

Mechanisms to Promote Social Integration in a Temporary Housing Program for Older Persons Experiencing and At-Risk of Homelessness

Rachel Weldrick, PhD,^{1,2,*} Sarah L. Canham, PhD,^{3, ID} Atiya Mahmood, PhD,^{4, ID}
Rachelle Patille, MA,⁵ and Shreemouna Gurung, MA⁴

¹School of Urban and Regional Planning, Toronto Metropolitan University, Toronto, Ontario, Canada.

²Department of Health, Aging & Society, McMaster University, Hamilton, Ontario, Canada.

³College of Social Work, University of Utah, Salt Lake City, Utah, USA.

⁴Department of Gerontology, Simon Fraser University, Vancouver, British Columbia, Canada.

⁵NORC Innovation Centre, University Health Network, Toronto, Ontario, Canada.

*Address corresponding to: Rachel Weldrick, PhD. E-mail: weldrirc@mcmaster.ca

Decision Editor: Andrea Gilmore-Bykovskiy, PhD, RN

Abstract

Background and Objectives: Social integration—the degree to which a person is socially connected and engaged with other people—is a programmatic goal of supportive housing models and a predictor of successful housing outcomes among clients. Although research has examined social integration within permanent supportive housing models, minimal research has considered how social integration may be promoted within temporary housing programs (THPs), particularly for older persons. This study examines experiences of social integration, connection, and participation within a scattered-site THP for older persons experiencing homelessness in Vancouver, Canada.

Research Design and Methods: We conducted semistructured qualitative interviews with 11 current and former clients. Data were analyzed using a critical realist-informed thematic analysis method wherein theme development attempts to link events (e.g., accessing a service) and experiences (e.g., feeling supported).

Results: We identified 3 mechanisms: (a) technology access facilitates connection to individuals and organizations; (b) frequent communication with staff enhances feelings of social support and reduces isolation; and (c) accessible environments promote social connection and participation.

Discussion and Implications: Findings offer novel insights into promoting social integration in THPs, such as creating “third places,” and suggestions for supporting older persons transitioning out of homelessness.

Keywords: Aging in the right place, Housing insecurity, Housing, Older adults, Social inclusion

Homelessness and housing insecurity is a growing concern for older people in the United States, Canada, and other Western nations (Crane & Joly, 2014; Kushel, 2020; Reynolds et al., 2016), particularly affecting sub-populations like older Black, Indigenous, People of Color (BIPOC), and veterans (Gaetz et al., 2016; Giano et al., 2020; Winer et al., 2021). This “graying” of homelessness (Maxmen, 2019) has been attributed to factors including costs of living, poverty, insufficient social security, and limited availability of accessible and affordable housing (Canham et al., 2020; Gonyea et al., 2010). Emergency homeless shelters, hostels, and supportive housing programs are facing unprecedented rates of older clients and managing long waitlists of clients (Canham et al., 2018; Carder et al., 2016). Challenges with accessing safe, affordable, and age-supportive housing in later life are further exacerbated by complex health conditions, mental illness, and social isolation (Brown et al., 2012; Chung et al., 2018; Cohen, 1999).

A growing body of scholarship and practice has considered how aging in the right place (AIRP) can be promoted to support older persons at all points along the temporary to permanent housing-rehousing continuum (Canham, Walsh, et al., 2022; Canham, Weldrick, et al., 2022). AIRP, an approach recognizing that housing should meet the unique needs, desires, vulnerabilities, and lifestyles of individuals (Golant, 2015), emerged in critical response to prominent aging in place agendas that have often failed to consider the realities of housing insecurity in later life. For some older people, aging in place is not possible due to factors such as rising housing costs and the financialization of rental housing, changing or unmet health and mobility needs, and experiences of elder abuse (Kaul et al., 2020). The overall perspective of AIRP is that the “right” place is unique to each person and their housing trajectories (Golant, 2015), and that “one-size-fits-all” solutions rarely benefit low-income older adults (Golant, 2008).

Received: May 6 2024; Editorial Decision Date: February 7 2025.

© The Author(s) 2025. Published by Oxford University Press on behalf of the Gerontological Society of America.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

For commercial re-use, please contact reprints@oup.com for reprints and translation rights for reprints. All other permissions can be obtained through our RightsLink service via the Permissions link on the article page on our site—for further information please contact journals.permissions@oup.com.

For older persons experiencing homelessness, AIRP is an inclusive and individualized approach which promotes person–environment fit (see Lawton & Nahemow, 1973) and positive housing outcomes across the housing spectrum, including transitional housing where stays may be short-term (Canham, Walsh, et al., 2022). Canham, Walsh, et al. (2022) developed a conceptual framework of indicators of AIRP relevant to older persons experiencing homelessness that include: (a) the housing unit and neighborhood; (b) health and social services and resources; (c) social integration; (d) stability and affordability of place; (e) place attachment; and (f) political and economic contexts. A key indicator in this framework is *social integration*—the extent to which one’s housing site and surrounding community promote social connections, participation, and support (Canham, Weldrick, et al., 2022). It is within the built and natural environment that being socially integrated includes older adults feeling a sense of belonging, acceptance, and community connection from formal and informal social supports, as well as having opportunities to contribute through employment, recreation, or community participation (Canham, Weldrick, et al., 2022).

