“Access to safe, quality, affordable housing—and the supports necessary to maintain that housing—constitute one of the most basic and powerful social determinants of health” (Corporation for Supportive Housing, 2014, p. 2). Social determinants of health are the economic, social, and political conditions that affect health outcomes and are the underlying, contributing factors of health inequities (World Health Organization [WHO], 2008). Populations in need of subsidized housing are considered vulnerable as a consequence of poverty. Low-income preseniors, defined as those between 55 and 64 years of age, represent a vulnerable and often overlooked subpopulation facing multiple challenges related to finding and sustaining employment, limited financial resources, mental and physical health challenges, mobility issues, and ineligibility for pensions and benefits for seniors. These issues make finding suitable, affordable housing particularly challenging when compounded with limited affordable housing stock, thus increasing this population’s risk for housing insecurity/homelessness. This qualitative, exploratory study examined subsidized housing issues for low-income preseniors from the perspective of subsidized housing providers (n = 16). Barriers for this population occurred within individual (limited financial resources; complex health, mental health, and disability issues; current unsafe/inadequate housing; and new immigrant status) and structural (strict age cutoffs, inadequate safe/affordable housing supply, lack of information about the housing and service needs of the population, and ineffective collaboration within the sector) domains. Policy changes at the provincial and federal levels related to income support, availability of affordable housing supports, and immigration are recommended.

Keywords
aging and the life course, sociology of health and illness, sociology, social sciences, social work, Canada, low income, seniors

Falling Through the Cracks: Exploring the Subsidized Housing Needs of Low-Income Preseniors From the Perspectives of Housing Providers

Christine A. Walsh¹, Jennifer Hewson¹, Karen Paul¹, Cari Gulbrandsen¹, and Dorothy Dooley²

Abstract
Low-income preseniors represent a vulnerable, often overlooked population facing multiple challenges related to finding and sustaining employment, limited financial resources, mental and physical health challenges, mobility issues, and ineligibility for pensions and benefits for seniors. These issues make finding suitable, affordable housing particularly challenging when compounded with limited affordable housing stock, thus increasing this population’s risk for housing insecurity/homelessness. This qualitative, exploratory study examined subsidized housing issues for low-income preseniors from the perspective of subsidized housing providers (n = 16). Barriers for this population occurred within individual (limited financial resources; complex health, mental health, and disability issues; current unsafe/inadequate housing; and new immigrant status) and structural (strict age cutoffs, inadequate safe/affordable housing supply, lack of information about the housing and service needs of the population, and ineffective collaboration within the sector) domains. Policy changes at the provincial and federal levels related to income support, availability of affordable housing supports, and immigration are recommended.

Keywords
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¹University of Calgary, Alberta, Canada
²Kerby Centre of Excellence, Calgary, Alberta, Canada

Corresponding Author:
Christine A. Walsh, Faculty of Social Work, University of Calgary, 4245 Professional Faculties Building, 2500 University Drive NW, Calgary, Alberta, Canada T2N 1N4. Email: cwalsh@ucalgary.ca

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housing options for the aging population will prevent unnecessary and early nursing home admissions, particularly for those most vulnerable. The Canada Mortgage and Housing Corporation (2000) noted that the demand for community housing options rather than institutional care will increase as a consequence of the aging population. The desire of many older people to remain housed in independent living arrangements in residential areas as long as they are able also highlights the importance of community housing options. Subsidized housing with supports holds potential to prevent homelessness, early nursing home admissions, or unnecessary residential care for those aged 55 to 64.

There is a limited body of Canadian literature examining this issue; we identified five Canadian studies that focus on the housing experiences of those aged 55 to 64 (Furlotte, Schwartz, Koornstra, & Naster, 2012; McDonald et al., 2007; McDonald et al., 2006; McLeod & Walsh, 2014; Ploeg et al., 2008). The definition of older adults in the literature is inconsistent and may refer to adults aged 50, 55, 60, or 65, presenting policy and practice challenges for examining the risk factors and needs of this population. This population, referred to as “the gap,” experiences a unique form of ageism given their positioning between services for adults and seniors (McDonald et al., 2006).

