ARIZONA AND THE AGING HOMELESS POPULATION

Preparing for the Future

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Between 2000-2010 in the U.S.:

* 21% increase in people age 62 and over
* 32% increase in people ages 45-64

Between 2000-2010 in Arizona:

* 32% increase in people age 65 and over

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Homeless Population Aging Trends

Research by Culhane, Metraux, Byrne, Stino, and Bainbridge (2013) reveals evidence of an aging trend in the single adult homeless population. It warns that existing systems and policy must adjust to the upcoming surge of people age 62 and over. It challenges us to re-think old methods of assisting the homeless.

This aging trend is centered around those that are part of the latter half of the baby-boomers born between 1954-1967 (currently ages 48-61), a “cohort” of individuals that face the highest risk for homelessness.

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Did you know…?

Over 50% of the 12,112 single adults currently experiencing homelessness in Maricopa County are age 45 or older, with a growing population of individuals ages 62 or older.\(^4\)

*Note: Age data for 7/1/10-6/30/11 is only included in the ≥62 age groups because that year’s data did not separate out data for singles and this age group is likely to include only single adults. Some of these numbers (for this time period only) may reflect individuals in families.

\(^4\) Homeless Management Information Systems (HMIS) Reports (2011-2015). Maricopa County, Arizona. (charts also created from this data)
Did you know…?

Older adults typically fall into the category of “single childless adults,” leaving this vulnerable population often unable to qualify for aid.

Recent News:
In the last 5 years, there has been a 51% increase in adults over age 62 experiencing homelessness in Maricopa County!*

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4 Homeless Management Information Systems (HMIS) Reports (2011-2015). Maricopa County, Arizona. (charts also created from this data)
Most programs are designed for the homeless population in general, without regard to the unique needs of the elderly.

Research shows that services may be more effective if they are specifically optimized for each age group and their unique needs.⁵

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In order to give voice to their specific needs, five focus groups were conducted with 44 older adults experiencing homelessness in Arizona.

The questions discussed were aimed at exploring and determining what variables and concepts are important to consider when working with the aging homeless population in Arizona.⁶

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Focus Group Demographics

Location and Number of Participants

- Pima Co: 25 participants, 2 focus groups
- Maricopa Co: 19 participants, 3 focus groups

Number of Participants in Each Age Category

- 62-76 yrs: 25
- 50-61 yrs: 12
- 45-49 yrs: 2
- 33-44 yrs: 2
- Unknown age: 3
Focus Group Demographics

Current Housing Situation for Participants

- Currently homeless: 79.5% (35)
- Transitional housing: 6.8% (3)
- Recently housed in supportive housing: 13.6% (6)

Number of Times Participants had Experienced Homelessness

- 1st time: 26 participants
- 2 times: 8 participants
- 4-10 times: 2 participants each
- 11 or more times: 2 participants
- Unknown: 4 participants
Discussion question 1. *Think for a minute about the word “homeless”...if you had to say what that word means using only one word, what word would you choose?*

Participant answers:

“hopeless”  “helpless”  “lost”  “desperation”

“sad”  “ostracized”  “outcast”  “not acceptable”

“humbling”  “traumatic”  “unfortunate”  “without anything”

Participant quotes:

“In this state now? Criminal...‘Cuz they’ve made it a crime in this state to be homeless.”

“to be innocent and not be wanted...”
Discussion question 5. *What barriers have you experienced when trying to get into shelters or housing?*

5 themes emerged:

* actual and perceived flaws in the “system”
* personal limitations
* lack of resources
* inability to meet requirements
* dislike of the options

Participant quotes:

“I’ve only been here a week, but I haven’t even had, um, what do you call it?, my consultation or whatever...so I don’t even know how all this works yet...I’ve been in and they keep going ‘no, no, no’…” [facilitator clarifies and writes “delay in case management” on the whiteboard—then participant continues] “2 weeks, 2 days...no one’s outlining, um, what do you need to do...”
Discussion question 5 (continued). What barriers have you experienced when trying to get into shelters or housing?

Physical and mental health problems:
* 31 (79.4%) reported having a disability of some kind
* 17 (43.6%) reported a serious physical disability
* 6 (15.4%) self-reported a serious cognitive or mental disability

Lack of income was also frequently mentioned with responses such as “no money,” “finances,” “no job,” “no steady work” or “can’t afford housing.”

Transportation.

Past felony convictions (participant quote):
“All about the rules and regulations about felonies. If you have a felony, they charge you... and you already spent time, and when you come out, where do you go?...” [client struggling to speak because of severe progressive disease, very difficult to understand] “you can’t get a job...you are a free man...if you paid for your mistake...when you come out, you’re a new person...here if you have a felony...they will haunt you all your life...”
Discussion question 6. *What has been your reason for leaving shelter in the past?*

**Involuntarily left shelter because:**
* “time was up”
* “couldn’t stay sober”
* “kicked out”

**Chose to leave shelter because:**
* “got a place to live”
* “unsanitary conditions”
* “curfews”
* “fear of being robbed”
* “being around other people”
* “like prison”
* “worse than prison”
Discussion question 7. What don’t you like about some of the services you have received?

