

# A Systems Approach to Homelessness Prevention for Older Adults

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## Abstract

An aging population and increase in the number of older adults experiencing homelessness in North America requires a more effective response to prevent and end older adult homelessness. While there are few research evidence-based policy solutions to preventing older adult homelessness, there are several promising practices that with further analysis could point to quality policy reform. Using the five-level typology by Fitzpatrick et al. (2021). Advancing a five-level typology of homelessness prevention. *International Journal on Homelessness*, 1(1), 79–97. doi:10.5206/ijoh.2021.1.13341), this discussion paper outlines policy-oriented recommendations at varying levels of prevention: (a) universal, (b) upstream, (c) crisis, (d) emergency, and (e) repeat. Key policy implications include intersectoral collaboration and policy design that seeks to successfully reach functionally zero homelessness by activating policy strategies at each of the five-levels of prevention. Health and housing practitioners play an essential role in policy planning, design, implementation, and evaluation and can participate in and advocate for opportunities to improve services and address older adult homelessness connected to their practice environments. Promoting research that enhances systematic evaluation of the outcomes of older adults through various housing models is critical to driving policy reform—a necessary action to promote a safe, healthy, and opportunistic future for older adults.

**Keywords:** Five-level typology, Housing insecurity, Prevention, Strategies

Older adults are a growing population of the unhoused in North America who experience unique pathways into homelessness, distinct vulnerabilities and multimorbidities, as well as barriers to exiting homelessness (Culhane et al., 2019; Grenier et al., 2016). While specific homelessness prevention strategies for older adults are being explored internationally, Canada has yet to approach the issue as one that requires systems transformation, creating a policy environment that can inform practice change and preventative action. In this article, we aim to combine best current evidence on homelessness prevention for older adults with Fitzpatrick et al.'s (2021) five-level typology of homelessness prevention to propose next steps for structural reform. This will help guide both future research and future programming that can provide the evidence required for policy change and subsequent wrap-around service implementation for older adults who are both socially vulnerable and experiencing complex health needs.

## Background

Older adults are the fastest-growing age group in Canada, with adults over the age of 65 making up 6 million people, or 18.8% of the population in 2022 (Government of Canada, 2022). For many Canadians, rising costs of living and a dwindling supply of accessible and affordable housing has generated concern about maintaining or finding a safe place to call home. Simultaneously, this landscape of housing precarity

adds to the layers of both individual and structural vulnerability already often felt by older adults. For the purposes of this manuscript the age of an older adult is adjusted to be defined as those 50 years and older due to the propensity of age-related impairments and premature aging and mortality among older adults experiencing homelessness (Barken et al., 2015; Brown et al., 2022; Grenier et al., 2016). Consolidation of Point-in-Time counts from across Canada finds that 24% of the population experiencing homelessness is aged 50–64 and 5% is 65+ (Government of Canada, 2024a). However, traditional shelter Point-in-Time counts only provide a snapshot of older adult homelessness according to the Canadian definition, which recognizes, "...the situation of an individual, family, or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (Canadian Observatory on Homelessness [COH], 2017, p. 1). The definition includes a range of physical housing situations, including being unsheltered, emergency sheltered, provisionally accommodated, or at risk of homelessness (COH, 2017). To date, the majority of older adults experiencing homelessness have been found to be unsheltered, while others reside in shelters, jails, transitional housing, or more hidden forms of homelessness such as with family/friends, in unstable rental housing, or faced with barriers to aging at home and residing in long term care (LTC; Canadian Institute for Health Information, 2020; Gaetz et al., 2016; Lee et al., 2016; McDonald et al., 2007).