Complex Risk Factors

Preseniors experience multiple challenges in terms of housing. McDonald et al. (2006) conducted a study of adults 50 years of age and older in Calgary and Toronto, collecting data from a nonrandom survey of older adults in supportive housing (n = 237), in-depth qualitative interviews with formerly homeless older adults (n = 53), and focus groups with service providers formerly homeless older adults living in supportive housing (n = 69). Participants reported that securing housing was critical in supporting health and wellness, but more than housing was required to enhance health, well-being, and social inclusion. Identified barriers included limited housing options, ageism specific to the “gap” (age 50-64), and insufficient financial/employment supports. Informants noted a need for integrated service delivery and a range of support options. The study recommended increased access to age appropriate, affordable housing options with the necessary social and health supports, as an important factor in improving health and well-being outcomes.

In a large urban city located in Southwestern Ontario, Ploeg et al. (2008) evaluated a Homeless Intervention Program (HIP) that targeted persons of low-income, homeless individuals or those vulnerable to housing instability aged 54 and older. They examined HIP records of clients (n = 129); conducted three focus groups with service users (n = 5), housing providers (n = 8), and program providers and administrators (n = 4); and completed individual interviews with funders (n = 3), program providers and administrators (n = 6), and service administrators (n = 4). Forty-seven percent of participants aged 54 to 64 noted a lack of employment, ineligibility for old age benefits, and inability to work or participate in “employment related welfare initiatives” due to substance use or poor health (Ploeg et al., 2008, p. 598). The study found high levels of needs related to health, mental health, and housing among older adults with histories of homelessness or housing insecurity.

Lack of Affordable Housing

Insufficient availability of affordable and subsidized housing has been identified as a core policy issue (Calgary Homeless Foundation Community Action Committee, 2010). The dire shortage of affordable and supportive housing is recognized as a structural factor in homelessness for older adults (Aubry, Klodawsky, & Coloumbe, 2012; McDonald et al., 2007; Ploeg et al., 2008). In addition, as those younger than age 65 are at the interface of two subsidized housing groups, they face the limited subsidized housing available across the adult age spectrum. Ploeg and colleagues (2008) noted that community housing for older adults is in short supply and only a minority of older adults who need housing are eligible. With limited housing options available, they reported that older adults end up on lengthy waiting lists where priority is given to certain subgroups of older adults (e.g., those living on the street or with histories of abuse). Furthermore, researchers emphasized the need for increased affordable housing that is age appropriate (Furlotte et al., 2012; McDonald et al., 2006; McLeod & Walsh, 2014).

Furlotte et al. (2012) examined the experiences of 11 older adults (aged 52-67) with HIV/AIDS seeking housing in Ottawa. Participants identified significant concerns related to food and housing insecurity, medical costs, stigma and acceptance within retirement homes or nursing homes related to sexual orientation, or use of alternative therapies (use of marijuana for pain control) and the heightened risk to health as a consequence of being exposed to germs and illnesses within homeless shelters.

Drawn from a national Canadian sample, McLeod and Walsh (2014) examined the shelter experiences of women (n = 8) who became homeless for the first time after age 50 living in shelters in Vancouver, Calgary, Montreal, and Halifax. Widowhood, family breakdown, substance use, rapid deterioration of health, interpersonal conflict, and financial issues were among the causes of homelessness identified by older women in the study. The authors highlight the importance of gender-specific preventive measures to keep older women housed, as more women become homeless in later life than men and their trajectories into homelessness differ from their male counterparts.

Vulnerable to Housing Instability or Homelessness

The definition of “homeless” varies among studies and may differ from participants’ perspectives on what it means to be homeless. In Calgary, those aged 45 to 64 comprised a
significant proportion (35%) of the homeless population, 42% of whom resided in emergency shelters, 27% in short-term supportive housing, 10% system homeless, and 38% rough sleepers (Calgary Homeless Foundation [CHF], 2012).

Different levels of support are required to maintain independent living for older adults based on a number of factors including their history of homelessness or housing insecurity (McDonald et al., 2007; McLeod & Walsh, 2014). Further attention to older persons experiencing homelessness is necessary due to their susceptibility to abuse, greater rates of mental and physical illness, and ineligibility for seniors’ programs or benefits. Gonyea, Mills-Dick, and Bachman (2010) suggested that older adults with histories of homelessness may be functionally older than their chronological age. While attention to older adult homelessness is increasing, little research on outreach or supportive housing programs for this population exists (Gonyea et al., 2010). Due to the complex risk factors, lack of affordable housing, and the effects of homelessness on this age group, knowledge about the accessibility of subsidized housing for preseniors is necessary.

