



UNIVERSITY OF
CALGARY

ADDRESSING LATE-LIFE HOMELESSNESS IN CANADA

March 17-18, 2026 | Calgary, AB



ADDRESSING LATE-LIFE HOMELESSNESS IN CANADA

University of Calgary Co-Hosts

Centre on Aging

Department of Family Medicine

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BSF Chair in Geriatric Medicine

**O'Brien Institute for Public Health
Institutes for Transdisciplinary
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**Office of the Seniors' Advocate
Newfoundland & Labrador**

Unity Health Toronto

**Canadian Institute for Health
Research Institute of Aging**

Planning and Dissemination Grant,
202307PCS-505871-ICS-CBBA-224931
Strategy for Patient-Oriented Research,
Catalyst Grant: Partnering for Impact
575081

**Social Sciences and Humanities
Research Council**

Insight Development Grant
430-2023-00977

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UNIVERSITY OF CALGARY
Centre on Aging



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Executive Summary

ExCHANGE Calgary (March 17-18, 2026)
brought together 35 participants from
across Canada to address the growing
challenge of late-life homelessness.

The Issue

Older adults experiencing homelessness face unique and complex challenges, including:

- Premature aging
- Increased health and care needs
- Siloed housing, healthcare, and social support systems

Meeting Aims

To promote:

- Meaningful inclusion of lived experience experts
- Integrated care models of health, social, and housing support

Outcome: A shared commitment to advancing **scalable, person-centred** solutions that promote housing stability, health, dignity, and **belonging** for older adults experiencing homelessness.

Next Steps

- Develop a **Practice Support Network**
- **Advocacy and policy action**

with longer-term goals to contribute to a national strategy on late-life homelessness

Drs. Kelly & Nixon



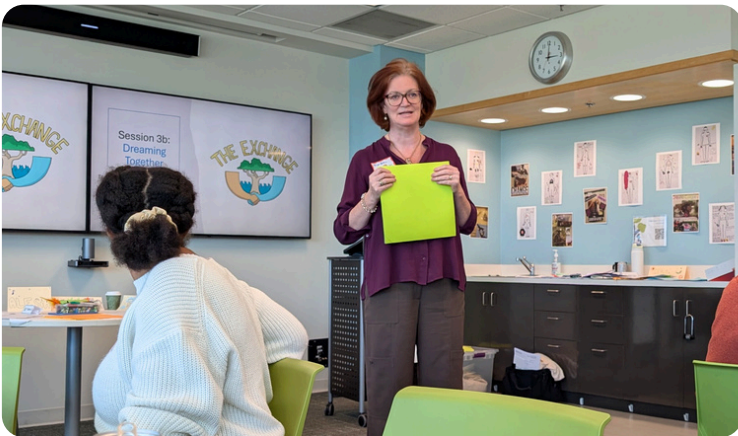
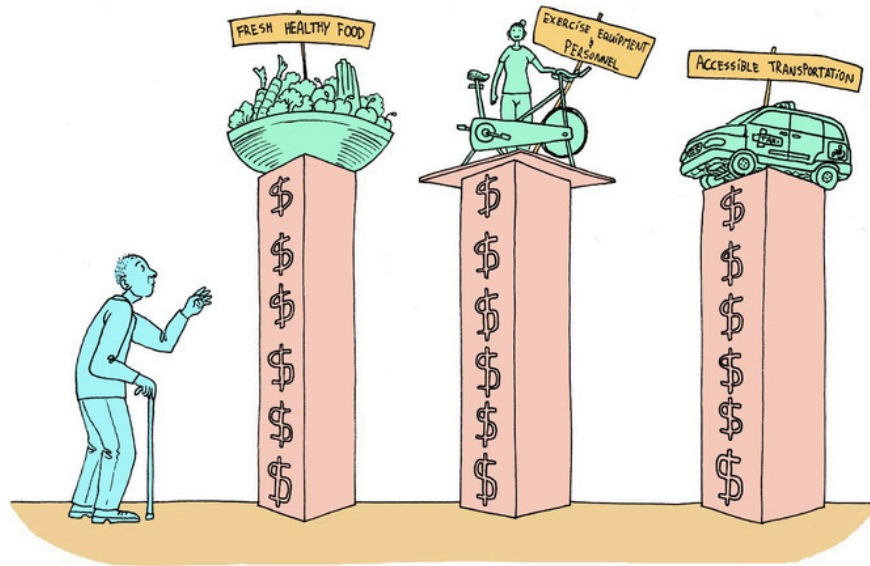




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WHY EXCHANGE CALGARY?