There is no single definition of social integration (Quilgars & Pleace, 2016). Rather, social integration is a multi-faceted, multi-dimensional construct that often refers to the extent to which a person is “integrated” into society via social participation, relationships, connections, and engagements (Hartwell & Benson, 2007; Holt-Lunstad & Leffer, 2019). The extent to which a person is socially integrated is linked to connections with friends, family, and neighbors, as well as community organizations and institutions (Quilgars & Pleace, 2016; Seeman, 1996). Social integration is tied to the temporal and situational complexities of social landscapes and intersectional social experiences tied to gender, age, race, sexuality, and culture (Anthias, 2014; Kearns & Whitley, 2015). Experiences of weak/strong social integration are also deeply tied to social capital, cultural norms, and level(s) of involvement in social institutions, such as school and work (Pillemer, 2000). For some, social integration is conceptualized as the opposite of social isolation (Portacolone et al., 2018; Seeman, 1996), an experience characterized by a shortage of strong social ties and connections (Machielse, 2015). Research has found that social integration and inclusion across the life course contributes to positive physical and mental health outcomes and quality of life among older persons (Antonucci & Ajrouch, 2007; Proctor et al., 2023; Rose et al., 2014; Seeman, 1996). Moreover, social support, a key element of social integration, may promote long-term housing stability and well-being following experiences of homelessness, suggesting that strong integration can help “break the cycle” of homelessness (Johnstone et al., 2016). Identified in Canham et al. (2022) AIRP framework, living in a place that promotes social integration is important for older persons with experiences of homelessness. We draw upon Canham et al. (2022) definition of social integration in the present study as it encapsulates social connection, participation, and support—three dimensions of social integration which are most frequently discussed in the literature.

The importance of achieving and maintaining social integration has long been recognized in housing and homelessness research and practice. For many, pathways into homelessness are linked to social exclusion (Shinn, 2010). Consequently, promoting social integration (via social supports, social connections, and opportunities for meaningful

social participation) is a key programming objective for supporting persons experiencing homelessness (Gaboardi et al., 2019). For example, social integration is a programmatic goal of the Housing First approach and permanent supportive housing (PSH) models (Harris et al., 2019; Tsemberis et al., 2004). However, few studies have examined the need for or perceptions of social integration among older persons experiencing homelessness (see McDonald et al., 2009) or the subjective experiences of supportive housing tenants (Gaboardi et al., 2021). Nevertheless, experts have called for an enhanced understanding of how social integration can be achieved within supportive housing models and the underlying contextual factors and mechanisms that operate in these settings (Harris et al., 2019).

Evaluations of social integration among persons experiencing homelessness have largely been considered within the context of PSH, with minimal considerations for temporary housing programs (THPs)—that is, programs that provide housing for 3–24 months (depending on the program) to bridge the gap between homelessness and permanent housing. For persons experiencing (or at risk of) homelessness, THPs are a vital option along the housing continuum that offer short-term housing alongside support with achieving individualized goals (e.g., identifying and applying for permanent housing, receiving financial or legal assistance; Canham, Humphries, et al., 2022). In many cases, THPs prevent homelessness by quickly rehousing individuals after housing loss (e.g., eviction, fleeing abuse).

To address these gaps and inform service delivery in the housing/homelessness sector, we ask: (a) To what extent is social integration (i.e., support, participation, connection) felt in a THP for older persons with experiences of homelessness? (b) What factors appear to influence social integration among older persons experiencing homelessness in a THP? In doing so, this study aims to provide insights into the unique needs and experiences of older clients and the specific factors that may promote social integration in temporary housing settings.

Method

We conducted semi-structured qualitative interviews with 11 residents of a single THP for adults age 60+ in Metro Vancouver, Canada. Ethics approval was obtained by the Simon Fraser University Research Ethics Board. This investigation is part of a larger study evaluating promising housing and service practices to support the health and social needs of older adults experiencing homelessness (Canham, Mahmood et al., 2022). Participants were invited to three interviews, including a photovoice component (Wang, 1999). Participant photographs were not analyzed in this paper, but have been published elsewhere (*blinded for peer review*).

Research Context

The THP was in operation in four buildings across Metro Vancouver and is one of only a few programs that serves older adults with experiences of homelessness in the region. This program, jointly operated by two parent organizations (a nonprofit service provider and a provincial housing agency), provides furnished apartments (predominantly one-bedroom suites) to clients for three to six months while simultaneously supporting them in searching for and securing permanent housing. Furnished apartments eliminate the need for residents to acquire and transport furniture, whereas

onsite technology supports clients' apartment searches, access to social services, and connection to support networks. The THP operates on a rent-geared-to-income model and requires applicants to have at least one source of income (e.g., public/private pension, disability assistance, employment income). At the time of data collection, the THP operated as a program embedded within select units in four below market-rate rental buildings. Other building residents were not program clients, but clients of the provincial housing agency.

Participants

We recruited THP clients with the support of staff, who were provided brochures, flyers, and recruitment emails outlining study details to share with clients. Those interested in participating were asked to contact the research team via email or phone. We used a purposeful criterion sampling strategy and participants were eligible for the study if they were either current or former THP clients (within the past year), could speak English, and aged 50 years or older. As the purpose of this study was to evaluate THP, other residents living in the same housing were not recruited. All participants provided informed consent via telephone or email communication with a research assistant (RA) prior to participation.

Participants were aged 58–75 years (*mean*=65) and included six women and five men. Nine self-identified as Caucasian, and two as Asian. Clients' length of stay in the program ranged from 1 to 11 months. Participants had been homeless for a range of time periods prior to entering the THP (from several days to over one year) and became clients of the THP for a variety of reasons, ranging from eviction, significant rent increases, relationship dissolution, and other factors. Additional demographics are not included to maintain participant anonymity.

