

Overview of the Aging in the Right Place (AIRP) Project: Some findings through Photovoice with Older Adults who Experience Homelessness or Housing Insecurity

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What is AIRP?

- Aging in Place (AIP) with the lens of “equity”
- The place an older person lives impacts their ability to age optimally and must match their unique lifestyles and vulnerabilities ^{1,2}



The ‘right’ set of housing, health, and social supports can enable older people to age in a positive way, including those with limited income and/or chronic complex health conditions. ^{1,2}

Objectives of the AIRP Project

To **evaluate promising practices** for the ‘right’ aspects of housing & supports for older persons with lived experience of homelessness (OPEH)

To **identify concepts of AIRP** important to OPEH in different types of housing

To **facilitate knowledge mobilization** and increase public awareness of OPEH and their housing options

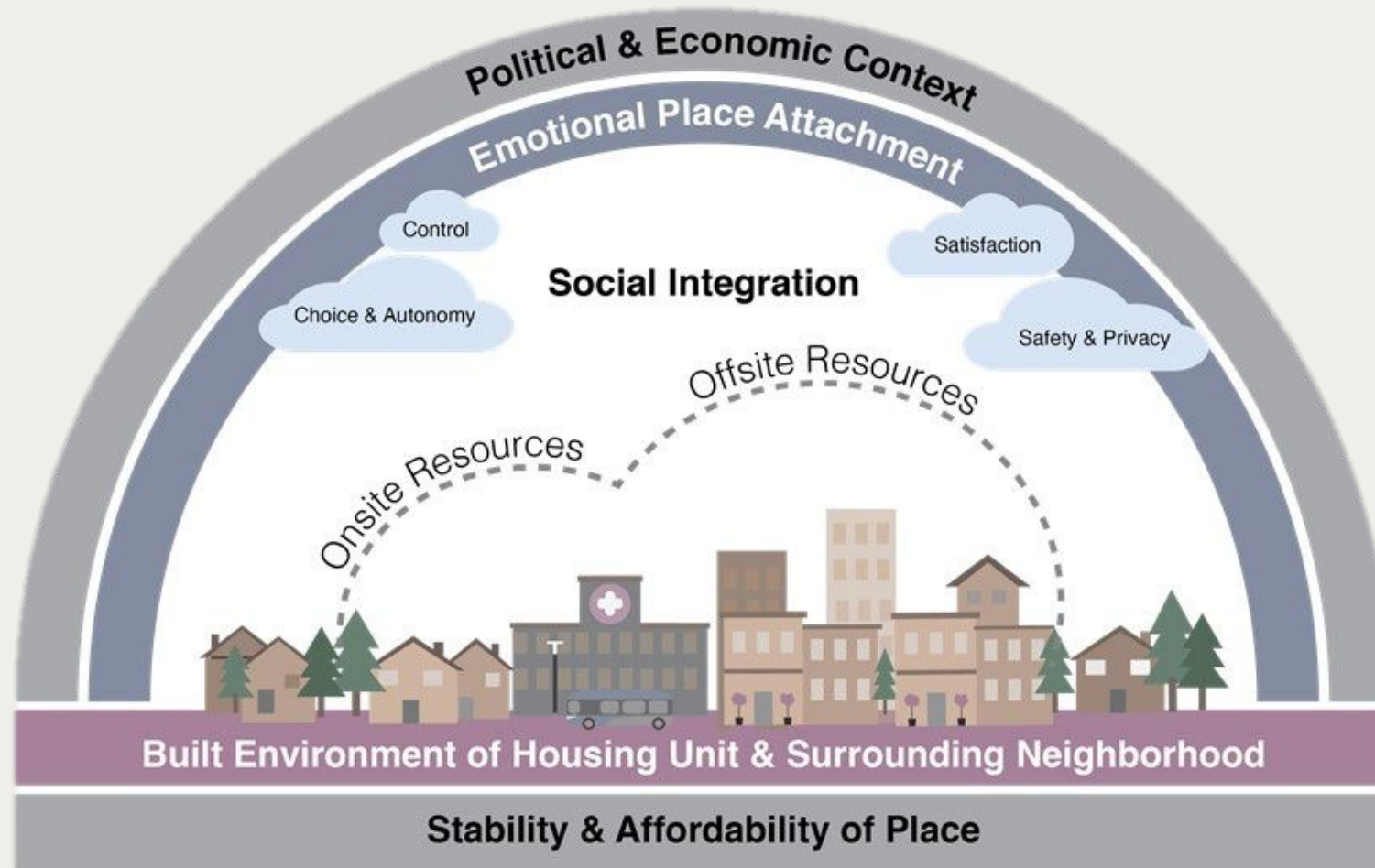
To **improve the housing + support options** for OPEH to meet their unique and complex health and social needs

Promising Practices Across the Housing Continuum



(Canham, Walsh, Humphries, Nixon, & Burns, 2022)³

AIRP Conceptual Framework



AIRP-VABE Partnership & Partners

- Simon Fraser University (**Vancouver**), McGill University (**Montreal**), University of Calgary (**Calgary**), and University of Utah
 - Social Work, Gerontology, Architecture, Health Sciences, Medicine, Psychology, and Community & Public Affairs
- Partnerships with organizations are city-specific
- **5-year project** – Funded through **CMHC*** and **SSHRC***
Partnership Grant



Core Partnerships – Vancouver



Seniors
Services
Society



W H O L E
W A Y
H O U S E



Providence
Health Care



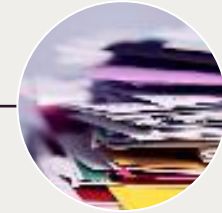
Brightside



THE
BLOOM GROUP

Methods: Data Collection Tools

Aging in the
Right Place



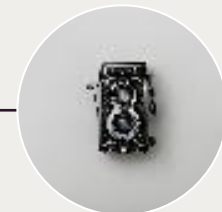
Document review



Environmental audit



Provider interviews



**Participant
photovoice interviews**

What is Photovoice?



