

Late-Life Homelessness: A Definition to Spark Action and Change

Amanda Grenier, BSW, MSW, PhD^{1,2,*}  and Tamara Sussman, BSW, MSW, PhD³ 

¹Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario, Canada.

²Baycrest Academy for Research and Education, Baycrest Centre for Geriatric Care, Toronto, Ontario, Canada.

³School of Social Work, McGill University, Montreal, Quebec, Canada.

*Address correspondence to: Amanda Grenier, BSW, MSW, PhD. E-mail: amanda.grenier@utoronto.ca

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Abstract

Background and Objectives: Comprehensive definitions of social issues and populations can set the stage for the development of responsive policies and practices. Yet despite the rise of late-life homelessness, the phenomenon remains narrowly understood and ill-defined.

Research Design and Methods: This article and the definition that ensued are based on the reconceptualization of interview data derived from a critical ethnography conducted in Montreal, Canada, with older homeless persons ($N = 40$) and service providers ($N = 20$).

Results: Our analysis suggests that definitions of late-life homelessness must include 4 intersecting components: (1) age, eligibility, and access to services; (2) disadvantage over the life course and across time; (3) social and spatial processes of exclusion that necessitate aging in “undesirable” places; and (4) unmet needs that result from policy inaction and nonresponse.

Discussion and Implications: The new definition derived from these structural and relational components captures how the service gaps and complex needs identified in earlier works are shaped by delivery systems and practices whose effect is compounded over time. It provides an empirically grounded and conceptually solid foundation for the development of better responses to address homelessness in late life.

Keywords: Critical gerontology, Poverty, Precarity, Qualitative, Unhoused

Definitions of population groups and their needs set the stage for the development of policies and practices on a given social issue (Casavant, 1999; Eberle, 2001; Gaetz, 2010; Hulchanski et al., 2009). Yet, while homelessness among people over the age of 50 is on the rise (Culhane et al., 2013; Grenier et al., 2016c), this phenomenon is often overlooked and/or ill-defined in formal housing strategies. Recent initiatives have attempted to create definitions and parameters to support policymakers improve their capacity to end homelessness. Although the Canadian Observatory on Homelessness, “the largest national research institute on homelessness in Canada,” names seniors and veterans as part of a list of locations that may have unique experiences of homelessness, it does not detail how age affects homelessness (or vice versa), nor what types of provisions may be required (see Gaetz et al., 2012, online, no pages). Other documents, such as the position paper developed to inform Canada’s Housing Strategy, completely overlook age (Turner et al., 2017) thereby missing opportunities to provide clear direction for policy development and response (Casavant, 1999). Both the lack of specification and omission are striking given how age is known to alter risk, circumstances, and needs associated with homelessness (Grenier et al., 2016c; McDonald et al., 2007; Stajduhar & Mollison, 2018; Tully & St. Pierre, 1997).

Creating a definition that includes and is informed by the lives and experiences of older people is an important step in guiding policy and programs to meet the specific needs of older people with experiences of homelessness. Our interest in late-life homelessness began in 2011, when we were approached by a local service organization witnessing increasing numbers of older people in shelters and feeling ill prepared to address what they referred to as “complex needs” (Grenier, 2021). This organization became our partner, and as the project progressed, we became aware of the need to establish policy and practice-relevant parameters to raise awareness of the increasing numbers of older homeless people in Canada (Grenier et al., 2016c), the absence of older people in Canadian housing initiatives (Grenier et al., 2016b), and service realities that positioned health and care as separate from housing (Crane et al., 2005; Grenier et al., 2016a; Kertesz et al., 2009; Padgett et al., 2016; Sussman et al., 2020). For example, our 2014 review revealed that only four of 42 municipal documents developed for the Canadian Housing First Strategy included the needs and risks associated with aging (Grenier et al., 2016b).

This article is a conceptual contribution to the scholarship designed to build and extend research results from a larger ethnography into a definition of late-life homelessness informed by the voices and experiences of older people. Positioned in a

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critical perspective to the study of aging, it attempts to translate research findings into a format that can spark policy and practice response. This article presents a reconceptualization of the interview components of the study with older people and community workers, and proposes a definition rooted in lived experience to spark policy and practice action. Initial project results from the interviews, document reviews, policy analyses, and administrative data are reported elsewhere (Grenier, 2021; Grenier et al., 2016a, 2016b, 2016c, 2016d; Rothwell et al., 2017; Sussman et al., 2020) and an extended discussion of the results produced through the multiple methods of the ethnography appear in the full-length book on late-life homelessness (Grenier, 2021).

Our analysis of the interview data suggests that late-life homelessness is comprised of four intersecting components that can be brought together into a new definition that attends to: (1) age, eligibility, and access to services (or the lack thereof); (2) disadvantage over the life course and across time; (3) social and spatial processes of exclusion and aging in “undesirable” places; and (4) unmet needs that result from policy inaction and nonresponse. Insights from older people and community service providers suggest that late-life homelessness is not simply about being or becoming homelessness at a particular age but is rather a systemic and relational process related to aging, disadvantage, and place/space that can be better addressed through dedicated policy and program-level responses.

