

SENIORS EXPERIENCING HOMELESSNESS AND THEIR UNDERSTANDING OF  
THE MEANINGS OF HOME – USING COLLAGE TO ENVISION HOME

SENIORS EXPERIENCING HOMELESSNESS AND THEIR UNDERSTANDING OF  
THE MEANINGS OF HOME – USING COLLAGE TO ENVISION HOME

By

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**ABSTRACT**

This study explores the meanings and understandings of home of seniors experiencing homelessness and the supports and services these individuals need in their homes as they age. Guided by interpretive social sciences and critical gerontology this study engaged with 7 homeless seniors living in a seniors' shelter in the City of Toronto. Using arts-based research methodology, this study had 7 seniors make collages to represent their vision and understandings of 'home'. In addition, participants were asked what specific support and services they would need in their homes in order to support their overall health and wellbeing. Based on individual art session recordings and collages, thematic analysis was used to identify key themes in order to understand what home means, and what supports and services are required for homeless seniors. For these participants home is a unique physical space with nuanced meanings and provides unique elements that a shelter cannot. In addition, these participants identified specific in-home and community supports they would require in their homes.

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## CHAPTER ONE: Introduction

My experience working in the homelessness sector for the last couple of years, supporting individuals directly at the frontline and indirectly through research, ultimately led me to this research topic. After working (and continuing to work relief) at a family shelter in Hamilton, Ontario, I made the move to Toronto, Ontario, to support a large agency's network of shelters with research analysis and data collection. As I began my work, I was introduced to one of the agency's newer shelters, The Salvation Army Islington Seniors' Shelter – the first and only seniors dedicated shelter in the City of Toronto. Hearing about this unique shelter made me pause, and think about how I had not heard of such a specialized shelter. I had known, and interacted with VAW shelters, refugee shelters, youth shelters, etc., but I had never heard of a seniors' shelter. As I continued in my work, I started to notice the revealing data. Across all the shelters I supported, I could see the quantitative evidence for the need of a seniors' shelter and supports. There was an ongoing increase in the number of older adults entering our shelters. It was through this data collection and dissemination that I paused and asked myself, why is this happening? How do we support the unique needs of homeless seniors? How do we find appropriate housing for homeless seniors? And the thought that intrigued me most: this changing face of homelessness was complicatedly contrasted with current social and political discourses of “age-friendly cities”, “successful aging”, and “aging in place”.

After a review of literature, the trends I was seeing in the work I was doing were further validated. Seniors, or older adults, experiencing homelessness was increasing



across Canada (Crane and Warnes 2007; Crane and Warnes 2010; Woolrych et al., 2015; Reynolds et al., 2016; Brown et al., 2016; Grenier et al., 2016; Canham et al., 2021). It was also clear from the literature that challenges existed for this particular group due to their experiences of being both ‘older’ and ‘homeless’. However, the literature suggested that there continues to be a gap in understanding homeless seniors’ experiences and the best-practices to support and find housing for this group (Reynolds, 2016).

Understanding this gap, I sought to add to the literature focused on seniors experiencing homelessness. Moreover, I intended for my research to apply a critical gerontological perspective to the knowledge I was adding to this field of study. Acknowledging that most research on homelessness, regardless of the specific population or group, often focuses on the associated negative experiences and/or ‘reasons’ for homelessness, I purposely designed this research to focus on the ‘housing’ element of homelessness. Due to the socio-political importance of ‘home’ and my application of critical gerontology, this study focused its inquiry on meanings/understandings of ‘home’, and what homeless seniors need to experience ‘home’.

Housing is the solution to homelessness, and I believe in order to effectively, appropriately, and sustainably house seniors experiencing homelessness, we must engage with, and include the voices of older homeless adults. As such, when choosing my specific theoretical and methodological approach for this study, I sought to amplify the voices and knowledge of seniors experiencing homelessness. Furthering this, I

sought to use an arts-based method that would be meaningful, engaging, and accessible to the seniors. Through research, as well as personal experience, making a collage about what home meant to me, I utilized collage as the method to support the exploration of ‘home’ with seniors experiencing homelessness.

All of my personal experiences working in the homelessness field, seeing the increase of seniors experiencing homelessness, and much research and reflection as described above, led me to this thesis project, “Seniors Experiencing Homelessness and Their Understanding of the Meanings of Home – Using Collage to Envision Home”. It is my hope that this study, and the words that follow, first and foremost, honour the seniors involved in this study, because their knowledge has been invaluable. It is also my hope that this research will add the valuable voices, considerations, ideas, and knowledges of homeless seniors to the already existing literature. Furthermore, I intend to continue to amplify the voices and knowledge uncovered in this research study, in hopes that it will have positive implications on social work practice, research and relevant policy, and ultimately support homeless seniors in experiencing their vision of ‘home’.

## **CHAPTER TWO: Literature Review**

Across North America, the number of older adults experiencing homelessness is increasing (Crane and Warnes 2010; Crane and Warnes 2007; Woolrych et al., 2015; Reynolds et al., 2016; Brown et al., 2016; Grenier et al., 2016; Canham et al., 2021). Older adults experiencing homelessness have been identified as those who are 50+ years who are chronically homeless (homeless for a year or more, usually for a long time) (Gaetz et al., 2014) and episodically homeless (move in and out of homelessness) (Gaetz et al., 2014) or are new to homelessness in their older age (Canham et al., 2021). Further complicating this trend, are the adverse experiences and outcomes associated with being older and homeless, particularly related to health and well-being. For example, it has been found that people aged 50 years and older are at an elevated risk of experiencing chronic homelessness (Brown et al., 2016), and those over 60 years of age experiencing homelessness are at an increased risk of premature death (Schinka et al., 2017). While this changing demographic of homelessness has been observed across Canada, there “remains a knowledge gap in exploring the unique experiences and difficulties facing Canada’s population of homeless older adults” (Reynolds, 2016, p. 2) including understanding how best to support older homeless adults moving out of homelessness.

This demographic trend has not gone unnoticed in the political and social service spheres, with more levels of government recently highlighting the need to support these older individuals experiencing, or at risk of homelessness. Most notably, the Government of Canada recently released the largest federal housing program, with a

specific call to focus on recognizing the distinct housing barriers and needs of vulnerable populations, such as seniors, people living with a disability, women fleeing domestic violence, and Indigenous peoples (Government of Canada, 2018). Similarly, the City of Toronto released their 2020 to 2030 Housing Action Plan, which also identifies the unique needs of older adults who are either homeless or at-risk of homelessness in the city, and offers various actions and strategies to support this group of people (City of Toronto, 2019). With the increasing numbers of seniors experiencing homelessness, and with the need for specialized supports and funding from multiple levels of government, it is important that the unique experiences of older homeless adults in Canada are understood in order to best support this group.

In order to better understand the broader contexts that impact and shape older adults' experiences of homelessness in Canada, this literature review will first focus on the current understanding of the demographics, pathways into homelessness, and experiences of homelessness for older adults, including identified potential pathways out of homelessness. Following this exploration, I will critique the social, political, and service gaps older homeless adults experience due to being both 'older' and 'homeless' and how this impacts their lived experiences.

## **2.1 Demographics**

Just as the population in general is aging in Canada, so too is the homeless population. Throughout Canada, and most Western nations like the United States and the United Kingdom, the proportion of the homeless who are older adults and seniors is increasing

(Crane and Warnes 2010; Crane and Warnes 2007; Woolrych et al., 2015; Reynolds et al., 2016; Brown et al., 2016; Grenier et al., 2016; Canham et al., 2021). Older homeless adults have been highlighted as a growing group within the homeless population, with some United States statistics identifying an increase from 11% of the overall homeless population to 30% in the last ten years (Reynolds et al., 2016). On a local level, it has been found that the number of seniors experiencing homelessness in the City of Toronto doubled from between 2009 and 2011 (Homeless Hub, About Homelessness: Supporting communities to prevent and end homelessness, 2021), highlighting that this is a common and concerning trend across both the United States and Canada.

An important demographic element in understanding older adults' experiences of homelessness, is the unique identification or definition of *older*. Due to the premature development of many health issues, and their higher risk of premature death, homeless older adults or seniors are identified as those 50 years of age and older (Gonyea et al. 2010; Crane & Warnes 2010; Grenier et al. 2016). In their work exploring the complexities of seniors experiencing homelessness, Gonyea et al. (2010) explain that, "chronically homeless adults aged 50 to 59 typically present with the same chronic health problems and levels of functional impairment as persons aged 60 and older in the general U.S. population" (p. 577). This important element of the demographics of older homeless adults, and the resulting realities of these unique health outcomes will be further explored in this paper.

Another unique element of older adults who experience homelessness is related to the actual onset of homelessness. Within this group, approximately half become homeless before the age of 50, with many experiencing chronic and episodic homelessness from early or mid-adulthood, while the other half first experience homelessness after the age of 50 (Reynolds et al. 2016; Brown et al. 2016; Canham et al., 2021). This means that not only is the homeless population aging (in line with the general population aging), but there are many seniors and older adults falling into homelessness for the first time in older age.

Looking more specifically at the demographics of this age group experiencing homelessness, there are also noted gender and racial differences, as well as differences in depth of homelessness. It has been found that older homeless adults are more likely to be white and male (Crane & Warnes 2010; Reynolds et al., 2016). However, it has been noted, particularly in the Canadian context, that there is an increase in women experiencing homelessness, and Indigenous older adults are disproportionately represented in the older homeless population. (Woolrych et al., 2015). Moreover, it has been found that increasingly, older women represent those that first experience homelessness after the age of 50 (Woolrych et al., 2015). This reality for older women can further be supported based on the fact that within the City of Toronto, older women are at higher risk of becoming homeless due to family-related crises in later life (McDonald et al., 2004). Furthermore, within Canada's National Housing Strategy report, it was identified that senior women living alone experience high incidences of core housing need (i.e. households that spend more than 50% of their income on housing)

(Government of Canada, 2018). This highlights that many older women living alone who have never previously experienced homelessness become strained financially, for a multitude of reasons that will be explored later, and become at-risk of homelessness (those who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health standards) (Gaetz et al., 2012) and/or eventually experience homelessness. It has also been found that of the older homeless population, approximately half are considered chronically homeless (Woolrych et al. 2015), and many are increasingly at risk of becoming chronically homeless (Brown et al., 2016). This highlights that not only are seniors increasingly becoming homeless, they are also experiencing longer and more debilitating experiences of homelessness.

## **2.2 Distinct Pathways and Experiences Living in Homelessness**

In order to get a deeper and more nuanced understanding of older adults' experiences of homelessness, it is important to explore older adults' potential pathways into homelessness, as well as their unique experiences living in homelessness.

### **A. Pathways into Homelessness**

It is understood that causes or reasons one becomes homeless are complex and difficult to accurately identify, however, focusing on older adults' pathways into homelessness, there are identified general pathways or indicators of homelessness. Furthermore, within this population there also exists more unique and distinct pathways, further separated and/or identified by the age the older adult first experiences homelessness, as well as distinct gendered pathways.

General ‘causes’ of homelessness are best understood both from an individual and societal/structural level, and/or an interaction of both levels (Shinn et al. 2007; Crane & Warnes 2010, Gonyea et al. 2010; Reynolds et al. 2016). From a societal/structural level it has been identified that lack of affordable housing options and challenging incomes are the most impactful ‘cause’ of homelessness among older adults. Understanding the social and structural factors, Crane and Warnes (2010) highlight that the increase in older adults experiencing homelessness can be related to “more ‘flexible’ labour markets, rising income inequality and the rising ratio of housing costs to incomes” (p. 356). In their article, Grenier et al. (2016) also identify that these factors account for the increase in older adults experiencing homelessness in Canada, citing that, “population aging, and the compounded impacts of poverty, inequality, and rising housing costs in Canada and elsewhere” (p. 74) are associated with the increase in homelessness among older Canadians. Increasing housing costs and fewer affordable housing options result in increased rent within cities, and increasingly individuals, especially older adults, are unable to afford to own or rent their homes. Further complicating this are the challenging incomes seniors often rely on from social assistance. For those under 65 years of age, many rely on Ontario Works (OW) or Ontario Disability Support Program (ODSP), both of which are insufficient and challenging to sustainably live on. Similarly, for those older homeless adults who are 65 years or older, relying on Old Age Security (OAS) and Guaranteed Income Supplement (GIS) on their own is also often insufficient in the ongoing challenging housing market. Compounding the societal/structural factors are the various identified individual and/or behavioural factors that are associated with older



adults experiencing homelessness. Cited individual and behavioural factors include alcohol and substance misuse/abuse, unhealthy relationships, untreated mental health problems, decreased physical health, and job loss (Shinn et al. 2007; Patterson et al. 2012; Reynolds et al. 2016). In addition, it has been identified that other adverse life events, such as involvement in child welfare or the criminal justice system are risk factors for older age homelessness (Reynolds et al., 2016). However, I would argue that even these identified factors, which some would consider ‘individual’ or ‘behavioural’ can often be linked to broader structural factors. For example, the well-known understanding that Indigenous peoples are overrepresented in the child welfare and criminal justice system in Canada (MMIWG, 2019). This highlights that due to ongoing racist and colonial systems in Canada, Indigenous peoples’ life experiences are negatively impacted by oppressive systems and structures, often resulting in ‘individual’ or ‘behavioural’ causes of homelessness. This can also be the case with other marginalized groups in Canada.

As previously alluded, research has identified that there are two distinct pathways into homelessness for older adults: those who have experienced homelessness throughout their life before ‘old age’, and those who first experience homelessness in ‘old age’ (age 50 and over) (Crane & Warnes 2007; Crane & Warnes 2010; Woolrych et al., 2015; Reynolds et al., 2016, Brown et al., 2016; Grenier et al., 2016; Canham et al., 2021). For older adults who experience homelessness throughout their life, there is of course a greater presence of chronic and episodic homelessness (Grenier et al., 2016), which is often associated with becoming first homeless in childhood or adolescence, an incomplete high school education, childhood/adolescent involvement with the child welfare and/or

criminal justice system, and recent/ongoing alcohol and drug use (Patterson et al., 2012; Brown et al., 2016). This group's pathway into homelessness is often attributed to severe and negative life events throughout the life course, which are often further complicated or attributed to an array of social/structural factors, and continue to impact a person's life into older adulthood.

Juxtaposed with this group, there is a growing number of older adults who first experience homelessness in their later life or older age (Grenier et al., 2016). Within this group, traumatic/major life altering events in later life are often associated with the older person's pathway into homelessness. Several events have been identified including, sudden loss of housing (typically from eviction due to unpaid rent or renoviction), death of a partner, breakdown of a relationship with partner, and retirement or loss of employment (Crane & Warnes 2010; Reynolds et al. 2016). It has also been identified that further complications exist for this group of older adults due to specific societal/structural factors. Brown et al. (2016) explain that the pathways to homelessness for older adults, especially those who are new to homelessness, "may be accentuated by a shortage of subsidized housing for older adults living in poverty, a lack of employment options for semi-skilled and unskilled laborers in late middle-age, and the inability to collect income entitlements before age 65" (p. 2).

