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Homeless Elderly Women:

Specific Needs for Innovative Interventions in Portugal

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Later life homelessness

- **Homelessness is not an easily defined concept**
 - Later life homelessness
 - Lack of clarification (e.g., elderly Portuguese homeless/elderly experiencing severe deprivation/elderly poor)
 - Specific vulnerabilities of homeless seniors are not well known
 - Age limit is not consensual (+50? - 65?)
 - Low visibility (e.g., difficulty in having access to services)
- **Homelessness remains a low priority in social policies**
 - Later homelessness: even lower priority in homelessness policy
 - Forgotten population – although increasing in numbers
- **More research is required on later homelessness** (e.g., Rich, Rich & Mullins, 1995; Cohen & Crane, 1996; Stergiopoulos, & Herrmann, 2003; Canadian Pensioners Concerned, Inc., Ont. Division, 2005; Crane et al., 2005; Chicago alliance to end homelessness, 2006; Mairos Ferreira, 2015, 2016)

Later life homelessness: Brief characterization

- **Highly heterogeneous group**

(Cohen, 1999; Fitzpatrick, Kemp, Klinker, 2000; Crane, & Warnes, 2001; Stergiopoulos & Herrmann, 2003; Canadian Pensioners Concerned, Inc., Ont. Division, 2005; Crane et al., 2005; Garibaldi, Conde-Martel & O'Toole, 2005; Chicago alliance to end homelessness, 2006; Schröder-Butterfill & Marianti, 2006; Jones, 2011; Regional Geriatric Program of Toronto, n.d.)

- **Pathway is multifactorial for both chronic and non-chronic homeless**
 - There are close links between poverty, violence, gender and homelessness in later life
- **Life expectancy is lower than the general population**
 - More male than female – contrary to general population
 - Frequent severe health problems
 - Severe worsening of physical health
 - Arthritis; incontinence; respiratory problems; skin break down; falls and fractures; high blood pressure; age-onset cancers; diabetes; bone disorders; cardiovascular disease; caries, erosion and related dental diseases;
 - Mental health difficulties
 - Depression, psychosis, dementia, cognitive and memory impairment, alcohol abuse

Homeless since young age

- Physiologically “old” at 50
- 3-4 for times more likely to die
 - Usually due to acute and chronic medical conditions aggravated by homeless life rather than mental illness or substance abuse
- Triggers
- Structural factors
 - adverse housing and labor market trends
 - rising levels of poverty
 - family re-structuring
 - cuts in social security entitlements
- ‘Individual’ risk factors
 - school exclusion
 - poverty
 - unemployment;
 - sexual or physical abuse; family disputes and breakdown
 - experience of prison
 - Experience in the armed forces
 - drug or alcohol misuse
 - poor mental or physical health

Homeless later in life

- Increasing in number
- Many experience homelessness for the first time in mid-life
- Triggers:
 - Evictions/housing problems (poor housing standards, inappropriate design and poor adaptability, expensive/under-supplied private rental market)
 - Death of a spouse, relative or significant other
 - Loss of income
- Less likely to have been cared for in an institutional setting or by non-parental relatives
- Less likely to have been incarcerated
- More likely to be an active service military veteran
- More likely to be receiving some government income support
- Many have will, ability and work history to become employed but cannot find a job (in-betweeners)

Major common difficulties

- **Generalized insecurity**
 - **On the streets (gangs often target homeless older women)**
 - More prone to victimization and to be ignored by law enforcement
 - **In shelters/nursing homes**
 - Distrust the crowds at shelters, clinics and other structures
 - **In rooms or other housing options (younger 'neighbours' might victimize them)**
- **Aggravated difficulty in having access to fresh food in a consistent daily basis**
- **Severe difficulties in having access to medication**
- **Motor handicaps and restrictive mobility**
- **Dissatisfaction with and perceived discrimination in existing services**
 - Language and cultural barriers

Multimethod approach

Semi-structured interviews (n= 95)