Concern about adequate subsidized housing for the population of preseniors was initially identified by frontline staff of a housing office of a large center for adults aged older than 50 in Calgary. Over a 2-year period, frontline staff documented a high number of inquiries from low-income adults between 50 and 64 years of age. Anecdotally, they reported that callers identified substantial difficulty finding affordable or subsidized housing and often expressed great desperation in seeking support and resources. Although preliminary tracking data from the housing office suggested a relatively high proportion of preseniors were experiencing difficulty finding subsidized housing in Calgary, little information was available to ascertain their specific housing and associated service needs, and the practice of the subsidized housing sector related to servicing this population was not well understood.

As a first step in addressing this issue, the center for older adults hosted a meeting for managers from the subsidized housing sector to explore issues related to older adults during which concern about the subsidized housing situation for preseniors in Calgary was identified. In addition, the extent to which existing housing practices and policies were able to address the specific, multiple, and complex needs of this group and the resultant potential for heightened risk of housing insecurity and homelessness among this population were noted as problematic. Participants identified the need for further research to explore the specific needs of low-income preseniors who they viewed as at heightened risk for “falling through the cracks” in terms of access to subsidized housing and related supportive services.

Understanding subsidized housing experiences for this age group is a challenging undertaking requiring insights from a variety of stakeholders, including housing managers; frontline staff handling requests, intake, and referrals; decision makers; and importantly older adults seeking housing. In this study, we sought to explore subsidized housing issues for low-income preseniors from the perspective of subsidized housing providers to provide a foundation for subsequent research that would include perspectives of other relevant stakeholders. The objectives of the study were to obtain perspectives of subsidized housing representatives related to housing issues, current policies and practices, challenges and gaps in accessibility, recommendations for change, and collaboration opportunities.

The following research questions were developed based on knowledge gaps identified at the housing sector meeting:

**Research Question 1:** What are the demographic characteristics of people requesting housing but not placed?

**Research Question 2:** What is policy with regard to accepting those aged 55 to 64 in seniors’ subsidized housing?

**Research Question 2a:** How many management companies accept requests for housing from preseniors?

**Research Question 2b:** Which management companies accept preseniors on the waitlist? If so, how many are on waitlists and for what length of time?

**Research Question 3:** What are the challenges and gaps management companies are facing in addressing the needs of this population and what are recommendations for practice and policy change?

**Research Question 4:** To what extent is this sector collaborating to address subsidized housing for this population?

It was anticipated that by exploring the context of preseniors housing issues and engaging the sector in discussions about these issues, the unique housing challenges faced by this group could be identified, and policy and practice recommendations made toward mitigating the risk of homelessness for this vulnerable population.

**Method**

The study used a multiple-method qualitative, exploratory approach to investigate the subsidized housing issues for low-income preseniors from the perspective of subsidized housing providers. The institutional research ethics board approved the study research protocol and all participants were volunteers who provided written informed consent.

**Data Collection**

Three data collection methods were used: qualitative interviews, tracking of housing requests, and a focus group.

**Interviews.** The purpose of the qualitative interviews was to investigate the process of macro practice and policy issues related to housing low-income preseniors in their specific
organizational context. A directory of subsidized housing for seniors (aged 60 and older) and other resources identifying subsidized housing sites were used to develop the sampling frame that ultimately comprised 21 managers representing 14 subsidized housing providers, 62 sites, and three individuals from the subsidized housing sector. All identified representatives were invited to an information session hosted by the Kerby Center in January 2012 to introduce the project and solicit participation; 16 representatives from the sector attended the session. Subsequently, all representatives identified in the sampling frame were contacted by telephone and/or email to invite them to participate in the study. Twelve managers and four intake workers agreed to participate in the study representing 12 of the 14 identified subsidized housing providers.

An 11-item semistructured field guide that included questions related to the nature of requests received for placement, formal and informal organizational policies and procedures regarding placing this population, challenges and gaps experienced in addressing the subsidized housing needs of low-income preseniors, and recommendations for practice and policy change was used for the interview.

Interviews, lasting between 30 and 60 min, were conducted in subsidized housing providers’ offices between January and April 2012. Interviews were audio recorded and transcribed verbatim, with the electronic responses of one participant who preferred to respond to the questions electronically, added to the data set.