In addition to the two pathways based on the age an older adult experiences homelessness, there also exists specific gendered pathways into homelessness. Looking at gender differences among older adults' pathways into homelessness, it has been identified that men's pathways are often associated with more chronic or longer periods of

homelessness, as well as younger ages of first experienced homelessness (Crane & Warnes 2010; Reynolds et al., 2016). Additionally, men's pathways are typically associated with loss of employment and substance abuse (Crane & Warnes 2010; Reynolds et al. 2016). On the other hand, older women's pathways into homelessness are often associated with familial/relationship breakdowns, widowhood, and less chronic experiences of homelessness (Crane & Warnes 2007; Crane & Warnes 2010; Reynolds et al. 2016). It is clear from the literature that older men's and women's pathways into homelessness are distinct, with women typically falling into homelessness later in life, and men representing those who have experienced chronic or episodic homelessness throughout their life course. However, it should also be noted that there is evidence to suggest there is a unique group of women who experience chronic and life-long homelessness, though there continues to be a lack of critical research involving this group of individuals who experience homelessness (Vaccaro, 2020).

### **B. Experiences Living in Homelessness**

Just as there are distinct pathways into homelessness, there are also distinct associated experiences of older adult homelessness. Research shows that older homeless adults face unique physical and mental health concerns, as well as interpersonal challenges during their homeless experience.

In terms of physical health concerns, it has been found that compared to younger homeless groups, older homeless adults have multiple physical health concerns including poorer general health (Crane & Warnes 2010; Reynolds et al. 2016), and higher

prevalence of arthritis, hypertension, diabetes, respiratory illness, gastrointestinal problems, circulatory issues, sensory impairment and dental problems (Stergiopoulos & Herrmann 2003; Shinn et al. 2007; Crane & Warnes 2010). Moreover, it has been found that older homeless adults are at risk of premature death. Woolrych et al. (2015) highlight that, “homeless older adults are physically older than their chronological age with life expectancy anywhere between 15 and 25 years lower than the rest of the population” (p. 235). Not only do older homeless adults experience severe comorbidities, but these individuals are also dying prematurely in their homelessness. In addition to poorer physical health, older homeless adults experience adverse mental health problems. It has been found that many older homeless adults experience mental health problems including depression, anxiety, and PTSD, as well as cognitive impairments (Stergiopoulos & Herrmann 2003; Grenier et al. 2010; Brown et al. 2016). Furthermore, it has been noted that those who have more chronic and earlier experiences of homelessness have a higher prevalence of more severe mental health disorders, substance abuse, and have increased incidences of hospitalization for mental health (Brown et al., 2016). Older adults’ experiences of homelessness are especially complicated due to the unique physical and mental challenges one experiences due to both being homeless and aging, with homelessness increasing the health-related challenges linked to aging.

Another important factor in understanding the reality of older adult homelessness is the prevalence of adverse or negative interpersonal experiences. Older adults experiencing homelessness are noted to have fewer social network supports and increased isolation compared to other homeless groups (Crane & Warnes 2007; Crane & Warnes 2010;

Gonyea et al. 2010; Reynolds et al. 2016). Support networks are often considered important factors in exiting homelessness; however, it has been noted that older homeless adults' have less or no contact with family or friends (Crane & Warnes 2010; Reynolds et al. 2016). Due to this and other realities of being homeless and older, such as shame and stigma, "compared with other age groups, homeless older people are exceptionally isolated" (Crane & Warnes, 2010, p. 357). The physical, mental, and interpersonal challenges older homeless adults face make their experiences of homelessness uniquely distinct from the general homeless population, as well as their older adult counterparts who are not homeless.

### **C. Chronicity Risk and Pathways Out of Homelessness**

In order to fully understand older adults' experiences of homelessness, it is important to identify the various risks and potential ways out of homelessness. It is understood that once an individual experiences chronic homelessness, the wellbeing of an individual declines and there is greater difficulty to find them stable and appropriate housing. However, alarmingly many older adults who first experience homelessness in later life are at an elevated risk of falling into chronic homelessness (Stergiopoulos & Herrmann 2003; Brown et al. 2016). This is especially concerning due to the well documented "disabling conditions seen in older homeless adults" (Brown et al., 2016, pg. 13), as well as the known challenges of exiting homelessness once an individual is chronically homeless (Reynolds et al. 2016).

Due to this critical understanding of the difficulty of chronic older adult homelessness, there is some research into potential pathways out of homelessness for older adults, albeit the research continues to be behind compared to other groups of homeless. It has been highlighted that there is no ‘one-size fits all’ approach to supporting older adults out of homelessness, and that unique solutions are required (Crane & Warnes 2007; Crane & Warnes 2010; Woolrych et al. 2015). Just as pathways into homelessness differ vastly between more chronic older homeless and those older adults newer to homelessness, the appropriate pathways out of homelessness likely require different tailored supports to these two divergent experiences. For example, due to evidence that approximately half of older homeless adults first became homeless in later life and typically have less adverse experiences throughout their lifecourse and less current vulnerabilities, “less intensive efforts may be effective for those with fewer adversities” (Brown et al., 2016, p. 14). Whereas for those experiencing chronic homelessness, or who are unable to live independently, more intensive supportive pathways out of homelessness have been identified as best practice (Crane & Warnes 2010; Brown et al. 2016). Well known examples of this strategy are Housing First (HF), which takes a person-centred, rights-based approach to housing with direct access to housing for people experiencing homelessness, and living with mental illness and/or substance misuse, without mandatory sobriety or treatment (Canham, 2021), and Housing First Permanent Supportive Housing (PSH), which provides affordable housing and integrated support services for individuals experiencing homelessness in scattered or single-site housing (Canham, 2021). Both of these housing solutions involves more intensive directed supports and involves lower

barriers to accessing housing (i.e. no sobriety or treatment requirement) (Brown et al. 2016).

While there is an understanding that there is a need for distinct pathways out of homelessness, just as the two pathways into homelessness exist, it is also important to acknowledge the crucial efforts needed to prevent late life homelessness altogether.

Brown et al. (2016) highlight this crucial preventive practice, “identifying those at highest risk of losing housing in late life and working to prevent housing loss or provide early support to exit homelessness may be an effective strategy to prevent progression to chronic homelessness in these adults” (p. 14). As the population continues to age, and understanding that more older adults are experiencing homelessness for the first time in later life, it is crucial that active prevention of both late life and chronic homelessness is at the forefront of political, social, and service levels.

### **2.3 Falling between the Social, Political, and Service Gaps**

In order to fully understand the realities of older homeless adults and how best to support this group, it is important to identify the ways in which older homeless adults experience political, social and service gaps, due to being both ‘older’ and ‘homeless’, which is juxtaposed with various ‘successful aging’ and ‘aging in place’ political and social messages and policies. This critical understanding identifies the ways older homeless adults are underserved, misunderstood, and further oppressed. This section will explore the nuanced ‘gaps’ older homeless adults experience, which further complicates their realities and opportunities to exit homelessness and age ‘well’.

### **A. Intersectional Gaps**

Upon examining the realities of older adults' experiences of homelessness, it is evident that this group uniquely falls between various 'gaps' in the system. Older homeless adults' experiences are made uniquely complicated due to the social, political, and service gaps they interact with. On a social level, older homeless adults experience the unique stigmas and social consequences of being both 'older' and 'homeless', both of which have been negatively stigmatized in Canadian society. Woolrych et al. (2015) emphasize this complicated experience, stating, "being both old and homeless can thus be seen as a form of double jeopardy; a double burden of stigmatization that combines negative affects reinforced through direct and indirect forms of discrimination" (p. 235). This double burden no doubt has implications on the overall health and wellbeing of older homeless adults. Additionally, older homeless adults may also intersect with other socially stigmatized identities, such as those relating to disability, gender, race, or LGBTQ+ identity.

From a political perspective, older homeless adults often fall between the cracks of a system that structures 'older' and 'homeless' separately, with little or no interaction between the two political and social service systems. One clear example of this is related to the political age cut-off of 'old age' juxtaposed with the realities of older homeless adults. As mentioned previously, due to the disabling and chronic adverse health outcomes, 'older' within the homeless community is considered age 50 and above. However, within the political economy, 'old age', and the inherited benefits that come with that (i.e. Senior services, CPP, OAS) is considered at 65 years and older. As a result,



“seniors between the ages of 50 and 64 were seen as particularly vulnerable because they exhibited signs of old age, yet were not eligible for the services open to those aged 65 and over in terms of financial support and access to services” (Woolrych et al., 2015, p. 244). Here, older adults experiencing homelessness fall between the crack of services and even funds, that support older adults, but do not take into consideration the realities of being homeless.

These types of political and social gaps also influence the services available or deemed acceptable to older adults experiencing homelessness. As a result, there are significant gaps in services between those that support older adults, and those that support individuals experiencing homelessness. Older adults experiencing homelessness fall between the cracks of services that support their health and wellbeing related to being older, and those that support them while homelessness and transition out of homelessness. Due to the unique pathways and experiences of homelessness among older adults, there currently exists a situation in Canada "whereby many older people are poorly served on one side by traditional services for homeless people (e.g., shelters, housing efforts) as well as by programs and services for older people (e.g., home care, long-term care)" (Grenier et al., 2016, p. 77). Ultimately, there are complex and challenging gaps between services that directly support the health and wellbeing of older adults and the supports geared towards those that are experiencing homelessness.

## **B. Juxtaposed Realities**

It is widely understood that both policy makers and older adults themselves prefer that older adults stay in their respective homes as they age, with a focus on homecare as a supportive means to ‘age in place’ (Wiles et al. 2012; Woolrych et al. 2015; Grenier et al. 2016). Moreover, we consistently see more and more cities across Canada adopting ‘successful aging’ and ‘aging in place’ messaging in their policies, visions, strategies and actions. For example, the City of Hamilton has identified that their vision is to be the best place to raise a child and age successfully (City of Hamilton, 2021), and the City of Toronto has created a senior’s strategy which is focused towards an Age-Friendly City (City of Toronto, 2017). These political messages and actions are uniquely juxtaposed with the alarming rates of older adults’ experiencing homelessness. With this in mind, it is particularly alarming that an increasing number of older homeless adults who do get housed are falling back into homelessness, and further at risk of experiencing chronic homelessness (Woolrych et al., 2015). Moreover, "this suggests that current attempts to move people into sheltered accommodations, assisted living, or permanent supports are not addressing the multidimensional, long-term needs of older adults" (Woolrych et al., 2015, p. 238). In addition, as we continue to see trends of older homeless adults experiencing more chronic homelessness, it means that more seniors are actually ‘aging in shelter’, where the important health and wellbeing needs often attached to ‘aging in place’ or ‘successful aging’ are not sufficiently met. Shelter systems do not have the resources, knowledge or skills to best support the unique aging needs of older adults, which means many seniors are aging in a place that is not equitable.

It has been shown that the population in North America is aging, and with that trend, there is a new trend of more older adults experiencing homelessness, however, there continues to be a lack understanding and research focused on this group. This literature review highlighted the increase in older homeless adults and their unique demographic profile. Furthermore, older homeless adults' have distinct pathways into homelessness, as well as experiences of homelessness. Further complicating their experiences, older homeless adults are at significant risk of becoming chronically homeless and unique pathways to support older homeless adults out of homelessness are required. This review also noted the complicated gaps inherent in the social, political and service systems due to being both homeless and older.

### **CHAPTER THREE: Theoretical Framework and Methodology**

This research, from an ontological and epistemological perspective, is grounded by interpretivist and critical theory. The way I understand the world, and more importantly, social injustice, is by the way people make sense of their lives and experiences. Layered with that interpretation, I further understand that peoples' experiences are shaped by powerful social, historical, and political hierarchies. Due to my ontological and epistemological perspectives, I have more specifically used critical gerontology as the guiding theoretical framework. Critical gerontology, with roots in interpretive social sciences and critical theory, allowed my research to focus the narrative on a traditionally marginalized population whose voices are often not included in research, decision-making, and policy formation. Furthermore, critical gerontology allowed me to identify and interrogate the inequities that homeless seniors experience due to oppressive power structures that permeate their lives due to their identities and experiences of being both older and homeless.

#### **3.1 Interpretive Social Sciences and Critical Gerontology**

As will be explored shortly, critical gerontology as a theoretical framework is often associated with and has foundational roots in interpretive approaches of social sciences. As an approach to social sciences, and the social world more generally, interpretivism disputes the traditional positivist and/or naturalistic approach to the social sciences (Schwandt, 1994). Interpretive social science understands that the world, and more importantly the way individuals experience the world, are subjective. In their work, Ryan

(2018) explains the importance of subjectivity, explaining, “Interpretivism argues that truth and knowledge are subjective, as well as culturally and historically situated, based on people’s experiences and their understanding of them” (pg. 45). Understanding this subjectivity, and that individuals experience the world differently due to various socio-historic and cultural realities, interpretivists are adamant that their work, especially their research, is rooted in action. Interpretive social science focuses on meaningful social action and purpose, primarily by focusing on various texts, and the meanings inherent in those texts (Neuman, 1997). More specifically, Neuman (1997) highlights that interpretivists use “qualitative data to acquire an in-depth understanding of how they create meaning in everyday life” (pg. 68). In terms of interpretivism’s ontology and epistemology, “interpretivism has a ‘relativist’ ontological perspective, [suggesting], that reality is only knowable through socially constructed meanings and that there is no single shared reality” (Ryan, 2018, pg. 46). Furthering this ‘relativist’ perspective, interpretivism, from an epistemological standpoint, understands knowledge as based on the “sense people make of their own lives and experiences” (Ryan, 2018, pg. 8). In sum, interpretivist social science understands that knowledge is subjective, and in order to explore and understand the different realities of the social world we must focus on the meaning making individuals have of their lived world.

### **3.2 Critical Theory and Critical Gerontology**

Traditional critical theory addresses the social and historical power relations and processes that create the systems and structures that impact a person’s life and conditions (Mason, 2017; Neuman, 1997). Critical gerontology does the same, by focusing on

“structural models of social inequality, interpretive and deconstructive methodologies, and international and cross-cultural frameworks to contest gerontology’s longstanding emphasis on individual roles, masculinist life course models, biomedical frameworks, and liberal political agendas” (Katz, 2009, pg. 88).

