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Building a Conversation: Aged Homelessness on the Rise



Written by Joy Moses | May 15, 2019

Researchers are sounding an alarm on a trend that's been emerging for years: the homeless population is growing older, and the number of older homeless Americans is growing larger.

This is a trend that providers, first responders, and medical professionals have been seeing for quite some time. And [now there is analysis that sheds light on it](#).

Who is the Aged Homeless Population?

A research team headed by University of Pennsylvania Professor Dennis Culhane recently sought to understand the aged homeless population, and how their needs impact homeless services.

[Their report](#) indicates that homelessness is, in large part, a phenomenon impacting people who came of age during the late 1970's and early 1980's.

This group was born between 1955 and 1965, right after the peak of the historically large post-World War II baby boom. By the time they were ready to enter the job market, it was full of earlier boomers who were slightly more experienced competitors for employment.

Around this same time, the nation went through back-to-back recessions. As a result, this group experienced high rates of unemployment in young adulthood—especially among those with limited education. Many never recovered, making them vulnerable to economic challenges throughout their lives. Some became homeless at that time, some experienced homeless episodes in their middle years, and still others are experiencing homelessness for the first time as they enter their golden years.

Researchers Predict Steep Increases in Aged Homelessness

To better understand the phenomenon of aged homelessness, [Culhane's research team examined three](#) regions—Boston, Los Angeles County, and New York City. Findings point to a shelter population aged 55 and older, that has been steadily growing since at least 2011. Continued steep increases are projected in the years to come.

Specifically, the researchers found that the homeless population aged 65 and over is projected to grow:

- in New York City, from 2,600 in 2017 to 6,900 in 2030;
- in Boston, from 570 to 1,560; and
- in Los Angeles County from 4,700 to 13,900.

Other communities across the country are noting similar patterns within their shelters and homeless services systems.

The researchers do not foresee a leveling off in the aged homeless population until around 2025 – a harrowing benchmark that roughly coincides with the end of this age cohort's life cycle.

Various practice questions are emerging as a result of these trends. One lens for exploring them, is through the need-levels of aging consumers.

Low-Need Group

The majority of the aging population will have relatively low housing and health needs. Areas ripe for exploration include:

- Implementing screening instruments that effectively and efficiently determine level of need.
- Ensuring sufficient resources for prevention, rapid re-housing, shallow rent subsidy, and housing voucher programs.
- Advancing provider best practices for supporting family connections, including developing diversion and mediation techniques that meet the specific needs of people whose families include adult children, aging siblings, and others.
- Advancing provider best practices for ensuring access to income supports (Social Security, SSI, and SNAP).
- Ensuring access to aging in place services through Medicare, Medicaid, and other social programs.
- Creating proven models for building and supporting connections to employment for older adults.
- Supporting specialized staff training.

Medium-Need Group

Some aging adults will require moderately more intensive services. Sample considerations include:

- Ensuring a sufficient number of permanent supportive housing (PSH) beds
- Expanding available PSH services via Medicare, Medicaid, and other governmental sources to allow for aging in place.
- Exploring current and experimental methods of ensuring access to shelters (staffing expansions and physical accommodations).

High-Need Group

Finally, what can be done for the highest-need groups that require something other than PSH?

- Determining when and how to transition adults to nursing home care.
- Developing alternative settings, such as specialized shelters or care settings.

Let's Communicate

The Alliance is interested in your efforts to develop responses to these challenges. Have you implemented policies and practices that are improving outcomes for aging adults? Or are you in the early stages of implementing changes that might work? Finally, we need to know if we are missing anything. Are you grappling with concerns not mentioned here?

Please let me (Joy Moses) know via e-mail (jmoses@naeh.org).



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