Photovoice is a qualitative method used in **community-based participatory action research strategy** to document and reflect reality in a hands-on manner.^{6,7}

Empower people



Record and reflect
their community's
strengths and concerns



Promote critical
dialogue and
knowledge about
personal and
community aspects

- ❖ Participants took photos that represent *aging in the right place* to them, to visualize, and illustrate, perceptions and perspectives.

Methods: Photovoice Interviews Temporary Housing Program – (THP)

Photovoice: A participatory action research

Semi-structured interview

Photovoice interview

11
Participants

3 Sessions

45-to-60-minute
sessions

In-person

Sample of Participants in THP – Seniors Service Society (SSS)

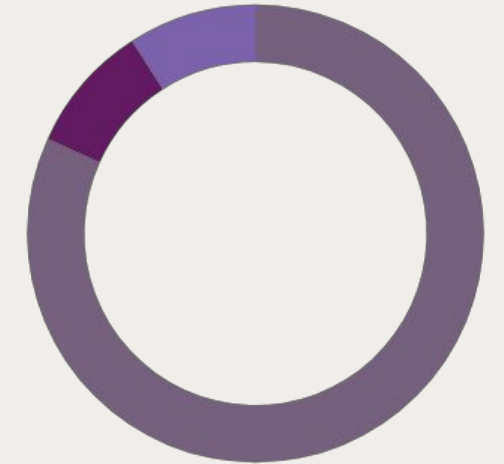
Demographics

of participants
(n=11)

Female (n=6)
Male (n=5)

Age range: 58-75
years old

Ethnicity: 9 Caucasian,
1 Iranian, 1 Filipino

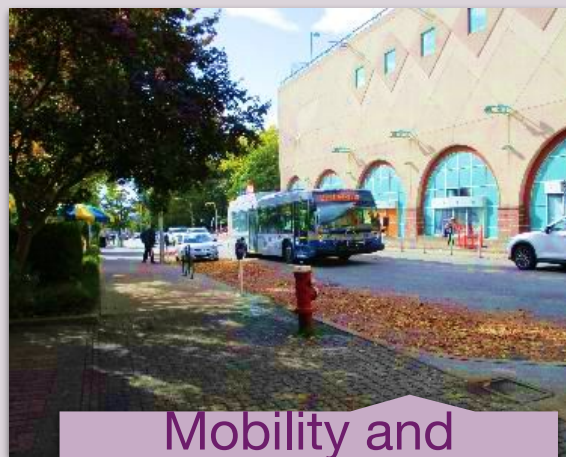


■ Caucasian ■ Iranian ■ Filipino



55% Female and 45% Male

Emerging Themes



Mobility and
Access in the
Community



Social Interaction



Engagement with
Supports from THP



Engagement with Built
and Natural
Environment

Mobility and Access in the Community



“Two blocks from my apartment was a lovely walking trail, like I could take my dog down there; I can go for myself on my scooter on my own if I wanted to. And I did, after my dog was gone, just take my scooter and go.”

V1-C4.3



“I just took the bus. It is essential to have a bus to get on. So, people can leave if they don't have a car, and they can actually get on with a walker, because I do. And the buses kneel so, you don't really need the ramp.”

V1-C3.3

Social Interaction - THP and the Community

3

“I like to talk to people there, they knew me. So that was good... Mostly with people that worked there and nobody I would see on a regular basis just sometimes somebody sat in there and we would talk.” V1-C4.3

“I just think it is nice to have a gazebo. And it is nice to have a place for people to meet and chat. You know, there are seats all over — or all the way around. So, people can chat. Especially that people can't come together in the community room [*because of the pandemic*] It kind of became a place for people to hang out.” V1-C3.3



Engagement with Supports from the THP



“Okay, this is in the temporary apartment, it's allowed me to have access to my own computer and then I was also given the tablet...They allow me to connect with the world and when you're going through trauma and you're homeless and things like that you lose connection, with a lot of people, you



“Because I’m temporary, I’m not staying. So, it would be silly to start something up and I’d never, you know, reap the rewards from it.” *(in reference to the community garden)* V1-P3.3

Engagement with Built and Natural Environment



“It is really, such a well laid out place, whoever did it initially. There are trees, there are flowers. It is nice to see, you know, the flowers just kept coming up in different colours, in different places; and if they died out others would come up. There are roses and rhododendrons and stuff.” V1-P3.3

“I guess when you get older, you don’t have a lot of activity and stuff. So, this is like a cheap entertainment sort of thing.”
(referring to the café) V1-P6.3



Conclusion

Photovoice provides an opportunity for OPEH to actively engage in research

Findings from the photovoice can help inform program practices of the different types of housing for OPEH

Findings offer insights on the barriers and facilitators to AIRP for diverse groups of OPEH

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Misschrissyd

Empowering and supporting women that have been victims of homelessness, narcissism, the court system, and the services that are there to protect us that didn't!

Find me on Instagram & Tiktok
@misschrissyd



Be on the lookout for my new app and workshop coming up!

Whole Way
House
Seniors Enhanced
Support Services
Model

HSABC 2023



The Need



“Nearly half of our members provide independent and supportive housing for low-income seniors (55+). Our seniors non-profit housing members frequently voice their concerns about the increasing complexity of the health care needs of their residents, particularly residents in independent housing, and they worry that they are unable to support them as their health concerns become more complex which may result in residents having to leave their communities and support networks.”

Jill Atkey, CEO, BCNPHA



WHOLE WAY HOUSE
RECONNECT. REBUILD. RECENTER



About Whole Way House

- Whole Way House was founded in 2013 by siblings Jenny and Josh Konkin, while managing the Silver and Avalon Hotels, SRO's owned by their grandparents in the DTES of Vancouver.
- WWH was started to help build a healthy community in housing while combating loneliness and isolation amongst residents.