Key Understandings and Definitions

At the outset of our project, a small but relevant scholarly literature existed to establish the parameters of homelessness with regards to older people. Early attempts to document late-life homelessness were carried out in the United States, Canada, and the United Kingdom (Cohen, 1999; Crane, 1999; Crane & Warnes, 2010; Hahn et al., 2006; McDonald et al., 2007; Stergiopoulos & Herrmann, 2003; Tully & Jacobson, 1995). This research reported rising numbers of older people who were homeless, outlined health and social care needs, drew attention to significant gaps in policies and services, and called for specialized responses (Crane, 1999; Crane et al., 2005; Culhane et al., 2013; Gonyea et al., 2010; McDonald et al., 2007). Although not compiled into a formal definition, findings in this early corpus of scholarship largely focused on individualized risks of becoming homeless and the imperative of responding to the needs of older people not well-served by existing services. In short, homelessness among older people was explained via individual risk trajectories and biomedical comorbidities that required dedicated responses that were not currently available—it was broadly positioned as complex needs at the intersection of aging (relatively unspecified) and housing insecurity or homelessness (Grenier, 2021; Grenier et al., 2016a).

These early works on homelessness among older people formed a crucial base for recognition and response (Brown et al., 2017, 2022; Cohen & Sokolovsky, 1989; Crane & Warnes, 2010; Hibbs et al., 1994; Hwang, 2000; Hwang et al., 2009; Kushel et al., 2002). For example, a sentiment about the need to lower the age threshold of “older” to 50 rather than the standard 65 emerged based on biomedical evidence about comorbidity and early mortality associated with aging while homeless (Brown et al., 2017, 2022; Grenier et al., 2016c; Hibbs et al., 1994; Hwang, 2000; Hwang et al., 2009;

Kushel et al., 2002; McDonald et al., 2007). Distinctions were also drawn between two typologies of chronic homelessness across the life course and first-time homelessness in late life, with each attributed different trajectories and needs (Burns & Sussman, 2019; Caton et al., 2005; Crane & Warnes, 2010; Woodhall-Melnik et al., 2018). A smaller subset of literature pointed to layered intersecting impacts of gender, Indigeneity, or im/migration, although few focus on overrepresented populations as they aged (Gonyea & Melekis, 2017; Grenier et al., 2016a).

This initial body of research, which successfully drew attention to the problem, focused primarily on biomedical issues, professional practice, and expert-driven solutions, as is consistent with the development of topics in gerontology (see Achenbaum, 1995; Katz, 1996). A handful of studies focused on observational or interview accounts from older people (Cohen & Sokolovsky, 1989; Gonyea & Melekis, 2017; Gonyea et al., 2010; McDonald et al., 2007). Gaps thus existed in how late-life homelessness was understood by older people; how complex needs were experienced in everyday lives; how and/or why age and/or risk trajectories matter; and how institutional systems may create and sustain homelessness in late life. The challenge of building a comprehensive policy and practice-relevant definition from this early work is twofold. First, the portrait of “complex needs” placed the focus on individuals rather than social structures and inadvertently sustained the impression of a subpopulation with needs that were “too complex” for intervention (Aubry et al., 2013; De Veer et al., 2018; O’Flaherty, 1996; Stern, 1984). Second, for interventions to work in practice, they must reflect older people’s understandings and needs.

Research Design and Methods

The definition proposed in this article is constructed from the interview results of our critical ethnography carried out with people 50+ with experiences of homelessness and service providers in the second largest city in Canada, Montreal. The project, initiated by and carried out in partnership with the largest shelter provider in the city, aimed to understand older people’s experiences at the intersections of aging and homelessness. The study was grounded in a critical perspective on gerontology concerned with the taken-for-granted assumptions and relationship between powerful structures and the experiences of older people (Estes, 2001; Grenier, 2021; Holstein and Minkler, 2007). Critical ethnography was selected for the project providing a methodological frame within which to explore what happens at the intersections of aging and homelessness, situating results of the study in the context of services and everyday lives (Biehl, 2013; Carspecken & Carspecken, 1996).

This article presents interview data that has been reinterpreted for the purposes of generating a definition of late-life homelessness that is inclusive of older peoples’ experiences and can guide policy and practice. Interviews were conducted with 20 service providers working in emergency shelters and relevant community agencies whom had experience working with older people with experiences of homelessness, and 40 older people with lived experiences of homelessness. The interview data reported in this article were part of a larger ethnography that deployed open-ended and engaged exploratory strategies of watching, listening, active interviewing, and conversations with older people, stakeholders, in and across

a range of spatial locations (Grenier, 2021; Hathaway, 2019; Holstein & Gubrium, 1995). A series of on-site observations, shelter walk-throughs (when empty), and review of documents and processes were carried out prior to the interview components with older people and workers (Grenier, 2021).