Data Collection

In-depth, semistructured qualitative interviews were conducted by trained RAs between June 2021 and April 2022. Interviews took place either over the phone or in-person based on participant preferences and coronavirus disease 2019 (COVID-19) physical distancing requirements. Each participant was interviewed over three interview periods, each approximately one week apart. Individual interviews ranged from 26 to 91 min. Interview guides for these sessions were developed by the research team and covered questions about participants' experiences in the THP, satisfaction with services and supports, personal housing trajectory, health and social well-being, and social connections. Interviews were audio recorded and subsequently transcribed by Otter.ai, an ethics-approved transcription service. Transcripts were manually checked, cleaned, and anonymized by RAs. Participants received a \$75 honorarium (\$25 per interview).

Data Analysis

Transcripts were coded and analyzed using NVivo 12 (QSR International, 2018) with a five-step critical realist-informed approach to thematic analysis (TA; Fryer, 2022). After developing research questions (step one) and reading all transcripts (step two), three team members coded transcripts using descriptive codes (step three). Codes were named, consolidated, and finalized through an iterative process to ensure reliability (Creswell, 1998). Next, themes were developed and reviewed (step four). Realist-informed TA is an adapted version of TA which seeks to construct themes that link events

(e.g., accessing a service) and experiences (e.g., feeling supported) (Fryer, 2022). Realist-informed TA diverges somewhat from other forms of TA, such as Braun and Clarke's reflexive TA (2006), by drawing upon principles of critical realism (see Pawson, 2000; Pawson et al., 2005; Sayer, 2000) as an ontological starting point from which to conceptualize and identify themes. Realist TA brings together multiple subjective perspectives to identify commonalities and divergences in experiences linked to mechanisms and contextual factors within a social intervention (Wiltshire & Ronkainen, 2021). For example, several people may enroll in a social support program run by volunteers, but only some of them will experience enhanced social connection. Realist TA helps evaluators to understand what underlying contexts within an environment or program (e.g., program affordability, adequacy of volunteer training) might be responsible for the diverging experiences.

Findings

Three factors contributing to social integration among THP clients were identified: (a) Technology access can facilitate connection to individuals and organizations; (b) Frequent communication with program staff enhances feelings of social support and reduces isolation; and (c) Accessible environments promote social connection and participation.

Technology Access Can Facilitate Connection to Individuals and Organizations

When describing supportive aspects of the THP environment, clients identified various forms of technology as facilitators for access to formal and informal social supports, reconnecting with family and friends, and participating in community opportunities—important components of social integration. Communication technologies were noted to be crucial given the short-term nature of the program and clients' needs to secure permanent housing. Clients were provided complementary wireless Internet and tablet devices to use during their stay to connect to vital services and housing providers. For C03, having in-unit Internet access allowed them to use their personal computer to find and apply for permanent housing:

[My unit] has Wi-Fi... it was time to really do all the work I needed to do. To keep filling in those forms for the government, filling in forms for the housing, and really work through that whole process... Having a computer service already laid out there where I can just move in and function... find out all the things I need to do to get me out of there.

An added benefit was that these also facilitated critical reconnection to people lost through the disruptive nature of homelessness, as C05 explains:

[The Internet and tablet] allow me to connect with the world. And when you're going through trauma and you're homeless...you lose connection with a lot of people. You can lose friends...there's a lot of grief involved. [The Internet and tablet] can give you entertainment...connection, like emails to other relatives... I have a mother who's ill... it helps me to sometimes look up things on the Internet to help her...it gives me some meaning again.

Additionally, access to a private phonenumber allowed clients to remain connected to their existing networks while in the program. For example, C01 described the importance of the landline telephone that was included with their room:

It's nice to have a phone, right? [The THP] supplies a phone for you. It's there if you have an emergency. It's there for you to contact your family... And it has its own phone number, you know? And that's your safety line... At least you know that you could call [your family] and that they could call you to see how you're doing.

Regardless of digital skills or literacy, all clients were also offered tablet tutoring during their stay. When asked about the tutoring, C02 said, "They gave me tutoring with a guy who was showing [me] how to use the tablet for everything. They are very nice to me." Similarly, C09 was "shocked" to receive a tablet and digital tutoring and described it as an "opportunity that knocked on my door." This tutoring, paired with the tablet and Wi-Fi, empowered clients to build necessary skills for housing and services applications (C05):

[The tutor] came to my apartment twice so far and was able to teach me how to use the tablets, and to give me some apps that would help in my housing search. Sometimes... you have to send your application [over email]. I wasn't quite sure how to do that. So, things like that are very, very good to know in the next while when I'm kind of doing a lot more applications.

Lastly, onsite technology access allowed clients to seek opportunities to participate in their community. For example, C11 was able to identify and apply for a volunteer opportunity with a local organization:

[The staff] gave it [the tablet] to me because my phone is out-of-date, so I'm limited as to what I can access digitally. So, I basically was given the basics [of] how to use it. And then I was able to reply and do a survey [from a local organization] ... they just wanted to know if I would be willing to volunteer in the spring and I said that yes, I was.

Frequent Communication With Program Staff Enhances Feelings of Social Support and Reduces Isolation

A second mechanism that appeared to contribute to elements of social integration for participants was frequent and reliable communication with THP staff. Clients indicated that when they needed support or had questions it was easy to reach staff who were "very attentive" (C03), "good listeners" (C05), and "kind" (C08). Participants noted that program staff regularly contacted them to check-in and see how they were doing without being prompted. This led to strong feelings of support amongst clients. As C02 describes,

Almost every day, after 8:30, [a staff member] calls me, sends me something, asks me to do something. And I follow his order... Sometimes he found [housing in my price range]... They are very helpful... They actually try to help me, and I appreciate that. ... I know that they care about my situation.