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In Canada, older adults are a diverse population with varying living arrangements, and housing and support-based needs (Puxty et al., 2019). Decades of research have indicated that most older adults wish to age at home, with accessible housing and the right supports in place (Feil et al., 2021; Puxty et al., 2019). These include nonmedical supports such as housekeeping, meals, or transportation, or medical supports such as medication management, professional services (nursing, occupational therapy, physical therapy, etc.), or condition-based medical treatments. Yet, without the right policy, services, and infrastructure in place to support and protect the rights of older adults to age at home, they are becoming part of a growing population of those experiencing homelessness in Canada (Culhane et al., 2019). Pathways to homelessness for older adults are varied and include intersecting personal, interpersonal, and structural factors that can occur either throughout the lifespan or at critical time points (Brown et al., 2016). These include: social and economic vulnerability (including the feminization of poverty; Barken et al., 2015; Hastings & Craig, 2023); complex or worsening health or disability (Barken et al., 2015; Puxty et al., 2019; Woolrych et al., 2015); lack of affordable, accessible housing (Cohen, 1999; Puxty et al., 2019); inappropriate housing solutions to promote aging in place (Humphries & Canham, 2021; Puxty et al., 2019); inadequate/loss of employment (Ontario Human Rights Commission, n.d.); barriers to service access (Serge & Gnaedinger, 2003); fragmented healthcare services (Cohen, 1999; Puxty et al., 2019); inadequate/barriers to social assistance (Barken et al., 2015; Cohen, 1999; Woolrych et al., 2015); relationship breakdown (Cohen, 1999; Woolrych et al., 2015); entrenchment in homelessness and poverty (Humphries & Canham, 2021); experiences of violence (Barken et al., 2015); and discrimination, stigmatization and exclusion (e.g., racism, agism, ableism, homeism; Weldrick & Canham, 2023; Woolrych et al., 2015).

Looking at current issues, rising rates of multimorbidities and disabilities alongside austerity-focused healthcare cuts (namely in rehabilitative and community care) have left older adults more often seeking care in emergency departments and experiencing prolonged hospital stays while awaiting LTC because their homes and supports are not considered adequate (Hande & Kelly, 2015; National Seniors Strategy, n.d.b). There are currently thousands of older adults on waiting lists for LTC placement in Nova Scotia alone, which provides public waitlist data (Government of Canada, 2024b). From a housing perspective, “*renovictions*,” the term used to describe tenant eviction from a rental unit for renovation purposes with the intention of re-renting the unit at a higher rate, or “*demovictions*,” evicting tenants and demolishing buildings to build high-density housing, drives many tenants out of their current housing due to unaffordability (Burman, 2023; Mondiw, 2023). While these may not cause direct entry into homelessness services (Treglia, Byrne & Tamla Rai, 2023), they increasing housing precarity such as living “doubled up” (Hartman & Robinson, 2003) or increase health precarities (Acharya et al., 2022). Older adults are particularly at risk of renovations and demovictions, usually having lived in older buildings for a longer period and remaining on a fixed income. For others, a lack of universal design in building codes means that their housing is not aging friendly, and often lacks capacity for modifications to create safe living spaces. Despite these pressing issues and pathways into homelessness, current policy and plans to prevent and end homelessness,

including the federal National Housing Strategy, fall short when considering the needs of older adults (Van Berkum et al., 2024, forthcoming).

Since mass homelessness in Canada emerged in the 1980s, the targeted response has primarily been on emergency services and emergency accommodation. These short-term strategies have proven to be ineffective in reducing homelessness long term, necessitating an emerging paradigm shift over the last decade to seeking solutions for preventing and ending homelessness. Alongside the conceptual emergence of homelessness prevention, there has been an effort to adapt and design categorizations or models for understanding and enacting it, namely, to aid systematic analysis and transparent comparison in international efforts toward homelessness prevention (Fitzpatrick et al., 2021). Fitzpatrick et al. (2021) critique popular models such as the public health model or models that focus on particular populations or time points as existing on a spectrum of being oversimplified and ambiguous to highly complex and disorienting. Rather, Fitzpatrick et al. (2021) propose a new five-level homelessness prevention typology which prioritizes targeting early intervention efforts while also attending to key dimensions of particular populations. The five stages of this typology, (a) universal, (b) upstream, (c) crisis, (d) emergency, and (e) repeat are described in the findings and used to guide practice recommendations and policy reform for preventing and ending older adult homelessness. Through our discussion herein, we seek to inspire system transformation and a policy environment that creates sincere and scalable practice change for older adults.

