

Homeless Over 50: The Graying of Chicago's Homeless Population



A Home for Everyone



UNIVERSITY CHICAGO
CENTER FOR URBAN
RESEARCH AND LEARNING

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In the winter of 2006, the Chicago Alliance to End Homelessness teamed with Loyola University's Center for Urban Research and Learning to undertake a nine-month study of people in Chicago who were homeless and aged 50 to 64. This study, funded by the Retirement Research Foundation, was undertaken in response to reports from homeless service agencies that this cohort of people was growing. Starting in 2005, agencies including Matthew House, Featherfist and Deborah's Place reported a fast-growing number of people aged 50-64 using homeless services, and that they seemed to both share issues with the rest of the homeless population and face circumstances unique to their age and stage of life.

The goal of this study, then, was threefold:

1. To obtain a demographic profile of people who are homeless in Chicago and are between the ages of 50 and 64;
2. To understand how the various systems designed to serve this population do and do not meet their needs; and
3. To begin to suggest a range of policy and programmatic responses to the needs of this population.

I just went to a meeting, this man was there, he was saying no way in his dreams did he ever think him and his wife would become homeless. But they became homeless. And it is because, they're too old to work, and they are not old enough for Social Security yet, and he found him and his wife out here without no place to stay. And you are going to have more of that.

MALE HOMELESS CONSUMER

I was taking the coward way out, I ... tried suicide ... cause I felt worthless and I still do. I could tell you, no lie, this is the truth, here I've worked with my hands practically all my life and look at me now. Why did this happen to me?...Some mornings I wake up with good, with smiles on my face, but on the inside, I really just want to just cry.

FEMALE HOMELESS CONSUMER

KEY FINDINGS

1. One of the most surprising findings from the study is that a majority of people aged 50-64 became homeless for the first time in middle age. The median age for first homelessness for this population is 47.
2. A second key finding is that the number of people who are homeless in Chicago between the ages of 50 and 65 is increasing. Between 2001 and 2006, a broad range of homeless service agencies saw, in total, a 26% increase in the older individuals they were serving.
3. The study shows that a sizable portion (possibly 40%) of this population have the will, ability and work history to become employed, but are hampered from obtaining employment. There are three major reasons for this: 1) a mismatch of their skills to the job market; 2) the decrease of jobs paying a living wage and 3) ageism in the employment market.
4. Conversely, the employment prospects for the remaining 60% of individuals are very limited. Many have one or more factors, such as chronic illness, that limit their ability to hold employment.
5. Finally, safety net social welfare programs fail this population. The meager safety net programs in place for single adults such as Earnfare target individuals younger than 48, and most programs for seniors cannot be accessed until 62 (housing) and 65 (SSI).

But they need to understand that, in the future, they are too old to get a job to get hired by the good companies nowadays, and they're not old enough yet for Social Security, so you got that whole gray big section of people who are...[homeless].

FEMALE HOMELESS CONSUMER

No one knows why a lot of us are out there or why some of us are homeless. My situation is jobs that just folded up.

MALE HOMELESS CONSUMER

Demographics

Biographical Characteristics

- 76% men
- 63% African-American
- About 10% had severely disadvantaged childhoods, receiving institutional or foster care
- 17% lived with relatives rather than their parents during some part of their childhood
- 59% graduated from high school
- 18% served on active duty in the military
- 20% have been incarcerated
- 8% currently married, and 20% had children under the age of 18
- Average age of 54

Sources of Income

- 27% had none
- 38% had government assistance alone
- 19% had earnings or family help alone
- 16% combined both government and non-governmental assistance
- Of those receiving governmental assistance:
 - 28% received SSI
 - 12% received Social Security
 - 1% received veterans' benefits

Employment/ Attachment to Labor Market

- 24% were employed, mainly part-time or day labor
- 32% were unemployed but still considered themselves in labor market and were looking for work

When Did They Become Homeless? Most Became Homeless Between Age 40 and 50

- Most became homeless in mid-life, with the median age for homelessness being 47
- 25% were first homeless before they were 40
- 75% experienced homelessness before they were 50

How Long Are They Homeless?

- Average length of homelessness was just under 2 years
- 25% were homeless over 2 years

Barriers to Employment

The following conditions directly impacted employment status. Few individuals with one or more of these conditions were employed. In total, 58% of this population had one or more of these conditions.

- Developmental disability
- Needing medical help in last 12 months
- Needing help with medications in the last 12 months
- Needing psychiatric help in the last 12 months
- Needing eye/vision care in the last 12 months
- Being a veteran
- Bronchitis
- TB
- Post-Traumatic Stress Syndrome
- In drug treatment in last 12 months
- Being an ex-offender

What Characteristics Differ From People Who Are Homeless and UNDER Age 50?

- Somewhat more likely to be male
- Somewhat more likely to be white
- Somewhat less likely to have been cared for in an institutional setting or by non-parental relatives
- Less likely to report an emotional condition
- Less likely to have been incarcerated
- Much more likely to be an active service military veteran
- They were less likely to be working full time
- They were more likely to be receiving some government income support, such as SSI

Marked Decrease in Number of Homeless After 62

Among those 50 and older in Chicago, about 65% were homeless when surveyed (the remainder had formerly been homeless or were at risk of homelessness).

However the percentage dropped dramatically with age

- Of individuals 62 to 65 about 56% were homeless
- 65 to 69, only 17% were homeless

While we can only speculate without further research as to why there was a drop in homelessness after age 62, a possible explanation is that individuals start to become eligible for various local and federal social welfare programs at age 62 (Public Housing and Social Security) and 65 (Public Senior Housing, SSI, Social Security).

