

A Case Study of a Homelessness Intervention Programme for Elderly People

What is this research about?

This research studies the ability of the Homelessness Intervention Program (HIP) to address the needs of elderly people who are homeless or at risk of homelessness and it describes the factors that either helped the program meet the needs of the clients or stood in its way.



What you need to know?

In an aging population, it is expected that there will be an increase in the number of elderly homeless people. Low income, physical and mental health problems, alcohol use and death of a close relative are some of the reasons that elderly people become homeless. Some elderly people have experienced homelessness throughout their lives, while

others have become homeless, for the first time, later in life. There has been little research on intervention programs directed at elder homelessness, and their particular needs are only recently being understood. HIP began in 2001 as a response to this growing homeless population of seniors living in a large urban centre in southwestern Ontario.

KEYWORDS

case management, continuity of care, elderly people, outreach

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Ploeg, Jenny; Hayward, Lynda; Woodward, Christel; Johnston, Riley. A case study of a Canadian homelessness intervention programme for elderly people. *Health and Social Care in the Community* (2008) 16(6), 593–605.

What did the researchers do?

The researchers studied the impact that HIP has on the ongoing care of elderly people who are either homeless or at risk of homelessness. Over 28 months, program providers completed intake forms, monthly follow-up forms and exit/housing change forms to figure out whether or not HIP was helping the health and

housing stability of seniors experiencing homelessness. Ten interviews were conducted and three focus groups were held with clients, program providers, service providers and program funders.

What did the researchers find?

The researchers found that the complex care of seniors was best addressed by using one service provider to coordinate all of their service needs. This ongoing care was known as “**continuity of care**”. Firstly, this primary provider was able to form trusting relationships with the clients, which was considered to be necessary as many of the clients living with men-

tal health conditions have trust issues and find it difficult to form and stay in relationships. This was known as “**relational continuity**”. Secondly, this relationship gave the service provider access to important information about the clients’ history that could be shared with service agencies to better meet the clients’ needs. This was called “**informational continuity**”. It included information about the clients’ history, current situation, wants and desires. Thirdly, “**management**

continuity” allowed the primary service provider the knowledge to manage the clients’ services over time, making sure that the services complimented each other rather than being repetitive or unnecessary. Additionally, the researchers acknowledged low-income housing, cuts to home-care and transportation services, and insufficient incomes to be some of the systemic problems falling outside of HIP’s ability to provide ongoing care to seniors experiencing homelessness.

HOW CAN YOU USE THIS RESEARCH?

This research can be used to highlight the benefits of having one primary service provider in a position to coordinate clients’ overall care, and to provide direction and advocacy through the many services used by seniors at risk of homelessness. Because there is little known about the particular issues faced by elderly homeless people, future research is needed on strategies that prevent them from becoming homeless. This research can also be used to address the need to look at increased incomes and affordable housing options for seniors as a way to possibly prevent this growing segment of the homeless population.

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