How we work

RE | CONNECT

ReConnect by building meaningful relationships where we can combat loneliness and isolation in a safe and supportive community

RE | BUILD

ReBuild a sense of belonging and purpose through opportunities to contribute, education and training

RE | CENTER

ReCenter around a meaningful and purposeful life through one on one tenant support services and connecting to community resources

Avalon Hotel (DTES SRO) Case Study

98%

Building infractions: Damage reduced by 98% in under 4 years

Bylaw infractions reduced from 136 down to 3 in under 4 years. Instead of causing damage, residents began taking care of their homes.

- When given respect and treated with dignity, residents wanted to contribute to the care and upkeep of their homes.
- More cooperative with room and building maintenance; less likely to vandalize the building.
- Positive attitude change towards building management and city and fire inspectors.

90%

Calls to 911: 90% less than in surrounding SRO's

During our time at the Avalon, our average number of calls to 911 was 24 per year, compared to a shocking 150-250 calls in neighbouring SRO's.

- Created a culture of support, dignity and respect through our support services and community building programs.
- By addressing social isolation, we observed a significant reduction in negative and harmful behaviours, which directly led to fewer emergency calls.
- VPD commented on the significant difference in 911 call vol compared to surrounding SRO buildings.

- A drastic decrease in negative turnover and an increase in positive move-outs along the housing continuum
- 84% decrease in police incidents, violence or other altercations (*six in 2010 vs. one in 2014*), saving thousands of dollars in emergency calls to 911 and dispatched officers
- 98% decrease by-law infractions from 2010 to 2014.
- Increase in participation and cooperation with medical and mental health programs and support workers.
- More than 1200 resident volunteer shifts served, creating a less dependent community capable of self-government.
- Over 25 residents received assistance to find employment, continue their education or enrolled in Alcohol and Drug recovery programs.

Positive Outcomes



EMERGENCY CALLS TO 911



97% RETENTION RATE
for those we bring into housing.



Our Model



- Whole Way House partners with non-profit housing organizations to provide onsite community-building programs and tenant support services to low-income seniors, veterans & vulnerable residents in non-profit housing in the DTES, and across Metro Vancouver.

TWO-PRONGED APPROACH:

RESPONSE TO HOMELESSNESS










1. We bring homeless or inappropriately housed seniors and veterans off the BC Housing waitlist into our supported model to ensure successful tenancy
2. We have a **97% retention rate** for those we bring into housing

PREVENTION OF HOMELESSNESS

1. We support those who are currently housed but are at-risk of decline and homelessness (Pilot)
2. Non-profit housing providers are facing a crisis with seniors who are declining in independent housing
3. Seniors who don't qualify for assisted living are being hospitalized or facing crisis evictions

- The Whole Way House Seniors Enhanced Support model allows older adults to **age well in place**



<p>Veterans Manor (VMHS) Low-income housing for senior and veteran men at risk of homelessness in the DTES</p>  <p>In partnership with BC Housing</p> <p>LEARN MORE</p>	<p>601 East Hastings (UGM) Two year transitional, abstinence-based housing for vulnerable residents after recovery in the DTES</p>  <p>In partnership with Union Gospel Mission</p> <p>LEARN MORE</p>	<p>Maurice McEirea Place (UGM) Permanent, affordable, abstinence-based housing for vulnerable residents after recovery and/or with disabilities in the DTES</p>  <p>In partnership with Union Gospel Mission</p> <p>LEARN MORE</p>
<p>Alexander House (AHS) Affordable housing for low-income seniors in the DTES</p>  <p>In partnership with BC Housing and Coastal Church</p> <p>LEARN MORE</p>	<p>Chelsea Tower (NCS) Affordable housing for low-income seniors in Mount Pleasant</p>  <p>In partnership with BC Housing</p> <p>LEARN MORE</p>	<p>Chelsea Terrace (NCS) Affordable housing for low-income seniors in Burnaby</p>  <p>In partnership with BC Housing</p> <p>LEARN MORE</p>
<p>Granville House (AHS) Affordable housing for low-income seniors in Vancouver (Granville Bridge)</p>  <p>In partnership with BC Housing and Coastal Church</p> <p>LEARN MORE</p>	<p>The Orchard (UGM) Permanent, affordable, townhouses for low-income families and single moms in Surrey</p>  <p>In partnership with Union Gospel Mission</p> <p>LEARN MORE</p>	<p>Shiloh Place (TBC) Affordable housing for low-income seniors in the DTES</p>  <p>In partnership with Reaching Home</p> <p>LEARN MORE</p>

Nine Partner Sites

(Four in Pilot Project)



Metro Vancouver Homeless Count:



Percent of Homeless Population are Seniors (55+)

9% in 2008

16% in 2011

18% in 2014

21% in 2018

24% in 2020

In 2012, almost one in seven Canadians was a senior; by 2030, that number will jump to nearly one in four!
We need a plan now!