### Findings: Five-Level Typology of Homelessness Prevention

The Fitzpatrick et al. (2021) five-level typology of homelessness prevention was designed as a tool for policymakers and practitioners to assess whether their efforts in preventing and ending homelessness were sufficiently comprehensive and/or to identify if there are resource gaps or imbalances in their approaches. Aligned with a prevention paradigm, the desired shift is to concentrate efforts on the earliest stages of prevention (i.e., universal and upstream) rather than on later stages (i.e., crisis, emergency, and repeat). This typology has not been applied to date to the unique needs of older adults. Thus, we have identified several prevention-focused recommendations for policy reform in each of the five stages of the Fitzpatrick et al. (2021) typology of homelessness prevention based on current promising practices within the research literature.

#### Universal prevention

Universal prevention is focused on preventing or minimizing homelessness risks at the general population level, or during the “pre” identifiable risk stage. The following recommendations focus on policy-based strategies, with particular emphasis on poverty reduction and access to affordable housing with universal design, as they are viewed as priorities to universal homelessness prevention. Other important universal prevention policy implications include: purposeful design and urban planning for “Age-Friendly Communities” (Barken et al., 2015; Mahmood et al., 2022; Puxty et al., 2019); violence prevention (Straka & Montminy, 2006; Weldrick & Canham, 2023); reparations for Indigenous communities including land reclamation and housing adequacy (Brant & Irwin-Gibson, 2020; Christensen, 2016; Pasternak & King, 2019); and comprehensive, accessible, affordable health care

that promotes community care, resources for caregivers (e.g., Cash-for-Care benefits), and continuity in care (Puxty et al., 2019).

#### *Poverty reduction.*

Despite efforts to reduce poverty amongst older adults during the last 60 years via direct financial assistance as well as reduced tax burden, older Canadians, particularly those who live alone, remain one of the most financially vulnerable populations (Government of Canada, 2023a). Without a robust social welfare system prepared to meet an aging society and protect older adults as they age and experience changes in ability, many will continue to live below the poverty line and in core housing need (i.e., unsuitable, inadequate, or unaffordable dwelling; Puxty et al., 2019). Much discussion has been had over the last several decades regarding some form of basic financial guarantee via government cash transfers to individuals. Particularly, a guaranteed annual income method employed throughout the lifespan has been found to improve lifetime economic disadvantage and serves as an effective poverty reduction strategy (McIntyre et al., 2016). Use of current income supports could also be enhanced, such as ensuring that Old Age Security and the Guaranteed Income Supplement programs alongside the federally administered Canada/Quebec Pension Plan for working Canadians meet the fluid economic and health-related needs of older adults. It is also notable that while Indigenous people are over-represented among those in core housing need in Canada, current Indigenous focused poverty reduction strategies are least targeted to older adults. These are the “Indigenous Early Learning and Child Care Framework” (Hamilton, 2018) and the “Indigenous Skills and Employment Training Program” (Government of Canada, 2023b). While some older adults can benefit from the employment program, more direct income support would be applicable to all older adults, rather than just some.

Where there is interest and ability around employment, this can also be a means to stabilize sufficient income. Unfortunately, age and ability-based discrimination of older persons affects employment and income-earning potential, including gaining employment, dismissal of older workers, and targeting older workers in workplace reorganization (Government of Canada, 2016; Ontario Human Rights Commission, n.d.). While human rights legislation prohibits age-based discrimination in the workplace, there remain opportunities to better accommodate the needs of older workers in ways that do not disadvantage them or put undue strain on the Canadian economy due to missed days or employee turnover (Government of Canada, 2016). This includes policy to support family caregiving, pension plans with sufficient matching contributions, late-career supports such as phased retirement, sufficient health coverage, sick leave that matches federally regulated employees, and bereavement leave (National Seniors Strategy, 2015).

