecating attitude, which is fairly common and can contribute to further isolation and loss of access to available services, speaks to the need for a personalized, case management approach that includes emotional support as well as personal guidance through the service system.

Lack of public transportation and the high cost of gasoline were major problems for some older people who were scattered throughout the County in isolated summer cottage areas. The high costs of gas, heating, and electricity often pushed their living costs beyond reach and left them without resources, unable to shop for groceries. Meals on Wheels tried to deliver frozen meals to these people once a week.

THEME 4: HEALTH PROBLEMS AND HEALTH CARE ISSUES.

Among focus group participants there was general consensus that many homeless people suffer various forms of serious physical and/or mental illness, sometimes in combination, as they age in unfortunate circumstances.

Lack of specialized psycho-geriatric services due to government funding restrictions was identified by mental health workers as a growing problem:

“Seventy per cent of the people who come to the [community services centre] are considered mentally ill. A mental health worker comes twice a week to work with anybody and everybody. The problem is that the government has absolutely restricted us.”

This sometimes led to inappropriate use of existing mental health services:

“One man in Waubaushene had no running water and his cottage was collapsing. After refusing help he was committed for a psychological assessment but was released from hospital within 48 hours as there was no basis for holding him.”

Several examples that illustrated the vulnerability of older persons suffering mental illness and/or physical frailty were given like the following:

“A few weeks ago a 71 year old man with a personality disorder was pulled from the lake and resuscitated. He doesn’t accept that there’s anything wrong with him.... And for fourteen years he has participated at the [hospital] now and again and has been somewhat violent. He came to me originally when he was being evicted from his small bachelor apartment because he could not get along with ...his neighbours.”

“We send people asking for help to the hospital all the time. They are delusional, have been chronically homeless because they see “volcanoes coming out of the outlets in their apartments”. At hospital the crisis worker says they’re no harm to themselves, no talk of suicide and are not a danger to anyone else, what’s the problem? So they send them out. This occurs often, not a result of the Privacy Act, but freedom of choice!”

The problems of aging persons with emotional disabilities, who were formerly residents of a large institution which has closed its doors, were also acknowledged:

“...there are people who have been released from homes they have lived in for many years. Suddenly government policies and programs have changed, they are [sic] turfed out and are on their own and they can not manage. They’ve had lifetimes of mental illness, psychiatric medications and lack skills. Never had any modeling when they were younger and despite being in their 50s do not know how to maintain an apartment.”

It was common knowledge in Simcoe County that there were too few physicians to serve the population, and this was identified by a number of participants as a serious, chronic problem. When physicians retired, they did not necessarily have someone take over their practices. Sometimes older people or their families had to travel considerable distances to obtain the services of the closest physician. A community worker reported that clients were being sent to wherever they could find a doctor, sometimes as far as Sudbury or Thunder Bay. Those who had chosen more isolated communities in which to retire found that access to medical services became an important consideration:

“So when I bought [a home for retirement] I really looked around, made sure how far from Toronto it was because I knew that I would probably have to go back for treatment. We picked Wasaga Beach because that was as far north as you could go and still get your medical services in Toronto.”

“My husband has a very rare blood condition and he has to go to Princess Margaret Hospital in Toronto. We have to get up at four o’clock in the morning to get there.”

Attracting and retaining physicians presented challenges for smaller towns and rural areas. Even generous incentives were not sufficient to prevent physicians from leaving to take advantage of professional opportunities in larger centres. Making access to medical services even more difficult for older people, some new physicians who did set up practice in the County were inclined to

select younger patients with relatively few health problems in preference to those with more time-consuming, multiple conditions.

Often the problems of homeless people developed over a period of time in tandem with changing family relationships, living arrangements, financial circumstances and health conditions.

ASSESSMENT OF COMMUNITY SERVICES

This project on rural homelessness was concentrated on the health, well-being, and living circumstances of vulnerable elderly people in Simcoe County, particularly those who had crossed over into homelessness, with the aim of providing a solid basis for policy and program development. It was not intended to assess the community services themselves. Nonetheless, community service staff, other professionals, volunteers, and victims of poverty themselves frequently reported experiences, both their own and those of others they knew, in giving or receiving services. These included comments on positive and negative experiences, but sometimes no opinion was given at all. This section offers an overview of these personal, generally speculative reflections without drawing conclusions about the actual quality or quantity of services provided. However, they should not be set aside or disregarded as invalid or fictional because they do in fact derive from human interactions, experiences and perceptions. If community services are to be planned and developed in the future to serve a growing population of older people who all too often live in dire poverty, these concerns should be examined and taken into account.