I had a good job downtown, on Chicago and Rush [as] the assistant manager there. So, I had a sort of infection on my ankle, foot and ankle and I used to do my own dressing and cleaning, thinking it would get better ... So, one day, you know, my boss told me, you better get it checked, because you are limping a little bit, and so he took me down to the doctor ... and they immediately put me in a private hospital, they said it had been infected. So since September, October, November, I was down in the hospital.

MALE CONSUMER, HOSPITALIZED FOR SEVERAL MONTHS, THIS MAN LOST HIS APARTMENT AND HIS JOB

Reasons for Homelessness

The study identified three non-overlapping clusters of reasons:

- 36% said they lost a job and could not find another and/or had problems with drinking
- 39% reported discontinued or inadequate public assistance and/or a disagreement with family or friends with whom they were staying
- 25% reported inadequate income and/or illness. (This group appears to be the working poor who lost their homes when they had health problems)

Another major reason was on-the-job sickness or injury:

- Many individuals who were previously employed reported an accident or an acute illness.
- In many cases, this began a downward trajectory that resulted in homelessness.
- A majority were without paid sick leave and/or disability leave. Nationally, only 57% of workers have paid sick leave, and among blue collar, service and part-time workers the rates are much lower—45%, 38%, and 22% respectively (Levine, 2007).

Reasons for Homelessness (continued)

Example 1:

Rodney came from a working class family. Rodney served in Vietnam after high school and returned to Chicago to pursue a successful career as an artist. He was able to support his wife and children on his earnings, but when he became seriously depressed he was unable to work. He began abusing drugs. With the end of his marriage and the loss of his income he found himself homeless.

Example 2:

Curtis: I draw and stuff, so I started making a little money and I start drawing and from there I found myself a job, but I wasn't taking my medication. That's when I had the major seizure and I fell off the scaffolding. Lost my leg, from then I've been struggling for a like a year and a half now, going back and forth. See, I got a prosthetic leg, so Social Security said my age, my education, something else, they said disqualified me for Social Security. Even though I got, I have seizures, I have a prosthetic leg since '75. (Interviewer: And you can't get SSI?) No, I 'aint hurt bad enough.

Every year the population tends to be getting older. Within the last five years this is a pretty prevalent group.

HOMELESS PROVIDER

Example 3:

John, now in his late fifties, was a truck driver for United Parcel Service. From the driving and lifting of heavy packages, he developed a bad back, which is very common among workers like him. His bad back led to declining productivity on the job, which led to his being laid off. Without his salary, he soon lost his apartment. He has not been able to find a steady job since.

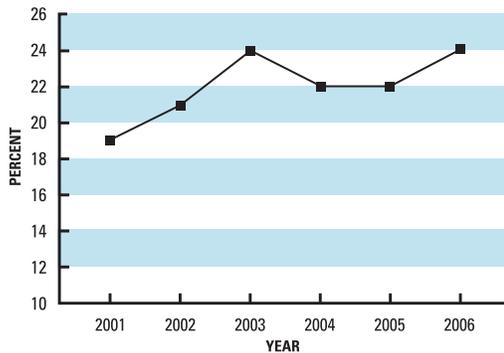
[We are seeing] more people [who are over 50]. They are in a twilight because of discrimination. Many programs will not take them for employment. They may be a little more educated ... They may have adult children. They are not in a position to earn a sustainable income ... They are not able to support themselves ... and are not able to get social security unless they are disabled.

HOMELESS PROVIDER

TREND: THE NUMBER OF PEOPLE WHO ARE HOMELESS AND BETWEEN AGE 50 AND 64 IS INCREASING IN CHICAGO.

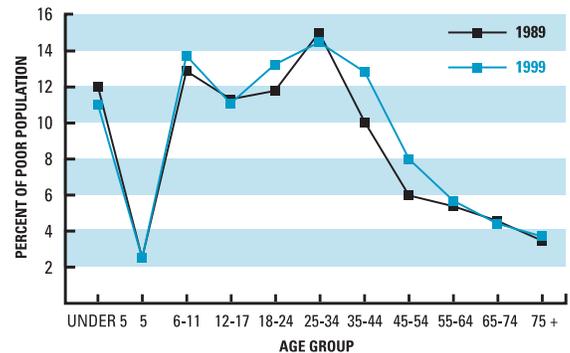
- 69% of agencies serving adult homeless reported that their agencies are serving an increasing number of people aged 50 to 64.
- In examining multi-year client data of 23 agencies, there was a 26% increase in the number of people in this population served, and the number of older people served grew faster than the number of young people served. In addition, domestic violence shelters in Cook County saw an 17% increase from 2000 to 2006.
- Approximately 6% of all ex-offenders released into Chicago communities each year by the Illinois Department of Corrections are 50 or older. This number has increased by 73% in the past three years.

Figure 1:
Clients Aged 50+ as a Percentage of All Clients Reported by Agencies 2001-2006



Note: 9 agencies reported from 2001-2006
5 agencies reported from 2003-2006
3 agencies reported from 2005-2006
6 agencies reported only in 2006

Figure 2:
Age Distribution of Chicago's Poor*



* Data taken from the 1989 and 1999 United States Bicentennial Census

The findings above are not surprising considering trends in poverty and aging occurring in Chicago. As the above charts show, the percentage of poor in Chicago increased from 1989 to 1999, and there were recognizable differences by age.

- Those aged 45-54 increased by 2.06 percentage points or 35%.
- Those aged 55-64 increased by .47 percentage points or 9%.

Health Issues

People who are older and homeless may have chronic health conditions. In addition, they have increasing health care needs due to age, and have difficulty getting these needs met. These needs include dental care, nutrition, exercise, and safe sex education.