Homeless

Formerly homeless

Professionals

Participant observation in *Street interventions*

From January 2007 on

5 different teams

Several days of the
week

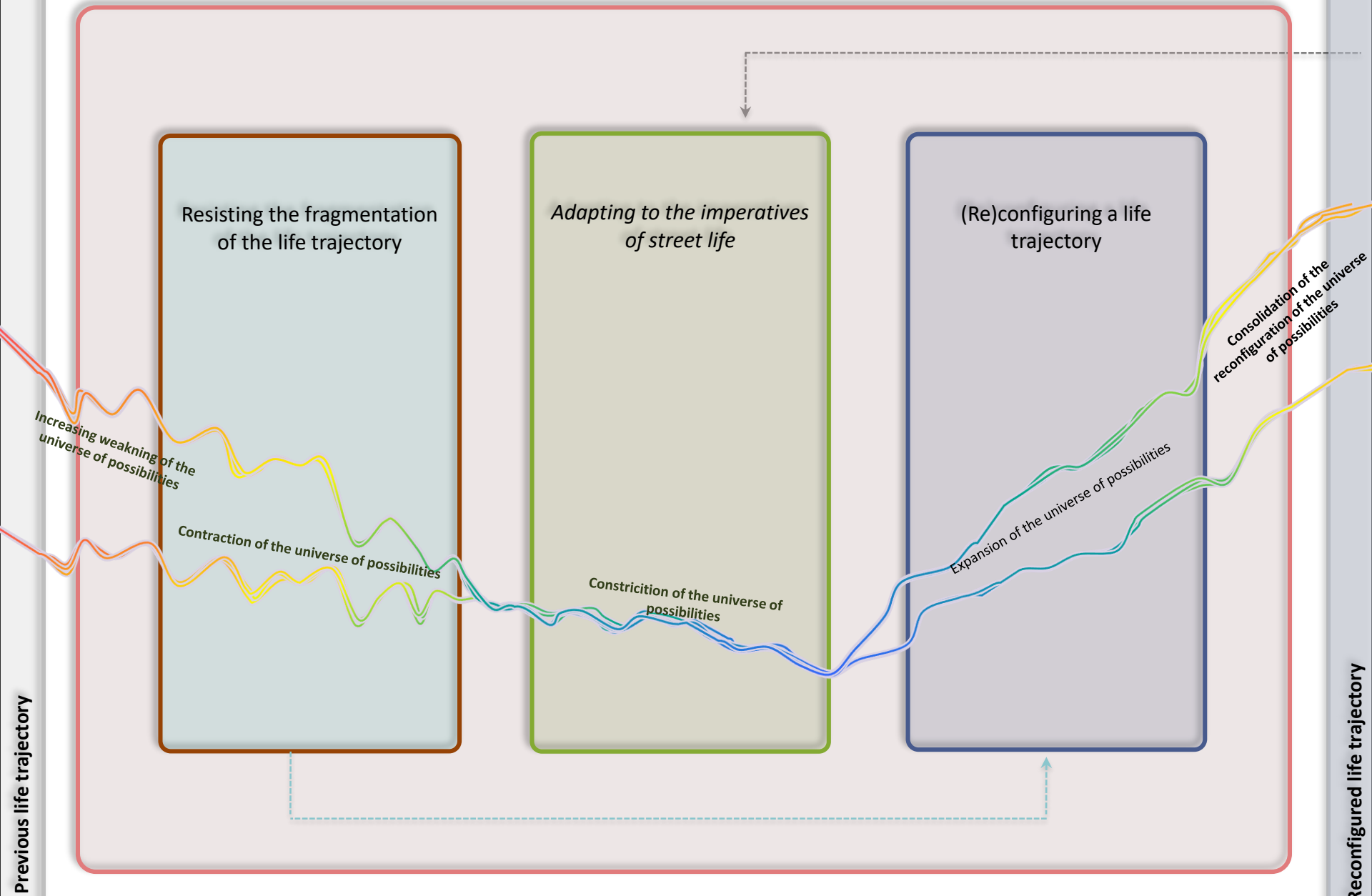
Multimethod approach

- Daily routine
- Work/Career trajectories and training
- Perceived support from services and overall quality of services
- Family and intimacy
- Social relations in the community
- Life priorities
- Beliefs, and perceived trust and distrust
- Individual demographic characteristics
- Sleeping locations and its characteristics
- Intervention procedures and overall quality of services