Seniors in the Homeless Count

Age breakdown

Over the age of 55



24%

+2 percentage point increase from 2017



9%

Under the age of 24

1 person icon = 100 people

Of the survey respondents

5%

had served in the Canadian Armed Forces

1%

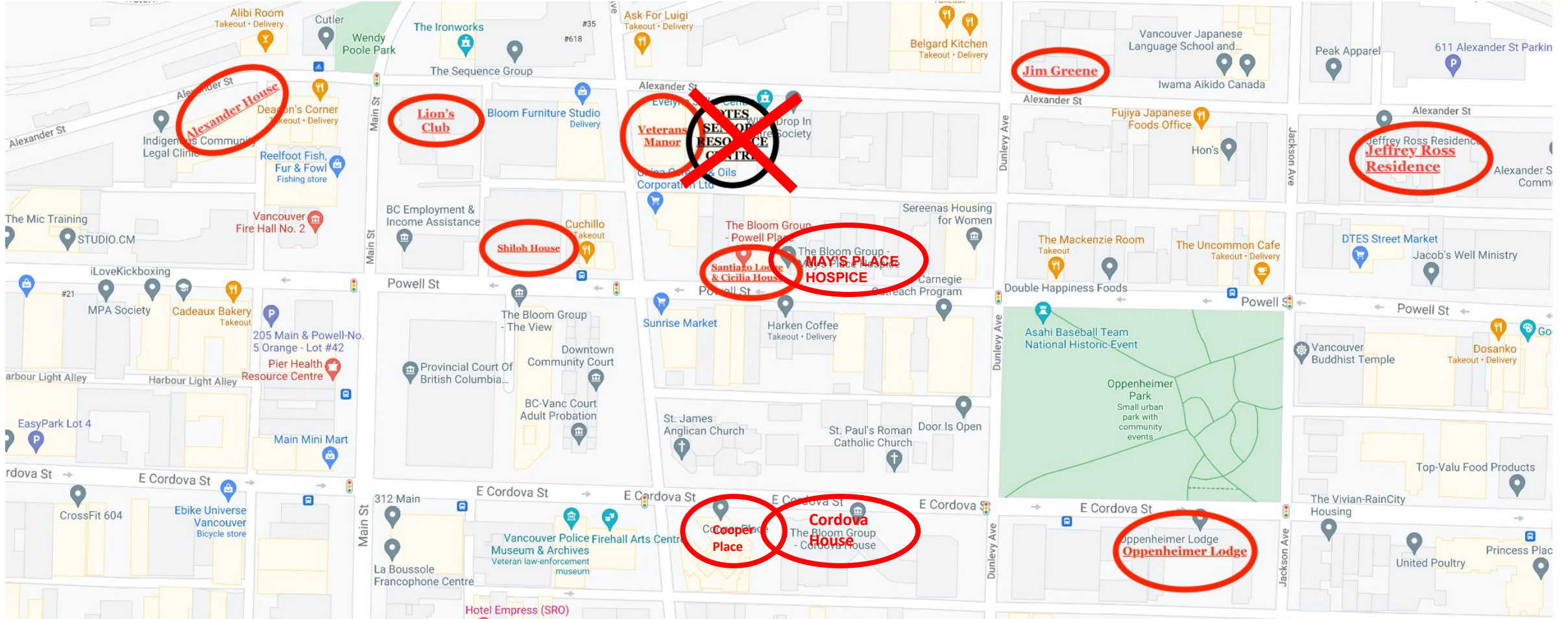
had served with RCMP

Among seniors aged 55 and over

45%

experienced homelessness for the first time as a senior when they were 55 yrs or over

Low-Income Seniors Housing in DTES



The Seniors Population is Growing

The North area encompasses the DTES and Grandview Woodlands neighbourhoods and highlights an interesting spike in the aging cohort in this community over the next 5 years.

CHA	65+ (2022)	65+ (2027)	% Change
1. City Centre	22,080	24,898	12.76%
2. North	9,799	12,964	32.30%
3. Evergreen	20,110	23,820	18.45%
4. West side	26,114	28,207	8.01%
5. Midtown	14,758	17,692	19.88%
6. South	28,794	33,827	17.48%
Total	121,655	141,408	16.24%





'It's heartbreaking': Many more B.C. seniors asking for help to avoid homelessness

A seniors' support agency says calls for help rose 'astronomically' in eight months, and homelessness counts show more seniors are at risk.

Lori Culbert
Nov 21, 2020 • Last Updated 10 hours ago • 9 minute read



Grateful for a 'roof over his head'

Bergeron searched for apartments he could afford on his pension, but couldn't find anything in Vancouver's expensive rental market.

A year ago, a shelter worker suggested he apply to live in Veterans Memorial Manor, a Downtown Eastside building that houses 133 men who have served in the military or are over the age of 55 and at risk of homelessness.

He has his own bathroom and can cook in his small, subsidized room. A grateful Bergeron can afford the \$490 rent.

"This is excellent here. You feel safe because you have a roof over your head," he said. "I'm happy to be alive every day, and healthy."



Local News



Agencies serving B.C.'s homeless need help as more seniors turn to shelters

Support agencies say more seniors are turning up at shelters after finding themselves homeless for the first time.

Nick Eagland

Published Nov 18, 2018 • Last updated Nov 19, 2018 • 4 minute read

Join the conversation



Jemal Damtawe AND Nathen McLean of the Union Gospel. PHOTO BY FRANCIS GEORGIAN /PNG

Agencies supporting B.C.'s homeless and at risk say there is an urgent need for the public to help them take care of the growing number of seniors and families using their services as the seasons change and the housing crisis rages on.

Rising number of homeless seniors face crime and disease

Seniors are the fastest growing group of homeless people in Vancouver but shelters can be a risky option for them.

Seniors are the fastest growing group of homeless people in Vancouver but shelters can be a risky option for them.

They are more susceptible to health problems in overcrowded shelters, as well as to the spread of germs and disease. Seniors are also more likely to be evicted from their homes than younger people.

"There are people out there who will be living in the streets if they don't get help," said Nancy Smith, executive director of the Vancouver Homeless Shelter Society.

Seniors who receive government assistance are particularly vulnerable. Many are on fixed incomes and are unable to pay their rent or other bills.

Homeless seniors are also at risk of being evicted from their homes.

To make the situation worse, many seniors are unable to afford the high cost of housing.

Homelessness is a growing problem in Vancouver and across the province. It is a crisis that needs to be addressed.

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Seniors are the fastest growing homeless demographic, according to the city of Vancouver's Homelessness & Supportive Housing Strategy, released on Oct. 7. For the past two years, they have represented about one-quarter of the homeless population.



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Seniors Housing Snapshot: According to the Seniors Advocate

200,000 senior renters in BC

- 31,900 Seniors Subsidized Housing Units
- 24,000 Shelter Aid for Elderly Renters (SAFER) Clients
- 4,300 Assisted Living Units (publicly funded)
- 27,000 Long-Term Care Beds (publicly funded)
- **Total 87,200**

Seniors Housing Snapshot: According to the Seniors Advocate

- **1 in 2 low-income seniors reports they are concerned, or very concerned, about being able to stay in their own home as they age.**
- **The wait list for SSH has increased by 50% in the last 5 years and only 8% of applicants on the wait list were placed in a unit last year.**
- **The average wait time for a SSH unit is three years, with 17% of applicants waiting over five years.**
- 84% of low-income seniors report running out of money to buy food some of the time.
- There was a 78% increase in use of food banks by B.C. seniors in the last five years.