The biggest problem is getting medication...you're supposed to have three meals a day. Now, you're over 50, [and homeless] you don't have three meals a day. Now you're out there, you're trying to take medication, [maybe] you get one meal a day. And then ... hypertension starts kicking in, diabetes, that's our biggest threat.

MALE CONSUMER

Chronic and complicated health issues

- Older homeless individuals have more chronic health needs such as arthritis, high blood pressure, age-onset cancers (such as prostate) and diabetes.
- Individuals who have long exposure to anti-AIDS medications are prone to suffer from a host of metabolic complications including diabetes, bone disorders, and cardiovascular disease (see Currier & Havlir, 2004).
- Metabolic complications are also more likely in individuals who have been on anti-psychotic drugs for prolonged periods.
- Consumers need health care screening for these chronic illnesses and age-related diseases, and medications to address them.
- Dental care and vision care needs increase with age.

I also have seizures too, but I wasn't following up on my medication, I was out there homeless. Didn't have nowhere to be and you know, I was just getting sicker and sicker, you know? And seizures was like coming back to back, you know. I was using drugs and that didn't [help] either. I wasn't taking my medicine and I didn't follow up on my doctor appointment and when I had the medicine with me from living here and there and yonder, I didn't keep up.

MALE CONSUMER

Stable and nutritious provision of food

- Regularity of meals and food quality become increasingly important with age. For instance, individuals on medication described the problems associated with erratic meal schedules and taking medication.
- Chronic health problems such as hypertension and diabetes are developed and/or exacerbated through poor nutrition.
- Homeless service agencies reported that fresh food could not be obtained on a consistent daily—or even weekly—basis from the various food distribution programs.
- Consumers reported that food preparation practices in many institutions that serve the homeless have not “caught up” with healthy cooking practices.

Lack of Exercise

- Some focus group participants noted that free public exercise programs are not as readily accessible to the younger “old” population as they are to seniors aged 62 and older.

But, you know, I’m not old old, but I would like to continue to be physically fit. And so, uh, you know, to uh, prevent a lot of sickness and disease. But most of those programs are for 65 and over.

FEMALE CONSUMER

Safe Sex and Age

- Homeless agencies suggested that many of the people who are aging and homeless are likely to be at increased risk of HIV/AIDS and other sexually transmitted diseases due lack of knowledge about safe sex practices.
- Many people in this population do not think that they can contract AIDS at this age. Unsafe sex practices and lack of knowledge of safe practices are reflective of a growing problem in U.S. population over 50. (AIDS Action Council, 2001).

Access to Health Care

- While some homeless service agencies are connected to primary care or have some on-site health services significant gaps exist, including access to the wide range of specialists needed (dentists, optometrists/ophthalmologists, gerontologists, cardiologists, rheumatologists, urologists, and gastroenterologists).
- Access to dental care and eye care was a substantial issue in the 2001 Roundtable study, with 82% of the dental needs and 61% of the eye care needs unmet.
- Access to medication is also a large problem.
- The deteriorating Cook County Health System has exposed consumers to even longer waits or to no service at all, such as in County-funded clinics and pharmacies.
- Some homeless agencies reported that some of their clients are entering nursing homes because there are not enough home health services.

I went to Stroger [Hospital] at five o’clock in the morning and didn’t get seen to nine thirty at night. You know that’s sixteen and a half hours, waiting. I went there, waited sixteen and a half hours, then they give you a little referral talking about, well, we can’t see you right now, be back first thing in the morning, so I’m looking at another five hour wait when I come there in the morning. And don’t need a prescription. [group laughter] That’s a two day journey ... It takes a week to get prescriptions.

MALE CONSUMER

Employment

While many older people who are homeless could work—up to 40% have work histories, are able-bodied, and desire work—they face significant barriers to employment related, at least in part, to their age.

You know, some [older homeless individuals] who [were] construction workers used to be able to walk on the sites and get jobs, and that is largely not available anymore or there were a lot of mom and pop places where someone could, say, walk in and find a job waitressing for ten hours a week maybe, and that is disappearing; janitorial work is too. The stuff many people would do, like shoveling and cutting grass, is not accessible as before.

JOB COUNSELOR

It's one day, maybe two days a week depending on how the job comes. But I still cannot get my foot in the door with the unions, to make it full time, you know so I can't depend on it. I mean it's good to be there, but it's not regular.

MALE CONSUMER

Disappearance of their “old jobs”

- Many described years-long work histories as factory workers and service workers, truck drivers, plumbers, carpenters, electricians, security guards, elevator repairmen, printers, artists, clerks and receptionists in banks, telephone sales and retail sales workers.
- Some of these jobs no longer exist in the area or are now too far away in the suburbs. Others have been downsized into part-time and temporary work.
- Homeless service agencies reported that the blue collar or service jobs that are available require a level of stamina, strength, and pace that many older individuals can find hard to maintain.

You know, it's like I say, I was getting up actually three hours ahead of time in order to get to the [job in suburbs] and I was trying to get out there everyday, you know. And you gotta be out there sometimes maybe six, seven, eight years before they even think about making you . . . full time.

MALE CONSUMER



Harder to fit into new labor market

- The computer literacy and educational skills needed in the current labor market are less likely to be found in this age group.
- Job counselors reported that older individuals often learn at a slower pace, and so training and basic education classes may be too challenging.
- The job search process is more mechanized, and requires computer skills and access to computers that many older workers do not readily possess.

Because, normally we come here [day shelter] in the morning, because we can get some type of work. Come in here, they take some of the guys out and we make a little change that way. Instead of just being on the street.

MALE CONSUMER

Most readily available jobs do not provide a livable wage or a path to a livable wage.