1. Community Services: How Do They Measure Up?

It was widely acknowledged that the Simcoe County Alliance To End Homelessness (SCATEH) had a special place in the County, extending its influence and activities through several local chapters. A fairly new organization supported by a federal government grant, its aim was to combat poverty and problems of homelessness by means of education and advocacy. The Alliance,

which has operated for the past eight years, was undergoing a staff change at the time this report was being completed.

Some organizations the Alliance helped to create in the Orillia Chapter alone illustrate its reach. They included "Places for People", the "Good Food Box", and The "Mobile Unit". The struggle for funding, however, imposed severe limitations on what the Alliance could accomplish in its outreach and community development in Simcoe County. Without stable and sustained funding for staffing and organizational development, services for the poor of all ages, not to mention older, homeless people seemed likely to become severely limited.

The Mobile Unit involved a four year old partnership between the Salvation Army and the Orillia Hospital. This unit made trips into the community one evening a week to assist a caseload of about 100 people, about 20 of whom were typically older. The program supplied food, housing, clothing, and blankets, in addition to legal and medical supplies.

The Salvation Army, The St. Vincent de Paul Society, and a food hamper distribution organization called "Sharing Place" cooperated to distribute Christmas food baskets to low income people. In Orillia, cooperating organizations that passed out hampers at Christmas included church women's groups and the Women's Institute. However, there was a general conclusion that more coordinated efforts were badly needed. The Mobile Unit project apparently took three years to gain the trust of the recipients in poverty and to become accepted as a community venture. This did involve collaboration with some of the local churches in Orillia through meetings held twice yearly. These took place for the purpose of sharing information about poverty and the homeless for those interested and at times, money was raised for special projects. While the opinion was held that the church groups were "wonderful people", it was acknowledged that in general they, like most people, had difficulty understanding the lifestyles of the "hard core homeless". Each church community knew who their hard-pressed older members were, and often looked after the members of its own congregation. But there were mixed views about this: although church

attendance had fallen, many people (though less likely younger people) would check on the homeless or look in on them.

Different points of view became evident when some concerned members of clergy in a rural community talked about homeless, older people. The homeless in their congregations were hidden from them, and their only contacts were with homeless transients. They saw no great problem with services for seniors in their congregations. Although they perceived government services to be overloaded, they thought the services themselves were good. Those seniors who were not coping well with daily living were placed in nursing homes. It seemed possible that these opinions were based on experiences in individual congregations and reflected only a partial view of the wider community experience. One church leader pointed out that a seniors group in their parish attracted people from different churches and personal problems were handled very well, with few complaints about government help. However, by the end of the meeting, the discussants expressed desire to learn more about homelessness and become involved in community-wide efforts through organizations such as SCATEH.

In one area a local resource committee was established under the auspices of churches and the ministerial association. This referred to a data base system with several volunteers answering telephone calls for help and connecting callers to service providers, such as the centre for seniors, the housing resource centre, and the social services department. This function was dependent on knowing the roles of organizations and workers in the system, and aimed to reduce the duplication of effort on recurrent problems. It was explained that the approach was intended to stop the problem and improve the lives of the people involved, rather than to hand out money or let the person work the system by canvassing the churches, service clubs, or the municipality. Community services had an investigative role in handling requests for help. An essential requirement in this system was for a trainer, the most recent one having moved to another position at the time of this study.

It was a familiar experience for community workers to find homeless people moving from the Greater Toronto Area to Simcoe County because they believed it was easier to get service and to avoid unsafe and unhealthy conditions in the big city. The reality was that the services were not always accessible in a place like Orillia. An example was that of a 14-bed men's shelter which limited stays of the homeless to 30 days in a calendar year. According to community workers this inadequate provision came about because government funding was intended to get the recipients out to work in a month. In its funding formula, the men's shelter received a per diem for each person staying here. The upshot of this 'get tough' policy was that shelter residents were soon forced out to face the elements in whatever way they could.