Seniors Risk Factors

Academic studies have identified several risk factors for homelessness and entry into long-term care.

(Ref: Preliminary Evaluation of Whole Way House Pilot Project)

Reducing Homelessness and Entry into Long-Term Care

Reviews have identified several risk factors for homelessness and entry into long-term care (Grenier et al., 2016; Murphy & Eghaneyan, 2018; Om et al., 2022). WWH's programming aims to reduce some of these risk factors, either directly or indirectly.

Risk Factor	Relevant Programs and Services
Low income	Help applying for benefits or handling immigration issues; financial management (e.g., budgeting); assistance with income tax; free meals, household items, hygiene products, clothes, and haircuts
Housing unaffordability and other issues	Assistance applying for rent support; liaising with BC Housing; mediating landlord/tenant disputes
Physical limitations or poor health	Wellness checks; meal, grocery, medication delivery; shopping assistance; cleaning; drives to or from medical appointments; exercise programs
Mental health challenges; lack of personal control; low self-esteem	Onsite social support; social activities; leadership opportunities (e.g., social committees); generative and expressive activities (e.g., arts, gardening)
Cognitive decline	Cognitive stimulation (e.g., reading groups, games, photography lessons); checking on residents who forget to turn off stove or water
Lack of everyday support services	Booking medical appointments; prescription management; advocating for assessments, home support; liaising/coordinating with case managers
Social isolation and loneliness due to multiple causes, including death, divorce, and lack of family	Onsite and offsite social activities; daily visitations; community guests; personal recognition (e.g. birthday parties/gifts); hospital visitations

OUR PROGRAMS: PHYSICAL, EMOTIONAL & FINANCIAL WELLNESS



RECONNECT

Coffee Club/Tea Time/Super Smoothies

A great way to start the day, have a reason to get ready and get out

Games/Puzzles/Drop In

Ice breaker to connect in a healthy way

Family Dinner/Holiday Meals

Building a sense of belonging by sharing a sit-down meal that is served.

Movie Matinée

Low-barrier activity to be in a group setting

Birthday Parties

Celebrate so they know they are valued

Pet Therapy

Office dogs, lobby cats, fish tanks for healthy affection

REBUILD

Free Shopping

Dignified way to receive needed items such as clothing and hygiene, using a token system for autonomy and value

Special Outings

Walking clubs, city exploration, museums, picnics

Hearing Tests

NextGen visits for free hearing tests & hearing aid fittings

Free Haircuts

Stay fresh, feel good- Personal care and hygiene

Seated Exercise Class

Stay physically active and engaged

Community Committee

Tenant-led committee to provide input and activity calendar planning

RECENTER

One-on-One Tenant Support

Open office hours onsite for various types of support and navigation (English & Chinese)

Financial Support

Budgeting, banking assistance, taxes (more on next slide)

Hospital Visits

Emotional and practical support, coordinating with hospital staff for discharge and follow up

Move in/out Support

Welcome package, monthly home success checks, home set up, door tags

Financial Support

Budgeting, banking assistance, taxes

Health Care Coordination/Home Support

(see next slide)



Vital Tenant Support Services: One on One Support

Coordinating Health Care

- Requesting case manager assessments (for home support, OT, higher care, early identification of dementia, stroke, etc)
- Medical appointment reminders
- Requesting medical appointments
- Providing more insight into baseline behaviour and changes
- Requesting a case manager to assess needs for higher care

Coordinating Health Care Continued...

- Ensuring tenant is aware/understands their follow up
- Coordinating pharmacy deliveries/pick up
- Work closely with Home Support team for basic home and care needs (supplying personal hygiene items, cleaning supplies, snack for meds, etc)

Financial Support/Housing

- Pension/SAFER/OAS/GIS application assistance
- Provide safe escorted trips to bank
- Budgeting assistance
- Coordinating rent payment
- Coordinating access to free tax services
- Accessing Bloom Group Adult Guardianship Program

Housing Applications & Government Forms

- Applying for Government ID
- Bank account assistance
- Income Assistance/Disability/Pension/SAFER/OAS/GIS application assistance
- Assistance with housing applications for appropriate housing along the continuum

Food Security

- Assistance with groceries
- Coordinating meal replacement purchases from local non-profits (Ensure)

Hospital Care & Coordination

- Ensuring rent is paid during extended hospital stays
- Coordinating with hospital staff before discharge to ensure after care is in place

Clean Units

- Regular home wellness checks to identify any potential issues
- Help residents, especially those with mobility issues, maintain clean rooms by providing shared supplies, volunteer groups, light support

Reduce Vulnerability/ Heighten Safety Measures

- Ensure their funds are safe
- Identify elder abuse
- Community Meetings/Open Forums
- 24 hour tenant checklist



WHOLE WAY HOUSE
MEAL DELIVERY PROGRAM
OVERVIEW 2020



EXTREME HEAT

Some people are more affected by the heat than other people. Those who should take extra care: people over 65, people with multiple health conditions, people who use substances, people on certain medicines, people who are pregnant, and young children.

Signs of Heat Exhaustion	Signs of Heat Stroke
<ul style="list-style-type: none"> • Rash • Heavy Sweating • Feel Dizzy • Feel Sick or Throw Up • Rapid Breathing • Weak Heartbeat 	<ul style="list-style-type: none"> • Headache • Trouble Concentrating • Muscle Cramps • Extreme Thirst • Dark Urine and Urinate Less

Anyone with these signs:

- Move to a cool space.
- Give plenty of water.
- Cool the skin down with water.

Anyone with these signs: Call 9-1-1

- Submerge all or part of the body in cool water
- Remove their clothes and cover them with wet towels.