The Scale of the Problem

Older people account for 30% of emergency shelter users. This number underestimates late-life homelessness due to “hidden homelessness”, e.g. people stuck in hospital, staying temporarily with family/friends, or sleeping in cars/RVs/tents (1). Among older people experiencing homelessness, around half experience homelessness for the first time after age 50 (2,3). Financial crises, declining health, and relationship breakdown often lead to first-time housing loss in later life; older age among first-time shelter users is a risk factor for long-term homelessness (1,4).

Premature Aging

People who first experience homelessness before age 50 are more likely to have faced adverse health and social challenges over time (5,6). Chronic homelessness is associated with “premature aging,” with age-related health conditions emerging 10–15 years earlier compared to people who have stable housing (3,7,8). As a result, age 50 – rather than 65 – is recommended for defining “older” in homeless-serving contexts (9,10).

“Chronic homelessness is associated with ‘premature aging,’ with age-related health conditions emerging 10–15 years earlier compared to people who have stable housing”.

Recognizing the Gaps

Despite their numbers, older peoples' needs are under-recognized within homelessness, housing, and health systems (11, 12). Medication support and personal care are rarely available in shelters. Services for older people exclude this group of prematurely aged people using 65 years as a cut off for access to care. Re-housing policies tend to assume temporary needs and prioritize short term supports.

Understanding the Gaps

Vulnerability among older people experiencing homelessness extends beyond individual risk factors and service gaps to include upstream policy and structures. Based on participatory research, Grenier and Sussman (13) define late-life homelessness as an experience of unequal aging that:

- is produced through age-based structures and social relations that restrict access to supports,
- reflects cumulative disadvantage over time,
- is lived in environments not conducive to aging well, and
- results in exclusion, non-recognition, and unmet need.

Shifting from Focus on Individual Change to System Change

Understanding late-life homelessness as systemic and structural is important to achieving levels of success seen with interventions targeting younger people, such as Housing First (13,14).

Who is the ExCHANGE?

The ExCHANGE Network brings together practitioners, researchers, and leaders from across Canada, in partnership with people who have experienced late-life homelessness.

The ExCHANGE began in 2019 to advance equity for and with, people experiencing late-life homelessness (16, 17).

Aims of ExCHANGE Calgary

The aim of ExCHANGE Calgary was bridging experiential, practice, and system knowledge to create coordinated responses across Canada to late-life homelessness through:

1. Including people with lived experience in system design.
2. Identifying success stories for potential scale and spread.
3. Building shared understanding and connection across systems.



Event Activities

Activity 1: Affirming Core Values

A draft version of these values, based on prior work within the ExCHANGE, was shared for discussion.

One edit was recommended and made: “Kindness” in place of “Respect”.

The ExCHANGE Network affirmed these values, explicitly committing to inclusion.



Activity 2: Sharing Success Stories

A highlight of the event was the opportunity for ExCHANGE practitioner, leader, and researcher participants to share what is working in their communities. These presentations highlighted Success Stories – practical, established, and actionable interventions that can support older people experiencing housing precarity.

Shelter-Based Primary Health & Addiction Care - Calgary Drop-In Centre

Steven Peard, Social Worker & Shannon Grant, Medical Director
Calgary Drop-In Centre is a low barrier, housing-focused emergency shelter. The Centre does not require sobriety, ID, or participation in programs to access the shelter. On-site health services include rapid response, withdrawal management, recovery transition supports, nurse-run clinic, and episodic medical care. Together, these services drastically reduce people's need for urgent care and calls to 911.

Comprehensive Geriatric Assessments in Shelter

Alesia Campbell, Social Worker & Jillian Alston, Geriatrician, Unity Health Toronto

The Geriatric Outreach Program to Shelters provides on-site clinical assessments and comprehensive geriatric care for older adults experiencing homelessness at shelters. The program has successfully identified cognitive impairment and clinical frailty, in over half of its participants, while enhancing the confidence of shelter staff and facilitating transitions.

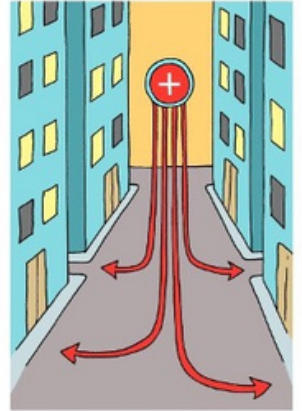


Activity 2: Sharing Success Stories

Project Dignify – Psychogeriatric Intensive Case Management for Older Adults Experiencing Homelessness

Michael Tau, Geriatric Psychiatrist, Unity Health Toronto

This project is designed to support the complex needs of older adults with mental health issues who are homeless or at risk of homelessness. The team consists of a geriatric psychiatrist, registered nurse, occupational therapist, social worker, homeless outreach counsellor, and operations lead. Clients access more outpatient care and have fewer emergency department visits and psychiatric hospitalizations. The program has shown evidence in helping reduce homelessness.