The effects on the housing shortage of the influx of residents and family members of patients and inmates of major provincial institutions in Midland and Penetanguishene came up in discussions with staff and community workers. The net effect was said to have been that families with difficult social problems were crowding an already tight housing market.

2. Users' and providers' knowledge of available services

Those who offered opinions about community services argued in favour of having an information centre for older people where resources would be known and information available for the use of anyone who wanted to have it. The lack of awareness of what was available was at times regarded as a serious shortcoming in the County, and a solution proposed was a resource network focused on the needs of older people. Several examples of the kinds of problems that needed to be dealt with were offered. There was an evident lack of knowledge about Community Care Access Centres, an essential government service. A disconnect between provincial government provisions appeared in a discussion about a homeless man who needed a medication only to find that he had been disqualified (this was eventually rectified by repeated aggressive intervention by a community worker). An older person on social assistance was

misinformed by a worker about reimbursement for his return travel to his out-of-town physician.

It must be pointed out that not everyone was supportive of helping homeless people in the community, although it was not clear how widespread such antagonism was. It seemed that negative attitudes among a few community leaders may have adversely affected local programs and policies. Buck-passing was a common criticism of officials in the system. In addition, it was noted that within recent memory higher levels of government have downloaded their human services responsibilities to the municipal and non-governmental sectors, overwhelming local resources and capacity.

Section 5

DISCUSSION

Canadian Pensioners Concerned (Ontario Division) has voiced strong concerns and presented position papers over many years about the need for more affordable housing for vulnerable people. We have stated before that over twenty years of political and governmental neglect have undermined the social safety net, and the drastic impacts of this neglect are now present among the older population. This research has reinforced our concerns.

This research project has drawn attention to the special needs of older people living in rural areas and has provided a clearer picture about the new face of homelessness in 2005-2006. Specifically, this study has raised awareness of the plight of older people trying to hold on to their housing where it is the “little things that count” and provided case examples to illustrate the findings as shared by participants.

The main conclusion of this study is that the difficulties older, homeless people face in Simcoe County have some of the same features as those they face in urban areas. However, in addition to the obvious need for more affordable social housing, the isolation often experienced in rural areas stresses the need for better transportation and more accessible health and social services. In these respects, the rural dwellers appear to be worse off.

The difficulties of delivering social, health, recreational and other human services in a large geographic area such as Simcoe County, where the population to whom these services are directed is so spread out occupied much attention in the focus groups. A number of participants argued strongly for the creation of a designated support network for older people, in some respects complementary to what was already being offered. This included a proposal for essential information to be made available through local libraries. At its best, this would call for a sophisticated system, perhaps a county-wide network based both on computer technology and, especially for those lacking the technical skills,

relying on personal contact to help acquire and to use information. Other ideas were the development of community kitchens, the maintenance of personal support networks, and the establishment of local food banks. Others saw a need to expand services to assist older people who downsize when they age, and in the process lose long-established support networks or even become open to abuse.

To improve access to health services, it was suggested that the “health bus” that operates in Orillia should be replicated throughout the County.

The development of assisted transportation, either through extended public service or cooperative activity was mentioned as badly needed not only for the homeless, but for all older people. Some suggested that the major infusions of government funds to expand public transportation in large urban centers, as in the 2006 Ontario budget, should be extended to small urban and rural communities like Simcoe where the disabled and the elderly are often immobilized.

Some focus groups thought that the costs of renovating abandoned rural or farm dwellings to house homeless persons would be prohibitive. They noted that many such dwellings would require extensive renovation to make them habitable, and in addition to rent the cost of utilities, transportation and telephone would likely be unaffordable. However, this idea may have merit if non-profit community groups were to cooperate and involve homeless people in their efforts. Residential Rehabilitation Assistance Program grants are available from the federal government, and the costs of rent, utilities and transportation could be shared by several persons.

Section 6

RECOMMENDATIONS

We now put forward a number of specific recommendations for action, related to each of the themes that emerged from this study.

ON AGE AND GENDER DISCRIMINATION:

Sadly, the attitude that older people are “dispensable” and fair targets for abuse is all too common, not only in Simcoe County but throughout our society.