The best way to prevent a heat-related illness is to spend time in a cool space.

Turn Off

- Appliances with air conditioning such as a library, community centre, cafe, or someone else's home.
- If off with water. Take a cool shower or put your feet and legs in a cool tub. Wear a wet shirt. Put damp towels on your skin.
- Never rely on fans as the only way of cooling your body during extreme heat, as fans cannot lower your body temperature or ward off heat illnesses.

Prepare the space cool

- If you have air conditioning, keep doors closed to trap cooler air inside.
- If you don't have air conditioning, open doors all night to let cooler air in.
- Put fans in front of open windows to pull air from outside into your home.

Check-in

- Notice how you feel and watch for signs of heat illness in those around you.
- Monitor the indoor temperature.
- At least 2 times a day, check in on those at risk for heat-related illness.

Dress for the heat

- Wear clothing that is loose-fitting, light-colored, and breathable.

Hydrate

- Drink plenty of water.
- Offer water often to those in your care.

Plan ahead Stay informed

- Check the weather forecast and latest heat alert information. Take it easy during the hottest times of the day.

Onsite Emergency Response

COVID-19 Response

Meal Delivery Program started within 48 hrs of Pandemic, scaled to serve over 800 vulnerable seniors, veterans, residents with disabilities in 19 buildings across 6 housing providers, delivering over 300,000 meals generously funded by BC Housing

Extreme Weather Response

Immediate heat dome response with onsite chill zones
Cold weather provisions provided onsite for safety

Elevator Breakdowns

Tibor:
From agitated, vulnerable and alone to safe, supported and cheerful

Tino:
From SRO to Happily Housed

Vicky:
From confused and at-risk to safe and sound



Results

90% Retention
Rate over 5
Years at the
Veterans
Manor



102/107 residents have
been successfully moved
into the Veterans Manor
from SRO's , shelters,
homelessness and
hospital since June 2017

Seniors Enhanced Support Services – Pilot Project Overview

- In April 2022, BC Housing awarded WWH a grant of \$420,600 to run a 1 year pilot program to support low-income seniors in independent housing, in partnership with AHS & NCS, to help at-risk seniors age well in place
- Four sites across Metro Vancouver identified through the meal delivery program
- The program evaluation was performed by SFU dept of gerontology
- A survey was distributed to 630 residents (230 at intervention, 130 at control) before our services began and a second survey took place after 6 months of implementation. We also had 5 control sites for the study.





Project helps low-income B.C. seniors, a growing population with health, housing woes

New pilot project brings activities and support to isolated low-income seniors, to keep them at home longer and out of care homes and hospitals

Lori Culbert

Published Sep 09, 2022 • 8 minute read

[Join the conversation](#)



Lorraine Ahearne and Terry Kennedy at Granville House program run by Whole Way House which is a non-profit that supports seniors in the DTES and has recently partnered with B.C. Housing to expand and offer four additional low-income buildings with on-site programming and support services for seniors. PHOTO BY NICK PROCAYLO /PNG

Her staff pinpointed four buildings where they saw the most need and, in April, SFU researchers conducted a survey that asked 239 residents about their physical and emotional well-being.

Among the SFU findings:

- 82% found it hard to make ends meet and half were worried they could lose their homes.
- Roughly half said that they didn't feel close to people, that they wouldn't have anyone to help them if they were sick in bed, and that nobody would find them within 24 hours if they fell down with an injury.
- two-thirds didn't have any services or activities to give them a sense of purpose or meaning in life.
- More than half felt downhearted and blue, and a slightly larger percentage said they struggled with their health.

“It gets me out of bed and it gives me something to do. I know somebody’s going be down here and I can talk to people,” said Lorraine Ahearn, 73. “I have a different outlook now on life. So, everything’s better. Everything.”

Ahearn has lived in this B.C. Housing building, on the north shore of False Creek, for 14 years, but says having daily companionship and organized events led her to make major changes in just a few months: She stopped, with the backing of her doctor, taking her antidepressant medicine. She started exercises to reduce the pain in her frozen shoulder. And she gets out of bed early in anticipation of the day, rather than languishing alone until noon.



Program Impact

“Whole Way House brought life back to our building.”



Key Research Findings (p 7)

WWH residents were more likely than controls to feel that others would check on them in an emergency (ie if they had fallen).

Many residents stated that the services and activities in their building increased their sense of belonging, their feeling of being valuable to others and their purpose and meaning in life... these feelings were far less common in control sites.

"Since WWH came to our building, we feel safe, reduced loneliness and helplessness."

Alexander House resident

(translated from Cantonese)

"Without a doubt I would have had more emergencies (trips to hospital or worse!) if WWH wasn't here!"



Research Recommendations (p 7)

The need for WWH programming is more relevant than ever, considering the high number of respondents... who reported poor mental health, lack of support, physical limitations and high levels of isolation and loneliness, even post Pandemic.

It is recommended that WWH continue scaling up its programming to reach more people and increase its' impact... Based on experience at Veterans Manor it could take at least two years to see measurable changes.

“WWH always helps us, such as the one-time housing benefit \$500, or else I won't know about it.”

Internal Participant Satisfaction Survey





““ WWH has been THE BEST THING TO EVER
HAPPEN to Granville House.

Please continue funding this non-profitable charity
organization. Their presence in my building has
greatly improved my sense of comfort, security and
safety.

WWH has monumentally improved my quality of life.
Thank you to all of the volunteers and administrative
staff of WWH.