Trackings. Interview participants were asked to provide a summary of housing requests from low-income preseniors over a 2-month time frame to provide statistical estimates of the housing need. Information was requested about the type of contact (e.g., telephone or walk-in), demographic profiles of those requesting housing (e.g., marital status, age, and income), type of accommodation required, reason for seeking housing, outcome of the contact (e.g., placement or referral details), and comments. As only five summaries were received, these data were not included in the analysis.

Focus group. In June 2012, once the preliminary analysis was completed, all participants were invited to a focus group the purpose of which was to (a) review and discuss the preliminary study findings, highlight priority areas, and identify any missing details; (b) explore implications of the findings for practice and policy related to subsidized housing for low-income preseniors; and (c) codevelop practice and policy recommendations with a focus on collaborative actionable items. Prior to the session, participants were provided with an electronic copy of the preliminary results of the study. Four participants representing four different housing providers attended the focus group.

Data Analysis

Qualitative data analysis and grounded theory techniques were used to analyze the interview and focus group transcripts (Strauss & Corbin, 1990). The analyzed process consisted of (a) open coding—breaking down, examining, comparing, conceptualizing, and categorizing data; (b) axial coding—assembling data in new ways by making connections between categories; and (c) selective coding—selecting the core category in relation to other categories according to the objectives of the study (Bryman & Burgess, 1993). We used investigator triangulation, with several members of the research team involved in the analysis process independently to check for accuracy in coding and consistency and in identifying themes, and methodological triangulation, through reviewing preliminary interview findings during the focus group (Patton, 2002) to ensure study rigor (Denzin, 1978).

Findings

Study findings produced one overarching theme—barriers for low-income preseniors in accessing suitable housing. This occurred within individual and structural domains. The individual- and structural-level factors were each comprised of several subthemes. The following section describes each theme and subtheme with illustrative quotes drawn from the transcripts. While these barriers are presented as unique, independent contributors to housing insecurity for low-income preseniors on either the micro- or macro-spheres, they are inextricably interrelated, often exacerbating the vulnerability of this population to housing insecurity and other adversity. For example, the individual factor describing the complex needs of this population in terms of health, mental health, and disability is intertwined within limited housing options available to meet these specific needs.

Individual-Level Barriers

In terms of individual- or micro-level barriers, this population had limited financial resources, with often complex health, mental health, and disability issues, heightened vulnerability related to their current unsafe and inadequate housing, and new immigrant populations were noted at greater risk.

The most commonly identified barrier for this population in accessing suitable housing was their extremely limited financial resources. The impoverishment of this population directly affected the housing that preseniors can obtain and maintain, according to study respondents. “They are paying way more than they can afford to. For example, they might be on AISH [Assured Income for the Severely Handicapped], and they are paying Can$800 a month for rent,” noted one informant. Income is a requirement for subsidized housing and as one participant shared, “people would say things like, it is hard for me because of my age, I am not on OAS [Old Age Security] yet, so I don’t have stable money, and nobody wants me.” While identified as an individual factor, the role of the government in providing adequate financial resources for this age group was also noted among all study respondents. As one participant articulated, “more financial support
from the government and/or different programs that can help these seniors gain some financial support.”

Preseniors’ low-income status was often complicated by other adverse circumstances related to mental and physical health issues and addictions. This, in turn, affected their ability to find suitable and affordable housing. As one respondent explained,

A lot of them seem to have medical issues, they have got mental health issues; they have got substance abuse issues. Not all of them, but obviously sometimes when you have those problems that prevent you from being able to work it . . . limits your income.

Smoking also disqualified this population from accessing subsidized housing; “we don’t have any smoking on our property as of July this year; so we have to do that just for the safety of everyone.”

Furthermore, the multiple and complex support needs of preseniors necessary to sustain a successful housing placement was typically beyond the mandate of housing managers. As one participant identified, “they are coming to us older, more frail, needing more health care supports . . . too many complex issues without support systems.”

As a consequence of their complex needs and the lack of appropriate housing to meet these needs, low-income preseniors were frequently living in unsafe housing. Study participants noted that housing for this population presented physical barriers, as one respondent described, “Some of them are downstairs and they can’t do stairs . . . they are trapped. I even had a guy in a wheelchair . . . in the basement.” Other informants described preseniors living in situations where they felt unsafe or vulnerable: “I don’t like living with lots people and that’s the only way we can afford it and that is a safety factor for me.” Living in situations within which preseniors experienced physical, verbal, emotional, or financial abuse was described by participants as becoming increasingly common.

