



# Integrated Housing Models for Older Adults Experiencing Mistreatment

Executive Summary

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# Introduction

Canada's population is aging rapidly, bringing increased attention to the housing needs of older adults and the systems required to support them. While older adults represent a diverse population with varying needs shaped by incomes, health status, mobility, and social circumstances, a consistent preference emerges: the vast majority wish to age in place. At the same time, may encounter significant barriers in accessing housing that is affordable, accessible, and connected to appropriate supports.

Aging in place has become a central principle in housing and aging policy, reflecting the strong desire among older adults to remain in their homes and communities. This approach is associated with maintaining independence, preserving social connections, and supporting overall well-being. Yet, aging in place is not solely about remaining in one location, as it depends on the extent to which housing and community environments continue to meet evolving needs.

Social connection plays a critical role. Social support, participation, and inclusion contribute to a sense of belonging and are essential to quality of life. Emotional attachments to home and neighbourhood, as well as autonomy and control over living arrangements, further shape the experience of aging in place. These factors are particularly important for individuals with lived experience of trauma.

Despite these preferences, many older adults face housing challenges. Affordability pressures, accessibility limitations, and gaps in community supports can undermine the ability to remain safely in place. Housing need is especially pronounced among older women, individuals living alone, those with low incomes, and equity-deserving populations. These challenges are further influenced by geographic location, health status, and access to services.

Relocation, when it occurs, is often driven by a combination of 'push' and 'pull' factors. Moves may be lifestyle-based, planned, or crisis-driven, with crisis moves frequently linked to health changes, loss of a caregiver, or unsafe living conditions. These dynamics highlight the importance of ensuring that housing options are available across a continuum of need.

# From Aging in Place to Aging in Community

The concept of aging in the right place (AIRP) reframes aging in place by emphasizing the alignment between individuals and their environments. The 'right place' varies depending on personal circumstances, resources, and preferences, and is influenced by both the built and social environment. Access to AIRP is not evenly distributed, with those who have fewer financial, social, or health resources facing greater constraints.

Closely related is the concept of aging in community, which emphasizes the role of supportive, inclusive, and well-connected environments. Rather than focusing solely on the individual, aging in community highlights shared responsibility and the importance of community infrastructure in supporting well-being. This includes access to transportation, healthcare, social programs, and opportunities for engagement.

Age-friendly community frameworks further reinforce this approach by promoting coordinated policies, programs, and environmental design that respond to the needs of diverse populations. Together, these concepts underscore that housing must be understood within a broader ecosystem of supports.

## Elder Mistreatment and Housing

Elder mistreatment (EM), including domestic violence (DV) and intimate partner violence (IPV), is a widespread and complex issue with significant implications for housing. Globally, approximately 1 in 6 older adults experience some form of abuse in community settings. In Canada, IPV accounts for a substantial proportion of police-reported violence, with women disproportionately affected.

Housing plays a critical role as both a site of risk and a potential point of intervention. Many experiences of abuse occur within private homes and are shaped by factors such as dependence on caregivers, social

isolation, and financial insecurity. At the same time, limited access to appropriate housing options can prevent individuals from leaving unsafe situations.

Existing systems often fall short in addressing these challenges. Emergency shelters are typically designed for women and children and may not meet the medical, cognitive, or social needs of older adults. Specialized programs for older adults remain limited in availability and are concentrated primarily in North America. Broader systemic gaps, including fragmented services, limited coordination, and insufficient funding, further constrain effective responses.

Addressing EM requires multidisciplinary and coordinated approaches that integrate housing with health, social, legal, and community services. Prevention efforts must also focus on reducing social isolation, increasing awareness, and empowering older adults through accessible information and supports.

## Housing Models and Service Integration

A range of housing models exist to support older adults, each offering different levels of service integration and responsiveness to need. These include building-based models (i.e. supportive housing and integrated service models), community-based approaches (i.e. NORC supportive service programs), campus or co-located models, and alternative arrangements such as cohousing and home sharing.

These models operate along a continuum. Highly integrated models provide structures access to services and greater opportunities for coordinated care, while community-based and alternative models emphasize independence, social connection, and informal supports. Each has distinct strengths and limitations.

Notably, housing models specifically design to address DV and EM remain limited. While specialized shelters and transitional housing play a critical role in crisis response, they are often under-resourced and not well integrated into broader housing systems. This highlights the need to embed mistreatment-

responsive features across all housing models, rather than relying solely on specialized programs.

Service-integrated housing has emerged as a promising approach. By combining housing with coordinated health, social, and community supports, these models can reduce isolation, improve access to services, and support aging in place. Still, challenges remain in scaling these models, ensuring inclusivity, and strengthening service coordination.

## Key Implications

Several key implications emerge from this analysis:

1. **No single housing model is sufficient to meet the diverse needs of older adults.** A continuum of options is required, with flexibility to respond to changing circumstances over time.
2. **Service integration is critical.** Housing that is not connected to supports risks leaving individuals vulnerable, particularly those experiencing isolation or mistreatment. Strengthening partnerships across sectors is essential to improving access and coordination.
3. **Housing must be understood as both a risk environment and an intervention point for EM.** Embedding safety, privacy, and trauma-informed approaches within housing design and service delivery is necessary to support vulnerable populations.
4. **Practical, incremental approaches can drive meaningful change.** Enhancing existing models, improving service navigation, and building staff capacity can strengthen outcomes without requiring large-scale system redesign.

## Recommendations

Key recommendations include:

- Strengthening service integration within existing housing sites through partnerships and on-site supports.

- Building staff capacity to identify and respond to EM and IPV.
- Improving resident awareness and navigation of available services.
- Piloting small-scale integrated supports to test and refine approaches.
- Incorporating safety and privacy considerations into existing environments.
- Enhancing social connection through community-building initiatives.
- Aligning with existing local systems and age-friendly initiatives.
- Investing in applied research and evaluation to build evidence and support innovation.

## Conclusion

As Canada's population continues to age, housing systems must evolve to meet increasingly complex and diverse needs. This report highlights the importance of moving beyond traditional models toward more integrated, responsive approaches that connect housing with the supports necessary for safety, independence, and well-being.

Service-integrated housing offers a practical pathway forward. By strengthening coordination across sectors, embedding mistreatment-responsive practices, and focusing on incremental improvements, there is an opportunity to better support older adults to age in place and in community.

Ultimately, ensuring the older adults can live safely and with dignity requires a shift in how housing is conceptualized, from a standalone asset to a central component of a broader system of care and support.