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Homelessness Among Elderly Persons

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Between 1990 and 2000, the total number of children living in grandparent-headed households increased by 30% (AARP, 2003). Among this growing population of elderly persons running households are older adults who have grown old on the street, those who have recently become homeless, and others at risk of displacement from their homes. From 1999 to 2002, there has been a 60% increase in people older than 55 using shelters in Massachusetts (CEEH, 2002).

DEFINITIONS AND DIMENSIONS

Definitions of aged status vary from study to study; however, there is a growing consensus that persons aged 50 and over should be included in the "older homeless" category. Homeless persons aged 50-65 frequently fall between the cracks: they are not old enough to receive Medicare, but their physical health, aggravated by poor nutrition and severe living conditions, may resemble that of a 70-year-old.

In Massachusetts, the number of people over 55 using shelters increased 60% from 1999 to 2002 (CEEH Annual Report 2002). Although the proportion of older persons among the homeless population has declined over the past two decades, their absolute number has grown (Cohen, 1996).

CAUSES

Increased homelessness among elderly persons is largely the result of the declining availability of affordable housing and poverty among certain segments of the aging. Of the 14,000 on Boston's public housing wait list, 1,000 are over 60 years old (Crane, 2004).

Among households with very low incomes, households with an elderly head of household have almost a one-in-three chance of having worst case needs, despite the fact that housing assistance has been heavily directed toward elderly people. 37% of very-low-income elderly people receive housing assistance (U.S. Department of Housing and Urban Development, 1998).

The number of older people experiencing homelessness in Massachusetts increased in the past decade. A 3-nation survey published in 2004 revealed that in the City of Boston there was a 39% increase since 1993 (Crane, 2004).

Supplemental Security Income (SSI) greatly reduces the depth of poverty and hardship experienced by the low-income elderly. In 2002, more than 2.1 million people had their disposable incomes lifted above the poverty line by SSI. SSI recipients who remain poor have incomes that equal three quarters of the poverty line, on average, while without SSI their incomes would have been only one third of the poverty line (Center on Budget and Policy

Priorities, 2005). Still, many elderly people are poor and in need of housing assistance. The current maximum monthly SSI benefit (\$579 for an individual) is well below the poverty line. With less income for other necessities such as food, medicine, and health care, these populations are particularly vulnerable to homelessness. Overall economic growth will not alleviate the income and housing needs of elderly poor people, as continuing or returning to work, or gaining income through marriage, are often unlikely.

Isolation also contributes to homelessness among older persons; in a 3-nation survey conducted in 2004, one half of the recipients (50 years and older) had been living alone before losing their homes (Crane, 2004).

CONSEQUENCES

Once on the street, elderly homeless persons often find getting around difficult. They distrust the crowds at shelters and clinics, so they are more likely to sleep on the street. Some studies show that homeless persons who are elderly are prone to victimization and more likely to be ignored by law enforcement. A study from Detroit, for example, found that almost half of older homeless persons had been robbed and one-fourth had been assaulted within the preceding year (Douglass, 1988). Older homeless persons are also more likely to suffer from a variety of health problems, including chronic disease, functional disabilities, and high blood pressure, than are other homeless persons (Cohen, 1996).

PROGRAM AND POLICY ISSUES

Most older homeless persons are entitled to Social Security benefits; however these benefits are often inadequate to cover the cost of housing. A person receiving Supplemental Security Income (SSI) cannot afford housing at FMR anywhere in the country; even in West Virginia, the state with the smallest gap between FMR and rents affordable to SSI recipients, SSI recipients can afford less than half of the FMR on efficiency apartments (NLIHC, 2004).

In most states, even if the SSI grant does cover the rent, only a few dollars remain for other expenses. Moreover, some homeless persons are unaware of their own eligibility for public assistance programs and face difficulties applying for and receiving benefits. Elderly homeless persons in particular often need help navigating the complex application process.

To prevent elderly Americans from becoming homeless, we must provide enough low-income housing, income supports, and health care services to sustain independent living. For those older adults who have already lost their homes, comprehensive outreach health and social services must be made available, as well as special assistance to access existing public assistance programs. Finally, like all people who are homeless or at risk of becoming homeless, elderly people need an adequate income, affordable housing, and affordable health care in order to stay securely housed.

FOOTNOTES

1. "Worst case needs" refers to those renters with incomes below 50% of the area median income who are involuntarily displaced, pay more than half of their income for rent and utilities, or live in substandard housing. [\[Back\]](#).

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