- Homeless individuals reported that the job market they can easily access offers only casual, part-time, minimum-wage work selling newspapers on the streets at rush hour, cleaning construction sites, stocking shelves in big box stores, filing and answering phones in large offices.
- Many of the jobs that they can access through referrals at various shelters are day labor or occasional employment.

Ageism and Employment

Both consumers and homeless service agencies reported that age is an impediment to hiring older homeless workers. Underlying many hiring decisions were a number of assumptions and judgments about age.

I'm not looking for an old man's job, per se. I'm just looking for gainful employment where I can make a decent living and it's difficult, because a lot of people are scared of your age and they may have concerns about your physical ability. I did all types of jobs, you know, in my past. But I've never had a problem, but when you get to a certain age, you start to have, employers start to have doubts and questions about you. They don't actually come out and tell you, but a lot of times you can't get into training programs, like they don't want to spend the money on an old person.

MALE CONSUMER

Employers see older workers as less productive

- They assume that older workers are less skilled and are unable to keep up with the fast moving modern work culture.
- Employers perceive that older employees will be more costly because they will work fewer years for the firm before retirement.

Jobseekers' self-presentation

- The wear and tear of homelessness on the physical appearance and self-esteem of the older job seekers put them in a disadvantage in interviews, especially for jobs dealing with the public.

Benefits

They said I could still work. But, yet, still I couldn't move my right hand and I was dragging my right foot ... I couldn't even wash my own self up, I couldn't even wash my hair ... when they did an MRI on me, they found out that my neck was broke and they did an MRI, in other words they did immediate emergency surgery ... Because, now for me, depending so much on my left side to get me around, until my right side was able to move my finger, because I had no feeling, my right shoulder is dead. I can't walk two blocks by myself. And from this operation, the side effects is, do you hear my voice? I've developed bronchial [inaudible], I can't walk two or three blocks, especially in [hot] weather like now. I'm on two different type of inhalers now and I can't sleep without the fan or window open, it's like I'm suffocating ... Oh, [sarcastically] but I can work. Oh, [they tell me] 'you can walk.'

FEMALE CONSUMER

Disability Benefits (SSI, SSDI)

System-wide, there is a significant problem with the processing of Social Security Disability claims, with a national backlog of 755,000 cases (up from 311,000 in 2000), an average appeal waiting time of 500 days, and a high number of denials at intake (2/3 of those who appeal an initial rejection win their case). (Eckholm, 2007).

Homeless Individuals in Chicago often do not have the assistance to effectively navigate this system, and this problem is compounded for people who are homeless and older

- Many agencies do not have staff trained to assist consumers in navigating the system, and have limited or no connections to legal advocates.
- Applications need documentation of physical and/or mental health problems, and obtaining this documentation for older individuals is particularly problematic, since they have longer health histories and likely multiple healthcare providers, plus older records that can be difficult to access because they are not likely to be electronic.
- A physical can be submitted in lieu of documentation, but these are expensive.



I went to the Social Security board and filled out the paperwork and went and seen the doctors and they told me I could get a job at McDonald's, Burger King, and I mean, I worked for the county for seventeen years. I was the fleet manager, I ran the garage. I repaired trucks and tires. In other words, everyday a driver went out in this truck, I did the money paperwork for this garage. How much gas was used in the truck, how much it cost to run the truck, that money and everything else ... I lost my job due to the fact that the County Board President said that the county was in the red. And then a year later I broke my hip and that put me down. I was coming out of a gas station and slipped on some ice. And I went and applied for my Social Security [SSI] and they told me that I was ineligible, so I appealed for it and went before the judge, went in front of four judges and they told me that I'm still eligible again to work. I go to the doctor now for therapy, I mean, I can't walk too far without my leg stiffening up on me, and so I talked to some lawyers and they told me to reapply all over again to Social Security.

MALE CONSUMER

Public Assistance

Until they are eligible for SSI at 65 (62 if an individual is eligible for Social Security) there are no federal benefit programs for the long-term unemployed. Welfare reform in the 1980s and 1990s resulted in the demise of General Assistance, and there are two remaining state programs that provide benefits—Earnfare and Transitional Assistance.

Earnfare

While homeless service agencies and consumers look to Earnfare as both a source of income and as a possible entrée into employment, most report that the system does not meet the employment needs of individuals over 50.

The design of Earnfare precludes it serving the employment needs of people who are 48 or older.

- Earnfare mandates that individuals work for food stamps if they are younger than 48. Individuals 48 and over can receive food stamps without the work requirement.
- An individual 48 or over can sign-up voluntarily for the job assistance services of Earnfare. However, IDHS prioritizes finding Earnfare jobs for those under age 48, who are mandated to work.
- The unintended consequence of design, then, is that older people do not get the opportunity to be placed in Earnfare positions with a private employer, nor have the potential to transition to permanent employment with that employer.

Benefits (continued)

Transitional Assistance

Few consumers or homeless agencies were aware of transitional assistance, or they confused it with Earnfare.

Transitional assistance is available to individuals over 55 with no resources and to individuals who are disabled and either waiting for an SSI ruling or appealing a ruling. These benefits include approximately \$100/month, a medical card, and access to advocates who will assist in applying for SSI or appealing a rejection.

Housing

I have no place, oh, I can't say that now, 'cause this is my home. I have people here, they really, really act like they care for me, 'cause this is really, me being in this homeless situation, has really thrown me into a very, very deep depression.

FEMALE CONSUMER LIVING IN A SUPPORTIVE HOUSING PROGRAM

Housing is, of course, a central issue for people who are homeless. For people who are older and homeless, this is compounded by an inability to work, as related above. One of the focus group participants, Phyllis, called poor jobless and homeless people between the ages of fifty and sixty-five the “in-betweenies.”

