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

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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

Participant observations at *Street Interventions*

Observations

Unstructured observations

Non-participant observations

Specific observations

Selected observations

Interviews with homeless

Interviews with professionals

Interviews with formerly homeless

Saturation

Focus group – present. and interv.

Focus group – present. and interv.

Professionals that work in *Street Interventions*

Professionals that work in Institutions

More informants bring no relevant information on the research themes
Resisting the fragmentation of the life trajectory

Adapting to the imperatives of street life

(Re)configuring a life trajectory

Surviving the street

- Increasing weakening of the universe of possibilities
- Contraction of the universe of possibilities
- Constriction of the universe of possibilities
- Expansion of the universe of possibilities
- Consolidation of the reconfiguration of the universe of possibilities

Previous life trajectory

Reconfigured life trajectory
European Research Conference

CHANGING PROFILES OF HOMELESSNESS: IMPLICATIONS FOR SERVICES.

BARCELONA, September 22nd, 2017

Subphase 1.1 Fighting the progressive loss of control over events

Subphase 1.2 Struggling for survival

Subphase 2.1 Stabilizing a life standard

Subphase 2.1.a Alienating from him/herself and society

Subphase 2.1.b Restricting to the conditions of street life

Subphase 2.1.c Taking advantage of street life

Subphase 2.2 Experiencing limits of survival

Subphase 3.1 (Re)configuring life meanings

Subphase 3.2 Redefining his/her place in society

Previous life trajectory

Reconfigured life trajectory

Surviving the street
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
References