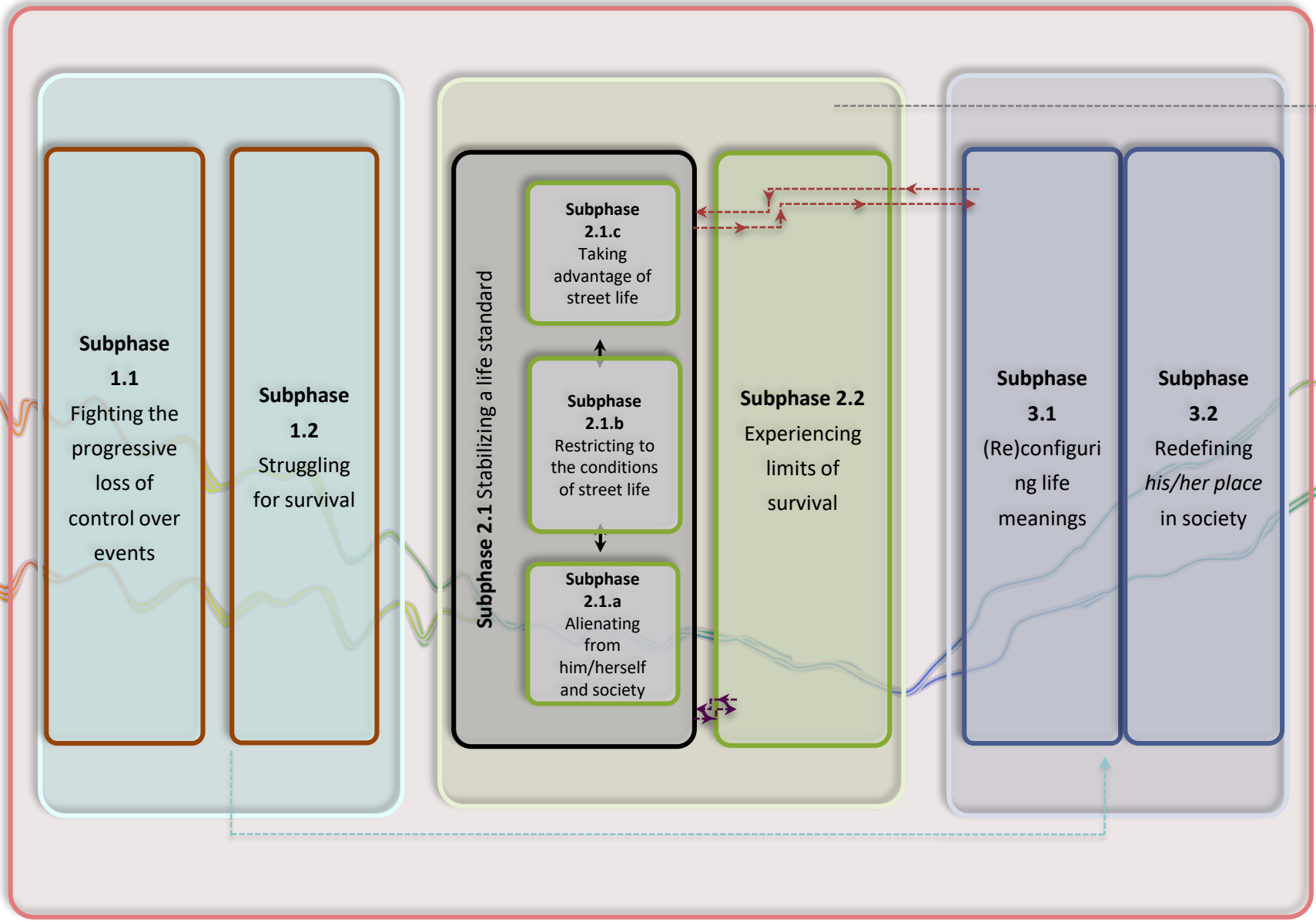
Data collection



Surviving the street



Surviving the street



Previous life trajectory

Reconfigured life trajectory

Recommendations for intervention

- **Frequent needs reported**
 - Intervention that takes into account their specific care needs (e.g., walking aids, palliative care needs)
 - Accessing accommodation in which they feel safe and supported
 - Specialized accommodation for the older women homeless population with disabilities/handicaps
 - Affordable housing that meets the specific needs of elderly women (e.g., making renovation in buildings, namely wheelchair access, designs for falls prevention and maintenance of independence)
 - Having access to information regarding their rights
 - Eligibility for public assistance programs and for benefits

Recommendations for intervention

- **More comprehensive approach**
 - New policy and service responses that address the needs of homeless seniors
 - Centres designed to accommodate specific needs of elderly homeless women
 - Improving the knowledge/skills of the multidisciplinary team members
 - Education in aging and health to staff working with homeless seniors
 - Ongoing evaluation of current programs that inform new ways of dealing with homelessness and its prevention
 - A life stage approach to addressing homelessness
 - A specific focus on seniors experiencing or at risk of homelessness
- **In depth knowledge on homelessness**
 - Research on risk factors, antecedents, and triggering events that help define a “prehomeless” state and inform preventive measures

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