Beyond social welfare, workplace pensions, defined contribution plans, and voluntary tax assisted private savings play an important role in supplementing retirement income. Expanding the availability of workplace pensions in the private sector and optimizing the use of individual savings strategies will help reduce the increasing and uncertain demands on the public sector (National Seniors Strategy, n.d.a). Other forms of income supplementation that support the financial needs of older adults include tax credits

(e.g., property tax relief, home repair; City of Toronto, 2019; Muttillio, 2018), geared to income rent, food security, transportation, access to financial support services, and funding to alleviate health care (including health-related home modification) costs (Puxty et al., 2019; Woolrych et al., 2015).

#### *Affordable housing with universal design.*

Sufficient, adequate, affordable housing with universal design is essential to ensure that older adults can age in the right place (Golant, 2015; Leviten-Reid & Lake, 2016). Universal design refers to the design of buildings that are physically accessible to people of all physical abilities, in particular being “barrier free.” The vast majority of older adults want to age at home (Puxty et al., 2019) and ensuring that their housing and support needs are met means that many individuals can safely live at home for longer—a viable alternative to LTC or other institution. Building, renovating, and retrofitting housing should all be done purposefully, including principles of universal design (Carr et al., 2013; Rosenberg et al., 2022; Woolrych et al., 2015) for all shared spaces and for a portion of units for older adults, as well as including older people’s preferences (Barken et al., 2015; Leviten-Reid & Lake, 2016), paying attention to the unique needs of particular populations, like racialized and Indigenous older adults (Puxty et al., 2019). This means universality that goes beyond physical aspects of design but also takes into consideration other aspects of inclusion. Examples include housing equity coalition building, equity and inclusion training (Parsons et al., 2023), ensuring diversity in building associations or advisory groups, and prioritizing consultation with equity-deserving groups in building design decisions. Affordable housing options enriched with services should span across the support continuum, from independent, to semi-independent, housing communities, cohousing, permanent supported housing (PSH), and LTC (Humphries & Canham, 2021; Norris, 2018).

Other government-focused recommendations to support housing affordability and aging in the right place include: building and renewing social housing; well-executed rent control (in contrast to current piece-meal approaches); preventing evictions, renovictions, and demovictions; modifying LTC funding formulas to cover the full capital cost of building new LTC homes; and generating opportunities to provide integrated supports designed for diverse older adults (City of Toronto, 2019; Henwood et al., 2023; Norris, 2018; Woolrych et al., 2015). Permanent supported housing is an emerging and promising form of affordable housing with integrated supports that may support older adults along the continuum of housing options if appropriately tailored to their needs (Henwood et al., 2019; Pandit & Brown, 2021; Preti et al., 2024). While there is limited current evidence of the effectiveness of PSH designed for older adults, it is predicted to reduce health and social service use with integrated health support (including distinct needs for advanced care planning and end-of-life care; Culhane et al., 2019; Henwood et al., 2019; Ko & Nelson-Becker, 2014), and to help foster social connectedness and reduce isolation (Humphries & Canham, 2021; Rosenberg et al., 2022).

#### *Upstream prevention*

The focus of upstream prevention is defined as early-stage prevention for high-risk groups at vulnerable times or transitions

in their lives. Efforts are oriented toward the earliest possible stage of assistance to identifiable, at-risk populations.

#### *Prevent postinstitutional homelessness.*

Research has demonstrated that discharges from institutions, such as hospitals or jails, are time periods of high risk related to both health and homelessness (Humphreys et al., 2018; Lutze et al., 2014). While critical time interventions, which provide a combination of individualized case management support from time in institution to often 9 months postdischarge, are evidence-based prevention approaches to minimizing postinstitutional homelessness (Herman et al., 2007; Lutze et al., 2014), we did not encounter any research evaluating older adult-specific critical time interventions. Forchuk et al. (2013) have demonstrated successful interventions via changing hospital policy to provide support with social assistance and housing to prevent discharge from psychiatric hospital to homelessness, however, study participants excluded older adults. While evidence identifies that older adults require access to community re-entry programs that provide health care and a range of housing options postinstitutional discharge (Canham et al., 2020; Williams et al., 2010), these promising practices have yet to be evaluated exclusively with older adults.

