

SESSION 10280 (LATE BREAKING POSTER)

HEALTH AND SOCIAL SERVICES

A SCOPING REVIEW OF SOCIAL HOUSING MODELS FOR OLDER ADULTS

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Access to affordable housing is a rising concern for many older adults, and government-sponsored social housing programs are one approach to support low-income older adult renters; however, these housing models are limited in availability and may not all be well-suited to support aging in place. To better understand how to promote the physical, mental and social wellbeing of older tenants in social housing, this scoping review mapped relevant literature to examine: 1) the characteristics of older adults in social housing; and 2) social housing service models and policies. Seven peer reviewed databases were searched for relevant articles, which were screened by two independent reviewers. A total of 140 articles met the inclusion criteria. Studies were predominately from the US and Canada; spanning over five decades of research, with publications surging in the 1980's and in the 2010's. Almost all studies reported on the sociodemographic and health characteristics of older tenants, and two thirds presented findings on social housing service models, including policies, staff positions and training, and access to on-site support services. This review points to a high level of vulnerability among older adult tenants living in social housing and highlights the importance of co-locating support services in social housing buildings, with dedicated tenant-support staff to identify vulnerable tenants and link them to these services. There is an acute need for more research on key issues related to housing retention, such as eviction prevention, in order to identify opportunities for social housing landlords to help older tenants age in place.

AN INTERNATIONAL ENVIRONMENTAL SCAN OF SOCIAL HOUSING FOR OLDER ADULTS

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The City of Toronto is creating a standalone housing corporation to focus on the specific needs of low-income older adults living in social housing. A key focus of this new corporation will be to provide housing, health and community support services needed to optimize older adult tenants' ability to maintain their tenancy and age in place with dignity and in comfort. To support this work, we conducted an

environmental scan of service delivery models that connect low-income older adults living in social housing with health and support services. Desktop research was undertaken to identify relevant programs. For each model, key details were extracted including housing type, services offered, provider information, rent structure and funding sources. The scan identified 34 examples of social housing programs for older adults run by public, private and non-profit agencies across Canada, the United States and Europe that integrated health and supportive services. Successful models were those that understood the needs of tenants and developed collaborative partnerships with health and social service providers to create flexible place-based programs. A common challenge across jurisdictions was privacy legislation that made it difficult to share health and tenancy data with program partners. The presence of on-site staff that focused on building trust and community among tenants was considered key for identifying tenants requiring additional supports in order to age in place. These insights offer important considerations on how integrated supportive housing service models promote housing stability and support better health and wellbeing among older adults residing in social housing.

DELIVERY OF COMMUNITY SUPPORT SERVICES FOR OLDER ADULTS IN SOCIAL HOUSING

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Community support services are an integral component of aging in place. In social housing, older adult tenants struggle to access these services due to the siloed nature of housing and health services. This study aims to describe the relationship between community support services and social housing for older adults and examine ways to optimize delivery. Data on government-funded community support services delivered to 74 seniors' social housing buildings in Toronto, Ontario was analyzed. Neighbourhood profile data for each building was also collected, and correlational analyses were used to examine the link between neighbourhood characteristics and service delivery. Fifty-six community agencies provided 5,976 units of services across 17 service categories, most commonly mental health supports, case management and congregate dining. On average, each building was supported by nine agencies that provided 80 units of service across 10 service categories. Buildings in neighbourhoods with a higher proportion of low-income older adults had more agencies providing on-site services ($r = .275, p < .05$), while those in neighbourhoods with more immigrants ($r = -.417, p < .01$), non-English speakers ($r = -.325, p < .01$), and visible minorities ($r = -.381, p < .01$) received fewer services. Findings point to a lack of coordination between service providers, with multiple agencies offering duplicative services within the same building. Vulnerable seniors from equity-seeking groups, including those who do not speak English and recent immigrants, may be excluded from many services, and future service delivery for seniors should strive to address disparities in availability and access.