Immigrant preseniors were noted to be at particular risk for housing insecurity if they do not meet Canadian residency requirements of 10 years to be eligible for subsidized housing or income support and are thus largely dependent on sponsors for support (Canadian Council for Refugees, 2013). This dependency heightened older immigrants’ vulnerability: “they feel they are mistreated, they feel they are not respected, they have to ask for everything, they have to ask money for medications, they have to ask money and permission for everything.” In rare cases, exceptions are made to the residency requirement when, for example, sponsorship breakdown occurs.

**Structural-Level Barriers**

Structural- or macro-level factors played a critical role in the housing insecurity low-income preseniors faced. Structural barriers included strict age cutoffs, inadequate safe and affordable housing supply, dearth of information about this population and specifically regarding their housing and support needs, and a lack of effective collaboration within the sector.

The primary structural barrier low-income preseniors faced in accessing subsidized housing was the application of strict age cutoffs to determine housing eligibility for seniors’ housing. Respondents noted that this resulted in this population being assigned a low priority in being accepted or wait-listed for housing. In particular, age restrictions in seniors’ subsidized housing limited the ability of low-income preseniors to secure housing in this setting. Preseniors are typically turned away because of their age, as one participant elaborated, “We do get a lot of calls from the late 50 age range, and we just have to tell them, ‘unfortunately, no.’” Another concurred, “We are pretty rigid. They need to be 65 in order to qualify.”

Participants identified some rare instances where individuals aged younger than 65 were placed in housing, primarily as a result of availability. As one participant explained,

Preference [for subsidized housing] of course is given to 65 plus. There are some other companies out there that will make an exception if they don’t have a wait list. But that is not the case here. We are pretty much always full. It doesn’t take us long to turn over our suites when they come up . . . because we have a wait list, we do abide by that 65 plus.

Similar to this respondent, the majority of the subsidized housing providers in the study identified that they typically had waitlists comprised of seniors, which effectively eliminated preseniors from being considered. Subsidized housing providers use a point system based on an assessment of need to determine waitlist and placement priority, with the major contributor to the points being age—aged older than 60 or 65. Respondents also noted that low-income preseniors were eligible to apply for other subsidized housing not specifically designated for seniors; however, as this population is typically without dependents, they are assigned a low priority on these waitlists, as well.

Others noted that approval from the government was necessary before making any changes to existing policies, such as a change to the eligibility criteria. “We wouldn’t have the authority to implement these changes. The changes have to come from the government level.” Another concurred, stating, “if our management board wanted to go down to as low as [age] 50, I guarantee you we would have to provide some written information on how that is necessary with Alberta Housing before we got the go ahead.”

Lack of appropriate and affordable housing was a major factor implicated in the ability of low-income preseniors to access and maintain housing. Furthermore, the relationship between income and availability of housing for preseniors was identified as a major gap in service provision. As one respondent commented, “There is just no housing for them. There is just nothing.”
Funding for additional housing was noted by informants as falling outside their mandate and within the auspices of the provincial government. As one participant explained,

They need a tax base for the Province, so there we go with our Catch-22. As a mayor, I could come up with all sorts of practices that are acceptable for 55 to 64, but if I am not given money from the Province, what am I going to do?

Together with the overall lack of housing for this population, participants recognized that even the limited options for subsidized housing do not afford applicants personal choice about what area of the city they would like to live. As an exemplar, an informant offered, “There is not much subsidized housing in the South area. Many seniors would like to stay close to their kids and not many options are given.”

Study participants identified a general lack of knowledge regarding the housing and associated service needs of this population. Although some participants noted that there appeared to be an emerging awareness of the issues faced by preseniors, it was recommended that more research was necessary to understand the specific housing needs of low-income preseniors. As one housing representative described,

People are waking up to the problem, being aware. This is something we need to deal with. It’s getting out of control. The need, the spark, the desire—it’s all there. So, it’s starting to come together. I think there is still a lot more work to be done but I think people are in a good place to do the work. Like right now we are researching ideas to find out exactly what this population is experiencing.