Critical gerontology traces its roots back to critical theory foundationally. Just like critical theory, critical gerontology can be traced back to the Frankfurt School (Katz 2014; Freeman & Vasconcelos, 2010). Theorists within this field broke with traditional gerontological studies and established a ‘political economy of aging’ (Katz, 2009). These theorists expanded their critique of the study of aging “by underscoring gender, regional, racial, and ethnic inequalities. This move gave gerontological theorists a wider foundation on which to build the parameters of a critical gerontology” (Katz, 2009, pg. 88). As critical gerontologists began to identify and address more socio-economic impacts on age and aging, the field further shifted their work to be more action-oriented and political. Katz (2009) explains this shift, stating that critical gerontology began to “think politically and ethnically about age-based inequality, poverty, and injustice as widespread structural problems” (pg. 89), and was more “associated with radical theoretical traditions (e.g. Marxism, phenomenology, social constructivism) or radical social movements (e.g. feminist, anti-poverty, pension reform)” (pg. 85).

Critical gerontology will also guide the research project, as it supports the inquiry and purpose of the intended research. Critical gerontology is an interdisciplinary field, with its main contributions from the social sciences and humanities (Katz, 2009; Katz, 2015; Minkler, 1996). In its basic understanding, critical gerontology is a theoretical perspective

that “challenge the assumptions of mainstream gerontology and biomedical models of aging” (Katz, 2015, pg. 29). With roots in interpretive social sciences, critical gerontology advances the understanding of the subjectivity of older people and aging, as well as challenges the previous traditional positivist and more scientific theories of older people and aging.

Over the years critical gerontology has transformed into an important and popular theoretical framework. Through the work of various theorists and ongoing engagement in critical analysis, critical gerontology is now considered to have three major focus areas/paths. The first, is focused on the more political economy of aging, including the social relation and construction of age and aging (Grenier et al., 2016; Katz, 2009). The second focus area is considered the ‘humanistic path’, which involves more interpretive understandings of age with a focus on meaning, metaphors, texts, and imagery of age and aging (Grenier et al., 2016; Katz 2009). The final stream involves cultural discourses, involving the understanding of age and aging through meanings, places, and the self (Grenier et al, 2016; Katz, 2009). In my research I primarily relied on the second and third areas by focusing my research on senior’s experiences, as well as their personal understandings, meanings, and interpretations of home.

### **3.3 Application of Theoretical Framework**

Critical gerontology was applied throughout the entirety of the research process from start to finish. My thesis used critical gerontology, with an interpretive focus, to guide the research, from the basis of my inquiry and data collection, to the data analysis and

resulting discussion. This study sought to focus on the lives, experiences, and realities of older adults experiencing homelessness. More specifically, the research examines homeless seniors' understandings of the meanings of 'home' and what these individuals would need to support them in their 'home'. Finally, I use critical gerontology to critically analyze the current socio-political contexts in which homeless senior's experience their lives and 'home', and interrogate the socio-political gaps in support and services presently available for older adults experiencing homelessness.

Understanding the importance of challenging the usual taken-for-granted assumptions about age and aging, and the need to amplify and include more interpretive understandings of the aging experience, this study's research questions focus on older adult's experiencing homelessness interpretive understandings of 'home' and 'homelessness'. Critical gerontology allows me to engage in this inquiry, with a focus on the actual knowledges and experiences of older homeless adults themselves, while challenging dominant and oppressive discourse, policies, and social norms that have important impacts on older adults experiencing homelessness and their experiences of 'home'. Freeman & Vasconcelos (2010) argues that critical theory ought to "deconstruct cultural narratives and give voice to suppressed and marginal narratives" (pg. 19). This research seeks to dismantle the taken-for-granted assumptions surrounding not only being 'old' or 'aging', but also the narratives around 'home', and what this means for older adults experiencing homelessness who have a right to 'home'. Specifically, following the tradition of interpretive social sciences and the importance of meaning and experiences, combined with critical gerontology's focus on interrogating socio-political power



structures, the research questions guiding this study are focused on older homeless adult's understanding of the meaning of home and their interpretations of what a 'home' is, and what *their* 'home' requires to be actualized.

### **3.4 From Theory to Methodology: Arts-Based Research**

Similarly, while critical gerontology guided my general research inquiry, and specific research questions, this theoretical framework also guides my chosen research methodology. Understanding that from a critical gerontological perspective, meanings, interpretations, and experiences are key to knowledge discovery, the way I will collect data is rooted in this as well. Specifically, an arts-based qualitative methodology was used. Arts-based methodologies allowed me to engage in meaningful research to answer my research questions with full commitment to my guiding theoretical perspective, critical gerontology.

Guided by my epistemological and ontological perspective, I knew that qualitative methodologies would better support my inquiry. Arts-based research (ABR) is one of many qualitative research methodologies. Arts-based research exists at the intersection of the arts and the sciences (Leavy, 2017; Barone & Eisner, 2011; Knowles & Cole, 2008). Moreover, many see arts-based research as a methodology that is able to move beyond the limitations of modern scientific and social science research. Rolling Jr (2010) explains, "Arts-based methodologies blur the boundaries between the arts and the sciences and are proven to be adapt at reshaping, eroding, and shifting the scientific foundations on either side of the qualitative-quantitative divide" (pg. 104). ABR is able to

understand, explore, and find solutions to inquiries in ways that traditional scientific research cannot. Moreover, similar to critical gerontology, ABR methodology is rooted in addressing and interrogating socio-political inequities, especially as they interact with individual's experiences. For example, it has been highlighted that "arts-based inquiry is uniquely positioned as a methodology for radical, ethical, and revolutionary research that is futuristic, socially responsible, and useful in addressing social inequities" (Finley, 2008, pg. 71). The methodology's ability to critically address social inequities while supporting action to dismantle oppressive structures, aligns with the theoretical underpinnings of this research study.

Central to ABR's methodological framework, is the underpinning that art is seen as a way of knowing, and "can create and convey meaning" (Leavy, 2017, pg. 5). ABR's core beliefs or philosophies were noted in Leavy's (2017) handbook as:

1. Recognizes art has been able to convey truth(s) or bring about awareness (both knowledge of the self and of others).
2. Recognizes the use of the arts is critical in achieving self-other knowledge.
3. Values preverbal ways of knowing.
4. Includes multiple ways of knowing, such as sensory, kinesthetic, and imaginary knowing. (Leavy, 2017, pg. 5).

ABR allows for alternative ways of knowing, specifically art, to be at the forefront of research inquiry and action. These core tenets of ABR align with my own ontological and epistemological understandings, and allowed for my research to focus on senior's interpretive meanings and understandings of home.

Arts-based research methodologies include a spectrum of method or actions. For example, arts-based specific method to support research inquiry could include the use of

story-telling, visual art, dance, photography to name a few (Knowles & Cole, 2008).

There are also various ways one can engage in and utilize ABR. Vaughan (2005) explains that “arts-based research can span a broad spectrum of activities, from research for which the arts are a form of data representation to research that is generated as art is created” (pg. 3). Furthermore, it has been noted that ABR also has various applications as modes of research. Again, Vaughan (2005) highlights that arts-based researchers can “focus on art as a mode of persuasion (particularly within the political arena), as a mode of self-exploration, as a mode of pedagogy (with links to art education), as a mode of representing knowledge, and/or as a mode of construction/generating knowledge” (pg. 4).

The unique application of ABR and its alignment with my theoretical framework, especially as it relates to interpretive and critical epistemological approaches, supported my research inquiry. I have particularly been fascinated by how art, even created by amateur artists like myself, can be created, individually or collaboratively, as a form of knowledge and can support various research inquiries across a range of disciplines. Moreover, I see my application of ABR, specifically my research method which will be explored shortly, as a mode of constructing and generating knowledge with seniors experiencing homelessness. I believe that ABR allowed me to support seniors in creating knowledge through their art. In addition, their knowledge (as displayed through their art) will also be represented in this thesis through pictures of their art displayed throughout a later chapter.

## **CHAPTER FOUR: Research Method and Data Collection**

Guided by an arts-based methodology, collage was chosen as the arts-based method or tool for this thesis. Collage was chosen due to its user-friendly application and the way it can be used to invoke memory, imagination, and conversation. Collage was used to have participants think about, identify, and speak about their understandings of home, and what they think they would need in their ideal home.

### **4.1 Collage as the Art-Based Research Method/Tool**

Collage is a growing method utilized by qualitative researchers (Lahman et al., 2020; Vaughan, 2005). Collage has its roots in the fine arts, and “comes from the French meaning a glued work” (Vaughan, 2005, pg. 5). More specifically, collage is an art practice that involves creating a visual piece by bringing different elements together and often using images that are outside of their intended purpose to convey a meaning or message (Lahman et al., 2020). Epistemologically, collage is “one that values multiple distinctive understandings generated by different cultures and that deliberately incorporates nondominant modes of knowing and knowledge systems” (Vaughan, 2005, pg. 6). Collage presents the artist an opportunity to engage in knowledge making by gluing pieces together according to their own accord.

Key to collage as a research method, is the process of creating the actual collage. In line with ABR, collage can generate data both through the final art-piece itself, as well as the collage-making process. Højring, & Bech-Danielsen (2021) explain, “collages are not necessarily to be considered only a result of an artistic process; the process itself can be

part of qualitative research” (pg. 78). Ultimately, knowledge is created through the actual process of making the collage (Højring & Bech-Danielsen, 2021). In this study, the collage method generated data through the narratives recorded during their collage making, and the collage itself was also data that was used to visualize the accompanying narrative themes/descriptors. This type of knowledge creation process, with a focus on participant’s narratives, aligns with what Mason (2017) describes as an important element of interpretivist social sciences; the “researcher seeks out and interprets people’s meanings and interpretations” (pg. 8). Using collage as the arts-based research method, myself and the seniors were able to engage in a knowledge creation process and their narratives were explored about their understanding of the meaning of home, what *their* ideal home would look like, and what supports and services they would require to experience their vision of home. In this study, the participants were provided an art-kit to create their collages. This art-kit included various home-style magazines for participants to look through and include various images on a Bristol board provided. Using magazines, markers, and glue, participants created their collages focused on home.

#### **4.2 Recruitment**

This research study sought to recruit between six to ten seniors (identified as 55 years of age or older), who were currently experiencing homelessness. Recruitment, and ultimately the research study, was conducted at Islington Seniors’ Shelter, which is a homeless shelter operated by The Salvation Army – Toronto Housing and Homeless Supports. The shelter is located in North Etobicoke and supports men and women experiencing homelessness age fifty-five and older. With support from shelter staff,

recruitment flyers and brochures were posted at the site approximately two weeks before in-person one-on-one collage sessions were scheduled. See Appendix One for recruitment brochure and posters that were provided to Islington Senior's Shelter. If interested, participants signed up for pre-scheduled time slots over the course of three days that I would be at the shelter conducting the research. Ultimately, seven seniors participated in the study.

### **4.3 Ethical Considerations**

After submitting a formal ethics application through McMaster's online MREB portal, this thesis project received ethical clearance from McMaster Research Ethics Board.

#### **A. Conflict of Interest**

It should be noted that there was a conflict of interest in this study. At the time of this study (from research design to data collection and the final report) I was employed by The Salvation Army – Toronto Housing and Homeless Supports (THHS) as a Research Analyst. Toronto Housing and Homeless Supports is the governing body of a system of integrated Salvation Army shelters in Toronto, Ontario. Islington Seniors' Shelter, the participating shelter, falls under the THHS umbrella. While I did ultimately work for the agency that operated Islington Seniors' Shelter, I did not directly work at any individual shelter site, and did not directly work with any clients living at Islington Seniors' Shelter. Ultimately, this conflict of interest was minor, and was appropriately addressed within the MREB application and clearance.

## **B. Consent and Confidentiality**

This study gained informed consent, by reviewing and receiving signed consent and LOI's from each participant. Confidentiality and anonymity was ensured by the researcher securely storing any and all paper and electronic files, including but not limited to session recordings, consent forms, demographic surveys, and field notes. It should be noted, that most collages (which did not include any names) were kept by the shelter, with permission from participants, for future potential use (i.e. displaying in entrance and staff room). The researcher kept digital copies (also with no names) of participants collages, with participant permission, in order to use in this study and in any future publications and/or presentations. In addition, pseudonyms were used in this study, and will continued to be used in any future publications/presentations.

## **C. Honorarium**

Senior's who participated in this study received a \$25 honorarium in the form of a Tim Hortons gift card to thank them for providing their time, energy, and knowledge to my research study. This honorarium was financially made possible through funding from the McMaster University's School of Social Work Graduate student funding.

## **D. Power and Researcher Reflexivity**

Fostering social justice and addressing power is critical when engaging in any form of social work, including in research. Thinking critically about research, I think it is important to always be aware and consider some of the following, which we have also

discussed in class: Who is the research is for? Who does the research benefit? Whose voices are heard, and whose are excluded? What will the research be used for? How do we meaningfully include and engage vulnerable populations? Is this research needed and ethical? These and many other questions are constantly on my mind when I think about research. In order to meaningfully engage those with whom I do research with/for and to address inherent power hierarchies, it is important to dismantle our traditional ways knowing and doing research (Fudge Schormans, 2015; Stack & McDonald, 2014). An important way of dismantling the traditional power imbalances and neoliberal status-quo of research is to bring those with historically little to no voice to the table. Thus, by engaging in this study, with the utilization of my specific theoretical, methodological, and research method, I sought to address power imbalances, both within research itself and how I conducted the actual research vis-à-vis using collage.

A main ethical consideration I struggled with was inherent power imbalance of who benefits from my research. Ultimately, we know the answer to homelessness is homes. And ultimately, my research would not result in the opportunity for my participants to gain access to a home. Whereas, by engaging in my study, I receive the benefit of fulfilling my requirements for receiving my Master's of Social Work, which comes with additional financial and social benefits. As such, I made it clear to my participants that I would use my position of power (socially, politically, educationally) to ensure that their voices are heard. Upon completion of this thesis, I intend to use my power to ensure that these stories are shared with those that make decisions that ultimately impact the lives and wellbeing of these senior's.



#### **4.4 Data Collection – One-on-One Collage Sessions**

Over the course of three days I was on-site at Islington Senior’s Shelter. On day one and two on-site I had three 1.5-hour timeslots to conduct one-on-one collage sessions with participants. On a final day I had two 1.5-hour timeslots to conduct one-on-one collage sessions. In the end, one person who had signed up did not show-up, resulting in seven one-on-one collage sessions over the three days.

One-on-one collage sessions were held in person in a private meeting room at Islington Senior’s Shelter. Each session was approximately 1.5-hours. With permission from each participant, the session was recorded. The session included reviewing the letter of information and consent, a short housing and demographic survey, two individual collaging making activities (one focused on envisioning their home and the other focused on supports and services needed in their home), and closing collage session questions. For the full facilitation guide, see Appendix Two. Each participant was provided an art-kit to make their collages. Art-kits included numerous magazines, Bristol board, markers, crayons, pencil crayons, and glue. One pair of scissors was shared and kept in the private room.