#### *Risk assessment.*

Risk assessment tools with the capacity to identify older adults at risk of homelessness in a variety of service-based settings and at institutional discharge are an example of a quality intervention that could drive upstream homelessness prevention, although more research is needed to evaluate this practice. This includes a risk of dementia that doubles every 5 years in Canada starting at 1% prevalence over the age of 65. One international example of risk assessment that demonstrated a 40% reduction in homelessness is the Australian “Geelong Project” which assessed youth for homelessness risk in school-based settings and provided interventions to support risk factors such as family reunification (Mackenzie, 2018). Although there is no similar screening and intervention-based research conducted with older adults, Williams et al. (2010) provide an example of homelessness risk assessment with older adults in U.S. prisons who are anticipating discharge within 2 years. Participants were provided questionnaires related to their health status, risk of homelessness (including social support), Veteran status, and other demographic characteristics. These measures demonstrated success in identifying the many individuals who required health and housing support to prevent postinstitutional discharge to homelessness. More recently, AI is being tested to predict risk of homelessness (Vaithianathan & Kithulgoda, 2024) and this could be implemented wherein the progressive health declines of older adulthood are also included in the metric.

#### *Crisis prevention*

Crisis prevention is centered on preventing homelessness that is likely to occur within a foreseeable period of time (e.g., days or weeks). Intervening at a crisis prevention level acts as the safety net that interrupts the often negative and harmful consequences of homelessness in older adulthood. Preventing housing loss such as intervening around eviction is in most cases ideal, however at times the current home environment might be a challenge such as in the context of domestic

violence or elder abuse (MacNeil & Burnes, 2021). In the case where rehousing is required, expediency improves outcomes.

#### *Eviction prevention.*

Crisis prevention is centered on supporting older adults to stay in their homes or make supported moves into required and desired alternatives. This stems from ensuring financial security for older age, preventing employment loss, and ensuring that housing is safe, accessible, and affordable. Although not specific to older adults, research demonstrates that preventing eviction and repossession via short-term emergency financial assistance, or legal requirements to notify authorities when evictions proceedings are initiated are effective policy-based responses to housing stability (Kenna et al., 2016). Wales provides a unique example globally wherein they have a legislated requirement for government to support individuals who would otherwise become homeless. This is termed “Duty to Assist” wherein local authorities (equivalent of municipal/regional governments in Canada), are required to provide housing for individuals leaving government care who would otherwise leave to no fixed address. This legislation enacts a right to housing in congruence with the United Nations Principles for Older Persons (Gofal Cymdeithasol Cymru Social Care Wales, n.d.).

#### *Rapid Rehousing and multiservice homelessness intervention programs.*

While Rapid Rehousing and multiservice homelessness intervention programs are best employed at a crisis prevention level when individuals have a foreseeable amount of time before experiencing homelessness, they can also effectively support those at immediate risk (emergency prevention) or during cycles of housing loss. Rapid Rehousing, focused on short-term rental assistance and service provision, has demonstrated some success with rehousing older adults, but is fairly critiqued amongst a shortage of PSH and looming issues with private market housing affordability and old age income insecurity (Hall & Moses, 2023). Multiservice homelessness intervention programs have been identified as a necessary component of homelessness prevention for older adults and include supporting timely rehousing and care collaboration and continuity (Woolrych et al., 2015). From a crisis prevention standpoint, multiservice intervention may include personalized case management to support housing precarity, support provided in centralized and accessible spaces (e.g., community hub), education, employment and skill-based interventions, mental health support, and immediate access to safe and supportive emergency housing when required (Humphries & Canham, 2021; Woolrych et al., 2015).

#### *Emergency prevention*

Supporting those otherwise entering homelessness is considered the focus of emergency prevention. While emergency responses intend to be temporary and brief, many individuals, including older adults, face barriers to regaining housing and exiting homelessness, emphasizing why earlier forms of prevention are so important despite the ongoing need for emergency services.