C09 similarly described feeling supported by staff due to their frequent communication and attention:

[This organization] is functioning as kind of like a guiding light..., they call me, they give me updates on [housing]... remind me of this meeting here, meeting there... I've been put back into a situation where I'm all alone. There's no friends to back you up...no family. And yet this became like family.

C08 contrasts the support they receive from program staff with the lack of support from others:

The people at this [organization] are very kind and trustworthy. I have to use that word because the last few years of our lives... have been full of a lot of let downs from people that supposedly were helping us. [One staff member in particular] is kind, and his kindness comes from a place where him and I connect...I don't want to let him down. That's how much this man has impacted me.

For other clients, regular and reliable communication with staff contributed to feelings of inclusion within the program. C09 stated, "I don't feel like an outcast or isolated. I feel like I'm welcomed. And [staff] are welcomed to me... these people are amazing."

In comparison, however, one participant (C04) described a lack of communication from staff, which left them feeling isolated:

I didn't have a relationship with [the staff]... Would have been nice [for] somebody to call me like every couple of weeks to say, "How are you doing? Is there anything I can do for you?" Or, "We're gonna have a get together and have dinner, why don't you come?" I stayed in my apartment and never left for long periods of time... They left me alone. It definitely left me isolated, and it definitely didn't help me connect with anybody... Really didn't have any interaction with [staff] at all.

Although C04 was the only participant to describe this lack of communication from staff, their experiences speak to the importance of staff communication in promoting connection, support, and integration among clients in temporary housing.

Accessible Environments Promote Social Connection and Participation

The third mechanism to promote social integration for participants includes accessible environments. Participants reported that environments featuring accessible spaces—both onsite and off-site—facilitated connection with other people and social opportunities. A notable feature of the built environment that promoted social integration was an outdoor gazebo, which offered a space for informal connection with other residents, particularly during COVID-19 lockdowns. As C01 states,

I like the gazebo...you meet a lot of interesting people there... [The building] has a rec center inside the building, but it has been closed off because of the COVID. So, next meeting place is like at the gazebo...because you got covering when it's raining.

Similarly, C03 describes the gazebo as “a nice place for people to meet and chat...there are seats all the way around...there are plenty of places to sit.” For C07, the gazebo is an accessible space to meet with neighbors and stay current on community news:

When it's pouring [rain], you can go there, you can smoke. Although I shouldn't be smoking...but it's just a community. Like, how do I say that...communication with the other neighbors... It's also [a space for] community updates. Like, you'll find some information if anything's happening.

For participants like C07, the gazebo offered a semi-private place to build connections “without the caseworkers.” For C03, the gazebo is an accessible space with cover from the rain and sun that “keeps people shaded” and enabled clients to not “feel totally cooped up...because most of the apartments are small.” In this way, the gazebo provided an accessible place for community-building outside of individual units and indoor recreation rooms.

Accessible off-site locations, such as local parks, provided additional opportunities for social connection and interaction with other people in the neighborhood. C11 describes the social benefits of easily accessible parks:

You could go to the park...and you just have a huge crowd of people and you do not feel like you're by yourself. And literally that's how you feel there... and to get there takes only seven or eight minutes.

Likewise, C05 describes enjoying that parks are open to a variety of people:

[The park] is just like a block away, too. So, you can go to the park and sit down if you want... I find they're kind of a nice mixture of everybody. We have families, couples, singles, seniors, disabled. Everybody's in there...it's very comforting, safe, and kind of relaxing.

For C05, parks located near their building provided opportunities for comfort and relaxation in the company of others, even if they were unknown. When asked to elaborate on how accessible public spaces created social connection, C05 continued:

These short moments of connection...they enrich our lives. You know, with strangers sometimes they can leave imprints on you... These sort of places you can just accidentally connect with people... [These environments] make you feel a part of something.

Discussion

This paper presents findings on social integration among clients of a THP for older persons experiencing homelessness, identifying three factors that supported clients to feel more socially integrated. This study fills a crucial gap in the literature on supportive housing models and, to the best of our knowledge, is one of the first to examine social integration in temporary housing for older persons experiencing or at-risk of homelessness. Specific factors identified by THP clients

can help to inform effective service delivery in similar housing models while informing future research on the structural forces that shape social integration. Although social integration is a known goal of PSH models (Harris et al., 2019; Tsemberis et al., 2004), our study extends existing scholarship by exploring how it can be promoted in nonpermanent (i.e., temporary) housing for older adults. Drawing on study findings, we contend that promoting social integration should be a paramount objective within temporary housing, achievable through accessible technology (i.e., devices and Internet), staff (i.e., communicative, reliable), and environments (onsite and off-site).

Wi-Fi, tablet devices, and digital literacy training empowered THP participants to connect and reconnect with friends and family, engage with housing and service agencies, access Internet resources, and identify volunteer opportunities. Technology served as an indispensable mechanism in enhancing social well-being and supporting housing goals. Digital literacy and Internet access are critical for social integration among various groups with diverse social and service needs, including refugees (Bletscher, 2020) and residents of neglected and low-income neighborhoods (Kearns & Whitley, 2019). Our findings solidify the importance of accessible communication technology for older persons experiencing homelessness—an important confirmation given the “digital divide” that has affected older adults (Fang et al., 2019) and persons experiencing homelessness (Humphry, 2019).