During the sessions I asked participants to envision their ideal home. Throughout the sessions I also asked questions about why certain images were most important, what meanings they had, and how their collage represented *their* understanding of home and needs. Ultimately, the process of creating their individual collages generated data vis-à-vis the many stories, explanations, and narratives participants shared with me during their

collage making. In addition, the collages themselves were able to visually represent the themes that emerged from data analysis, which will be explored shortly.

#### **4.5 Data Analysis – Thematic Analysis**

This study analyzed the narratives, captured from recordings, from the seven one-on-one collage sessions using thematic analysis. In addition, the collages themselves were analyzed to provide visual evidence of the generated themes. Thematic analysis, understood as “thematizing meanings” (Braun & Clarke, 2006, pg. 78) is a tool that is commonly shared across all streams of qualitative analysis (Braun & Clarke, 2006). As such, it has been noted that there is no standard method or way of conducting a thematic analysis (Nowell et al., 2017; Braun & Clarke, 2006). Broadly speaking, thematic analysis involves the process of identifying, analyzing, and reporting relevant themes from qualitative data, in which relevancy is often connected to certain aspects of the project itself, such as chosen theoretical framework, methodology, and research inquiry (Braun & Clarke, 2006).

For the purpose of this study, I inductively thematically analyzed transcriptions from the one-on-one collage sessions. After transcribing seven individual collage sessions, I followed Braun & Clarke’s (2006) six phases of thematic analysis. Braun and Clarke (2006) identify the following six phases of thematic analysis: 1. Familiarizing yourself with your data; 2. Generating initial codes; 3. Searching for themes; 4. Reviewing themes; 5. Defining and naming themes; 6. Producing the report. While I followed this approach for the thematic analysis of the narrative/textual data (i.e. transcriptions from collage

sessions), I took this analysis a step further and analyzed the collages themselves to show the various ways the identified themes were understood and visually represented through images on the senior's collages. As a result, my findings section includes a selection of quotations and images to represent each theme.

## **CHAPTER FIVE: Findings**

The following chapter explores the findings from the seven one-on-one collage sessions with seniors experiencing homelessness at Islington Seniors' Shelter. After a description of the participants in the study, the findings presented in this chapter are organized according to themes identified during thematic analysis of the transcriptions from the seven one-on-one collage sessions, which are indicated by subject headings. In line with ABR, sections or images of seniors' collages will be presented in accordance with their relative theme or subtheme throughout this chapter.

### **5.1 The Senior's Involved in this Research – Demographics**

The participants represented various demographics and housing history experiences. For full results of the demographic surveys, please see Appendix Three.

#### **A. Demographics**

Focusing on demographics, three women and four men participated in this study. Seniors' ages ranged from 59 years of age to 79 years of age, with the calculated average age being 69 years of age. Most seniors were born in Canada (five participants), while two participants were born outside of Canada (one from Trinidad and another from Lebanon). In terms of ethno-racial identity, most seniors identified as White (five participants), one identified as Black and the other West Asian or Middle Eastern. The majority of participants (five) currently receive a senior's benefit (i.e. OAS, GIS, or CPP) as their primary source of income, one senior receives ODSP, and another receives OW and occasionally works part-time. Looking at disability and/or chronic health needs, the

participants highlighted a variety of experiences. Mobility issues were cited as the most common disability or chronic health issue, followed by pain related disabilities/chronic pain, memory issues, psychiatric or mental health needs, and chronic medical issues or major illnesses. It is also noted that two participants identified no disabilities or chronic health/wellness needs.

### **B. Housing and Homeless Histories**

Experiences of homelessness also varied among the participants. The age participants first experienced homelessness varied somewhat between ‘younger’ and ‘older’. One participant first experienced homelessness at age 22 and another was unsure, but expressed that it had been most of their life. Other participants first experienced homelessness at age 60+, with the oldest being age 77. The length participants had experienced homelessness also varied. Four participants were relatively new to homelessness (between one to twelve months), while the other three participants were homeless for three or more years, also considered chronically homeless.

### **5. 2 What a Home Is and What a Home Provides**

At the start of each individual collage session, I asked the seniors to look at the magazines they were provided and to think about what home meant to them and what they envision their home to look like. While they engaged in creating their collages I also asked questions about why they were drawn to certain images and what those images represented to them. Once their collages were complete I asked the seniors how their collage represents their vision of home and what the most important aspects/elements

were in their collage. Focusing on understanding what a home means and what home looks like, two larger themes were identified, with varying subthemes within. The first focuses on the physical aspects of home and why this matters. The second theme is focused on what a home can provide and how this supports seniors' overall wellbeing.

**A. A Note About What a Shelter Is Not ‘*Shelter beds are not home, no*’ -Sara**

As the City, much like many North American cities, continues to experience a housing and homelessness crisis, this research purposely focused on housing and ‘home’ as an experience, rather than the senior’s experiences of being homeless. However, it is important to understand that these participants are experiencing homelessness and currently live in a shelter. Moreover, it is important to acknowledge that while shelter stays are presently becoming longer (Employment and Social Development Canada, 2021), meaning seniors are staying and living in shelters longer – they are not homes. While these findings focus on what a home is and means, the participants also made some important observations about what a shelter is not, and cannot provide seniors. For example, many participants made note of what they envision, or understand to be home, in contrast to the shelter they currently live in, which as they understand it, is not home. All seven participants made some note of what a shelter is not, what a shelter cannot provide, or the undesirable ways the shelter system treats them. One participant highlighted the distinct contrast between home and shelter, stating that “they give me everything I need, yes, but, no privacy, or no independence or anything” (Sara). Another senior explained that due to concern about ensuring they return to the shelter by curfew,

they find themselves not leaving and enjoying their time in the community as much. Mark explains:

“and we’re people, you know, we’re not animals, you know. So, you know you want to go out, you want a drink, you want to dance, you want to do this, you know what I mean? And then in the back of your mind, you’re like no, I got to go. So that’s why I don’t go nowhere”.

The ability to freely leave, engage in community activities, and return on their own time were a common concern seniors had with their current stay in shelter, and one they feel would be alleviated once in their own home. Ultimately, while shelters provide immediate relief to the current housing and homeless crisis, and are improving their services, buildings, and programs, they are not the solution. Shelters are not houses or homes. Moreover, shelters are not the homes these seniors envision for themselves.

## **B. The Physical Matters**

### ***Space and Type***

The physical home type and size was discussed by all participants. Seniors had images of various types of housing on their collages:



While the seniors had varying ideas about the exact size of their home (i.e. bachelor unit, one-bedroom apartment, a cabin, etc.), what was important is that their home has sufficient space, but is also manageable for them individually. For example, while explaining his ideal home, Liam said he would like a “beautiful one-bedroom apartment, a bachelor. Small, so I can keep it up myself”. Further explaining the space of his ideal home, Liam picked out an image of this kitchen:

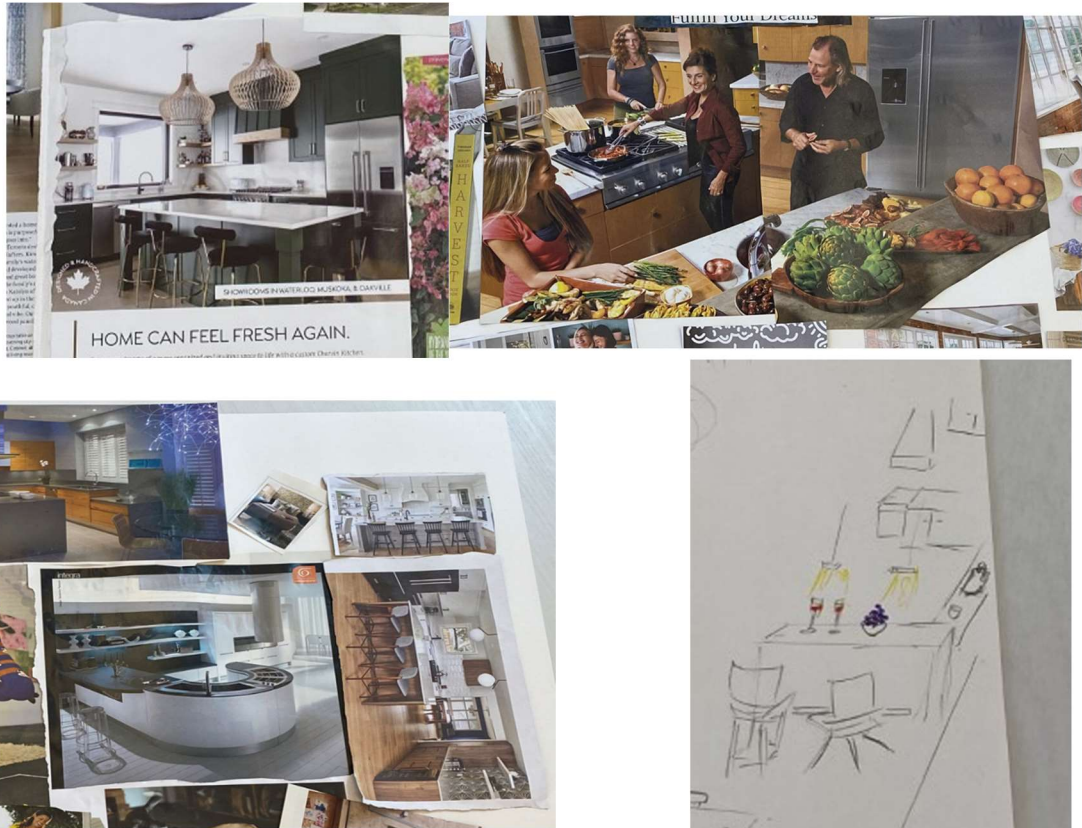


Again, focusing on the size, Liam explained, “that’s a beautiful room. That’s what I love, I love the space, it’s just spread out so nicely”. Thinking about the size and type of home she wanted, Sara glued photos she brought of bachelor units she found on Kijiji while recently looking for housing. She stated that “bachelors are really all I need”. On the other hand, Amy explained that she did not want a bachelor, explaining “and I don’t want a bachelor, please. I need a one bedroom or two, in case you have some family over”. For Amy, sharing her home with friends and family was a common theme, and so she would need space for this. By engaging with seniors and watching their collage making, it is clear that seniors have varying needs when it comes to the size and type of unit they make their home.



### *Important Amenities*

As to be expected, when creating their collage and discussing their vision of home, the types of amenities were brought up. Seniors discussed bedroom, kitchens, dining rooms, and other important amenities or rooms in their home. Of particular note was the emphasis on kitchens. Most seniors highlighted the kitchen and included images of kitchens in their collage:



Moreover, most seniors discussed at length their desire, and excitement, to cook in their own kitchen again. While explaining how her collage represents her vision of home, Amy explains, “everything I put, this is what I would like in my house. And the kitchen! I like

to cook!”. Sara also included images of a kitchen, and people cooking. Explaining her excitement to cook again, and examining the image she added to her collage, she says, “now that’s a well-equipped kitchen! On the road to being a well-equipped kitchen. So, you obviously know I’m going to have fun when I get settled”. For many, the kitchen was a starting point of their collage. Moreover, many spoke with excitement about having their own kitchen and the ability to cook their own meals, which was in contrast to their current situation living in a shelter.

While not all participants made note of this particular amenity/room, the three women emphasized the importance of a bathroom, more specifically, a bathtub. For Sara, who has experienced homelessness for over 20 years, she often spoke about the importance of having her own private bathroom, as well as a bathtub. Sara has lived in various shelters and rooming houses, which she described as undesirable because of the lack of privacy, specifically lack of a private bathroom. Discussing her frustration of only being able to afford rooming houses while on ODSP, she explained:

Me: “And then in a rooming house you don’t have your privacy?”

Sara: “Yeah, you don’t have your own bathroom. ‘Cause that where a lot of people, that’s where I ended up moving out of shelters into rooming houses a lot of times just to get out of the shelter I moved into places I shouldn’t have moved into”.

For Sara, the bathroom was also important due to her limited mobility. More specifically, Sara discussed that she would prefer a bathtub to bathe, rather than showers, which are also typically standard in shelters she noted. Sara explained:

Sara: “OK, two appliances and four-piece bath. ‘Cause I really miss a bathtub, they don’t have a bathtub here, and with my limited mobility I have to stand under the shower”.

Me: “and you think a bath would be better?”

Sara: “it is. Much more comforting and relaxing to me. So, like for these things are very, very important to me. A four-piece bath”.

Another senior, Ashley, also spoke about the need for a bathtub due to physical health concerns while she glued an image of a bathtub onto her collage:



Ashely discussed her choice of using this image:

Ashley: “So I would like an apartment. Well definitely of a tub. I want a soak”.

Me: “A bathtub?”

Ashley: “Oh yeah definitely. So, just got some challenges with the muscles on the right leg. And I know Epsom salts and lavender oil would help immensely”.

While not all seniors directly discussed bathrooms, the women highlighted the importance of such a simple home amenity, due to both its practical uses related to health and

wellbeing, but also the dignity and importance of the privacy of having one's own bathroom, which is in contrast to what many seniors experience in shelter or in low-cost rooming homes.

### *Connection to Nature*

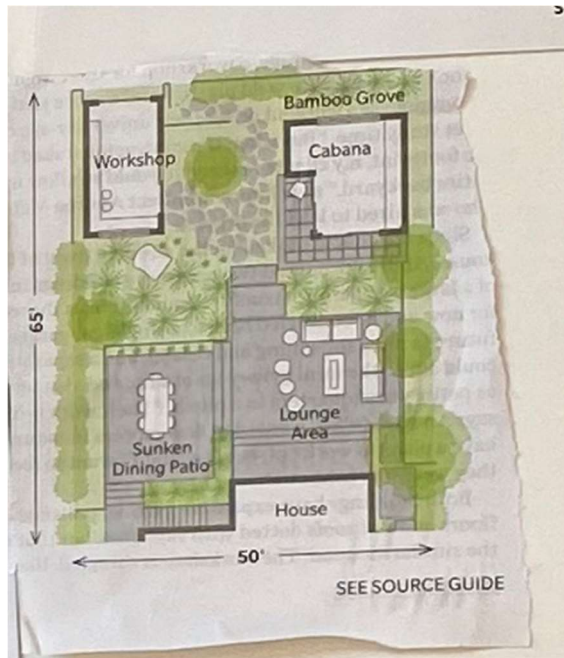
A final physical element that was commonly brought up by most seniors was a homes connection or incorporation of nature. Many participants discussed, and included images of, plants, trees, and flowers. Additionally, many seniors highlighted the desire of having a balcony and/or large windows so they could have the outdoors come into their home, regardless of where they live:



Ashley discussed her inclusion of trees, plants and the outdoors in her collage, explaining:

“Greenery to look out outside the windows, and the windows open. Yeah, I got plans for my dream home, and that’s part of what it is. The kitchen sink will be under the window to look out”.