#### *Legal right to age-appropriate accommodation.*

Following Canada’s recently legislated right to housing in their National Housing Strategy (Government of Canada,



2017), a legal right to housing requires that all older adults have access to emergency shelter if needed. Where many older adults may avoid shelter due to high rates of victimization or be turned away due to capacity, some European countries are working toward actualizing the legal right to shelter with the “Duty to Assist” model (Fitzpatrick et al., 2014). When required, emergency shelter should be age-appropriate, adjust to older adult preferences, and be well-equipped to meet the needs of older adults (Woolrych et al., 2015).

In light of known challenges with emergency shelter use, other temporary housing options have been explored, such as a “Geriatric Model of Care,” for older adult Veterans experiencing homelessness in the United States (Knapp et al., 2021). The Geriatric Care model provides temporary housing with postacute health care and support with functional impairments with activities of daily living. The model demonstrated reductions in the participants’ complexity and volume of health-care usage. While the majority of Veterans in the study were able to transition to various forms of housing, some were lost to follow up or discharged to shelter. For older adults, support from family and friends and medical respite has been considered alternate options for emergency accommodation (Knapp et al., 2021; Norris, 2018), but often do not align with the older adult preferences or address long-term housing needs. That is, individuals may not be comfortable with care from family and friends for a variety of reasons, most crucially in that relationship breakdown is often the precipitating cause of housing precarity in the first place. Exploring a “Duty to Assist” model in Canada, where all individuals have a legal right to accommodation, and better yet, diverting all older adults from shelter into permanent housing of choice present opportunities for future research and policy reform at an emergency prevention level.

### Repeat prevention

The goal of repeat prevention is to prevent recurrent homelessness once it has already occurred one or more times. Research demonstrates that individuals are likely to experience recurrent episodes of homelessness and that older adults in shelter are more likely than other age demographics to experience chronic homelessness (Brown et al., 2016; Government of Canada, 2023c). This indicates that current efforts to address repeat prevention have not been successful (Woolrych et al., 2015).

### Housing First.

Government efforts in Canada have shifted toward housing-led responses such as Housing First to provide permanent housing with person-centered support to prevent repeat homelessness (Fitzpatrick et al., 2021). By definition, Housing First includes immediate access to housing, of choice, with supports, without preconditions, and including community integration (Homeless Hub, 2024). While this is a step in the right direction in terms of shifting from emergency responses to permanent housing and it has been a successful model for some older adults (Chung et al., 2018) there are some unique considerations. Housing First models should be adapted to meet the needs of older adults while maintaining a high degree of model fidelity and have appropriate commitment from health and social services (e.g., aging specialists to assess home safety/accessibility) to ensure that the unique support needs of older adults are met (Gutman et al., 2018). Regardless of the housing-led model, older adults require affordable and

universally accessible housing options along the continuum of housing need.

## Discussion

Preventing homelessness for older Canadian adults will require a multifaceted approach and policy solutions at each of the five levels of prevention—universal, upstream, crisis, emergency, and repeat. While the complex issue of older adult homelessness has been decades in the making, we now have a window of opportunity in which our nation is shifting focus to homelessness prevention and has adopted a human rights approach to housing. Older adults experiencing homelessness are a diverse group of individuals that have often experienced a complex interplay of pathways into homelessness (Woolrych et al., 2015). The fluidity of their health and housing experiences coupled with their unique strengths and vulnerabilities require a comprehensive, practical, and holistic plan that is centered around individualized needs to prevent and end homelessness (Woolrych et al., 2015). As we approach a rapidly aging population, a tall order for policy reform is needed to ensure that the shortcomings in Canadian social systems, policies, and infrastructure are reworked to support health and housing stability for aging adults.