Participant answers:

* “lack of communication”
* “no provision for disabilities/health problems”
* “don't help singles as much as families”
* “lack of information”
* “bad language and fighting”
* “lack of staff training”
* “rude staff/security”
* “curfews”
* “storage for stuff is terrible/a mess”
* “long lines, waiting--for everything!!”
* “too much paperwork”
* “geared towards job-seekers”
* “no transportation”
* “no follow-through”
Maslow’s Hierarchy of Needs

How does this fit when working with older adults experiencing homelessness?

What can we learn about “needs” from participants answers?
Discussion question 9. Are there any positives about being homeless?

Participant quotes:

“appreciate the little things”
“more thankful”
“not take anything for granted”
“getting to meet new people”
“making friends”

“There are homeless people I’ve seen who will give you the shirt off their back and some of them will do whatever they can and not even bother you...They’ve got a heart...I’ve seen ‘em cry too.”

Others expressed how they enjoyed the “freedom,” “variety,” and “exploring,” but most were quick to add that “not all are homeless by choice, but by circumstances.”
Discussion question 10. What advice would you give to shelters or service providers? What would you have them change or do more?

Participant quotes:

“The staff, I mean, the security, um...they could be a little more polite and gentle with the people coming in, you know—bag-checkers and things”

“Don’t hear—really listen”

“Be fair helping everyone”

“Recognize the fact that homeless people are human beings...”—“That’s right!” [another participant interjected]—“...and not animals.”

“Also recognize that not all homeless people are that way by choice...that some of us got that way by circumstances.”
Discussion question 10 (continued). What advice would you give to shelters or service providers? What would you have them change or do more?

Participant quotes:

* “less bureaucracy”
* “have orientations”
* “make shelters less like jail”
* “give better training [to staff]”

Also included were several suggestions to have more possibilities for the participants to have a voice and be heard:

* “have more focus groups”
* “have bitch sessions”
* “have an advisory board of current and formerly homeless”
Need eyeglasses!
Many participants mentioned the difficulty in reading the small print on paperwork and the need for help getting prescription eyeglasses.

Holistic approach:
“If I’m not right mentally, physically, spiritually, I’m not going to sleep or have a good day. I’ve got to work up to that challenge.”

One group even felt that group activities may help change the public’s negatives stereotypes of them as a group, stating that others observing might then say:
“They’re not doing anything wrong...They’re not drunk; they’re not acting up. Maybe they’re not so bad.’ Right?” Others agreed and said “We’ve gotta do something to be able to get them, uh, get their minds off of stereotyping us as being nothin’ but drunks...and losers.”
Eight overall themes emerged...

...that can be used to develop policy, more effective case-management strategies, and service plans right now!
Respect & Dignity.

Participants desired to...

• dispel negative stereotypes
• be heard and valued
• be treated like adults
• be empowered
• be treated fairly
• have freedom and choices

Practical Services/Items.

Participants requested...

• housing
• shelter from heat/cold, night and day
• safe storage for their belongings
• accessible and affordable transportation
• clothing
• laundry facilities
• showers
• cup of coffee
• care for pets
Shelter/Living Conditions.

Participants asked for...

- trained and courteous staff
- help with medical conditions and medication
- safety and security
- non-smoking areas
- areas where they can enjoy some peace and quiet
- social activities

Case Management Services.

Participants need...

- more frequent case management contact
- a source of income
- less pressure from programs to get a job—many unable to work
- more time than the younger clients
- help with past felony convictions
**Better Communication.**

- orientation
- take the time to clarify and explain
- talk slowly when necessary
- large print materials!

**System Needs.**

- transportation
- more services
- more affordable housing
- sources of income
- faster approval for disability income
- fewer waiting lists for services: housing, case management, shelters
- shorter lines
- less complicated and shorter paperwork

**Professional Services.**

- medical care
- mental health
- substance abuse services
- freedom of choice regarding any treatment
Fulfillment of Participant Goals.

• hope
• comfort
• joy
• love
• peace
• quiet
• freedom
• safe home
• friends
• community
• independent living

RETIREMENT DREAMS—a poem

We’ve been parents, soldiers, workers; we are just like you
We are seniors, homeless, hopeless…Do we have value too?

We’re just like you or don’t you know, how easy it can be?
To lose your health, your job, your mind—We need help desperately!
Once our future was so bright, retirement our goal
Now focus changed to love and worth, we long to fill our soul!

We’ve been parents, soldiers, workers; we are just like you
In helping us, you just might find, a peace you never knew.