



PATHWAYS INTO AND OUT OF HOUSING INSECURITY AND HOMELESSNESS: RELATIONSHIPS BETWEEN AGE, PUBLIC PROGRAM USE, AND HOUSING STABILITY

*Research conducted by Samara Scheckler, Jennifer Molinsky, and Christopher Herbert, Joint Center for Housing Studies, Harvard University
September 2023*

Older adults, who comprise about a third of the Massachusetts residents using the homelessness services system, are particularly vulnerable to housing insecurity given deterioration in financial resources, social networks, and health and abilities which complicate their capacity to maintain existing housing and to navigate benefits systems.

While income from Social Security Administration programs can reduce economic burdens and improve housing stability, older adults, particularly those who are Black and Hispanic, are particularly sensitive to barriers including administrative, technological, and transportation.

Public Benefits and Program Designed to Meet Age-Related Needs and Improve Housing Stability

In response to the increasing number of older adults who experience housing insecurity and homelessness, this project is framed around a set of research topics: we examine the characteristics of older adults who seek services for housing insecurity and homelessness in Boston; the interaction between age-related experiences and housing insecurity and homelessness; the distinct, age-related needs for housing stability services; the relationship between benefits uptake and housing security for older adults in Boston; and the programs and services that serve older adults in Boston. We utilize a mixed methods design including a literature review and two unique sources of data. The first, Homeless Management Information System from 2013 through 2021, was newly compiled for the Commonwealth of Massachusetts in the research year. Second, we also conduct interviews with service providers in Boston who provide direct support for people experiencing homelessness.

We find that roughly a third of adults in Massachusetts who received services for homelessness were age 50 or older. Many had not chronically experienced homelessness; more than a third of those 50 and older were experiencing homeless for the first time in three years. Compared to younger people experiencing homelessness, older adults were much more likely to report poor or frail health. We find that experiences associated with aging, particularly deterioration in financial resources, social networks, and health and abilities complicate older adults' capacity to maintain existing housing and to navigate benefits systems. Age-related experiences impact older residents' resilience by narrowing their options, such as needing affordable housing that is also accessible. Age-related experiences also complicate benefits applications, such as by compounding complex and bureaucratic processes with transportation challenges or cognitive or sensory differences. Risk of homelessness is particularly high for adults whose housing is already unstable



or who experience a triggering event such as the loss of a spousal caregiver, a significant health event, or a large rent increase. There were also differences in Social Security Administration (SSA) program benefit reciprocity by race and ethnicity. Black, Asian, and Hispanic older adults were all less likely to use SSDI than White or Indigenous older adults experiencing homelessness. Hispanic older adults were most likely to use SSI and Asian adults were least.

We examine a range of opportunities to improve housing security for older adults and increase equity. They would benefit from more affordable housing, rental supports, and emergency rental assistance as well as better access to home modifications and accessible housing options. They would benefit from streamlined application processes that employ tools such as common applications and presumptive eligibility. And they would benefit from better coordinated services which bring supports into older adult's residences and build continuous relationships that prevent instability before it arises. Coordinating services between providers can also reduce administrative burden and service delays. We propose that more effective service models will acknowledge the specific and unique needs of older adults and build administrative processes which better meet the needs that arise with age.

Public Benefits and Program Designed to Meet Age-Related Needs and Improve Housing Stability

Older adults, who comprise about a third of the Massachusetts residents using the homelessness services system, are particularly vulnerable to housing insecurity given deterioration in financial resources, social networks, and health which complicate their capacity to maintain existing housing and to navigate benefits systems. Benefits use also diverge by race and ethnicity, with lower SSDI utilization among Black, Hispanic, and Asian older adults than White or Indigenous older people experiencing homelessness. Service models are more likely to improve housing security for older adults and increase equity if they acknowledge the unique needs of older adults and build administrative processes that better align with their needs. This includes increasing access to affordable housing, subsidy, and home modification programs, streamlined and coordinated application processes and better service continuity to address changes as they arise prevent significant disruptions.

Implications

- Age-related characteristics impact older adult housing security but public benefits and programs could mitigate these impacts.
- Many older adults experiencing housing insecurity do not utilize public benefits, including a disparate share of Black, Hispanic, and Asian older adults.
- Administration of public benefits and programs need to be designed to accommodate the unique needs of older adults. This includes increasing access to affordable and accessible housing and services to meet daily living needs, reducing administrative burden with streamlined and coordinated application processes, and service continuity to prevent benefits disruption and housing instability.

The research reported herein was performed pursuant to a grant from the U.S. Social Security Administration (SSA) funded as part of the Retirement and Disability Consortium. The opinions and conclusions expressed are solely those of the author(s) and do not represent the opinions or policy of SSA or any agency of the Federal Government. Neither the United States Government nor any agency thereof, nor any of their employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of the contents of this report. Reference herein to any specific commercial product, process or service by trade name, trademark, manufacturer, or otherwise does not necessarily constitute or imply endorsement, recommendation or favoring by the United States Government or any agency thereof.