

# Pathways Into and Out of Homelessness

Relationships between age, public programs, and housing stability

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# Disclaimer

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# Research

Age-  
related  
changes

What barriers and challenges contribute to later-life housing insecurity?

Public  
benefits  
and  
programs

How do housing stability service needs differ for older adults?



Homeless Management Information System (HMIS) for Massachusetts, 2012-2022  
Interviews with 20 Organizations Across the Boston Continuum of Care (CoC)

# The Language of Later Life Housing Insecurity and Homelessness

## **Homelessness:**

- Literally homeless: Lacking a fixed, regular, or adequate nighttime residence (HUD)
- An individual with no permanent living arrangement, i.e., no fixed place of residence (SSA/SOAR)

## **Homelessness Episode:**

Housing problems separated by at least 7 nights in a safe and appropriate residence that is not temporary (HUD 2015)

## **Chronic Homelessness:**

People who have experienced homelessness for at least 12 months or experienced four episodes adding up to 12 months over three years (HUD 2015)

## **Housing Insecurity:**

Difficulty paying rent, overcrowding, frequent moves, spending an excessively large part of income on housing (HUD)

## **Older Adult:**

A person aged 50 or older. Homeless people 50 and older prematurely experience conditions such as memory loss, falls, and functional impairment (Gelberg, Linn & Mayer-Oakes, 1990, Brown, et al, 2016)

## **Later-onset Homelessness:**

First time homelessness occurring in later-life, often following a catastrophic life event or “setback” (Kushel 2020)

# Older-Adult Housing Instability and Homelessness is an Increasing Problem

- **High prevalence:**
  - Older adults are overrepresented in share of people experiencing homelessness
  - One in three people experiencing chronic homelessness in 2020 was 55 or older (AHAR 2019-2020)
- **Increasing rates**
  - People 65 and older are the fastest growing age group of people experiencing homelessness (Culhane et al 2019)
  - With an aging population, the modal age of homeless single people has risen about 15 years over two decades (Culhane, Metraux, Byrne, Stino, Bainbridge 2013)
- **Cohort effects**
  - Younger Baby Boomers experiencing chronic homelessness are aging



# Mixed Methods Study

## DEMOGRAPHICS AND TRENDS ANALYSIS

Homeless Management Information System (HMIS) for the Commonwealth of Massachusetts

- Describe trends over time
- Explore characteristics of older adults experiencing homelessness

## INTERVIEW STUDY

20 Organizations Across the Boston Continuum of Care (CoC):

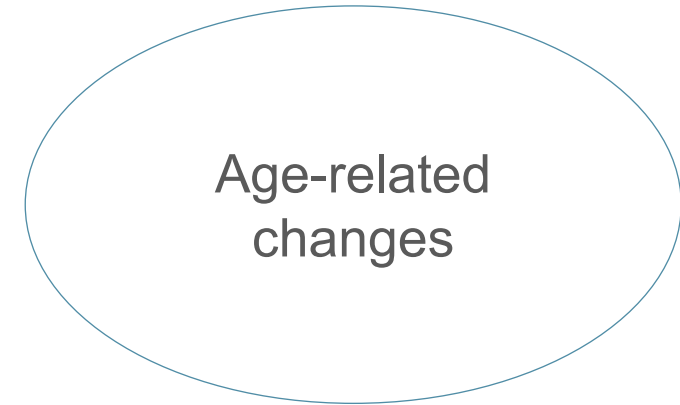
- Identify pathways into housing insecurity and homelessness specific to older adults
- Examine housing needs specific to older adults

# Age-Related Risk Factors

# Takeaway 1: Age-Related Experiences Challenge Later-Life Housing Security

## Older Adults' Individual Experiences and Needs

1. Difficult to Afford Rising Rents
2. Need Accessible Housing and Services
3. Vulnerabilities Compound Over Time



*“They've lived in these homes for 20-30 years with a rent of \$700, and all of a sudden the landlord now realizes... that [apartment is worth more]. And folks are being hit with these drastic increases.”*