Joe also spoke about having an outdoor area or patio, as well as plants in his home. As he cut out an outdoor design, he explained, “a little patio outside, underneath. Sort of underneath that, a neat area”.



Discussing nature and being close to nature, some seniors had different ideas of where they would like their home to be, in connection with nature. For Liam, he spoke about how he likes Toronto and the availability of parks. He said, “the parks and the trees and all that, yeah. That’s why I like Toronto so much. The beautiful parks”. However, Liam also had some thoughts about having a home in the woods in a cabin because he longed for the quietness. He explained his desire to live in a cabin outside of Toronto because he

would “like to get away from the sirens and the ambulances and the crazy firetrucks”.

Connection to nature may look different for everyone, but the inclusion of these elements was evident across all collages. Both in the home and outside the home, nature and the ability to connect with nature in some way was important for these seniors.

### **C. What a Home Provides**

Moving beyond the physical elements of home, there was much discussion about what a home provides. A home is more than the physical, and a home does more than providing basic needs. For these seniors a home provides independence, stability, privacy, and a sense of belonging.

#### ***Independence***            ***‘Just a safe place to call our own’*** -Sara

The most common theme that was evident from both the collages and the narratives during the collage-making were related to how a home provides independence and stability. Throughout their collage-making it was common for seniors to discuss their vision of home using possessive words, like ‘own’, ‘I’, and ‘your’ to refer to themselves in relation to their home. One senior, Mark, highlighted the opportunity of independence that home would provide him. When asked what he was most excited about for having his own space again, Mark alluded to independence by identifying the choices and activities he would do in his *own* home: “because you know you can invite somebody in your house or you can cook your own. You can sleep on your own timing, or you know, like you can watch a nice TV, nice movies”. Putting it simply, another senior, Sara, explained her vision of home, “I know I’m not going to get everything I want, but I just want my own place”. Seniors often envisioned their home, explaining the various independent choices

and simple daily activities they would do in their homes. For example, Liam excitedly explained his vision of the simple pleasures of cooking in his own home:

“Yeah, just give me a frying pan. I like to go and shop and get my own pork chop and stuff, throw them on. It’s easy to do and I can do it. I can still get around and do all of that”.

Ashley shared similar excitement of having her own kitchen in her home to be able to freely cook when and what she wanted. When asked how her collage represented her vision of home, she explained, “I’ve got my own kitchen that I can supply my own needs and fulfill my dream of cooking what I want to make at any given time”. Ashley also explained how the independence provided by her own home would allow her to be able to fully live her life on her schedule. Including photos of individuals drinking coffee, and going on walks, she explained:



“So, I am so looking forward to my own place, where I can, as I said, get up at 5 a.m. in the morning if I wished”.

Although these may be simple daily activities, the importance of these narratives, and accompanying images, highlighted that for seniors experiencing homelessness, home means independence. Moreover, for these seniors, these simple acts of independence are something they currently do not have due to their experiences of homelessness.



Thinking further about home means, some seniors specifically discussed why independence was important, specifically as it related to moving on from dependency, and aging. Sara also identified that for her, independence meant being able to pay for, provide for, and live on her own independently. Sara actually wrote the word ‘independence’ on her collage, because for her, home means independence.





Writing the word ‘independence’, Sara explained:

“Independence. It to me, if you live on your own, you’re an independent member of society. You’re not dependent on anyone else. It represents independence to me... It’s that I have my own independence back. I feel like a member of society. Not somebody that is costing society money. If I pay my own rent, I feel better about things. Even if I have to go to a food bank, at least I’m paying me own rent”.

For Sara, having the ability to pay for, live in, and provide for herself in her home means independence. Moreover, for Sara, who has experienced chronic homelessness for over 20-years, a home would give her back the independence she feels has been striped from her because of her homelessness. Two seniors, Liam and Sara, specifically highlighted the importance of the independence home would provide them as it related to aging. Liam and Sara highlighted that for themselves, and seniors in general, living in their own home was desirable, and would ultimately support better health and wellbeing. Discussing the importance of moving into his own home as soon as possible, and recent discussions he has had with his doctor, Liam and I discussed long-term care and his desire to be able to live in his own home:

Me: And then what about yourself now? If your mom didn’t want to go into a nursing home, are you the same?

Speaker 1: No, I don’t want to go. Oh god, my doctor said to me, uh, it’s about time you’re thinking about, uh, where they go and take care of you, uh, what are they called?

Speaker 2: A nursing home?

Speaker 1: Yeah.

Speaker 2: Nursing home? Retirement home? Long-term care home?

Speaker 1: Yeah, the LTC.

Speaker 2: LTC.

Speaker 1: And I said, over my dead body. I said there's no way that I'm going into one of those places. Them taking care of me, taking my, everything I got.

Speaker 2: Right.

Speaker 1: No, I said, no I'd sooner not be in this world if that's the case.

Speaker 2: Right.

Speaker 1: I said sorry doc, I said I'm not, not much for a nursing home. My mother stayed out of one and I'm going to too. But I'm starting to weaken, so... my body is starting to weaken, ill and shattered, especially with the arthritis. So, I might have a little trouble if I don't get my own place pretty soon and just take care of what I have left. Got to get a little roof that's not too expensive and take care of myself the rest of my life.

Here, Liam explained what many seniors feel, the desire or preference to live, and age in their own homes. Moreover, for Liam who was one of the older seniors that participated, there was a sense of urgency to move from shelter, not into LTC, but into his own home. He further explained, and was highlighted earlier, that he would prefer a smaller home, as he felt this would be something her could manage on his own, especially as he continues to age. Sara, although not as old as Liam, also spoke about the importance of independent living for seniors, and the potential benefits she sees this independence has on seniors:



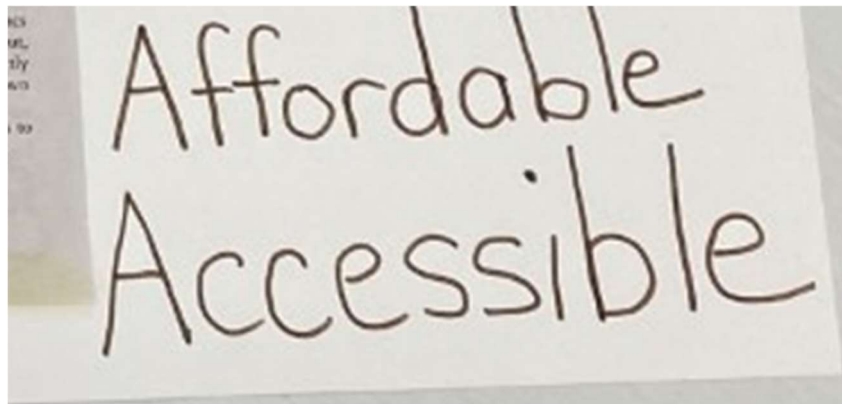
“Independent living is important for seniors. I think that that's very important. And you know, if the government of Ontario would invest in single occupancy units we could do a lot better than we're doing. The health would improve. I mean the healthcare. Seniors are ending up in hospital far too much now and too often 'cause they're not getting the support... they are spending far too much money on shelter beds and shelter staff. I do appreciate the effort but you're not getting the results that its costing the taxpayers. Housing, single occupancy units are cheaper, with some support staff on site, if people need help or direction or support. But they don't need to be monitored 24/7 and treated like children 'cause a lot of us take offence to that”.

Again, like Liam, Sara expresses the desire to live independently while aging. Moreover, Sara explains how independent living is uniquely important to seniors and supports overall health and wellbeing. Sara also provides suggestions to including various level of supports for seniors whom may need it as they live independently and age.

***Stability*** *‘I want a place where I’m going to take, and it’s for the rest of my life’* -Liam

Further understanding what a home provides, some seniors also made connections between the importance of home providing independence and its connection to stability. In addition to using possessive language to describe their home, and the independence home would provide, many seniors also spoke about their home being stable for the rest of their life. Seniors made mention of wanting to move on from the uncertainty of living in homelessness, not wanting to move multiple times, and described the desire for their next home to be the place they would live for the rest of their life.

Having experienced homelessness longer, and both having experience living in subsidized housing and/or other low-income units such as boarding homes, Liam and Sara both described wanting their home to be a place for them to live the rest of their life, but also that this home be appropriately suitable for their individual needs. For example, Sara added the words ‘affordable’ and ‘accessible’ to her collage, both important parts of her home that she has struggled with in the past.



After discussing the various unsuitable units she had lived in, she simply explained the stability she seeks for in a home, she said, “you know, I just want a normal, quiet, affordable, for the rest of my life, where I don’t have to move again. If there’s anyway possible, I don’t want to keep moving”. Similarly, Liam also explained that in addition to finding a home quickly, he also would want his next home to be stable and suitable for the rest of his life, he explained, “I want to go and get a place very quickly. For the rest of my life, you know. But I don’t want a place where I’m not happy with it”. Here, both Sara and Liam identify that home means stability. Moreover, they both highlight that in order for their home to be stable, it must be suitable to their individual needs – for Sara it must be

accessible and affordable, and for Liam it must be a building/unit he is happy with and able to maintain himself.

Liam and Sara also identified the importance of stability specifically as it relates to aging and potential end-of-life experiences in the home. Understanding that she is aging, and the realities of aging in shelter, Sara discussed the following in relation to the stability that is associated with home:

“I would want to, the next place I rent, I wanna live there for the rest of my life. ‘Cause I’m old now. I’ll be 67. And so, stability. Stability for the rest of my life...More people are just gunna end up homeless. And I don’t wanna die in a homeless shelter. I want my own home, where I’ll be stable for the rest of my life”

Liam and I also spoke about the stability that home would provide him, specifically relating to his aging and the aging process, he explained:

Liam: “I want a place where I’m going to take, and it’s for the rest of my life”.

Me: “So stable?”

Liam: “Because, you know, at my age now, that’s how I feel. I’m probably not going to be around much longer. You know, let’s face it, you know, if I lived to be 85 I would be lucky”.

Based on Sara and Liam’s comments, it would seem that the stability home provides is uniquely important to older seniors. Moreover, seniors understand that as they continue to age, their independence and stability in their home is important to their overall health and wellbeing.

**Privacy**      *‘Fence it in a little... I need to keep out people you don’t want in’ -Liam*

In addition to independence and stability, the privacy home provides seniors was also evident amongst the collages and narratives, often in juxtaposition of the lack of privacy inherent in homelessness and homeless shelters. Many seniors spoke about their home and the simple independent pleasures and activities they do in their home. For many, the ability to engage in these desired independent activities meant their home provided them the privacy to do so. For Sara, she chose to include pages of books on her collage, because for her, home represented a private place for her to read, simply put she said, “what it represents to me is the privacy to read”.



Sara further explained the importance of the privacy home provides to read, which is something she has struggled to do while living in shelter or rooming houses. She further stated:

“I don’t need a lot, but I need my privacy, as I say, there’s no quiet place to read. I can’t, you know, I’m not alone here. We always have room mates, so you know, it’s difficult”.

Similarly, Ashley spoke often about her faith and connecting with her faith community was important to her. Furthermore, she explained that because of the Covid-19 pandemic,

she often connected with her faith community/attended church services virtually.

However, the shelter she was living in had been experiencing internet issues which meant she would use a local library to attend church instead of using her own personal laptop in her room. By using the library, she experienced a lack of privacy and felt people were watching her. She explained:

Ashley: “And then going to the church over here down on the road, which is not too far away. So I’ve been attending that online from the library. And the people watching over your shoulder etc. It’s not...”

Me: Right. “You want some privacy?”

Ashley: “Yeah, privacy”.

Ashley and Sara both highlight the value of privacy inherent in their own home, and the ability to privately engage in the independent activities and pleasures of their life, which is presently in contrast to the lack of privacy they experience in shelter. Many seniors spoke about privacy in juxtaposition with the lack of privacy in shelter. Thinking about the challenge of privacy in shelter, and when I asked her what was important about being in her own home, Amy explained:

“My own key. I could go and sit down, make myself a tea or coffee, watch a little tv and what have you. Instead you have to wait for the shower and they yelling and screaming in the shelter. And it’s the noise. Whose fighting for the computer. You don’t know who is in these places. And if you’re not used to it. You know, it’s time to get out and move on. I want to move”.

Whether it was about the workers, or room mate and other residents in shelter, many seniors spoke about the lack of privacy inherent in shelter, and the ability home has to provide shelter. Simply put, Mark was explaining the ability to invite others and enjoy your own home, which is a place where “you have it like

somehow 95 or 100 privacy right. Here, you got no privacy, nothing”. In her collage Sara thought about how to visualize the importance of privacy, and the lack of privacy she experiences while homeless:



“When I was asking somebody, how I would represent privacy, they said a pair of eyes, and I thought that was a good idea. But, it is, so privacy is such a big thing”

Sara placed the image of a man to represent the eyes that are constantly present, and monitoring her while living in a shelter. The seniors were consistent in their understanding that home represents, and provides privacy. Home provides privacy to engage in the activities in their home, it provides privacy from others, and it provides the privacy that they lack while living in shelter and experiencing homelessness.



***Space for Belonging***                      ***‘because it’s going to help fulfill the family’*** -Ashley

Many of the collages contained images of families, children, couples, and other individuals. For the seniors, these images represented family and community. Moreover, these images represented the ability home has in providing a sense of belonging, vis-a-vis with family, or with a community.

Many seniors spoke frequently about their families, and often sought out images of children, men, and women that they felt represented their family:



Thinking about her home, Ashley explained that it was important that her home be a space she can share, she explained, “but my dream is also to have a family environment, not just my space for me alone. So, the space that I have, I’m offering to family and friends”. For Ashley, her home is a space that she can share with others and have them be involved in her life. For others, they saw home as a place for them to reunite with their family. When asked how her collage represented her vision of home, Amy looked at her collage for sometime, began to cry softly and explained, “it’s my family. That is where the tears are coming from. It’s nice though. I would like me and my family to come back,

reunited”. Mark and Joe also spoke about how some of the most important aspects of their collages was family, and their narratives highlighted their vision of home reuniting their families, including children and grandchildren. When I asked Mark, who was recently homeless for the first time, if he would like a place for his grandchildren to visit, he excitingly responded:

“Oh yeah! Like you know when they come you will be so happy, you know, like you know what I mean? Like, if you like have nice sofa that they can come and sit down, they, you know. Me and them, they like to play with me. We make CN Tower and all that with the Legos and all that, you know, so many nice things I have done with them. And suddenly It happened, this mess. I never ever expected it”.