NiGiNan Housing Ventures – Shelter, Transitional, & Supportive Housing



*Dyan Harke, Director of Health Services,
& Nyamal Jany, Clinical Services
Coordinator, Edmonton*

This service embeds an Indigenous worldview, an approach rooted in holistic practice that integrates ceremony, cultural support, and engaging community programming into a harm reduction-oriented model.

Drop-In Wound Care Clinic

*Eileen Emmott, Integrated Home Care,
Sheldon M. Chumir Health Centre, Calgary*

A drop-in model of wound care to improve access for clients who are homeless or marginalized, to access specialized wound care and supplies, as well as connection to additional social and health supports.



Continuing Care – AgeCare Calgary

Salimah Walji-Shivji, Executive Director

This presentation showcased AgeCare's Complex Mental Health Rehabilitation Programs across 4 sites: Skypointe, Mount Royal, Sandringham, and Riverview. The program emphasizes a recovery-oriented, harm reduction approach, grounded in the CHIME framework (Connection, Hope, Identity, Meaning, Empowerment), supporting clients through structured phases of care.



The 6 innovations presented all reflected strong commitment to promoting housing stability, health, dignity, and belonging through relationship-centred approaches. Sharing successes within the ExCHANGE was energizing and sparked discussion of opportunities for integrating, sustaining, and catalyzing innovation.



Although unable to attend in-person, Louis Franscescutti (Emergency physician, Royal Alexandra Hospital, Edmonton) and Sharon Strauss (Geriatrician, Unity Health, Toronto) shared their teams' work in transitional housing and co-designing long-termcare homes with lived-experience experts, respectively. For more details on each initiative, please see the Appendix to this report at **INSERT URL**

Activity 3: Zine Conversations

Members of The ExCHANGE actively experiencing homelessness shared outputs of an arts-based study, exploring the experience of aging while homeless. They presented a series of Zines created as project outputs. Zines are small, self-produced graphic booklets used to convey personal experiences and messages to system leaders and decision-makers.

Participants discussed the challenges of accessing healthcare. Difficulties included transportation needs, mobility, medication costs, and long wait times for specialist care. Participants highlighted form-filling and complex administrative processes, particularly challenging when juggling multiple chronic conditions.

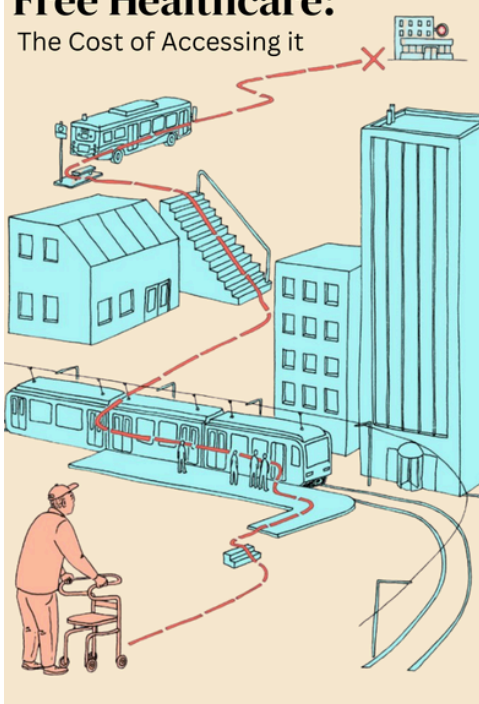
ExCHANGE members described their frustrations trying to access housing, portrayed the Zine 'House Trap'. Inspired by The Game of Life, the circular board reflects participants' sense that their housing journeys have no clear endpoint. Progress was often described as "two steps forward, one step back," highlighting instability and repeated setbacks.

Zines stimulated conversations across participants from different sectors about opportunities to improve access to housing and health care, and the importance of including the voices of people with lived experience as part of any service design.



Free Healthcare:

The Cost of Accessing it



You love your new apartment but you do not feel safe.

You sleep with a baseball bat under your bed.

Do not advance.

You must phone weekly to keep your place on the accessible housing list, but the answering machine is full. You lose your place in line.