*“The amount of people 50 and older, particularly 60 and older, that are almost completely alone, with no family support, not even like an emergency contact that's still relevant if you call the number...”*



# Age-Related Factors Compound Risk of Housing Insecurity and Homelessness

Micro/Individual	Macro/Policy	Older Adult Specific
Cognitive disability	Inadequate long-term care services and supports (LTSS)	Age-related cognitive decline; reliance on long-term services and supports
Physical disability and chronic health issues	Poor healthcare access; limited income supplements; inadequate LTSS; inaccessible housing; incomplete public transportation	Age-related changes in health and functional ability; unmanaged chronic conditions can worsen with age; need for physically accessible housing
Mental health/substance use disorders	Inadequate access to healthcare and mental health supports	Unmanaged chronic conditions can worsen with age
Social isolation	Poor community connectivity infrastructure	Widowhood; less access to technology; mobility challenges
Housing cost burdens	Unaffordable housing options; income disparities	Higher rate of housing cost burden; difficulty absorbing increased housing costs
Poverty	Inadequate public benefits	Fixed income; reliance on public programs
Discrimination	Structural inequities, particularly as related to race/ethnicity	Compounded disparities; learned mistrust; trauma
Violence/trauma	Incomplete legal protections	Increased physical and social vulnerabilities; age-related cognitive changes
Immigration	Exclusion from public programs	Generational cultural preferences; greater reliance on social network and public benefits

# Difficulties Accessing Benefits

# Older Adults Experience Barriers to Benefits Utilization

- High disability rates:
  - Half of people experiencing homelessness in 2020 were living with a disability (AHAR 2020)
- Low benefits approval rates:
  - Approval rates for first time SSI/SSDI applicants who are homeless as low as 10% (Dennis, Lassiter, Connelly & Lupfer 2011)
- Long wait times:
  - Average of 91 days until decision for people who are homeless or at risk of homelessness and who applied using the SOAR program (Dennis, Lassiter, Connelly, Lupfer 2015)

# Takeaway 2: Public Programs and Benefits Leave Numerous Gaps

## Limitations of Public and Community-Level Intervention

1. Limited connectivity
2. Support system gaps
3. Affordable housing limits and program exclusions

Public benefits and programs

*“There's all of a sudden, a crisis, like they have a stroke, or they fall and broke their hip, and then things get implemented...there's not enough ways to know or help before those crises happen.”*

*“[She could] barely walk anymore... and it took her a long time to get her social security benefits on...lost her housing as a result.”*

# Takeaway 3: There are Age-Related Barriers to Benefits Utilization

## How Do Service Needs Differ for Older Adults?

1. Communication challenges
2. Complex applications create problems
3. Trust impacted by systemic issues

Public benefits and programs

*“You have to prove things [to apply for SSDI]. It becomes really hard for folks [with] cognitive problems, mental health problems, trauma. You know it's just hard to pay attention to the forms.”*

*“It's asking people to, you know, get documentation they're not used to having handy every day...and someone who's elderly is like, ‘I haven't seen my birth certificate in 10 years.’”*

*“As we get older, sometimes we become less trusting of people, just because, especially with a population that has had systemic racism or poverty, or, you know, compromised living situations or disappointments throughout the life.”*



# Opportunities

# There are Opportunities for Public Resources to Stabilize Older Adult Housing and Reduce Homelessness

1. Increase program participation
2. Enhance supports and improve trust
3. Increase opportunities to maintain existing housing
4. Expand options for rehousing
5. Improve access to affordable housing



*“We have laundry, service, grocery, shopping, like those kinds of services. The good news is for a lot of my folks, we have these sort of smaller studio apartments, so we can get a lot of services.”*

*“With Mass Health [Medicaid], there's something called presumptive eligibility where you get ...approved for Mass Health, and then you have a certain period of time to...get your documentation together.”*

*“When you’re [homeless or] about to become homeless...it's one of the worst feelings in this world – a person not knowing where they're going to lay their head and be safe and sound.”*

# Thank You

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