12. We recommend that educators, unions, elected officials, media and clergy of Simcoe County join in a public education campaign aimed at promoting and protecting the dignity and basic human rights of older women and men in the County.

ON THE SUPPLY OF AFFORDABLE HOUSING:

Many millions of dollars have been spent in recent years to study and confer about the problem of homelessness, with little improvement in the actual supply of affordable housing units across Canada.

13. We urge the federal and provincial governments to work together more effectively to end the erosion of the affordable housing supply, not only in urban centres but in smaller urban and rural areas as well, as an urgent national priority.

We commend the excellent work of the Simcoe County Alliance To End Homelessness (SCATEH) in coordinating local efforts to make more affordable housing available for all age groups.

14. We recommend that SCATEH continue to provide leadership in a coordinated, County-wide effort to end homelessness, focused on older as well as younger age groups.

A considerable number of abandoned dwellings may be found in rural areas throughout Simcoe County. They represent an asset that could be used to provide good housing for homeless people of all ages.

15. We recommend that local, non-profit housing organizations join together with churches, service clubs, community service agencies, unions, the business sector and homeless persons themselves to explore the feasibility of acquiring and renovating abandoned rural dwellings to house homeless people.

ON POVERTY AMONG OLDER, RURAL PEOPLE:

The 7,000 Ontarians between the ages of 60 and 64 who depend on social assistance (Ontario Works) are among the most impoverished in the province. To qualify for benefits of only \$536 a month for a single person, they must relinquish most of their accumulated assets. To continue receiving benefits they are required to engage in active job search or training, although they often face major barriers to finding paid employment. Prior to 1998, applicants for social assistance who were between 60 and 64 years of age were deemed automatically eligible for Family Benefits, which allowed them to retain more assets, provided higher benefits and had no mandatory job search requirements.

16. We recommend that the Government of Ontario change the law to make persons in need between the ages of 60 and 64 eligible for benefits equivalent to, and subject to similar rules as those governing the Ontario Disability Supports Program, which replaced Family Benefits in 1998.

During this study we learned that some of the most vulnerable older people, those dependent on social assistance, are sometimes caused unnecessary distress by misinformation or ill-considered means of communication. Recognizing that persons in need are entitled to Ontario Works,

17. We recommend that Ontario Works staff be trained to communicate with all recipients about the rules of the program and about all of the services available to them, in a respectful, non-threatening manner.

Given the importance of dependable, affordable transportation for quality of life in rural areas, especially for homeless and isolated people,

18. We recommend that the local government authorities of Simcoe County develop a plan to expand public transportation that is accessible to disabled and older persons, to serve isolated rural areas and ease a major burden on limited incomes.

19. We further recommend that the Federal and Ontario governments provide a significant infusion of new funding for public transportation in rural areas, as has been budgeted for urban areas.

We found that access to information about available services and affordable housing was often less than optimal, especially for older persons coping with homelessness. In this regard we are encouraged by the introduction of the new 211 telephone service, which should be available throughout Simcoe County by the summer of 2006. This service, which is designed to offer personal guidance to those seeking assistance, including persons with hearing and/or language limitations, should go a long way towards overcoming many of the problems of access to services mentioned during our study.

20. We recommend that community service agencies, community information services and local libraries work together on an ongoing basis to evaluate existing information and support networks for homeless and other persons at risk, and to ensure that available services are truly accessible.

ON HEALTH AND MENTAL HEALTH PROBLEMS:

We strongly believe that older people suffering with physical disabilities and mental illnesses should be housed in supportive, age-appropriate settings that can tend to their special need and limitations. This is not always the case.

21. We recommend that the Local Health Integration Network for Simcoe County undertake a review of existing programs and facilities for the care of persons suffering mental illnesses, and develop a plan for their improvement and expansion.

22. We further recommend that mobile health units, similar to the one currently operating in Orillia, be introduced in rural communities throughout Simcoe County.

ON THE NEED FOR MORE RESEARCH

As the proportion of older people in Canada's population increases in coming years, the need for detailed information to enable more accurate monitoring of the housing and other needs of older people and to inform decision-making is likely to become acute. This study has made only a modest contribution to a full understanding of the phenomenon of homelessness among older people in rural areas. We hope it will inspire other studies of this phenomenon in communities in Ontario and elsewhere, so that a more comprehensive understanding that is transferable across communities will emerge. In addition to the kind of qualitative, participatory study we have done, we suggest that more quantitative studies are needed using secondary analysis of data available from Statistics Canada and other respected sources.