Findings highlight the importance of reliable communication from THP staff. Participants described that regular, quality contact with kind, attentive, and trustworthy staff contributed to social support and housing success. In contrast, a participant who lacked regular contact from staff felt isolated. Thus, perceived support may be less about the quantity of interaction or communication with staff and more about the quality. Following the critical realist logic, both positive and negative cases can shed light on the relationship between an event and an experience or outcome (Fryer, 2022; Pawson, 2000). In this case, reliable contact with staff is a mechanism through which social integration can be promoted. This finding bolsters existing research on the benefits of personalized staff support for older persons experiencing homelessness (Weldrick et al., 2023). Although burnout and other personnel-related constraints are widely experienced across the housing and homelessness sector (Canham et al., 2019; Waagemakers Schiff & Lane, 2019), we nonetheless advocate for housing organizations to support their staff's capacity for consistent and individualized contact with clients. This recommendation is aligned with best practices for trauma-informed care (Owen & Crane, 2022), yet requires enhanced funding and training. Funders are urged to expand available funding for housing organizations to empower staff to provide regular and individualized communication to older clients.

Lastly, participants highlighted that accessible environments, including onsite amenities and off-site parks, malls, and cafés, created opportunities for connection to and relationship-building with others. Even within a few months of entry into the THP, participants cultivated relationships and forged connections through spaces where they could relax, exchange local updates, and feel a part of the community, contributing to place attachment. Environmental gerontology has long recognized the importance of place attachment and person-environment fit in promoting quality

of life and well-being among older persons (Lawton & Nahemow, 1973; Rowles, 1980; Rubinstein & Parmelee, 1992). From this perspective, spaces and places that are financially accessible may be invaluable for older persons in temporary housing. For older persons experiencing homelessness, resources and spaces that are freely accessible are particularly beneficial (Canham et al., 2024). Persons experiencing homelessness have historically experienced exclusion and criminalization when attempting to access spaces like restaurants and often encounter features of hostile architecture aimed at preventing “loitering” (Doherty et al., 2008). In this study, participants found that having access to welcoming environments facilitated the development of community connections and promoted social integration. Notably, an onsite gazebo served as an outdoor third place (Alidoust et al., 2019; Oldenburg, 1999)—a place outside of clients’ individual units where they could freely come and go. To promote social integration, we recommend that housing providers design or renovate onsite (indoor and outdoor) community amenity spaces and support clients in accessing nearby spaces, including those connected to nature. Future research in shelters and temporary housing is encouraged to explore environmental features and amenities that can promote social integration through spaces that can serve as third places for residents. Researchers are also encouraged to consider the role of third places for persons with experiences of homelessness, as little research to date has done so.

The present study has several limitations. Though participants represented a diversity of life experiences, ages, and pathways into homelessness, they were recruited from a single program and most identified as Caucasian. Although BIPOC persons are disproportionately represented among homeless samples, we were limited by our recruitment from a single program. As such, the policy and practice implications of our findings may not be widely applicable or relevant to diverse subgroups of older persons facing housing insecurity, such as Indigenous persons or persons from other racially minoritized communities. Future research should seek out more racially/ethnically diverse participants and evaluate housing programs that serve these individuals to capture a broader array of experiences in temporary housing settings. Additionally, because study recruitment was supported by program staff, there may have been bias towards recruiting participants with whom staff had regular contact. Future research could mitigate this by comparing across multiple sites or purposefully recruiting participants who have regular contact with staff and those who do not, then comparing their responses. Related, future research should explore providers’ perceptions of their relationships with client. Given the variation in experiences of social isolation among older adults with mental challenges or substance use histories (Jeffers et al., 2022), future research should also compare our findings with reports from older adults with comorbid conditions. In terms of strengths, this study presents a novel line of inquiry that extends existing literature on temporary housing, social integration, and homelessness in later life. Findings can serve as a foundation for enhancing housing and service delivery for persons with experiences of homelessness across the life course.

Conclusion

For older persons experiencing or at-risk of homelessness, THPs are crucial in promoting social integration. Housing

providers should focus on strategies like digital literacy and programming, personalized support, and access to third places where they are welcome to freely relax and socialize. In THPs that support transition to permanent housing, maintaining community integration is vital for well-being, as social *exclusion* can contribute to risk of homelessness (Shinn, 2010). Structural inequalities and barriers to social integration cannot be easily remedied in a temporary housing context and are beyond the scope of housing providers. Yet, consciously promoting social integration in temporary housing via specific supports can help to ensure that diverse older persons feel integrated with their local communities while securing permanent housing.

Funding

This research was funded by a Canada Mortgage and Housing Corporation (CMHC) and Social Sciences and Humanities Research Council (SSHRC) jointly funded Partnership Grant. The opinions and interpretations in this publication are those of the authors and do not necessarily reflect those of CMHC or SSHRC.

Conflict of Interest

None.

Data Availability

The data are not available to other researchers for replication due to ethical restrictions and the studies reported in the manuscript were not pre-registered. The protocol for this study has been previously published and is available here: <http://journals.ed.ac.uk/social-science-protocols/article/view/6952>. This study was not pre-registered.

Acknowledgments

This research was made possible by a Canada Mortgage and Housing Corporation (CMHC) and Social Sciences and Humanities Research Council (SSHRC) jointly funded Partnership Grant. The opinions and interpretations in this publication are those of the authors and do not necessarily reflect those of CMHC or SSHRC. We respectfully acknowledge that lands on which data for this study were collected includes the unceded Coast Salish Territory, the traditional territories of the Musqueam, Squamish, and Tsleil-Waututh Nations.