For Mark, home meant a space he can reunite with his family and engage with his grandchildren. This was even more relevant for Mark because since experiencing homelessness for the first time in later life, he expressed that he was isolated from his family and was not comfortable having his grandchildren visit, or even know he was homeless. Joe also spoke about the importance of family in his collage. Notably, he placed an image of a child in the centre of his collage that reminded him of one of his many grandchildren:



Discussing the importance of his family, and the importance of a kitchen in his home, I asked Joe the following, and he explained:

Me: “So obviously family and being around your family is important for you”.

Joe: “Yeah”.

Me: “Do you ever cook for your family?”

Joe: “Used to, you know I've been, yeah, getting busy. Getting institutionalized lately”.

Me: “Yeah”.

Joe: “Don't get to do that”.

Me: “Would you like to?”

Joe: “Yeah, we're gonna be together again. Yeah”.

Like Mark, and many others, since experiencing homelessness, their connections with their families have been strained. As such, home provides the opportunity to reunite family and provide a sense of belonging within their family unit, whatever that may look like.

While not everyone explicitly identified family as an important element of their collage, some others identified a sense of belonging home can provide through the connection to a community. While all seniors eluded to the importance of independent living, many seniors also highlighted the importance of connecting and engaging with a community in their home. Sara, Ashley and Mark all explained the importance of living in a community where they could have the opportunity to explore and engage in activities was brought up throughout their collage-making. For example, Mark explained:

Mark: “And sometimes you know, on the weekends, I go to the horse racing, I go to my son, I go to the other son. I go see some friends, you know. I do those things on the weekends”.

Me: “So you’re active, you like to get out?”

Mark: “Yeah like, you know, you can’t stay home all the time, what you going to do? You need some other kind of entertainment”.

For Mark, being engaged in his community was important to discuss while making his collage, in addition to engaging with his family. Others, explained the importance of being engaged in a community to combat isolate and to receive help and support from others. Discussing her potential future supportive needs as she ages, Amy discussed:

Amy: “Today is right now. But you never know tomorrow. Especially with old age, you never know. But as I say, you focus on mobility you can, you don’t be lazy. Walking is good. And exercise keeps your mind focused on different things. And meeting people, that’s a good idea too.

Me: “So, a community. You don’t want to be isolated?”

Amy: “No, no, no”.

Ashley, one of the older participants, also identified the importance of community, family, and support. To highlight this, she put a picture of a man holding a paint roller, and wrote a scripture passage:



She explained the deeper meaning of both the scripture and the man:

Me: “Would you like living around people? You like neighbours?”

Ashley: “Oh definitely, yes definitely, yes... “Help meet. That’s it. Genesis 2:18. I’m gonna do that. That’s for sure”.

Me: “What scripture?”

Ashley: “Genesis 2:18 ‘Help meet, we’re not meant to be alone’”.

Me: “Help meet, what does that represent?”

Ashley: “That represents help, like help meet. Which also means like a husband, who can do the painting. This part of my dream, Genesis 2:18. Cuz I think that's coming up in my next level of what the Lord has planned for me. It’s important because it's going to help fulfill the family”.

Through this narrative exchange, and the images she included in her collage, Ashley identifies the ability home can provide a sense of belonging through connection with community and by fostering or creating a family. Moreover, Ashley also identifies the importance community can be in providing support, which others had identified as more important as they continue to age.

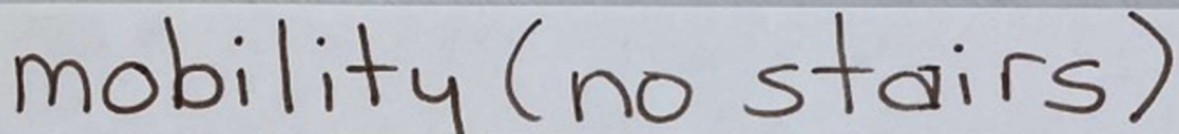
By engaging in one-on-one art sessions and creating their collages, the seniors in this study clearly identified what a home is and what a home provides. First and foremost, the seniors identified that a shelter is not a home, and much of their understandings of what home is was in contrast to their experiences living in a shelter. For these seniors, a home includes vital physical elements, including a manageable space/size, important amenities, namely, a kitchen and bathroom, and a connection to nature. Thinking about more nuanced meanings of home and their identities of being both older and homeless, the seniors identified that a home provides independence, stability, privacy, and a space for belonging.

### **5.3 The Supports and Services Needed for Senior's to Experience their Vision of Home**

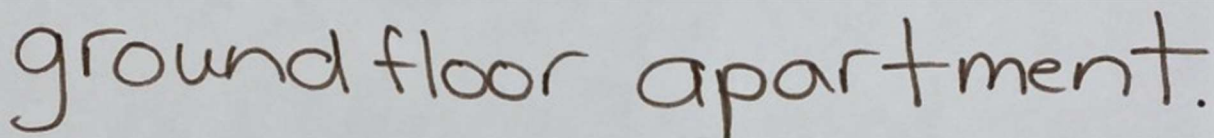
Once seniors completed their collages focusing on their vision of home and what home means to them, I asked seniors to either complete another small collage, or write out a list, of any specific support and services they feel would be necessary to support their vision of home. I asked the seniors to look at their collage and reflect on what they thought they would require to make their vision of home a reality. I asked them to think about their every-day needs, this could include physical health needs, mental health needs, etc. With my support, most people created a separate list of these needs, and some others simply discussed these needs with me verbally. The following concluding section briefly explores two important areas of supports and services these seniors highlighted; in-home supports and services, and community supports and services.

#### **A. In-Home Supports and Services**

Many seniors highlighted the importance that their home be accessible, especially in accordance to their own unique mobility needs:



mobility (no stairs)

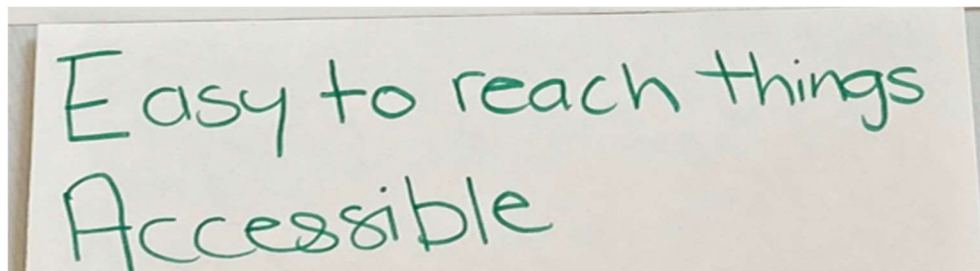


ground floor apartment.

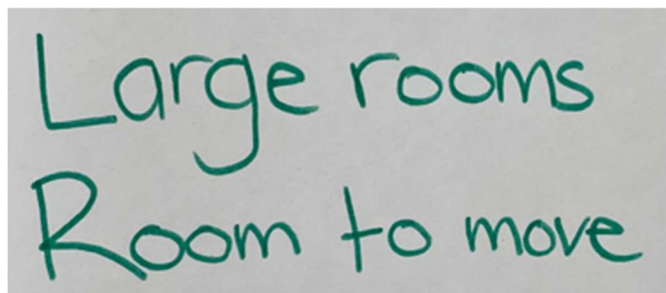
About half of the seniors directly spoke of their limited physical mobility, and as such, made note of needing their home to either have an elevator, have limited stairs, or be on a main floor so no stairs or elevator are required. However, one senior, Amy, made note that while she would prefer an elevator, she also recognized the importance of stairs and physical activity was for her own health and wellbeing as she ages. Amy explained:

“I prefer an elevator, because of my knees. But also, stairs keep me mobile, going up and down stairs. You don’t want to get too lazy. I’d rather force myself to go outside”.

Amy, and many others also eluded to the importance of keeping active as they age, however, they also understood their limitations and accessibility supports they would also require. Speaking further to accessibility within the home based on his own mobility needs, Joe identified the importance of having “everything reachable”, such as dishes, food, books, etc., as well as having the space to be able to move.



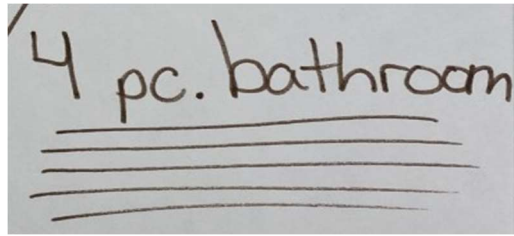
Easy to reach things  
Accessible



Large rooms  
Room to move

Joe explained, “make everything reachable, accessible, you know? And nothing blocking the way. Not overcrowded or too much furniture in the wrong place. Big bedrooms”.

During this time in the session, some seniors also reiterated the importance of their home having an accessible bathroom, and bath tub.

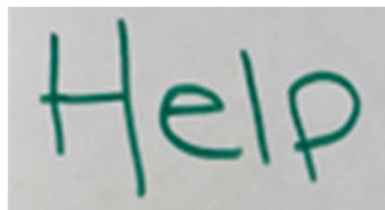


Amy explained the importance of an accessible bathroom, explaining:

“Well they have to have a good shower, bathroom, so you can’t slip. That’s number one. Some of them have to have nice things. But, the most important thing is taking a shower, keeping yourself clean”.

Moving beyond accessibility and mobility needs in the home, some seniors also spoke to the need of having additional in-home-type services to support their independence and stability in the home as they age. While she currently considers herself in good health, Amy did suggest the possibility of needing someone to come and help her, especially if she were sick or in need.

Amy said, “and maybe if you’re sick, somebody to help. Because you have no family, nobody cares. So, you don’t want to get yourself in that position”.





Liam, who was strong in his understanding that home means independence, but also older than most other participants, explained that he would benefit from in-home cleaning support services. Thinking about supports and services he discussed:

Liam: “Then yeah, I can do a lot of things. I could cook, and get groceries and all that. All I would need is for someone to clean the house. You know, they could clean the bathroom and the house and to the wash. You can bring in a woman once or twice a week, just to do a quick cleaning job”.

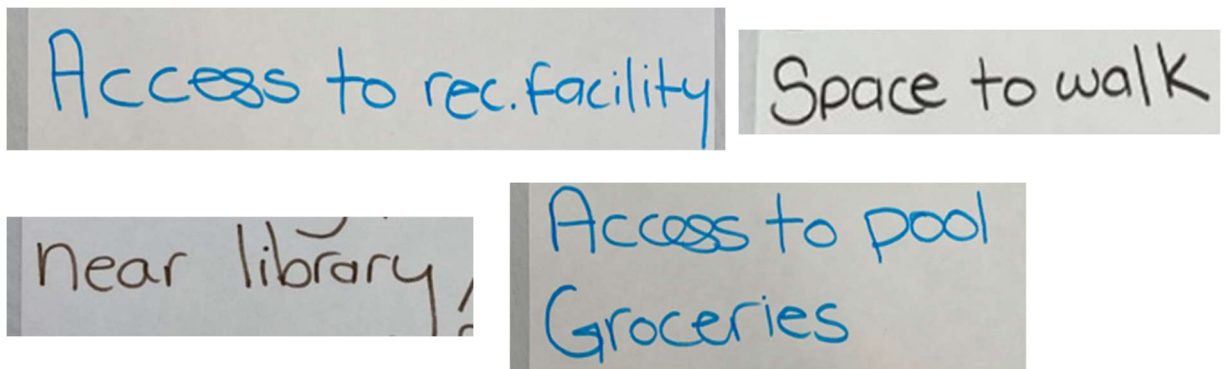
Me: “Right, yeah, so that’s it”.

Liam: “That’s it, yeah. It’s not too much to ask for”.

In order for their vision of a home to be actualized, and support independence, stability, privacy, and a sense of belonging, their homes must be accessible, to meet their unique physical needs.

### **B. Community Supports and Services** *‘Transit is an absolute must’* -Ashley

Seniors also thought about where they would live geographically, and what supports and services they would need in their community to support their vision of home. Amongst the common services seniors wanted in their community and easy to access, included grocery stores, libraries, parks, and recreation facilities:



More specific to their unique aging needs, seniors also highlighted the importance of their homes being close to important social and health services, such as ODSP offices, doctors, dentists, and hospitals:

good Doctor  
Dentist

Doctor (close to home)

Health care facilities

near O.D.S.P.

Specifically explaining the importance of his home being close to hospitals and doctors,

Liam explained his current challenge commuting to his appointments from the shelter:

Liam: “There are no doctors out here and nothing. There’s no hospital. Every appointment is in town. And the hospital is where I’ve got to go. My doctor is [downtown Toronto]. That’s a long way from here. And one day, it was yesterday, and they told me to go see him in two weeks”.

Me: “So, did you do that? How did you get all of the way there from here?”

Liam: “I had to take a bus all way down to the subway and then on the subway I’ve got to go all, way, right across the city, and that takes another hour. It takes an hour to go from here to the subway almost”.

Me: “Wow”.

Liam: “It’s terrible”.

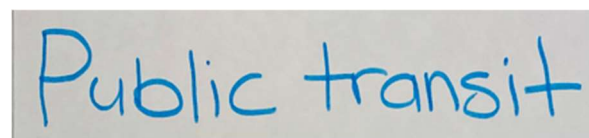
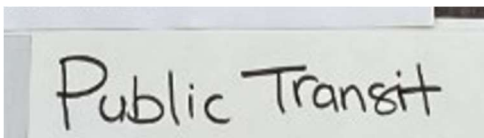
Me: “That’s not sustainable is it?”

Liam: “It knocks the heck out of you and bouncing, bump, bump, bump, all day on the bus. And then it’s hard to subway. I’ve got to take some more time to get downtown”.

From this narrative, we can clearly see why for Liam, and many seniors, their home’s location, with services closely available to them in their community is crucial for the health

and wellbeing. Most seniors spoke about the importance of doctors and other health related services, and how these services ultimately support their vision of home.

Understanding that seniors both need and want to engage in their communities, be it through necessary services as well as by engaging in entertainment and other leisurely activities, it was highlighted that public transit was a crucial mode of transportation. Many seniors spoke about their engagement with public transit presently, as well as the importance that this mode of transportation continues in their vision of home:



Most seniors explained that they rely on public transit to move around the city, specifically seniors expressed they relied on the TTC or other municipal public transit services. Ashley discussed the importance of public transit, specifically for seniors, explaining:

“Yes, yes. I think I think that would be the absolute must. There are several people I've met here that don't drive also... Transit is an absolute must. Yeah. Availability to that”.

Not directly related to his aging, Sam also highlighted the importance of public transit, explaining that he chooses to use this service rather than drive due to the cost saving:

Sam: “Here in Toronto, you have the TTC, you can go anywhere you want”.