GOD BLESS YOU ALL!!! ””

AVERAGE COST ESTIMATE



Hospitalization

\$1500/day



Assisted Living

\$250/day



Homelessness

\$145/day

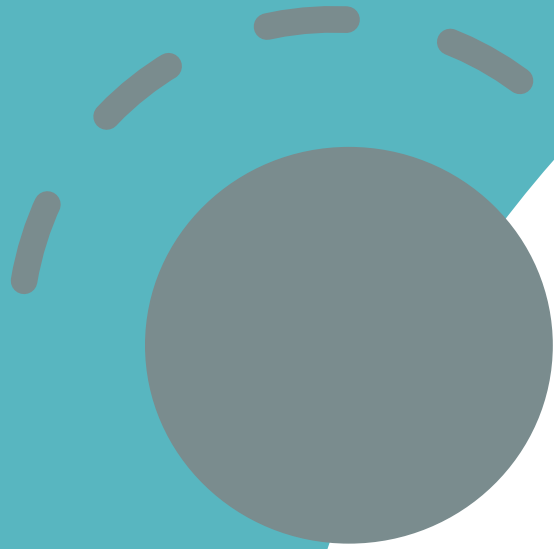
Being proactive is 95% more cost effective and 100% more dignified, than being reactive and allows our seniors to age well in place as long as possible.



Whole Way House Support Services

\$10/day

*Average cost of homelessness in Vancouver is \$53,000 year according to the Metro Vancouver Homelessness Count



“I have personally visited Whole Way House and witnessed how providing community building programs and onsite tenant support services creates a sense of belonging, home and healthy community... we must support them with the care and dignity they deserve.”

*– Rebecca Bligh,
City Councilor, City of Vancouver*



Jill Atkey,

*CEO,
BC Non-Profit
Housing
Association*

“Their model is scalable and economical, and most importantly, supports seniors in aging in the right place, with the right supports.”







WHOLE WAY HOUSE
RECONNECT. REBUILD. RECENTER

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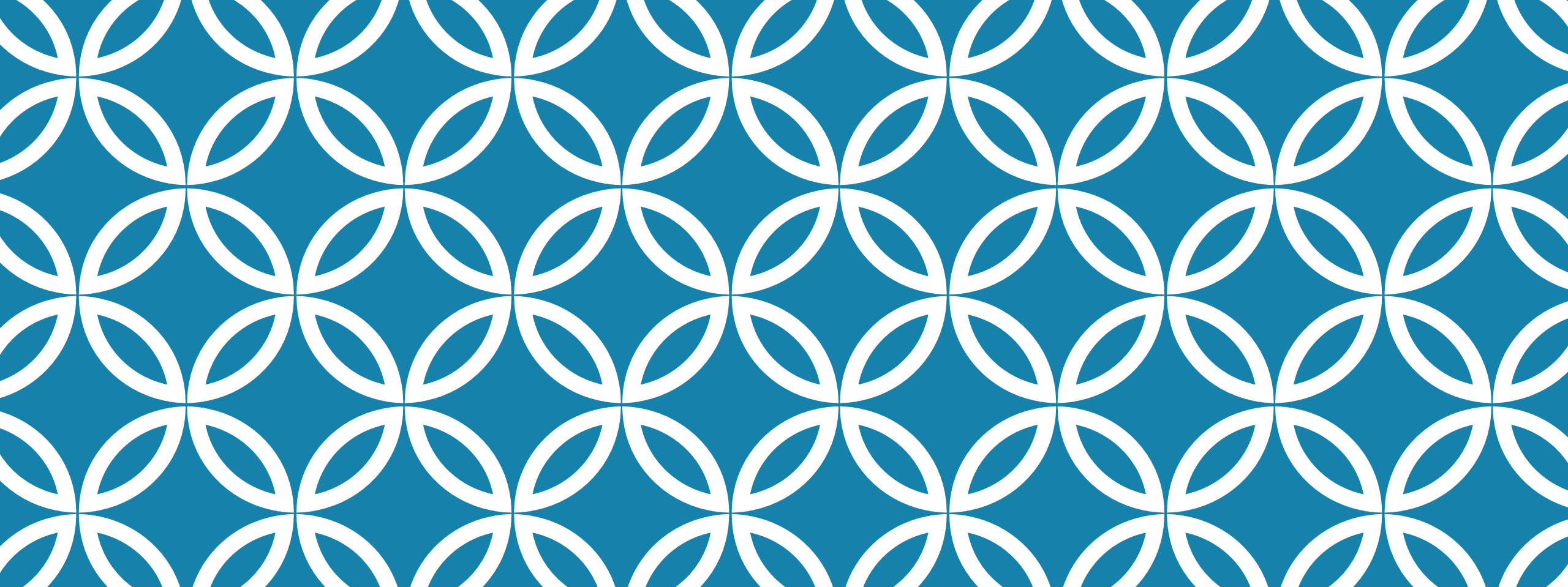
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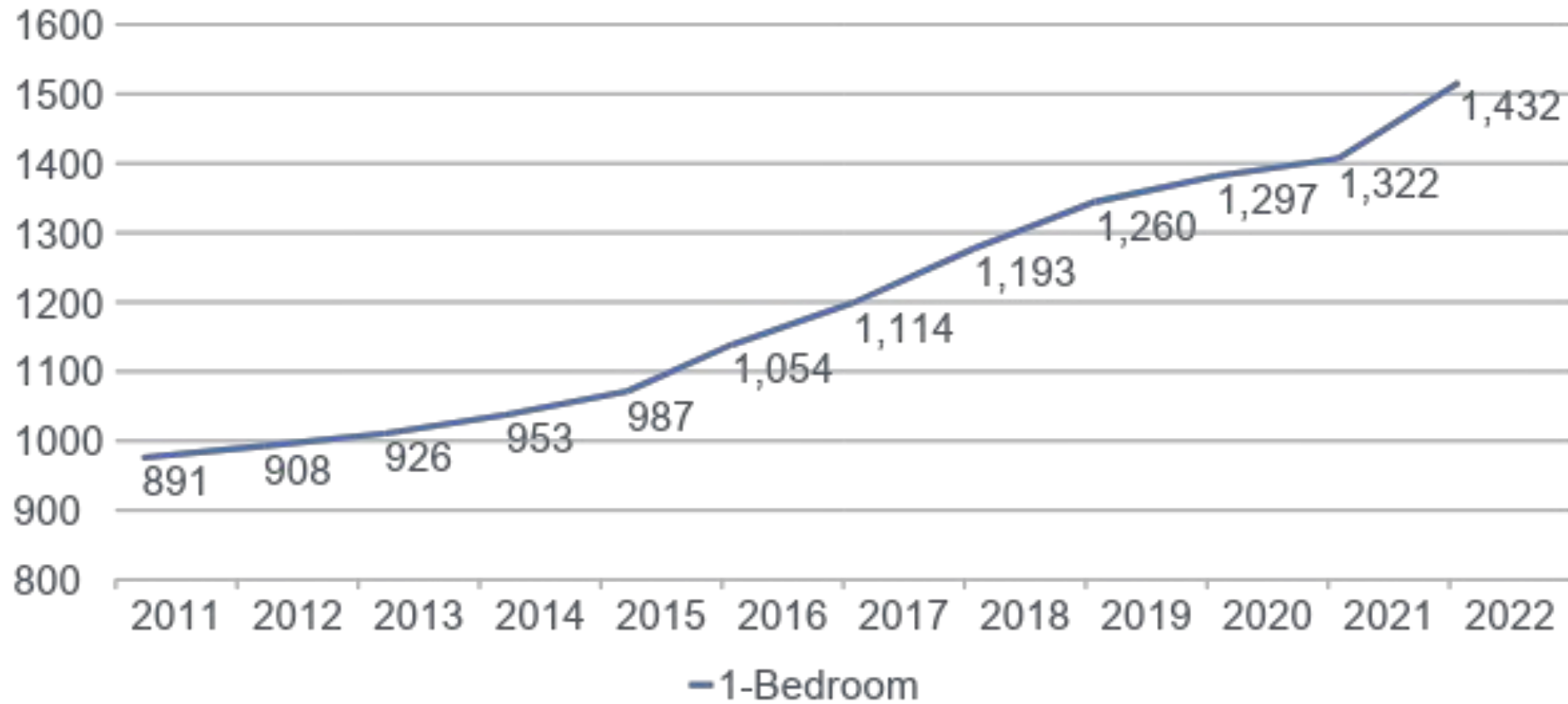
SENIORS HOUSING PRECARITY IN BC