References

- Alidoust, S., Bosman, C., & Holden, G. (2019). Planning for healthy ageing: How the use of third places contributes to the social health of older populations. *Ageing and Society*, 39(7), 1459–1484. <https://doi.org/10.1017/s0144686x18000065>
- Anthias, F. (2014). Beyond integration: Intersectional issues of social solidarity and social hierarchy. In F. Anthias & M. Pajnik (Eds.), *Contesting integration, engendering migration: Theory and practice* (pp. 13–36). Palgrave Macmillan UK. https://doi.org/10.1057/9781137294005_2
- Antonucci, T. C., & Ajrouch, K. J. (2007). Social resources. In *Quality of life in old age: International and multi-disciplinary perspectives* (pp. 49–64). Springer. https://doi.org/10.1007/978-1-4020-5682-6_4

- Bletscher, C. G. (2020). Communication technology and social integration: Access and use of communication technologies among Floridian resettled refugees. *Journal of International Migration and Integration*, 21(2), 431–451. <https://doi.org/10.1007/s12134-019-00661-4>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brown, R. T., Kiely, D. K., Bharel, M., & Mitchell, S. L. (2012). Geriatric syndromes in older homeless adults. *Journal of General Internal Medicine*, 27(1), 16–22. <https://doi.org/10.1007/s11606-011-1848-9>
- Canham, S. L., Battersby, L., Fang, M. L., Wada, M., Barnes, R., & Sixsmith, A. (2018). Senior services that support Housing First in Metro Vancouver. *Journal of Gerontological Social Work*, 61(1), 104–125. <https://doi.org/10.1080/01634372.2017.1391919>
- Canham, S. L., Custodio, K., Mauboules, C., Good, C., & Bosma, H. (2020). Health and psychosocial needs of older adults who are experiencing homelessness following hospital discharge. *Gerontologist*, 60(4), 715–724. <https://doi.org/10.1093/geront/gnz078>
- Canham, S. L., Humphries, J., Moore, P., Burns, V., & Mahmood, A. (2022). Shelter/housing options, supports and interventions for older people experiencing homelessness. *Ageing & Society*, 42(1), 2615–2641. <https://doi.org/10.1017/s0144686x21000234>
- Canham, S. L., Mahmood, A., Walsh, C. A., Sussman, T., Bourgeois-Guérin, V., Chaudhury, H., Colgon, S., Dunn, J. R., Henwood, B., & Nixon, L. (2022). Aging in the right place: Building capacity for promising practices that support older people experiencing homelessness in Montreal, Calgary, and Vancouver. *Social Science Protocols*, 5(1), 1–13. <http://dx.doi.org/10.7556/ssp.v5.6952>
- Canham, S. L., Walsh, C. A., Sussman, T., Humphries, J., Nixon, L., & Burns, V. F. (2022). Identifying shelter and housing models for older people experiencing homelessness. *Journal of Aging and Environment*, 36(2), 204–225. <https://doi.org/10.1080/26892618.2021.1955806>
- Canham, S. L., Weldrick, R., Mahmood, A., Patille, R., & Erisman, M. C. (2024). Meanings of aging in the right place for older clients of a temporary housing program. *Gerontologist*, 64(5), gnad151. <https://doi.org/10.1093/geront/gnad151>
- Canham, S. L., Weldrick, R., Sussman, T., Walsh, C. A., & Mahmood, A. (2022). Aging in the right place: A conceptual framework of indicators for older persons experiencing homelessness. *Gerontologist*, 62(9), 1251–1257. <https://doi.org/10.1093/geront/gnac023>
- Canham, S. L., Wister, A., & O'Dea, E. (2019). Strengths, weaknesses, opportunities, and threats to housing first in Metro Vancouver. *Evaluation and Program Planning*, 75, 69–77. <https://doi.org/10.1016/j.evalprogplan.2019.05.004>
- Carder, P., Luhr, G., & Kohon, J. (2016). Differential health and social needs of older adults waitlisted for public housing or housing choice vouchers. *Journal of Aging & Social Policy*, 28(4), 246–260. <https://doi.org/10.1080/08959420.2016.1156507>
- Chung, T. E., Gozdzik, A., Palma Lazgare, L. I., To, M. J., Aubry, T., Frankish, J., Hwang, S. W., & Stergiopoulos, V. (2018). Housing first for older homeless adults with mental illness: A subgroup analysis of the at home/Chez Soi randomized controlled trial. *International Journal of Geriatric Psychiatry*, 33(1), 85–95. <https://doi.org/10.1002/gps.4682>
- Cohen, C. I. (1999). Aging and homelessness. *Gerontologist*, 39(1), 5–14. <https://doi.org/10.1093/geront/39.1.5>
- Crane, M., & Joly, L. (2014). Older homeless people: Increasing numbers and changing needs. *Reviews in Clinical Gerontology*, 24(4), 255–268. <https://doi.org/10.1017/s095925981400015x>
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. SAGE Publications.