... what I need, what I would like to get is housing in a neighborhood that I feel safe in, which would be a pipe dream.

MALE CONSUMER

Too old to work and too young for age-related housing

Many people in this age group are closed out of full-time work, making it impossible for them to afford market rate housing.

With subsidized housing extremely limited with long waiting lists, “in-betweenies” are too young for public housing for seniors, for which eligibility begins at 62.

Even senior housing, in many areas of the city, has long, multi-year waiting lists.

Aging in Place

- One of the unintended consequences of these realities is that increasingly, in a number of housing programs for people who are homeless, the proportion of older residents is reaching 50%
- Based on the findings of this study, the proportion of older residents is likely to continue to increase.
- In addition, the competition for senior housing will continue to increase, as the numbers of people who are poor and elderly is also increasing.

Age-Mixed Housing?

- There were a few reports of tensions and or “differences” between younger and older people in housing programs.
- This tension should be investigated to determine who might prefer age-segregated housing and under what circumstances, and who would prefer to live in a mixed community.

Mental Health

But I was alone, and this depression (because of death of husband), which in my opinion, people do not, for whatever reasons, understand what this can do to you, okay, how it can paralyze you, and you can eventually just end up sitting there watching your entire world go down the drain, just as if you were putting a needle into your arm, or a bottle of liquor to your lips. There's no difference. It's just not as recognized. So, what ended up happening to me is it grabbed a hold of me, and I was powerless against it, and I lost my apartment, I lost my current furniture, I lost my pets, my car, all within a year.

FEMALE CONSUMER

Statistically, fewer respondents 50 and over reported having mental health issues requiring psychiatric treatment than those under 50. However, for those among the older population who do have mental health challenges, the difficulty and complexity appears to increase. In addition, clients face new mental health issues that are specifically associated with age and homelessness.

- Dementia: Some aging clients are the early stages of dementia.
- Situational depression due to stigma and changed status: this is often tied to the stigma associated with being older and homeless. This can be particularly true for those who were middle or working class for their entire lives and then became homeless in midlife. For example, there is a “new population of depressed males [usually over 50] who have lost jobs...that is very difficult to address.”

- Situational depression due to disabilities: For some, with age come disabilities and the accompanying changes and dependence, which can cause depression.
- Most therapeutic approaches are geared to examining childhood events, which may seem irrelevant as someone ages. Life stage counseling might be a more successful approach.

Substance Abuse

Age seems to react with substance abuse in two contrary ways—consumers can experience new problems, often related to health, while at the same time age creates a “cooling off” period.

- There are often more pronounced health and behavioral problems due to the toll that years of abuse can have on the mind and body. Homeless agencies reported that the older abuser can have some more deeply ingrained behaviors related to substance abuse.
- At the same time, homeless agencies reported that most older clients either took less of a substance when using, or chose to use substances that were not as strong (i.e. prescription pain killers, marijuana, or alcohol instead of crack).
- Some older consumers did not have as many behavioral problems associated with their drug use. (e.g. verbal abuse, physical violence, destruction of property).

Violence

See when I were younger, before I turned 50, it was different, I looked different, I didn't have this problem, plus your mental state. Okay, when you get older you become a little more aware of your mortality. You walk the street, and you have to struggle out as you go everyday ... standing on the corner. "Hey old man, what are you doing?" You just have to change your route and go all the way back the opposite way. Half of 'em will chase you and you know.

MALE CONSUMER

Consumers reported feeling very unsafe in some shelters and on the streets.

- Gangs often target older men whom they identify as homeless and defenseless.
- Younger residents of some buildings may victimize older residents who are lonely or confused, often scamming them or "borrowing" money.



Patriot Act and Other Laws Post 9/11

The problem I have is that I got my nursing license before these laws became laws and to hold these laws against me is saying that I can't work, what I do, I just can't understand. Well, they have, there's a law that says that I can't work in a nursing home [or] any facility that receives reimbursement from Medicaid and Medicare, because of my background, which is ludicrous. I mean, I've done that job for twenty some odd years, and now because a law that says I can't do it. They got legislation to stop us from getting jobs, because of our backgrounds. Why isn't there any legislation to tear that law down? Because, for me, it's unconstitutional

MALE CONSUMER

These laws, such as the Real ID Act of 2005, have made it more difficult for older homeless individuals to access benefits, public services, and employment.

- Identification is required for more things, including accessing buildings and cashing checks
- Have resulted in tighter restrictions to get replacement identification if lost
- Identification is harder to obtain for people who are older and homeless, because older records are not computerized, or can be lost
- Have resulted in increased background checks, so very old offenses are surfacing, which has resulted in firings despite the fact that the offense may have occurred decades ago.

Veterans

And you all are speaking about the Agent Orange and all these different things. The whole problem is that you're living in Illinois, if you get out of Illinois; you got benefits coming to you ... Leave the state of Illinois and go to another state. It's a proven fact that and everybody knows it through the V.A. that Illinois is the lowest paying state as far as disability benefits is concerned ... The lowest.

MALE CONSUMER, VIETNAM ERA VETERAN

- While one-third of the individuals between 50 and 64 in the Regional Roundtable survey were veterans, only 1% reported getting veterans benefits.
- Interviews of veterans and homeless agencies suggested some possible explanations:
 - Difficulty accessing the VA system;
 - The high number of homeless veterans with less than honorable discharges, and
 - Disputes over whether a veteran's illness/disability was service-related.
 - Veterans stated that the Illinois Regional VA is especially problematic in processing disability benefits (Illinois has ranked lowest in the country in disability payments for the past two decades.)
 - The VA has a policy of providing transitional housing for veterans, which has the expectation that resident will transition to other housing. Residents expressed anxiety in successfully meeting that expectation, given their age, repeat job loss, and past failed transitions from short-term and transitional housing to self-sustainability

Ex-Offenders

While all ex-offenders face significant problems upon release from prison due to the lack of transitional support and significant barriers in finding employment and housing, older ex-offenders encounter unique barriers associated with age and the duration of incarceration.