The final structural barrier identified by the housing sector managers was the lack of effective collaboration within the sector. Study participants identified an overall lack of collaboration within the housing sector. When asked about the degree of collaboration, for example, one respondent stated, “the housing sector? They are not” and another similarly advised, “they’re not . . . I just don’t see any. This has been a problem for years and I just don’t see any work being made to bridge that gap.” Another participant elaborated, “We don’t have contact with the other management groups. We are all independent now. We meet informally, so I really don’t know what the policies and procedures are of the other management groups.”

Others expressed a lack of knowledge of any collaborative efforts, making comments such as, “I don’t really know much about what the sector is doing to collaborate,” “I don’t know. I really don’t know,” and “I am not familiar with much that is being done.”

Respondents articulated the need for collaboration within the sector to, for example, “come up with some kind of solution.” Similarly, another key informant suggested,

As a sector, there needs to be more planning together as a network; more ways that we can find to connect the web. There needs to be some discussion around the policies about what is funded and what is not funded and re-visit all of that.

It was recommended that collaborative efforts should not be limited solely to the housing sector and that the sector responsible for seniors should be involved.

Participants identified that collaboration required “funding for collaboration, funding for staff, more opportunity to interface, more infrastructures that don’t put the pressure on the front and instead put it on the system for us to be able to work more cohesively.” Another impediment to collaboration related to the staff who were described as already overworked and that collaboration “takes time and nurturing and an allowance of space within their day to day.”

A few participants provided examples of existing collaborations, including “front line really does a superb job given the time and the limited resources and the limited [number of] people.” Another participant noted,

People are trying to come together. It’s not fully integrated yet—it’s not far. But people are waking up to the problem, being aware. I think there is still a lot more work to be done but I think people are in a good place to do the work.

Finally, one participant suggested that, although limited, some service providers and housing organizations were mobilizing to address the housing needs of preseniors in general, and specifically immigrant preseniors.

**Discussion**

Participants in the study portrayed how low-income preseniors are falling through the cracks in accessing affordable, safe, subsidized housing as a consequence of individual- and structural-level barriers. In this study, the social determinants of health approach revealed how structural factors including economic, social, and political conditions (WHO, 2008) of low-income preseniors influence and interact with individual-level factors, such as mental health, physical health, substance use, disability, and ethnicity, to shape individuals’ needs and experiences. These findings are consistent with those from similar studies in other Canadian cities (Furlotte et al., 2012; McDonald et al., 2007; McDonald et al., 2006; McLeod & Walsh, 2014; Ploeg et al., 2008). The structural- and individual-level barriers this subpopulation encounters enhance their vulnerabilities and intensify their risk for adversity in terms of poverty and homelessness. Study findings suggest individual and systemic barriers must be addressed to increase access to subsidized housing for those in this age group as an important social determinant of health.

In this study, low income and impoverishment had severe ramifications for preseniors. It made them ineligible for subsidized housing based on policies. In their study, Ploeg et al. (2008) also found the low-income levels of clients created a barrier to securing the identified housing. Similarly, McDonald
et al. (2006) described how the lack of affordable housing, limited income levels, minimal employment supports, and the influence of homelessness and aging combined to create significant barriers for this population to successfully transition into housing.

Mental health, physical health, substance use, or disability-related needs of those requesting housing from this age group often exceeded the capacity of the supports available in their subsidized housing units. The high level of needs combined with the lack of existing support made it difficult for the managers to accept them into housing. McDonald et al. (2007) also noted that the health and social needs of this age group experiencing homelessness often exceed existing services.

Findings from this study support literature identifying the multiple and complex health and social service needs of this population in the context of considerable social vulnerability.

The Calgary Homeless Foundation Community Action Committee’s (2010) Seniors and Special Needs in Calgary report identifies vulnerability within this population introduced by factors such as cultural diversity, physical and mental health, and disability. In a review of literature, Areán et al. (2010) concluded that targeting interventions toward broader forms of social adversity such as poverty and homelessness was necessary to treat depression in older low-income adults. Crane and Warnes (2010) described the influence of inadequate nutrition, age, lack of health care, social isolation, and living environment on older adults’ physical and mental health.

This study identifies new immigrants as at particular risk for housing insecurity. While this relationship has been identified in recent studies (see, for example, Walsh, Hanley, Ives, & Hordyl, 2015), the housing and service needs among older immigrant adults have not been established. The Canadian requirements of 10-year residency was also noted as complicating in the relationship between family sponsorship requirements of family-class immigrants and low income and housing insecurity faced by older immigrants (Kaida & Boyd, 2011). In addition, policy changes enacted at the provincial and federal levels related to income support, availability of affordable housing and supports, and immigration policies affecting low-income seniors are warranted.