- Doherty, J., Busch-Geertsema, V., Karpuskiene, V., Korhonen, J., O'Sullivan, E., Sahlin, I., Petrillo, A., & Wygnanska, J. (2008). Homelessness and exclusion: Regulating public space in European cities. *Surveillance & Society*, 5(3), 290–314. <https://doi.org/10.24908/ss.v5i3.3425>
- Fang, M. L., Canham, S. L., Battersby, L., Sixsmith, J., Wada, M., & Sixsmith, A. (2019). Exploring privilege in the digital divide: Implications for theory, policy, and practice. *Gerontologist*, 59(1), e1–e15. <https://doi.org/10.1093/geront/gny037>
- Fryer, T. (2022). A critical realist approach to thematic analysis: Producing causal explanations. *Journal of Critical Realism*, 21(4), 365–384. <https://doi.org/10.1080/14767430.2022.2076776>
- Gaboardi, M., Lenzi, M., Disperati, F., Santinello, M., Vieno, A., Tindland, A., Vargas-Moniz, M. J., Spinnewijn, F., O'Shaughnessy, B. R., Wolf, J. R., Bokszczanin, A., Bernad, R., Beijer, U., Ornelas, J., Shinn, M., & Consortium Study Group, H. -E.; Consortium Study Group, H.-E. (2019). Goals and principles of providers working with people experiencing homelessness: A comparison between Housing First and traditional staircase services in eight European countries. *International Journal of Environmental Research and Public Health*, 16(9), 1590. <https://doi.org/10.3390/ijerph16091590>
- Gaboardi, M., Santinello, M., & Shinn, M. (2021). Beyond behaviour: Rethinking integration for people experiencing homelessness. *Health & Social Care in the Community*, 29(3), 846–855. <https://doi.org/10.1111/hsc.13314>
- Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). *The state of homelessness in Canada 2016*. Canadian Observatory on Homelessness. https://www.homelesshub.ca/sites/default/files/attachments/SOHC16_final_20Oct2016.pdf
- Giano, Z., Williams, A., Hankey, C., Merrill, R., Lisnic, R., & Herring, A. (2020). Forty years of research on predictors of homelessness. *Community Mental Health Journal*, 56(4), 692–709. <https://doi.org/10.1007/s10597-019-00530-5>
- Golant, S. M. (2008). Commentary: Irrational exuberance for the aging in place of vulnerable low-income older homeowners. *Journal of Aging & Social Policy*, 20(4), 379–397. <https://doi.org/10.1080/08959420802131437>
- Golant, S. M. (2015). *Aging in the right place*. Health Professions Press, Incorporated.
- Gonyea, J. G., Mills-Dick, K., & Bachman, S. S. (2010). The complexities of elder homelessness, a shifting political landscape and emerging community responses. *Journal of Gerontological Social Work*, 53(7), 575–590. <https://doi.org/10.1080/01634372.2010.510169>
- Harris, T., Dunton, G., Henwood, B., Rhoades, H., Rice, E., & Wenzel, S. (2019). Los Angeles housing models and neighbourhoods' role in supportive housing residents' social integration. *Housing Studies*, 34(4), 609–635. <https://doi.org/10.1080/02673037.2018.1462308>
- Hartwell, S. W., & Benson, P. R. (2007). Social integration: A conceptual overview and two case studies. In W. R. Avison, J. D. McLeod, & B. A. Pescosolido (Eds.), *Mental health, social mirror* (pp. 329–353). Springer US. https://doi.org/10.1007/978-0-387-36320-2_14
- Holt-Lunstad, J., & Lefler, M. (2019). Social integration. In D. Gu & M. E. Dupre (Eds.), *Encyclopedia of gerontology and population aging* (pp. 1–11). Springer International Publishing. https://doi.org/10.1007/978-3-319-69892-2_646-2
- Humphry, J. (2019). 'Digital First': Homelessness and data use in an online service environment. *Communication Research and Practice*, 5(2), 172–187. <https://doi.org/10.1080/22041451.2019.1601418>
- Jeffers, A., Meehan, A. A., Barker, J., Asher, A., Montgomery, M. P., Bautista, G., Ray, C. M., Laws, R. L., Fields, V. L., Radhakrishnan, L., Cha, S., Christensen, A., Dupervil, B., Verlenden, J. V., Cassell, C. H., Boyer, A., DiPietro, B., Cary, M., Yang, M., ... Marcus, R. (2022). Impact of social isolation during the COVID-19 pandemic on mental health, substance use, and homelessness: Qualitative interviews with behavioral health providers. *International Journal of Environmental Research and Public Health*, 19(19), 12120. <https://doi.org/10.3390/ijerph191912120>
- Johnstone, M., Parsell, C., Jetten, J., Dingle, G., & Walter, Z. (2016). Breaking the cycle of homelessness: Housing stability and social support as predictors of long-term well-being. *Housing Studies*, 31(4), 410–426. <https://doi.org/10.1080/02673037.2015.1092504>
- Kaul, K., Goodman, L. S., & Mccargo, A. (2020). Instead of aging in place, how about trying to age in the right place? *Generations*, 44(2), 1–8. <https://www.jstor.org/stable/48631200>

