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By **Dennis P. Culhane**

Among the more troubling aspects of contemporary homelessness is that the problem has been concentrated among people born between 1953 and 1965. This was true in 1990 when the peak age of adults who were homeless was 30, as it is today, with a peak age of 55. Adults who are homeless have a much reduced life expectancy compared to their housed peers, and can expect to live to a mere 64 years. That means that advanced aging-related illnesses and disabilities are confronting this population in increasing numbers, and end-of-life issues will soon come to the forefront of concerns.

That homelessness has been stubbornly associated with this birth cohort is a remarkable fact. Researchers attribute it to the economic disadvantage from crowding in the housing and labor markets as the second half of baby boomers came of age. They entered the labor market in large numbers just as the nation faced back-to-back recessions in 1979 and in 1981, which meant this cohort faced a dearth of work opportunities. High rates of unemployment, especially among young adults with a high school education or less, meant many men and women were idled when they should have been starting careers. The underground economy, including crime and illegal drug markets, filled the vacuum, and a resulting surge in addiction, violence, incarceration, family disruption and community breakdown ensued. Homelessness flowed in its wake.

Possible Solutions for Homelessness

Perhaps even more remarkable about this cohort phenomenon is that it is not the same people who experience homelessness year after year. It is a constant cycle of people into and out of homelessness, drawn from this cohort that is living marginally—mostly with family and friends, sometimes in jail and treatment centers. People who are newly experiencing homelessness account for most of these populations, not the “chronically homeless” so often conjured by images in the media. Many of these people are facing new housing risks associated with aging and dying parents, or job losses from the Great Recession, along with a lifelong accumulation of social disadvantage. Many others are returning to society after serving long prison terms, and have seen little of the outside world for 15 or 20 years (or more).

Research-based evidence regarding policies and practices that could work to solve this problem provide some hope, although time is running out. (The New Hampshire Coalition to End Home-

lessness has a thorough listing of national programs and practices geared toward ending homelessness; <http://goo.gl/L2kE3B>.)

First, to address the growing number of older people who are experiencing housing emergencies for the first time, crisis interventions such as “rapid re-housing” should be greatly expanded. Rapid re-housing attempts to move people into permanent housing as quickly as possible, ideally within 30 days. Rapid re-housing and other preventive approaches connect homeless people to conflict mediation to resolve breaches in relationships with family members or landlords. Emergency financial assistance can help with utility debts or rent arrears, or even with moving assistance, such as first and last month’s rent and security deposits. And people can be connected to health and mental health services, as needed, to help them stabilize and possibly reenter the workforce. The good news is that Medicaid, to which many of these folks are newly eligible (in states that adopted the Medicaid expansion), can now be used to pay for these types of services for people with significant mental health or substance abuse problems.

For people who experience long-term and persistent homelessness, many who live unsheltered and have been estranged from community ties for some time, supported housing offers a cost-effective solution. Supported housing (<https://goo.gl/OFZdHa>) provides people with permanent housing subsidies and case management services that assist people in locating, securing and holding onto the housing, in part by making sure people get access to the health and social services they need.

Increased Needs for Healthcare, End-of-Life Care and Burial

As these people age, they will require increased levels of acute and long-term healthcare, particularly if they are not connected to housing and housing support services. Getting people screened for SSI eligibility could provide a crucial income stream to support rent payments, as could newly approved Medicaid-funded services to provide housing search and stabilization assistance (<http://goo.gl/rHVVWje>). Additional supplements for rent will be required, if family cannot be identified who are willing or able to provide housing options.

As large numbers of these adults will pass through the end stages of their lives, it is worth giving some consideration to how peoples’ remains will be handled. The sad legacy of “potter’s fields” and other mass burials of indigent people, often in unmarked graves, and often in places where family members and friends are not permitted to visit, needs to be critically examined in anticipation of the large numbers of adults who are homeless and who will soon die.

A recent long-standing dispute in New York City over the lack of access to indigent gravesites there has led to a resolution in which responsibility for managing these cemeteries will shift from the Department of Corrections to the City’s Parks Department, and relatives will be permitted to visit (<http://goo.gl/OfdcQ6>).

Communities should have open and candid conversations regarding these issues, and about how people can be remembered respectfully, and their lives honored. Dialogues such as these are long overdue in many communities across our nation. ■

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