- Many ex-offenders cannot access senior public housing, as they are barred if they have certain convictions.
- If, prior to prison an individual was receiving public benefits or Medicaid, these benefits are lost in prison and often not restored upon release.
 - Conversely, if an individual was receiving particular health care treatment or medication while incarcerated, there is no extension or coordination with community services when released.
 - Individuals with long and/or periodic incarcerations are more likely to have reduced or no social security benefits or Medicare eligibility, as these require a certain duration of employment.

Ex-Offenders (continued)

- Older ex-offenders with long periods of incarceration may face crippling culture shock, which can lead to major anxiety and difficulty adjusting from prison life.
- Older ex-offenders may find institutional life easier to manage, and may violate parole or commit crimes in order to be re-incarcerated.

You know, um, you can have a background that's 40 or 50 years old, and they say you can't work. Yeah, and I thought this country says that once you do your time, then you know, you're free, but they still, I mean, it's like I'm still going to court from 1975 ... See when they do a background check, I learned, it's a background check for the intent not to hire. They looking for some reason not to hire you. Right, that's basically what the background is. Having a background combined with being over 50.

MALE CONSUMER

Immigrants

Restrictive social welfare policies exclude immigrants with insufficient work histories and undocumented immigrants.

- Those who are documented and nearing retirement age but have not worked, or whose spouses have not worked in covered U.S. employment for a total of ten years, are excluded from most social welfare programs such as SSI and Social Security.
- For undocumented immigrants, there are few resources. They are not able to access senior public housing and are barred from nursing homes.
- It is difficult for older homeless immigrants to return to their countries of origin.
 - Many have been in the U.S. for years and have few ties or family members remaining in their country of origin.
 - Others are ashamed to go back to their birth country in a poorer state than when they left.



SNAPSHOT OF CHICAGO'S HOMELESS SYSTEM: WHAT ARE THE NEEDS OF THE CURRENT SYSTEM IN ORDER TO SERVE PEOPLE WHO ARE HOMELESS AND AGED 50-64?

Homeless service agencies are very aware of the growth in their consumer population of people 50-64. Given that this trend is relatively new, they are just beginning to identify some of the challenges specific to this population. Of the agencies interviewed for this study, approximately one out of four have begun instituting staff training or special programming to meet identified needs.

1. There is an overall need for staff education in order to better serve these consumers. Areas of interest include:
 - Life stage issues
 - Aging in general
 - How to address the sense of isolation, loss and grief of this population
 - Questions about how much older people are “set in their ways” and therefore how much change to expect of them
 - Should there be concern that staff is often significantly younger than these consumers?
 - Is a traditional therapeutic approach, focusing on childhood events, the correct approach?
 - How to help maintain their sense of dignity
2. Questions about what constitutes age discrimination:
 - Can an agency create housing and employment and training programs that serve only this age group?
 - Are agencies screening out older consumers because they may be viewed as uncooperative and therefore unable to meet the outcomes required of the agency?
3. There is a lack of access to exercise, nutritional programs, and recreational and social supports for these consumers.
4. There is a need for job skills training that is geared to the specific learning needs and pace of older consumers; oftentimes these consumers have almost no knowledge of computers/technology.
5. There is a question of how best to meet these needs system-wide: should some agencies concentrate on developing expertise with this population, or should the system's overall capacity be increased?



SNAPSHOT OF “MAINSTREAM” PROGRAMS: HOW WELL DO THEY SERVE PEOPLE WHO ARE 50-64 AND HOMELESS?

This study did not conduct a comprehensive review of agencies serving older adults in Chicago. It did, however, focus on the two large public agencies and on AARP (American Association of Retired Persons). The two major public agencies that address aging in Chicago are the City of Chicago Department of Senior Services (formerly the Department on Aging) and the State of Illinois Department on Aging. While these agencies have policies and programs that may impact people who are homeless and aged 50-64, in most cases they do not directly address homelessness. One exception is at the centers run by the Chicago Department of Senior Services, which people who are homeless have accessed for services. In these cases, it is clear that collaboration on state-of-the-art approaches would be beneficial.

City of Chicago Department of Senior Services (formerly the Department on Aging)

- Serves older Chicago residents, mostly 60 and older, but with some programs starting at age 55.
- Has 5 regional centers and 8 satellite centers.
- People who are older and homeless do access these centers.
- Recently, one center created a space for “hanging out” for its homeless patrons.
- Another center had people sleeping on the roof and the benches. In response, the center removed the benches and increased security.
- Dept. works on eviction prevention and mitigation, including getting early notice of evictions to try to place people in housing or nursing homes. This includes working with CHA on evictions.
- Has a federally funded training program for people 55 and older with 150 slots.

Illinois Department of Aging

- Its goal is to help older people live independently in their homes and communities.
- A focus is on nursing homes, ensuring the quality of nursing home care
- A recent demonstration project is to transition people from nursing homes back to independent living, including how to stabilize an individual’s housing and what supportive services exist to assist them.

AARP

- National organization focused on issues of Americans aged 50 or older with a strong public policy and legislative focus
- Few programs focused on poverty
- Illinois chapters have legislative agenda including health care reform, maintaining individuals in their homes, utility issues, and protecting seniors’ economic security.