START AGAIN

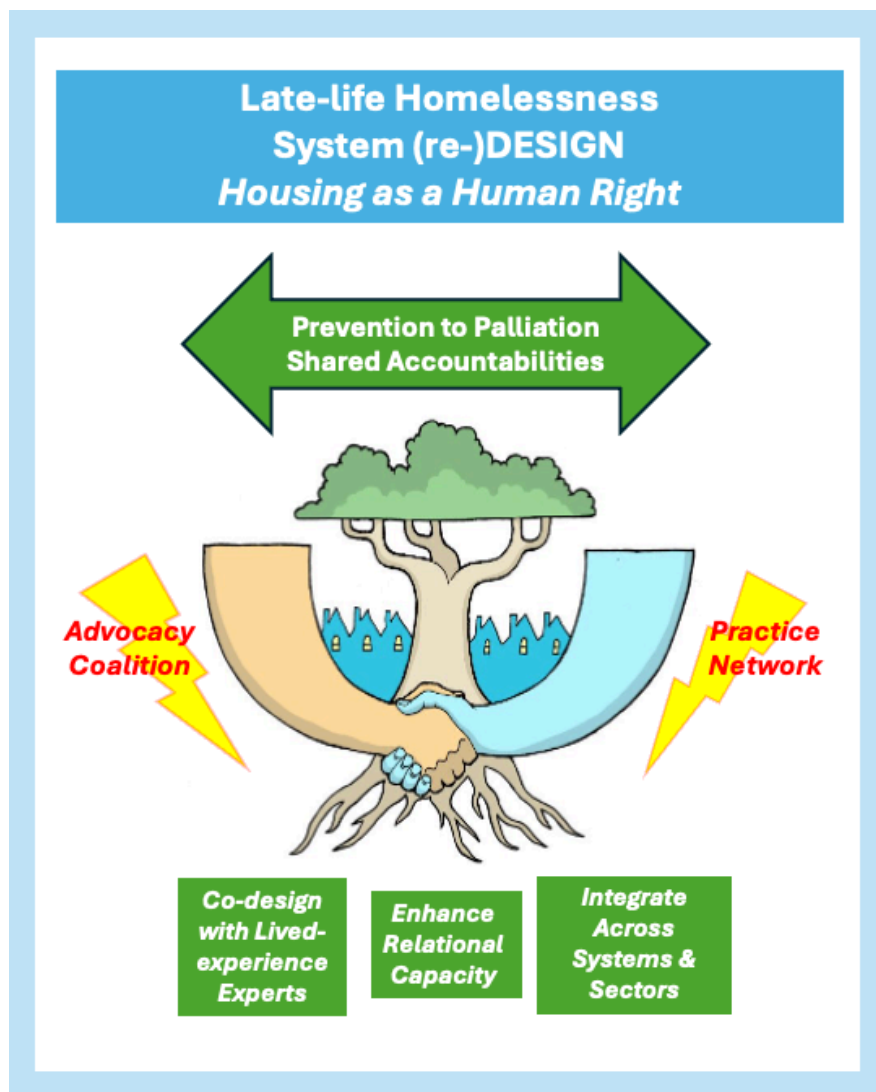
You get knocked down in a parking lot by a reversing truck.

Go straight to hospital and lose a turn.

Activity 4: Re-Imagining Systems

Through a final series of dialogues, ExCHANGE participants identified key elements of a **conceptual framework for responding** to late-life homelessness (as shown below):

- **Housing as a human right** as foundational to community prevention and in, emergency, acute, and palliative care settings.
- Key mechanisms to supporting rights-based housing innovation:
 - **including lived-experience expertise** in service planning, implementation, and evaluation to identify needed structural change;
 - **increasing relational capacity** at individual, team, organization, and system levels
 - **integrating service delivery** across care settings, systems, and sectors



ExCHANGE participants also identified the critical need for infrastructure and policy to support **collaboration and shared accountabilities**, rather than competition across service providers and sectors.

Activity 4: Re-Imagining Systems (cont'd)

**Embedding shared accountabilities
re-imagines how Canada cares for
people experiencing late-life homelessness.**

Planned next steps:

Formation of an
**Advocacy Coalition &
Practice Support Network**

in continued partnership with
lived-experience experts,
plus practice, leadership, & research-based experts
and funders



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Centre on Aging



CCSMH
Canadian Coalition for
Seniors' Mental Health



Canadian Institutes of
Health Research
Instituts de recherche
en santé du Canada

Questions? Thinking of joining us?

**Please contact Lara Nixon
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