Me: “And that's important to you?”

Sam: “Yes. Well, I purposely don't have a vehicle. Because I don't have to pay for insurance. I don't have to pay for parking. So, the calculation was, with the parking down here. You're looking at \$3500 a year. So, it was easier”.

For Sam, public transit allows him to get around the city for a lower-cost.

Moreover, Sam expressed the importance of a robust public transit system, such as Toronto's TTC, in order to better be able to commute throughout his community.

In order to make these seniors vision of home a reality, certain supports and services are needed. Thinking about their every day needs the participants highlighted that they would require their home to be accessible to support their physical needs (i.e. no stairs, elevator in buildings, lower cupboards, accessible bathroom, etc.). Some seniors also identified that presently, or as they continue to age, that in-home help/care givers would be helpful, specifically to support with cleaning and health and wellness check-ins. Finally, the seniors in this study identified certain community supports and services they would require to experience their vision of home. Thinking about their home's geographical locations, seniors highlighted they would need to be close to standard services such as grocery stores, parks, and libraries. Furthermore, seniors identified that due to their unique aging and care needs, their homes would need to be close to doctor's offices, hospitals, dentists, and social support offices. Finally, the participants identified the importance of a robust transit system as a crucial mode of transportation in their lives.

The following chapter in this report will critically analyze these findings and the various themes present. The chapter will also discuss the study's strengths and limitations, as well as implications for social work policy, research, and practice.

## **CHAPTER SIX: Discussion**

The findings of this research study explored what home means to seniors experiencing homelessness, and the supports and services they need in their ideal home. Furthermore, the findings highlighted that home has deep and nuanced meanings for homeless seniors, and home requires certain unique considerations, supports, and services in order to be fully actualized. Understanding what a home is and what it provides, as well as the supports and services needed for seniors to experience their own unique vision of home, this section will discuss the contradiction between what a home is and what a shelter is, and the juxtaposed policies, services, and supports that impact homeless seniors' realities of 'home' due to being both homeless and older. This section will also explore implications for social work, as well as strengths and limitations of the study.

### **6.1 What a Home Is and What a Shelter Is Not**

The findings of this study identified what home means to seniors experiencing homelessness. Notably, much of what a home means and provides is in direct contrast to their experiences living in shelter. Important elements of home were directly related to those elements they had lost through homelessness and living in a shelter. Based on this study's findings and previous literature, the following discussion will explore what a home means, and more specifically, what a home means being homeless and older in contrast to what a shelter is. The discussion will end by highlighting some significant policies, services and supports that are juxtaposed with the realities of being 'older' and 'homeless'.

### **A. What a Home Means vs. Shelter**

It was clear from the findings that home has intricate and unique meanings. For seniors experiencing homelessness, *home* means and provides, much more than the standard four-walls that we often consider a *house*. For these seniors, home is an important physical space, which requires certain elements and amenities in order to support their overall wellbeing. But more importantly, home means and provides independence, stability, privacy, and is a space for belonging through community and family. This nuanced and more emotional meaning of home aligns with existing scholarship that focuses on understanding home (Dovey 1985; Darke 1994; Mallet 2004). Literature focused on home often states that home is a subjective, relational, and active process that one engages in (Mallet 2004; Vandebeld Giles 2020; Højring and Bech-Danielsen 2021). Furthermore, it has been commonly understood that home is a space that provides freedom and control, security, as well as individual creativity and revival (Mallet 2004). In addition, Vandebeld Giles (2004) highlights that home is also a space that provides opportunity for close and caring relationships. These descriptors very much align with what the homeless seniors in this project understand as home.

### **B. Homeless and Home vs. Shelter**

Understanding that independence, stability, privacy, and a space for belonging is what home means for seniors experiencing homelessness, it is important then to understand how the lack of independence, stability, privacy, and space for belonging inherent in shelter makes that space not a home. While many participants in this study explicitly stated that shelters were not homes, or identified common challenges of living in shelter,

it is important to understand how their identified meanings of home starkly contrast with the current spaces homeless seniors are provided. As noted throughout the findings section in this paper, much of their understandings of home, and the reason they were important, for example independence and privacy, were examples of what they had lost through homelessness. By identifying the loss of independence and privacy, which was understood to be central to what a home is/provides, seniors highlight that shelters are not home. This logic has been identified in other research focused on home and homelessness. For example, in her research focused on homeless families living in motels in the City of Toronto, Vandebeld Giles (2020) found that these motel spaces were not home because they lacked critical elements of ‘home’ identified by the women: control over space, safety/security, and privacy.

Complicating this even more is the fact that shelter stays, including in over flow spaces such as motels, are increasingly becoming longer, often resulting in agencies, workers and some homeless individuals themselves, seeing these spaces as their “home” (Vandebeld Giles 2020). However, by understanding what the participants in this research identify as home, we can see how shelters are not home. Because shelters cannot provide independence, stability, privacy, and a space for belonging for homeless seniors, they innately cannot be home. As a result, then, by focusing on quick ‘solutions’ to homelessness, such as increasing shelter beds/space, we are actually making home for homeless seniors increasingly more difficult to obtain and experience.



### **C. Older and Home vs. Shelter**

For seniors experiencing homelessness, the meaning of home is further contrasted by the understanding that they are also aging. Because this group of homeless individuals are aging, it is important to understand how aging permeates the importance of home and the significance that a shelter is not a home. For the older adults who participated in this study, the importance of stability and independence inherent in home were highlighted as being especially important because they were aging and/or older. It was noted by participants that they wanted stable independent housing for the rest of their life, understanding that this may be for a shorter time period and logistically more complicated than for their younger homeless counterparts. Furthermore, the importance of keeping independence while one ages was also important in terms of home for participants, which is inline with existing scholarship related to ‘successful aging’ (Wiles et al. 2012; Woolrych et al. 2015; Grenier et al. 2016). It has been noted by many scholars that although not designed to be permanent housing solutions, shelters are increasingly becoming long-term accommodations for older adults rather than temporary or emergency responses (Culhane & Metraux, 2008; McGhie et al., 2013). More significantly, shelters are not equipped, nor do they have the expertise to appropriately or safely accommodate many seniors whom have various unique needs (Crane & Warnes 2010; Wiles et al., 2012; McGhie et al., 2013; Woolrych et al., 2015). For the homeless seniors in this study, certain emotional elements of home, such as independence and stability, as well as more practical elements such as certain amenities, accessibility and in-home supports, were central to their understanding and meaning of home due to their

experiences of being both homeless and aging. As such, shelters inability to appropriately accommodate the needs of these older adults highlights what a shelter is not, and further signifies the importance of home for the health and wellbeing of those older and homeless.

#### **D. Older and Homeless, and the Juxtaposed Policies, Services and Supports**

Just as it is important to recognize that experiences of being both homeless and older was crucial to the participants understanding of home and their vision of home, it is also important to acknowledge how the findings from this study contrast with current policies, services and supports that impact the lives of homeless seniors. Moreover, the findings from this research further highlight the gaps between policies, services and supports that support older adults and those that support homeless individuals and the impact of these gaps have on the ways homeless seniors experience home.

As explored in this study's literature review, homeless seniors experience a double-burden of being both homeless and older and thus experience unique social, political, and service gaps. Complicating this situation, the homelessness and older adult policy regimes and service sectors for homeless seniors are separate, meaning often the services that support homeless individuals do not adequately address the unique services that support seniors. Grenier et al. (2016) explain this challenge for homeless seniors. They state, "the problem for older people who are homeless can be articulated as follows: older people who are homeless do not have the 'ideal home' within which to grow old (i.e., to flourish or live permanently), nor do they have the physical housing—or place—within which to be deemed eligible for, and receive care services" (pg. 75). Thinking about this

contradiction, we can see how the findings from this study further highlight the challenges for homeless seniors to experience their ideal vision of home, and how their current ‘home’, a shelter, does not and cannot adequately be home. The seniors involved in this project clearly understand home as something that meets their needs of being older, and desiring the dimensions of home such as privacy and independence that make home possible. It is clear that a shelter does not adequately address their needs of being older and needing a home.

The findings of this research also highlight various gaps in current policies and services that support seniors experiencing homelessness in finding a home. Two specific areas of focus that I see as contradictory to the support of seniors experiencing home, as they envision in this project, are related to a common strategy shelters use to support homeless individuals into housing, and the challenges homeless seniors experiencing accessing required supports.

Many shelter agencies in Canada utilize a Housing First approach (Grenier et al., 2016; Canham et al., 2021), which is grounded in a right to housing philosophy and modeled around providing immediate housing regardless of mandatory treatment of sobriety, followed by necessary supports. While this model has gained recent popularity and is often considered best practice, Housing First has been criticized for its lack of emotional and cognitive considerations of homeless individuals understanding and connection to ‘home’ (Grenier et al., 2016; Vandebeld Giles 2020). This study demonstrates this ineffectiveness inherent in Housing First. For seniors experiencing homelessness in this study, there are significant emotional connections to, and understandings of home, and

without those present, they are not truly experiencing home. When we think about Housing First strategies of 'immediate housing', we must address how these strategies may lack the ability to adequately support the 'aging' or 'older' experience of homeless seniors. Grenier et al. (2016) articulates this, explaining that among common housing strategies, "the idea of 'home' as a permanent place where one can flourish, and/or the (ideological) discourse of 'home' as the ideal location within which to 'grow old,' is less prominent" (pg. 76). Here, Grenier et al. (2016) highlight the challenge Housing First, and other typical housing strategies, have in addressing the unique needs of providing appropriate housing that meets the needs of seniors, and provides the emotional elements of home. Seniors in this project identified that their vision of home has certain emotional elements that must be met, such as independence, stability, privacy and belonging, as well as practical needs, such as accessibility and supports in order to fully experience home. Therefore, 'immediate housing' that does not address the understandings the participants have of 'home', does not effectively support their needs of being 'homeless' and 'older'.

It was clear from this study that seniors experiencing homelessness require certain supports and services in their ideal home. For the seniors in this study, certain in-home and community supports related to accessibility, aging, and care needs were highlighted. Seniors noted the importance of their home being close to ODSP offices, doctors, dentists, and hospitals, as well as ample transit options. However, research has shown that there are many challenges due to the intersection of being both older and homeless when it comes to supports and services (Grenier et al., 2016). The current living situations (shelter), and often times, the 'immediate housing' homeless seniors are moved into, do

not adequately support their aging needs. For example, Liam spoke about the difficulty he had in attending vital doctors and hospital appointments across the city at various locations via transit. Furthermore, he identified the physical burden this has on his aging body and that continuing this would not be sustainable, thus for him. Home must be close to all of these important services in order to support his health and wellbeing as he continues to age. Liam's story, and the identification of necessary supports and services for the seniors in this study, support the current research that finds older homeless people have significant challenges accessing necessary supports and services (McDonald et al., 2004; Gonyea et al., 2010; Grenier et al., 2016). More specifically, "among the most significant challenges are the gaps that exist between hospital, emergency shelter or housing programs, and home or long-term care, where older people who are homeless can fall between the crack of services" (Grenier et al., 2016, pg. 76).

Understanding the importance of certain supports and services to the seniors in this study, it is vital that these are considered when homeless seniors transition from shelter into housing. However, significant challenges continue to exist when we think about the location of services, and the location of affordable homes, or even locations of shelters which is increasingly where seniors are staying, and for longer periods. For example, doctor's, ODSP offices, hospitals, and other services continue to be centralized in downtown cores, however, more often we see rents in those areas rising, forcing homeless and low-income seniors out of the downtown core, and ultimately further away from those vital health services. This is especially challenging for seniors, whom are more

likely to use those services and have greater difficulty making long commutes to access those services, as this study highlighted.

## **6.2 Implications for Social Work: Considerations for Practice, Research and Social Action**

The findings and discussions drawn from this study have relevant implications for the field of social work, specifically its impact on social policy, research, and practice. This study amplifies the voices and knowledge of seniors experiencing homelessness, which represent a significantly marginalized group who are often excluded from policy, research, and practice considerations. Further, by exploring the meanings of home, what a home provides, and the supports necessary for these seniors to fully experience home, we can better understand, incorporate, and support seniors experiencing homelessness. Ultimately, this study found that home has deep, nuanced, and emotional meaning for seniors experiencing homelessness, more importantly, a home provides seniors independence, stability, privacy, and a space for belonging. In addition, seniors' need specific in-home and community support and services in order fully experience their vision of home, specifically accessible units, varying degrees of in-home cleaning and care supports, transit, and located close and accessible to relevant age-related services like doctor's offices, dentist's, hospitals, and social support offices.

### **A. Policy Implications – Aging in Place or Aging in Shelter?**

On a basic-level, considerations related to being homeless must be addressed and acted upon in aging-related policy, and considerations of aging must be addressed and acted

upon in homeless related policy. In terms of age-related policy, as was noted in earlier, many cities across Canada are adopting ‘successful aging’ and ‘aging in place’ philosophies in their policies, visions, and strategies, as seen by the City of Toronto’s recent seniors’ strategy that focuses on becoming an Age-Friendly City (City of Toronto, 2017). Understanding that aging-in-place relates to the preference, and benefit, of aging in one’s home and community as long as possible, it is then important to acknowledge that for some, home does not exist, or is inherently inadequate to be a home, as identified in this research. As a result, research has shown that if seniors age in an environment that is not supportive of their unique needs, this can lead to negative outcomes, including limited daily activities, increased social and physical isolation, and decreased overall wellbeing (Bigonnesse & Chaudhury 2020). Considering the importance of *home* in ‘aging-in-place’ or ‘successful aging’ policies being adopted by cities, we must acknowledge that for seniors experiencing homelessness, whether they be living in a shelter, or inadequate housing, they are not supported by these policies, and are ultimately ‘aging-in-shelter’ or ‘unsuccessfully aging’. Considering this, the findings from this study highlight the need for policy makers supporting ‘aging-in-place’ or ‘successful aging’ strategies to include considerations of those seniors who experience homelessness. Furthermore, policy makers should understand the unique meanings, understandings, and needs of seniors in order to provide appropriate and supportive homes. More specifically, all levels of governments, which ultimately establish and enact policies that impact seniors’ and those experiencing homelessness, must directly work together. Departments focusing on both areas must directly meet and work together to ensure considerations are

being made and applied to support seniors experiencing homelessness and ultimately, foster a community where homeless seniors can ‘age-in-place’. This may mean creating committees with representatives from both departments/divisions, with regularly scheduled meetings and goals. In addition, local communities, such as Toronto and Hamilton, which have directly identified ‘aging-in-place’ or ‘successful aging’ policies, should directly involve and include seniors experiencing homelessness at the table.