The following is a set of potential actions to create systems change within the larger systems that impact this population and within the homeless system. This list is by no means exhaustive, as the study points to significant changes that need to occur in multiple arenas to serve this population.

Health Care

Systems Change:

- Create a reversal in the current reduction of out-patient and community-based health care funded by Cook County.
- Expand the capacity and location of medical programs that serve people who are homeless.
- Strengthen partnerships with community health clinics and networks.
- Build new partnerships with aging specialists and providers of other needed specialties such as dentists and vision care specialists.
- Provide access to Park District exercise classes and recreational facilities (such as pools) through special partnerships with homeless service agencies.
- Create more Housing First housing (which have been proven by the CHHP and other model programs to increase the health outcome of homeless individuals)
- Establish a Seniors' AIDS prevention program in Illinois, as has been done in other states.

Changes in Homeless System:

- Increase health education and health management programs for residents, such as health circles and peer-to-peer programs.
- Institute a campaign for nutritional eating and cooking—targeting both consumers and food preparers.
- Expand connections between sustainable food and organic food farmers and homeless service agencies.
- Explore whether Healthcare for the Homeless can be expanded to meet identified needs of this population.
- Create volunteer opportunities within housing and shelter for medical specialists.

Employment

Systems Change:

- Pursue the enactment of a state universal paid sick leave policy in Illinois (already passed in California and proposed in Springfield).
- Pursue the development of a homeless prevention short-term disability program to prevent eviction during an individual's spell of hospitalization and recovery.
- Create more integration between aging and senior programs and the homeless system.
 - One example is to link older homeless job seekers to the Senior Community Service Employment Program, a federal program for poor unemployed individuals 55+ operated by the City of Chicago Senior Services Department.
- Identify or create policies that provide incentives for employers to hire this age group.
- Help spur the creation of an education campaign to employers about hiring older workers.
- Pursue the creation of training programs geared to the needs and pace of older workers.

Changes in Homeless System:

- Develop job developers who specialize in older job seekers.
- Link with advocates who can educate homeless service agencies to create a greater awareness of age discrimination.
- For those training programs offered on-site, explore the development of specialized programming for older adults.

Benefits

Systems Change:

- Pursue the expansion of SSI Homeless Pilot Project, which pre-qualifies people for SSI with a presumed disability, and which has had some success for people over age 50. Currently, the Corporation for Supportive Housing has a small pilot program. HUD has helped to fund these programs around the country.
- Advocate with IDHS to develop a strong volunteer job development and placement program under Earnfare.
- Work with welfare advocates to examine the possible ageism in the implementation of Earnfare.
- Advocate for a stronger articulation and more resources for the Transitional Assistance Program.

Changes in Homeless System:

- Increase training for case managers about SSI, Earnfare and Transitional Assistance.
- Increase collaboration with legal advocates.
- Investigate volunteer work by firms with a specialty in disability benefits.

Housing

Systems Change:

- Pursue strategies to alleviate the critical shortfall nationwide of affordable housing, such as the passage of the National Affordable Housing Trust Fund
- Explore the creation of a campaign to create age-specific housing for people who are homeless

Changes in Homeless System:

- Create recognition that people aged 50–64 have fewer options and so are likely to age in place, remaining in supportive housing.
- Ensure the creation of age-specific wraparound services.
- Explore whether to create set-asides within current or new supportive housing for people aged 50–64.

Mental Health

Systems Change:

- Pursue linkages between mental health treatment programs for older adults and the homeless system.

Changes in Homeless System:

- Increase training of counselors in life stage issues.
- Conduct trainings in assessment for dementia.
- Develop partnerships with specialty programs, such as Rush's Alzheimers program.

Substance Abuse

Systems Change:

- Pursue linkages between substance abuse treatment programs for older adults and the homeless system.

Changes in Homeless System:

- Conduct training of counselors in aging and substance abuse.
- Explore the creation of harm reduction housing for older adults.
- Encourage the use of harm reduction techniques to take advantage of opportunity created by “cooling off” period.

Violence

Systems Change:

- Undertake advocacy so police department is sensitized to issues of older homeless individuals.

Changes in Homeless System:

- Explore creation of safe housing options, including creating floors or set-aside space for older homeless adults.
- Explore the possibility of sensitivity training for staff and residents on safety issues for older homeless adults.
- Provide information for older residents on self-defense strategies and options.

Patriot Act and Other Laws Post 9/11

Systems Change:

- Work to modify identification requirements and background checks that have unintended consequences on older homeless adults.

Changes in Homeless System:

- Develop a safe box or back-up record system for important documents.

By Population

1. Veterans

Systems Change:

- Conduct research to examine linkage between dishonorable discharges and homelessness.
- Pursue the re-examination of dishonorable discharges and general discharges by Veterans Administration.
- Conduct advocacy with regional VA on difficulties accessing system for older homeless adults.
- Join advocacy efforts on Illinois Regional VA's processing of disability benefits.
- Advocate with the VA for a change in the policy of creating transitional housing only.

Changes in Homeless System:

- Explore the creation of more permanent housing for veterans.
- Include veterans system in discharge planning initiatives.

2. Ex-Offenders

Systems Change:

- Pursue strategies to lift significant current barriers to housing and employment.
- Pursue discharge planning policies to ensure continuity in receipt of treatment, benefits, and medication.

Changes in Homeless System:

- Provide specialized counseling related to “culture shock” and other adjustment issues upon release.
- Create greater awareness of expungement options for misdemeanors and non-violent offenses, including existing programs to undertake necessary paperwork.

3. Immigrants

Systems Change:

- Pursue amnesty for aging undocumented workers.
- Advocate for reversing restrictions to federal social welfare benefits for legal resident immigrants that were instituted as part of welfare reform in 1996.