### Policy Implications

The five-level typology of homelessness prevention (Fitzpatrick et al., 2021) offers an organized format for practitioners and researchers to direct program and policy solutions to prevent and end homelessness for older adults. Categorically aligned with universal prevention, intersectoral policy design and execution is perhaps one of the most important policy implications when addressing specific supports that overlap traditional government departments. Given the multidimensional and intersecting nature of older adult homelessness, sectors that have historically practiced in siloes must collaborate to create comprehensive policy solutions that address current resource gaps and imbalances. For example, income supports as crisis prevention and preventing postinstitutional homelessness as upstream prevention could be delivered as the same program. Ensuring stability of income in advance of an institutional discharge could support an exit into existing or new housing. Intentionally bringing together different departments and levels of government, namely amongst social services, income support, housing, and healthcare will help mend the current disjuncture between aging and homelessness-related policy (Barken et al., 2015; Grenier et al., 2016; Leviten-Reid & Lake, 2016). For example, policy cohesion and a close partnership between health and housing authorities can promote improved access to home health services (Woolrych et al., 2015). Intersectoral policy design should minimize the impact of exclusionary policies and practices, for example ensuring lived experts are offered a voice during policy design and decision-making processes (Weldrick & Canham, 2023), encouraging holistic solutions (Woolrych et al., 2015), and prioritizing impact and accountability (Mauboules & Lupick, 2023).

Key policy implications from the reviewed research include:

1. Universal Prevention: Implementation of either a universal financial benefit or adjusting age eligibility for benefits geared to older adults to be congruent with the health needs of those experiencing extreme poverty and homelessness (i.e., make “old age” benefits available at age 50). Development of new affordable housing with universal design.

2. Upstream Prevention: Risk assessment to detect and prevent movement from public systems into homelessness. Multisectoral policies on no discharge to no-fixed-address for public institutions, with concomitant funding for services to actualize these policies.
3. Crisis Prevention: Rehousing supports to either respond to evictions or to proactively support moves into more appropriate housing options addressing functional needs. Improved reporting of evictions or potential evictions to authorities to allow for strategic supports.
4. Emergency Prevention: Implementation of a duty-to-assist policy framework to ensure those in housing need are supported toward permanent housing options. Comprehensive shelter diversion. Availability of in-home supports that are both rapidly responsive and can adjust to evolving needs.
5. Repeat Prevention: Housing First programs delivered with high fidelity (Homeless Hub, 2024) meaning that in addition to permanent housing, there are supports provided as required, in-home.

## Research Implications

Although there is a growing body of international research examining strategies to prevent and end homelessness, there is little evaluative research examining the current efforts to prevent homelessness for particular high-risk groups (Apicello, 2010). Throughout this review of relevant literature, research evaluating effective policy strategies to prevent and end older adult homelessness was largely absent in North America. Consequently, the authors leaned on evidence-informed recommendations from promising strategies with other sub-populations and recommendations from predominantly qualitative research. As such, a primary research implication is to enhance the systematic evaluation of outcomes of older adults through various housing models (including supportive, market, and congregate living). While the authors used the Fitzpatrick et al. (2021) typology to recommend policy actions to prevent and end older adult homelessness, it has not yet been tested with a broad global audience. Future research should engage with implementation science modalities and comprehensive evaluation so that policy models and program implementation geared as homelessness prevention for older adults can be more accurately assessed. Outcome metrics could include person-level metrics related to health, housing, and service utilization (ex. mortality, health, housing status, service utilization, hospitalization, satisfaction with housing, etc.) as well as systems metrics (ex. proportion of older adults in core housing need/homeless/stably housed, financial impacts, service provider satisfaction, etc.).

## Conclusion

Canada's National Housing Strategy and shifting focus on a human right to housing and homelessness prevention has created a policy window in which we can advocate for and create systemic change for older adults. While there are few evidence-based policy strategies for ending and preventing older adult homelessness, borrowing from successful interventions both internationally and with other populations can act as a launching ground to innovation. This paper highlights opportunities for research, practice, and policy reform using the comprehensive five-level typology for homelessness

prevention by Fitzpatrick et al. (2021). As we face an increasingly aging population, creating policy solutions that eradicate homelessness for older adults will alleviate stressed social systems and lead to a safe, healthy, and opportunistic future for generations to come.

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## Conflict of Interest

None.

## Data Availability

This article does not report data and therefore the preregistration and data availability requirements are not applicable.

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