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APPENDICES

Appendix A

Simcoe County Alliance to End Homelessness (SCATEH)

SCATEH is a coalition of community stakeholders who are committed to developing and implementing strategies that will eliminate homelessness. Established in December 1998, membership in the Alliance is open to individuals or organizations in Simcoe County who share this vision. The Alliance is governed by a Steering Committee of approximately 20 organizational representatives. The Alliance holds general membership planning sessions twice a year. Co-ordination of SCATEH is a project of the Simcoe County Alliance to End Homelessness. It is administered by the United Way of Greater Simcoe County.

SCATEH's Goals for 2005:

1. To increase public awareness of the impact of homelessness on the community and our determination to end it.
2. To increase understanding of the changing nature and causes of homelessness.
3. To create intervention and prevention strategies to end homelessness.
4. To advocate for the creation of safe, affordable housing.
5. To help coordinate a network of supports for those in housing crisis, as well as a support network for those working with people who are homeless.

Appendix B

Work Plan

Tasks

Committee to finalize work plan and partnerships
Conduct a planning workshop with Partners
Select rural area as research site
Finalize methodology
Select local meeting locations in consultation with partners
Recruit community researchers
Provide training for research interviews, focus groups, workshops
Conduct data collection at 4 sites:
Barrie, Orillia, Stroud, Midland-Penetanguishene
Analyse transcripts, interview and secondary data sources
Write draft report and obtain feedback from Partners
Conduct communication and dissemination workshop for partners
Prepare and disseminate final report

Appendix C

Roles & Responsibilities of Volunteer Researchers

It is the intention of CPC and its Partners to fully understand and appreciate the very complex nature of homelessness among older people. Therefore it is critical for volunteer researchers to attend carefully to the earlier work and advice of field workers who have worked with homelessness people, and make their best effort to establish relationships and environments during the study that are safe, comfortable and trusting. We rely on local service providers, key informants and homeless people themselves to guide our project so that it is relevant, sensitive and as inclusive as possible.

ROLE AND FUNCTION OF THE VOLUNTEER RESEARCHER:

Volunteer researchers:

1. must have a high level of interpersonal skill in order to engage and interact with others in both a project development capacity as well as focus group facilitation and/or interviewing.
2. are equal partners in the research team, which is the key group of people who develop, implement and evaluate the project.
3. will participate in training in the research process, interviewing practice, arranging/negotiating resources, equipment use and interpreting transcribed documents.
4. will participate in the development of group practice principles for the research team including intra-group relationships and processes as well as project processes, such as ethical, support and debriefing protocols for the project.
5. will participate in the development of the interview format and will function as the front line interviewers for the project.
6. will participate in the identification of themes and solutions from the interview transcripts.
7. will facilitate discussion , focus and feedback groups of various sizes.
8. will participate in the writing and dissemination of the final reports and may be required to be a spokesperson for the findings.

Reporting Relationship:

Volunteer researchers will report to the Research Director.

Appendix D

Roles and Responsibilities of the Research Partners

Role of CPC:

- To sponsor and provide administrative support to the project, with access to funding and material resources.
- To provide communication functions and advocate on behalf of the project recommendations.

Role of Partners:

- To provide advice during project development, implementation and evaluation.
- To provide resources as available.
- To disseminate the results of the project through their memberships.