Changes in Homeless System:

- Pursue the creation of housing resources for documented and undocumented workers.

CONCLUSION: IT TAKES ONE THING TO PUSH YOU OVER THE EDGE

The number of older individuals who are homeless is increasing. This can be explained partly by the aging of the “baby boomer” population. It is also the tragic state of affairs for a segment of society. Homeless for the first time at an average age of 47, many of the individuals interviewed had been living on the edge of poverty for some time, with marginal jobs and their own and family health problems. Circumstances combine with age to create a tenuous existence.

Life means that they are precariously housed and precariously employed. Left without the safety net that exists for older Americans and without the possibility of living wage employment, it can take just one complication to push them into homelessness.

The following shows how a mix of circumstances impacts this population:

1. Cumulative Effects

People have been through a lot by the time they are in their 50's and it impacts their ability to easily “bounce” back. If they have been taking medication for a chronic condition, the likelihood of side effects on their health grows exponentially. Chronic health problems begin to accumulate, impacted by stretches of poor nutrition, difficulty in access to health care, and stress. They have increasingly poor vision and oral health. A lifetime of hard work has taken its toll in injuries and declining physical strength. The wear and tear of life can impact their appearance and presentation. They may be seen as vulnerable by younger people on the streets, and may have been victimized. If they have been incarcerated or homeless for long periods, they are less likely to be eligible for the first tier of retirement benefits—Social Security Disability and Old Age Benefits (SSDI). Family ties and resources have frayed.

2. Things Have Changed/Cohort Effect

Society has changed dramatically in the last 30 to 40 years since the people now in their 50's and 60's have entered adulthood. Job search methods have changed, the types of available employment in the job market have changed, and the skills in demand have changed. There have been dramatic cultural changes as well, such as the need for safe sex. In addition, people of this age group have experienced unique events that they carry with them, such as the experiences of war by the high percentage of this population who are veterans, which is a reflection of the mass drafting of American men for the Korean and Vietnam wars.

3. At a Different Life Stage

Some of the individuals in this study expressed that they are just tired out and ready to retire. It is harder to pick up and start again, especially when living wage jobs or jobs with benefits are not readily available. Some feel hopeless and wonder whether they have wasted their lives. It is harder to imagine pulling it all together and making it in the market economy.

4. Ageism and a Lack of Respect

This population faces both blatant and subtle stereotyping based on age. Employers express doubt about their ability to work. They assume that these individuals have neither the skills nor the stamina they need to warrant employment, and fear that employing them will entail too many problems. Some employment programs institutionalize these prejudices against older workers.

5. Being In-Between: Falling Through the Cracks

These individuals and their needs are largely not addressed in our current social welfare system. While in the job market they face obstacles because they are considered too old; they are too young and too able to be eligible for many social welfare programs and benefits.

Data sources for this project included:

1. Archival data from the Illinois Regional Roundtable collected in 2001. This project surveyed 1,324 homeless or at risk of homeless individuals at a set of randomly selected homeless service provider sites in the six county metropolitan Chicago. This study focused on two sub-samples: the 349 homeless individuals 50 to 64 years of age living in Chicago metropolitan area and the 123 of these individuals living in Chicago. This archival data provided systematic individual-level demographic and needs data.
2. An analysis of administrative data of 33 homeless service agencies related to age and/or other demographic characteristics of individuals, plus analysis of data from the Homelessness Prevention Call Center, Illinois Infonet (Domestic Violence agencies) data, and the Illinois Department of Corrections release reports.
3. 8 focus groups with a total of 53 homeless individuals over 50 years of age. The targeting, recruitment and organization of the focus groups was designed to ensure participation that reflects the demographic and other characteristics of this population such as race, age groups, particular needs and circumstances. Recruitment occurred through homeless service agencies.
4. Life history interviews with a sub-sample of 10 homeless individuals, primarily identified in focus groups. These in-depth interviews traced the trajectory of homelessness and its causes from the perspectives of this population.
5. Interviews with 55 homeless service agencies and 20 other service advocates and government staff who work on issues directly or indirectly related to homelessness and/or aging.

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Research Methodology

Information for this research was analyzed from a variety of sources including: survey data from the 2001 Illinois Regional Roundtable study of a representative sample of 1324 homeless or near homeless individuals, 349 who were over 50; administrative data from 33 homeless agencies; 8 focus groups with 53 individuals who were homeless; 10 life histories of homeless individuals; and interviews with 55 providers. The broad range of data, both quantitative and qualitative, and from differing perspectives allowed the research to explore the complexity of experiences facing individuals 50 and older who are homeless. For both the 2001 Roundtable study and the 2007 focus groups and interviews, homeless individuals were reached at agencies serving this population. This study utilizes the federal delineation of homelessness as defined by the U.S. Dept. of Housing (HUD), which defines a homeless individual as someone who lacks a fixed, regular, and adequate nighttime residence and who has a primary nighttime residence in a temporary shelter, an institution, or a public or private place not designed for regular sleeping accommodation.

As stated above, this study relied, in large part, on the data from the Regional Roundtable done in 2001. The Regional Roundtable study was very large in scope, and surveyed a representative sample of people who were homeless in metropolitan Chicago. Therefore, it is possible to make reasonable generalizations from that study to the homeless population as a whole.

In addition, because the Roundtable data is seven years old, this study collected current data from homeless service agencies, and it was found that the data was very similar. As a result, using a mix of data from the Regional Roundtable and from current homeless service agencies, this study can reasonably make generalizations that apply as a whole to the population of people who are homeless and 50-64 in Chicago.

Homeless Over 50: The Graying of Chicago's Homeless Population

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