Increased communication and collaboration among the housing and senior sector, and the necessary supports, is also indicated. In addition, facilitating access to appropriate housing for this population will require increased and effective collaboration between general subsidized housing providers and seniors’ subsidized housing providers with the end goal of streamlining services and application processes (e.g., shared waitlist or central database) and establishing consistent and transparent evaluation strategies for prioritizing applicants.

Housing older adults is more complex than housing younger adults (Crane & Warnes, 2010; Gonyea et al., 2010) as older adults frequently require additional supports related to their high rates of mental and physical health problems, substance dependence, or permanent disability. Supportive living environments are thus recommended (Canada Mortgage and Housing Corporation, 2000; McDonald et al., 2007; Ploeg et al., 2008). Furthermore, Ploeg et al. (2008) identified the importance of continuity of service when working with older adults, meaning the same service provider works to address housing and support needs. In this study and others (e.g., McDonald et al., 2006), service providers emphasized the potential for conflict in housing environments where diverse ages, needs, and rental arrangements exist, specifically residents who receive services may be in conflict with residents who do not receive services. In addition, other studies have articulated the specific housing requirements for populations with HIV/AIDS (Furlotte et al., 2012). To this end, in the short term, the seniors’ subsidized housing sector should explore options for providing or strengthening existing supports in existing subsidized housing units through community partnerships (e.g., social work, health or mental health outreach teams, community partnerships) to better support the needs of this age group.

Given the limited body of literature on the housing and supportive needs of this vulnerable subpopulation, low-income preseniors, this study makes an important contribution to knowledge building on this topic. Study findings and recommendations may help to engage practitioners, decision makers, policy makers, preseniors, and other stakeholders in connecting, conversing, and collaborating about strategies related to addressing the subsidized housing needs of low-income preseniors. Finally, the study directs us to further research and specifically research that examines the housing and supportive needs of low-income preseniors from their own perspective.

**Limitations**

This study is limited to the opinions of a relatively small sample of housing service providers in one city in Western Canada, which precludes generalization to other settings. In addition, we were unable to gather a statistical profile of low-income preseniors requesting access to subsidized housing, thus limiting our understanding of the characteristics of this population to the perspectives of the subsidized housing providers. Nevertheless, we were able to interview at least one representative from the majority of subsidized housing providers in the city (12/14) and to verify the preliminary findings and preliminary recommendations among a small group of subsidized seniors’ housing service providers.

While this study focused on the perspectives of subsidized housing managers, it was limited to housing companies that primarily housed seniors. As such, the perspectives of housing managers serving the general adult population were not included. Furthermore, the perspective of low-income preseniors is of critical importance to understand this issue more
fully. In the next phase of this research, we engage this population, thus providing a more comprehensive understanding of subsidized housing challenges and opportunities for this group of vulnerable adults.

The findings of this study can contribute to informing policy development, supporting sector plans to end homelessness, increasing awareness of the unique needs and challenges faced by low-income preseniors, and potentially playing a role in creating greater access to subsidized housing for this vulnerable population.

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Author Biographies

Christine A. Walsh has a program of community-based research aimed at improving well-being and justice for marginalized populations impacted by poverty and homelessness.

Jennifer Hewson’s research interests include age-friendly cities, institutional readiness for an aging population, and policies and practices related to program and service delivery in the older adult sector. She has conducted research in several topic areas of the World Health Organization’s Age-Friendly Cities framework including housing, social participation, and social inclusion.

Karen Paul, MSW, has a specialty in International and Community Development and currently works with International Medical Corps’ Mental Health and Psychosocial Support Programs for Syrians in Turkey. While at the University of Calgary, Karen worked as a research assistant on projects related to supportive housing and homelessness.

Cari Gulbrandsen is a PhD candidate and sessional instructor in the Faculty of Social Work at the University of Calgary. His research interests are in the field of gerontology and women’s resilience.

Dorothy Dooley is the manager of the Centre of Excellence at Kerby Centre where she is interested in creating opportunities for lifelong learning for older adults. Her collaborative research is focused on healthy and successful aging.