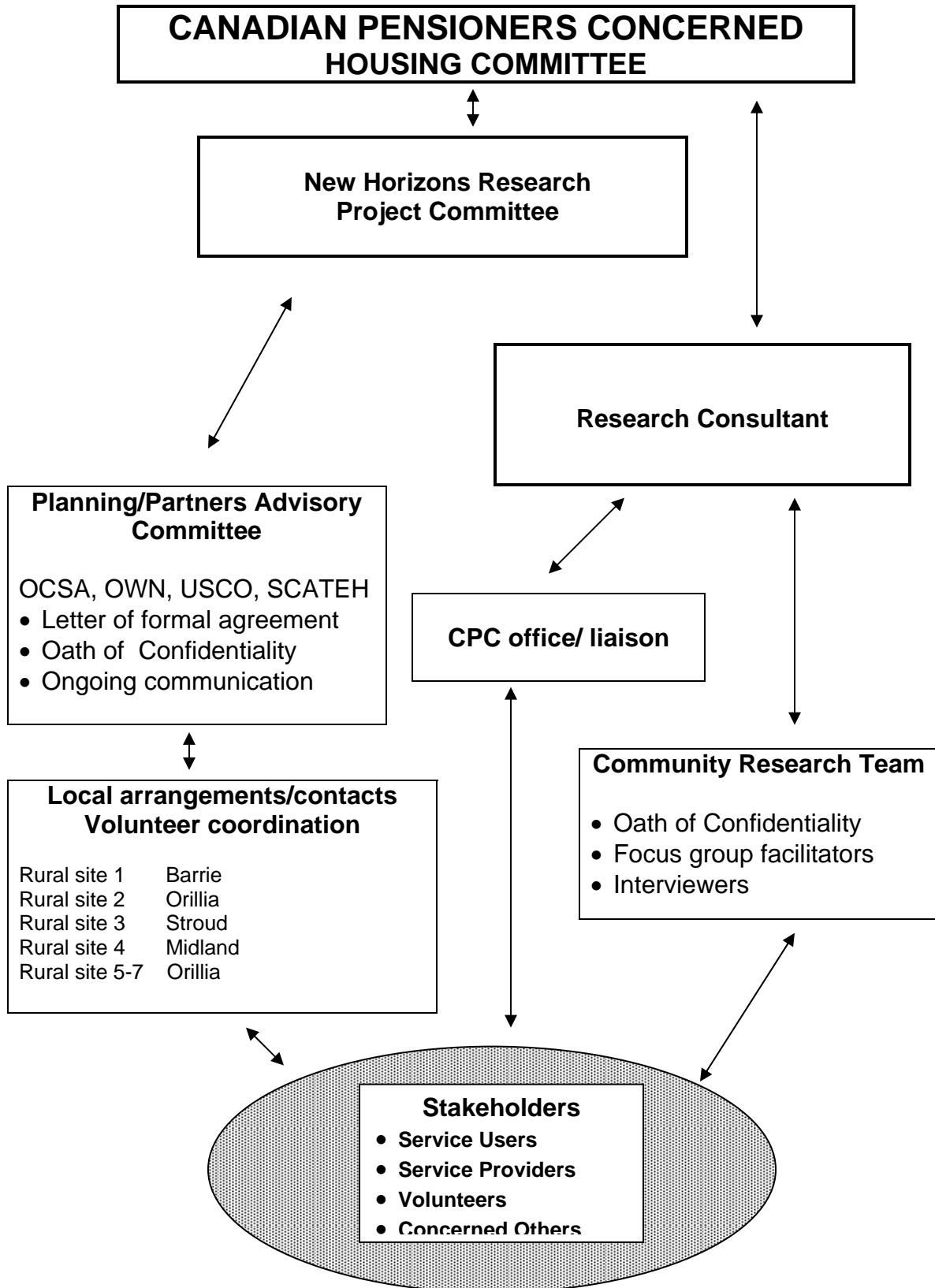
Role of the Volunteer Researchers:

- To engage and facilitate conversation with participants.

Role of Participants:

- To share stories in an effort to gain a higher level of understanding of situations and possible solutions.
- To support positions of service providers and other stakeholders in seeking understanding, increased knowledge and possible solutions.

Appendix E
Research Project Structure



Appendix F
Research Description

**HOMELESSNESS
IN RURAL COMMUNITIES**

The Research and Housing Committee of Canadian Pensioners Concerned, Ontario Division is pleased to announce that CPC has received a grant from the New Horizons for Seniors Program of Social Development Canada for a research project on Rural Homelessness in Ontario. We have chosen Simcoe County as the location of this project and a Working Committee as been established consisting of Canadian Pensioners Concerned in partnership with three other organizations – the Older Women’s Network, the United Senior Citizens of Ontario and the Ontario Community Support Association. We have retained the services of a research consultant to help us with the project.