### **B. Research – Homeless Seniors have the Knowledge**

In terms of social work research, this study supports the ongoing use of arts-based methodology as an alternative to traditional scientific and social science research. This study’s successful use of ABR with homeless seniors demonstrated the methodology’s ability to be utilized as a mode of constructing and creating knowledge (Vaughan 2005). Further, by having the seniors create their own individual collages, this allowed the participants to have full control of the knowledge they created and shared. The use of collage-making proved successful and valuable in this study, which suggests that this method could continue to be utilized when conducting research focused on homelessness and/or aging. Moreover, I believe this research study, with its roots in critical gerontology intersecting with the field of homelessness, highlights the need for social work research to better purposefully and meaningfully engage seniors experiencing homelessness in future research, especially as we see senior homelessness increasing.



### **C. Practice – Considering ‘Homeless’ and ‘Aging’**

Similar to implications for social work policy, this research highlights the critical need for social work practice to consider both perspectives of ‘homelessness’ and ‘aging’.

Meaning, for social work services that traditionally support seniors, there must be effective considerations for those seniors who are homeless. Similarly, for those social worker services that traditionally support homeless individuals, there must be effective considerations for those who are older and aging. Thinking specifically about homeless serving agencies/practices, this study suggests that seniors’ specific needs must be addressed and adequately supported. Moreover, when homeless serving agencies/practices support homeless seniors in the housing process, be it through such strategies as Housing First or other, seniors must be included in the plans, and workers/supporters should seek to understand their client’s unique needs and their meaning of home in order to best support seniors into their home, and into a home that will support them as they continue to age. Based on this study’s findings, specific recommendations for shelters that support seniors include actively creating partnerships with supports/services that work with seniors (i.e. LIHN’s, doctor’s, other recreational seniors focused supports), moreover, shelters should provide opportunities for these seniors focused supports to be available directly on-site. In addition, shelters should create, support, and maintain a seniors’ resident committees/groups, so that seniors in shelter are able to have input on shelter rules, practices, policies, and even physical layout/accommodations in shelter due to their unique needs.

### **6.3 Strengths and Limitations**

The strengths and limitations of this research study vary. One major limitation of this research was due to the limited timeframe allotted for this research due to it being a part of a Master's level graduate program. As such, there were limitations on the size and scope of this project. For instance, this research study was only able to include a limited number of seniors in the research and the ability to focus on more aspects of home, meaning, experiences, etc. was limited. Moreover, my ability to fully incorporate marginalized voices in all aspects of the project, which aligns with my theoretical and methodological approach, was limited due to time constraints. If more time were allotted, this project would have benefited from additional seniors included, and a higher-level involvement of seniors in the entirety of the project (i.e. seniors included in the research design and analysis). Although this study had a relatively small sample size, which means the project may not be necessarily generalizable, the study does add to qualitative understandings of home and homelessness of older adults. Moreover, this study amplifies the voices and experiences of seniors experiencing homelessness and highlights the nuanced meanings of home and what support seniors likely require in their homes.

A major strength of this research was its application of an arts-based approach to facilitate and produce knowledge from a traditionally marginalized and excluded population. Being both older and homeless, the participants inherently had less power than I did as the researcher. Using an arts-based methodology supported some shifting of the balance of power, allowing for the voices and knowledge of the seniors to be at the centre of the research. In addition, using collage as a method, with a limited facilitation guide, further

allowed for the seniors to guide the narrative and the creation of their ‘home’ to be at the forefront of the research. Furthermore, the process of the art-based sessions gave homeless seniors an opportunity to be creative, engage, and provided entertainment, which had been taken away from them even further due to the restrictions of regular programming and limitations in shelter due to the Covid-19 pandemic. The laughing, reminiscing, engagement, and joy during these sessions did not go unnoticed by myself or the participants.

## **CHAPTER SEVEN: Concluding Statement**

Understanding that the rate of older adults experiencing homelessness is growing, but is also less understood and researched, this research study sought to add to this body of knowledge by focusing on the voices and experiences of older homeless adults.

Furthermore, aligning with critical gerontology, this thesis research focused on the lives, experiences, and realities of older adults' experiencing homelessness, by amplifying the voices of older homeless adults. Moreover, by directly engaging with older homeless adults' and focusing on their interpretations, my research not only interrogated oppressive systems and structures, but also amplified the voices of older adults who have been traditionally suppressed and marginalized (Freeman & Vasconcelos, 2010). In addition, my research went beyond simply describing experiences and identifying pathways, rather, this research engaged directly with homeless seniors' by focusing on their housing needs, visions, and priorities.

This study found that for seniors experiencing homelessness, home is first and foremost, not a shelter. For these seniors, home is a unique physical space that is accommodating to their individual needs, has important amenities like a kitchen and a bathroom, and home has some kind of connection to the natural world. What a home provides was much more nuanced. For these homeless seniors, home provides independence, stability, privacy, and a space for belonging through family and community. Finally, in order to experience their vision of home and meet their needs of being both older and homeless, a home must be physically accessible, have opportunity for in-home support/care, be physically close to

important services, including doctor's, hospitals, and recreation centres, as well as have access to a robust and accessibly public transit system.

## APPENDIX ONE: Recruitment Brochure and Poster

### About the Researcher

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Caitlin is a current Master's of Social Work student at McMaster University in Hamilton, Ontario. Caitlin also works as the research analyst for The Salvation Army Toronto Housing and Homeless Supports. She also works as a relief shelter staff in Hamilton, Ontario. Caitlin is passionate about housing as a human right and supporting individuals and families in their unique housing journey's. Caitlin enjoys being outdoors and spending time with her cat, Indie, and her dog, Maizie.

#### Contact Information

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For more information about this study, or to volunteer for this study, please contact the researcher via text or phone call at: (289) 683-2222

Or by email at:

[thompsce@mcmaster.ca](mailto:thompsce@mcmaster.ca)

The results of this study will be available in the fall of 2022. You can contact the researcher by email, or reach out to shelter staff if you would like to receive a copy.

This study has been reviewed and cleared by the McMaster Research Ethics Board.

My faculty supervisor, Dr. Stephanie Baker-Collins, can be reached at [sbcollins@mcmaster.ca](mailto:sbcollins@mcmaster.ca)

**McMaster University**

### McMaster University

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**Senior's Experiencing  
Homelessness and Their  
Understanding of the  
Meanings of Home – Using  
Collage to Envision Home**



**Research Investigator  
Caitlin Thompson**

Master's Student  
Department of Social Work  
McMaster University  
Hamilton, ON

### About this Project

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This project is a qualitative art-based research study. The researcher will set-up one-on-one collage making workshops between a participant and herself. This workshop will be approximately 1.5 hours (hour and a half).

In this workshop, you will be given an art-kit with: Bristol board, magazines, markers, pencil crayons, and glue. You will be asked to make a collage using these materials that represents your vision of home and what you need in your ideal home. During this workshop you will be asked questions, and encouraged to talk about, your unique meaning of home, what your ideal home would look like, and what you would need to support you in your ideal home. You will also be asked basic demographic and homeless history questions before we begin the collage.

Here is an example of someone making a collage:



### Participant's Role

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Individuals are invited to tell me about their unique meaning and understanding of home. You are encouraged to envision what your ideal home would be like. You are also invited to tell me about any supports and services you think would be best for you to have in your home. You will be asked specific questions about why certain images in your collage are important and how they relate to your understanding of home.

The collage workshop will follow a general guideline, with some specific housing related prompts, but will be open-ended in order to follow discussion topics as they arise during the session.

Our session will take place in the shelter Wellness Room, which will provide privacy. With the permission of participants, I will use a small digital voice recorder to tape the session. This recording will not be shared with anyone and will only be used by the researcher.



### Confidentiality

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All records of my observations and notes will only be available to my supervisor and supervisory committee. Records, basic demographic information, and photos of your collage (or collage if you do not want to keep it) will be used only for research purposes and will be kept in secure storage. I will use pseudonyms in all publications, and no one will be identified by name in this study.

If there are any questions that participants feel uncomfortable answering or that they would prefer not to answer they may skip over that section or end the session. Participation in this research is completely voluntary and participants can decide to withdraw from this study at any time. Clients choice to participate, or not to, will not impact the support and services they receive at Islington Senior's Shelter.



### Recruitment Poster

#### **PARTICIPANTS NEEDED FOR RESEARCH ABOUT HOMELESS SENIOR'S MEANING OF HOME AND THE SUPPORTS THEY NEED IN THEIR HOME**

Researchers from the Master's of Social Work program at McMaster University are looking for volunteers to take part in a study of homeless senior's meaning of home and what they need to support them in their homes.

Eligible participants are homeless adults over the age of 55 at Islington Senior's Shelter.

Your participation would involve a one-on-one art-based workshop with a researcher that will take approximately 1.5 hours (hour and a half) and will involve 1 session. The study will take place in the Wellness Room at Islington Senior's Shelter.

The one-on-one art-based workshop with the researcher will involve making a collage on Bristol board using magazines, markers, and pencil crayons. During this workshop you will be asked questions about your unique meaning of home, what your ideal home would look like, and what you would need to support you in your ideal home. You will also be asked basic demographic and homeless history questions.



In appreciation for your time, you will receive a \$20 gift card to Tim Hortons.

For more information about this study, or to volunteer for this study, please contact a staff member who will support you in signing up or connecting you with the researcher, Caitlin Thompson.

For more information about this study or to sign-up, please contact:

Caitlin Thompson at:

Phone call or text: (289) 683-2222 or

Email: [thompsce@mcmaster.ca](mailto:thompsce@mcmaster.ca)

**This study has been reviewed by and received ethics clearance by the McMaster Research Ethics Board.**



## APPENDIX TWO: Facilitation Guide

### **Individual Collaging Facilitators Guide:**

#### The Meaning of Home and What You Need

##### Recruitment:

Posters and brochures will be posted and handed out to clients at Islington Senior's Shelter. Posters and brochures will briefly explain the purpose and method of the research study. The researcher will be available via e-mail to respond to questions from clients.

##### Individual Collaging Session: **Total Approximate Time = 100 minutes or 1.5 hours**

The site and Caitlin will pre-determine times/dates to book in-person collage sessions with clients who express interest in participating. Shelter staff will support by providing Caitlin and the participants a private meeting room for the collage session. The site's Covid-19 protocols will be followed, including wearing masks, maintaining physical distance, and proper sanitizing between individual sessions. With permission from the participants, Caitlin will use a voice recording device to record the workshop.

**Step One:** Review Letter of Information and obtain informed written consent – Letter of Information / consent – **10 minutes**

**Step Two:** Housing and Demographic Survey – **10 minutes**

**Step Three:** Individual Collaging – **approximately 60 minutes**

**Activity One:** Envisioning your Home – What your home looks like (40 minutes)

**Supplies:** Various magazines related to housing, garden, and lifestyle, markers, pencil crayons, scissors, bristol collage board, glue

**Context setting script:** *You are looking at magazines which contain many images of houses, buildings, nature, communities, and other things in our world. Home is different for everyone. What a home looks like, what it means, what it needs, and what it provides is different for everyone, and can change throughout our lives, especially as we age.*

**Prompt:** I want you to think about what home means to you and what you envision your home to look like. I want you to look at the images in these magazines and reflect on whether or not some of these images represent your understanding and vision of home. What images are you drawn to most? Why are you drawn to those specific images? If there is nothing within these magazines that represents your vision of home, what other ideas or elements do you have that would?

**Art-Directive:** Make a collage on the bristol board that represents your understanding of home. You can use any of the images or words from the magazines I have provided you. You can also draw out your ideas, or you can draw/label the images you pick out from the magazines to show what parts are important and why.

**Example:**

**Activity Two:** Supporting your Vision – What you need (20 minutes)

**Supplies:** Same supplies from Activity One

**Context setting script:** *You have just envisioned and showed what home means to you and what it looks like. We know that certain supports and services may be required in order for each of us to make our vision of home a reality. For example, many individuals need extra supports in their home to meet their unique needs. This could include physical health needs, mental health needs, or social-emotional needs.*

**Prompt:** I want you to look at, and think about the images you chose to represent your understanding of home and what it may look like. I want you to reflect on what you think you would require to make your vision of home a reality. I want you to think about your every-day support needs, this could include formal and informal supports and could include a range of needs, such as cleaning, medication support, meals, safety, etc.

**Art Directive:** Create a collage/list of your unique housing and support needs, that you would require to be in your home. You can write or draw this collage/list using the supplies.

**Example:****Step Four: Individual Collage Questions – Approximately 10 minutes**

How does your collage represent your vision/version of home?

How does your collage capture what is needed for you in your home?

What do you think is some of the most important aspects/elements in your collage?

**Step Five: Closing Session Questions – Approximately 10 minutes**

Is there anything missing about your unique housing and support needs that we did not discuss here that is important to know?

What do you want policy makers, decision makers, and housing support providers to know about meeting the unique housing needs of older homeless adults?

**APPENDIX THREE: Demographic Survey Results****DEMOGRAPHICS****Age:****Average age = 69**

59
60
68
71
72
77
79

**Gender:**

Female	3
Male	4
<b>Total</b>	<b>7</b>

**Country of Birth:**

Canada	5
Outside Canada	2
<b>Total</b>	<b>7</b>

**Ethno-Racial Identity:**

White, European (e.g. British)	5
Black, Caribbean	1
West Asian (e.g. Iranian, Afghan, etc.)	1
<b>Total</b>	<b>7</b>

**Disabilities/Chronic Health Issues:**

Mobility Issues	4
Pain-related disabilities, chronic pain	3
Memory Issues	3
Psychiatric or mental health needs/concerns	2
Chronic medical issues or major illnesses (e.g. cancer, asthma)	2
No disabilities or chronic health/wellness issues	2
Deaf or hard of hearing	1
Vision Issues	1
Problems managing alcohol and/or other substances, addictions	1
Acquired brain injury	1

**Source(s) of Income:**

Senior's benefit (CPP, OAS, GIS)	5
ODSP	1
OW + Part-time Employment	1
<b>Total</b>	<b>7</b>

**HOUSING/HOMELESSNESS HISTORY****Age First Homeless:**

**Average age first homeless = 60**

22	1
60	1
70	1
72	2
77	1
Unsure	1
<b>Total</b>	<b>7</b>

**Length of Homelessness:**

1-3 months	1
4-6 months	2
7-12 months	1
3 years	1
5 or more years	2
<b>Total</b>	<b>7</b>

**Where You Have Stayed the Last 30 Days:**

Shelter or drop-in homeless service system	7
<b>Total</b>	<b>7</b>

**Best Place You Have Every Lived:**

Barrie home with husband	1
Bramalea own home with wife and children	1
Childhood home	2
Hamilton bachelor rental unit	1
Own home with husband	1
Toronto home with family as a young adult	1
<b>Total</b>	<b>7</b>

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