



Best Practices in Serving Older Adults

Just like the population in general, the homeless population is aging. This issue is compounded by the fact that due to the challenges of homelessness, many homeless persons are clinically older than their chronological age, including the prevalence of age-related health conditions.

Organizations that are planning new supportive housing and those operating existing housing should ensure that their services can meet the needs of aging tenants.

In designing and delivering services to older adults in supportive housing, observe the following principles to ensure you meet the needs of this group:

Understand the Specific Needs of Homeless Older Adults

Developing appropriate service plans for homeless older adults is frequently complicated by the interplay of the chronic physical and mental illnesses, and addictions with the normal physical and psychological changes that come with age. Experienced providers also report that older homeless persons are sometimes difficult to engage in services due to their belief that participation might result in being “put in a home,” losing their independence, or having their money taken from them. Age-related hearing and vision loss also may contribute to a sense of heightened anxiety and lack of trust. Professionals who both possess knowledge of geriatric health care principles and who are sensitive to the fears and concerns of older homeless adults therefore best serve older homeless adults. Outreach workers who can connect with clients and point them to needed services can play an especially critical role in this process.

Provide Assistance Navigating Systems and Accessing Benefits

Assisting homeless older adults to access available housing, services and benefits may require making accommodations for age-related physical problems, such as loss of hearing and sight, mobility problems and general physical frailty. In addition, cognitive impairments can significantly reduce a person’s ability to understand what benefits are available, to complete application processes and to follow-up with providers when needed. Despite these challenges, accessing public benefits is crucial, since it is unrealistic to expect older persons with chronic health problems to increase their incomes through employment. Veterans Benefits, Veterans Administration (VA) medical facilities, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicare and Medicaid are all important safety net programs for residents.

Plan for Medical and Cognitive Decline

Addressing the medical and/or cognitive decline of a tenant may require arranging for additional services, such as in-home care, visiting nurse services or even hospice services, in order to avoid a person having to move into an institution in his or her final days. Projects that serve homeless older adults will ideally have policies in place that permit stays in hospitals and convalescent care facilities without resulting in tenants’ loss of housing. Despite staff and tenants’ best efforts, some occasions may arise when it is appropriate to move a tenant into a setting that provides a more intensive level of care. In such circumstances, both tenants and staff will benefit from having clear policies and procedures in place, and well-oiled referral routes, to smooth the transfer of the tenant to a more appropriate setting.

[Project Profiles](#) includes existing supportive housing projects that are serving older adults and have designed their services with the needs of that population in mind.