Dr. Laura Kadowaki
UWBC Provincial Seniors Housing
Working Group
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GROWING NUMBER OF SENIORS WHO ARE PRECARIOUSLY HOUSED OR HOMELESS

- Over 2017 to 2021 the waitlist for seniors subsidized social housing units increased from 5,988 to 8,707 (BC Housing, 2022)
- In Metro Vancouver the percentage of homeless who are seniors has increased from 9% in 2008 to 24% in 2020 (BCNPHA, 2020)
- 1 in 5 senior-led renter households in BC are at risk of homelessness (spending 50% or more of their income on housing) (BCNPHA, 2023)

CONTEXT OF HOUSING PRECARITY IN BC



A 70 year old living on an income of \$1,841.35 per month would spend **78% of their income on housing.**

Data Source: CMHC Housing Market Information Portal, Primary Rental Mark Statistics.

THE SIGNIFICANT TOLL OF THE HOUSING AFFORDABILITY CRISIS ON SENIORS IN BC (1)


- A growing number of seniors who are finding themselves homeless or on the verge of homelessness for the first time in their 60s or 70s
- Housing precarity and homelessness were reported by interviewees to have significant negative impacts on the physical, mental, and emotional health of seniors

“The emotional outlook of our clients is overwhelmingly dark. There’s a lot of language around: I failed, I didn’t want a handout, I thought I did everything right. Yeah, so there was a belief that there was a support structure in place. And I find that for seniors the shock of like, what do you mean, there’s no housing? What do you mean, there’s no support?” (Service Provider)

THE SIGNIFICANT TOLL OF THE HOUSING AFFORDABILITY CRISIS ON SENIORS IN BC (1)

- High costs of housing often leave seniors in impossible situations, where they must choose between paying for housing and other essential needs
- Seniors are losing their social support networks as a result of being displaced from their longstanding communities
- Housing precarity can look different in rural and remote contexts – home repair and maintenance issues are particular concerns

“I've had people that we've just had to move into emergency housing because their circumstances are so bad. And, you know, for instance, they have inadequate insulation, a broken window, no heat except for a woodstove. And as they get more and more frail, they're not capable of managing the woodstove.” (Service Provider)



“And so, we just see this influx of people that are in absolute crisis because they know that they have a very limited time and that their application for BC Housing, or their going into BC Housing, probably won't be realistic and so (they're) looking to us and are coming to us and just saying, ‘What are our options?’ And unfortunately, we don't say this to people, but on our side, we know that there are none. And I've said this multiple times on my team before, I honestly cringe whenever these kinds of things happen, because we have a very limited ability, if anything, to respond.” (Service Provider)

A CONTINUUM OF HOUSING SUPPORTS ARE REQUIRED

- Growing need for housing navigation services for seniors (e.g., SHINE program)
- The current shelter system is not serving seniors well and alternative models like transitional housing should be explored
- Seniors need access to safe and supported subsidized and affordable rental housing options

POLICY GOALS FOR INCREASING HOUSING AFFORDABILITY

Goal 1: To increase access to subsidized housing for low-income people of all ages (i.e., rent-geared-to-income where tenants pay no more than 30 percent of their income on housing).

Goal 2: To retain the existing stock of low-income rental housing for all age groups.

Goal 3: To develop multisectoral community tables, coalitions, or alliances to identify common housing issues and develop community-driven solutions.

POLICY GOALS FOR ADDRESSING THE NEEDS OF SENIORS

Goal 4: To increase the financial assistance for low and moderate-income seniors living in private market rental housing by introducing needed changes in the SAFER program.

Goal 5: To increase access to housing with supports (both social and health supports) to support low-income seniors to maintain their housing tenancy and improve their health and well-being.

Goal 6: To ensure that housing navigation supports, the shelter system, and transitional and low-income rental housing are, not only adequately funded, but also accessible, safe and appropriate for seniors who are homeless or precariously housed.

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