The title of the study is, “Holding on to Housing: Homelessness among Older People in Rural Ontario.” We know that homelessness covers a wide range of problems experienced by seniors in rural areas and that these need to be identified and addressed. It is our plan to select three areas and work with the seniors and community organizations in those areas to gather information on the causes of homelessness amongst seniors. This will include information on the living conditions and supports needed in rural areas with a focus on the special needs of older people.

Our target date for completion is the end of this year, December 2005. A report on our study and recommendations will be available at that time.

Howard Watson

Chair, CPC Research and Housing Committee

Appendix G

Focus Group Procedures and Discussion Guide

Focus groups will involve up to 8 participants in discussion for up to 2 hours. Participants will be given name tags at the beginning of each meeting. Luncheon or light refreshments will be provided at each meeting.

Facilitators are asked to follow these guidelines as closely as possible:

1. Welcome each participant as s/he arrives, thank them for coming, and invite them to help themselves to food and refreshments.
2. When most of the expected participants are present, ask everyone to take a seat and briefly introduce themselves, stating their reasons for participating if they wish.
3. Begin the meeting with a statement to include:
 - Who are we and why we are holding this focus group
 - Everyone present has life experiences to share and valuable contributions to make about homelessness and/or the rural experience of older people
 - Everyone will have a chance to speak
4. Hand out the following documents:
 - CPC project description and roles of community researchers
 - Consent and Release form
5. Make it clear that a report on the whole research project (not individual focus groups) will be published and made available to participants, but no confidential or potentially identifying information about any participant will be made public.
6. Ask if there are any questions before beginning.
7. At the end of the meeting, give a wrap-up and summary
8. THANK EVERYONE FOR ATTENDING THE MEETING!

Focus Group Discussion Guide:

1. What has been your experience with older people who are homeless?
2. How prevalent do you think homelessness is among the elderly in smaller communities such as Innisfil, Stroud etc.?
3. Could you share examples of cases that you have encountered?
4. How do people get by? Increasing incidence? Trends observed?
5. What happens to older people who are displaced by conversions of affordable housing to condos or by inability to afford rent increases?
6. When older people have to move what obstacles do they face?
7. What progress has been made in addressing barriers identified in 2002 SHARP report?
8. What advice would you give us in trying to find older people to interview?

Appendix H
Individual Interview Guide

1. Have you always lived in this area?
(If not) Where are you from?
2. Do you have family and friends in this area?
3. Would you mind telling me where you are living now?
How long have you been there?
Where did you live before that?
4. Are you working now?
(If yes) Where and what are you doing?
(If no) Why?
5. How do you get by?
6. Is there anything else you would like to add?
7. What advice would you like to give us?
8. What is your age?

Appendix I

Consent and Release Form

Canadian Pensioners Concerned
New Horizon Project, 2005

“Holding on to Housing: For the 50 Year Old and Older Seniors in Rural Ontario”

A project to learn about Seniors in Rural Communities who are either vulnerable or actually homeless, and to focus on solutions.

1. I authorize Canadian Pensioners Concerned to tape record conversations and discussions for the New Horizons Project on homeless seniors in rural areas.
2. My real name is not to be used in any report, written or otherwise, and it is understood that all reasonable steps will be taken to ensure my anonymity.
3. I hereby release Canadian Pensioners Concerned, its staff, volunteers, and project partners from any and all claims which I might have in any matter relating to my participation in the New Horizons' Project.

Dated this _____ day of _____, 2005

Please print your name in full:

Signature _____

Witness _____

Appendix J
Confidentiality Agreement

Canadian Pensioners Concerned
New Horizon Project, 2005

“Holding on to Housing: For the 50 Year Old and Older Seniors in Rural Ontario”

A project to learn about Seniors in Rural Communities who are either vulnerable or actually homeless, and to focus on solutions.

Each member, staff person, or volunteer of the Canadian Pensioners Concerned and its partners agrees not to disclose any information obtained in the course of participating in this New Horizons project, nor shall he or she exploit such information to his or her advantage.

Furthermore, each of those identified above agrees not to provide to anyone any information concerning the results of the study and its recommendations until Canadian Pensioners Concerned has issued a final report on the project.

As a CPC member or partner, staff person, or volunteer I agree not to disclose any information I may obtain in the course of participating in this New Horizons project until the final project report has been issued by the Board of CPC.

Dated this _____ day of _____, 2005

Please print your name in full:

Signature _____

Witness _____