- Kearns, A., & Whitley, E. (2015). Getting there? The effects of functional factors, time and place on the social integration of migrants. *Journal of Ethnic and Migration Studies*, 41(13), 2105–2129. <https://doi.org/10.1080/1369183X.2015.1030374>
- Kearns, A., & Whitley, E. (2019). Associations of internet access with social integration, wellbeing and physical activity among adults in deprived communities: Evidence from a household survey. *BMC Public Health*, 19(1), 860. <https://doi.org/10.1186/s12889-019-7199-x>
- Kushel, M. (2020). Homelessness among older adults: An emerging crisis. *Generations*, 44(2), 1–7. <https://www.jstor.org/stable/48631201>
- Lawton, M. P., & Nahemow, L. (1973). An ecological theory of adaptive behavior and aging. In C. Eisdorfer & M. P. Lawton (Eds.), *The psychology of adult development and aging* (pp. 619–674). American Psychological Association.
- Machielse, A. (2015). The heterogeneity of socially isolated older adults: A social isolation typology. *Journal of Gerontological Social Work*, 58(4), 338–356. <https://doi.org/10.1080/01634372.2015.1007258>
- Maxmen, A. (2019). The devastating biological consequences of homelessness. *Nature*, 569(467), 614–617. <https://doi.org/10.1038/d41586-019-01573-0>
- McDonald, L., Donahue, P., Janes, J., & Cleghorn, L. (2009). Understanding the health, housing, and social inclusion of formerly homeless older adults. In *Finding home: Policy options for addressing homelessness in Canada*. University of Toronto Press. <https://www.homelesshub.ca/sites/default/files/2.5%20McDonald%20et%20al.%20-%20Formerly%20Homeless%20Older%20Adults.pdf>
- Oldenburg, R. (1999). *The great good place*. Da Capo Press.
- Owen, C., & Crane, J. (2022). Trauma-informed design of supported housing: A scoping review through the lens of neuroscience. *International Journal of Environmental Research and Public Health*, 19(21), 14279. <https://doi.org/10.3390/ijerph192114279>
- Pawson, R. (2000). Middle-range realism. *European Journal of Sociology*, 41(2), 283–325. <https://doi.org/10.1017/s0003975600007050>
- Pawson, R., Greenhalgh, T., Harvey, G., & Walshe, K. (2005). Realist review—A new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*, 10(1), 21–34. <https://doi.org/10.1258/1355819054308530>
- Pillemer, K. (2000). *Social integration in the second half of life*. JHU Press.
- Portacolone, E., Perissinotto, C., Yeh, J. C., & Greysen, S. R. (2018). “I feel trapped”: The tension between personal and structural factors of social isolation and the desire for social integration among older residents of a high-crime neighborhood. *The Gerontologist*, 58(1), 79–88. <https://doi.org/10.1093/geront/gnw268>
- Proctor, A. S., Barth, A., & Holt-Lunstad, J. (2023). A healthy lifestyle is a social lifestyle: The vital link between social connection and health outcomes. *Lifestyle Medicine*, n/a(n/a), e91. <https://doi.org/10.1002/lim2.91>
- QSR International. (2018). *NVivo qualitative data analysis software (version 12)*.
- Quilgars, D., & Pleace, N. (2016). Housing first and social integration: A realistic aim? *Social Inclusion; Homelessness and Social Inclusion*, 4, 5–15. <https://doi.org/10.17645/si.v4i4.672>
- Reynolds, K. A., Isaak, C. A., DeBoer, T., Medved, M., Distasio, J., Katz, L. Y., & Sareen, J. (2016). Aging and homelessness in a Canadian context. *Canadian Journal of Community Mental Health*, 35(1), 1–13. <https://doi.org/10.7870/cjcmh-2015-016>
- Rose, T., Joe, S., Shields, J., & Caldwell, C. H. (2014). Social integration and the mental health of Black adolescents. *Child Development*, 85(3), 1003–1018. <https://doi.org/10.1111/cdev.12182>
- Rowles, G. D. (1980). Growing old “inside”: Aging and attachment to place in an Appalachian community. In N. Danan & N. Lohmann (Eds.), *Transitions of aging* (pp. 153–170). Academic Press.
- Rubinstein, R. I., & Parmelee, P. A. (1992). Attachment to place and the representation of the life course by the elderly. In I. Altman & S. M. Low (Eds.), *Place attachment* (pp. 139–163). Springer US. https://doi.org/10.1007/978-1-4684-8753-4_7
- Sayer, A. (2000). *Realism and social science*. SAGE Publications.
- Seeman, T. E. (1996). Social ties and health: The benefits of social integration. *Annals of Epidemiology*, 6(5), 442–451. [https://doi.org/10.1016/s1047-2797\(96\)00095-6](https://doi.org/10.1016/s1047-2797(96)00095-6)
- Shinn, M. (2010). Homelessness, poverty and social exclusion in the United States and Europe. *European Journal of Homelessness*, 4(December 2012), 19–44. https://www.feantsaresearch.org/download/feantsa_ejh_v4_12-20101158691807049200186.pdf
- Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health*, 94(4), 651–656. <https://doi.org/10.2105/ajph.94.4.651>
- Waagemakers Schiff, J., & Lane, A. M. (2019). PTSD symptoms, vicarious traumatization, and burnout in front line workers in the homeless sector. *Community Mental Health Journal*, 55(3), 454–462. <https://doi.org/10.1007/s10597-018-00364-7>
- Wang, C. C. (1999). Photovoice: A participatory action research strategy applied to women’s health. *Journal of Womens Health*, 8(2), 185–192. <https://doi.org/10.1089/jwh.1999.8.185>
- Weldrick, R., Canham, S. L., Sussman, T., Walsh, C. A., Cormier, E., & Mahmood, A. (2023). Delivering services to older persons experiencing homelessness: Providers’ perspectives of what does and does not work. *Journal of Gerontological Social Work*, 66(1), 29–42. <https://doi.org/10.1080/01634372.2022.2087128>
- Wiltshire, G., & Ronkainen, N. (2021). A realist approach to thematic analysis: Making sense of qualitative data through experiential, inferential and dispositional themes. *Journal of Critical Realism*, 20(2), 1–22. <https://doi.org/10.1080/14767430.2021.1894909>
- Winer, M., Dunlap, S., St. Pierre, C., McInnes, D. K., & Schutt, R. (2021). Housing and social connection: Older formerly homeless veterans living in subsidized housing and receiving supportive services. *Clinical Gerontologist*, 44(4), 460–469. <https://doi.org/10.1080/07317115.2021.1879336>