Interviews with service providers were conducted in the early stages of the project to gain a sense of the research sites, issues, and existing service parameters. The first author engaged in conversations with service providers in private offices in the shelter, asking questions that included but were not limited to “what does it mean for someone to be older and homeless in this context,” “tell me about what you witness in your everyday practices with older people,” “can you walk me through some of the more typical and/or challenging cases,” and “what are the major gaps for this population group?” Once the more structural parameters and boundaries for the population and responses were clearer, we turned to interviewing people aged 50+ to understand experiences and contextualize observations and professional insights in the lives of older people. Students with previous experience with this population recruited older people in and around the shelter, the café affiliated with the shelter, and nearby streets. Interviews were conducted in private spaces, often a small office of the shelter of our partner organization, over coffee. Older people were asked open-ended conversational questions such as “tell me about yourself” “tell me about your everyday life,” “how has it been to be older and on the street,” “what challenges have you encountered,” and “what are your recommendations for change” (Grenier, 2021). This engaged open-ended conversational approach was consistent with the theoretical (critical gerontology) and methodological (critical ethnography) aims of exploring homelessness in late life as a relatively undefined phenomenon and practice domain. It is also consistent with the process of active interviewing, which views dialogue between researcher and participant as cocreated through open, flexible conversation.

The final sample of people living with experiences of homelessness included 29 men and 11 women; two were foreign-born; and three identified as Indigenous. All 40 were single, 34 were unemployed, and less than half (18) had a source of income (benefits, pension, etc.). The age range of the interviewees was 46–76, which included one person under 50 who saw themselves as older, was perceived to be older, and wanted to share their insights about aging.

In the book, the four proposed components of the definition appeared among the chapter titles, providing part of an overarching structure for describing the experience of late-life homelessness (Grenier, 2021). Over time, we realized there was potential to reexamine the emergent themes touched on in the book looking solely at the interview data. Given a relatively continued absence of the discussion of older people on the Canadian policy agenda on housing and homelessness, we felt that this process could help inform a definition of late-life homelessness that could spark awareness, action, and change based on the lived experiences of older people. Our reanalysis of the interviews was informed by the principles of reflexive thematic analysis, building on study results, 15 years of research, and engagement, and included processes of memo-writing and reflection to refine and develop interpretive themes that informed the four components of the definition provided below (Braun & Clarke, 2019; Grenier, 2021). This article pulls together four components crucial to understanding the experience of life at the intersections of aging

and homelessness from the perspective of older homeless people and those who work directly with them. It is the result of continued reflection and discussion between the authors over time. Given their illustrative potential, quotes previously published in the book also appear in this article, reinterpreted as part of a definition, and presented in a format more easily be consumed by decision makers, with the hope of enacting change (Grenier, 2021). This article now turns to the proposed definition of late-life homelessness that is grounded in lived experience and situated in relation to the policies, practices, and structures that make being older and homeless complex.

Late-Life Homelessness: A Research-Based Definition

Analysis of the interview data suggests that late-life homelessness is shaped by and experienced in relation to: (1) age-based systems of eligibility and access (or the lack thereof); (2) disadvantage over time and the life course; (3) social and spatial processes of exclusion; and (4) unmet needs that result from inaction and nonresponse. The four components represent the strongest intersecting aspects that differently shaped people’s lives at the intersections of aging and homelessness and are not intended as discrete categories. Each component is described and includes illustrative quotations from older people and stakeholders.

Age, Eligibility, and Access

The first component of the definition reveals how the combination of chronological age and eligibility shapes understandings and experiences of homelessness in late life. Chronological age has long served to organize public responses to older people, most notably through retirement age (~65; Bytheway, 2005; White Riley, 1971). Yet, while age relations tend to operate as invisible on the service level, they became ever-present in the stories of older people and service providers. Workers drew attention to the discrepancies between the “look” and “age” of the people they support. In doing so, they visibly confirmed the biomedical and professional evidence that people with experiences of homelessness have comorbidities and high-level needs prior to age 65 (Crane, 1999; Garibaldi et al., 2005) as well as reflected individualized patterns of thinking. Their contributions drew attention to gaps between the needs of people aged 50+ and available program that were either “ageless,” or designed for people aged 65+, thereby functioning to restrict access to support. For example, they discussed the difficulty of assessing age, often deploying the language of “premature aging” or the more clinical term “geriatric profile,” to convey needs that are more typical of later life despite a younger age. They also discussed how needs and available supports were “out of sync.” These accounts reveal that late-life homelessness is not simply about age or biomedically defined aspects of aging combined with the status of being unhoused, but how needs that are framed according to age within service contexts act in powerful ways to limit access to service:

Q: When you use the word older person in the context of homelessness, what age do you have in mind?

R: Well, it really depends, because sometimes you see the person, she just seems so, so tired, you say she must be very old, but she is only fifty years old. So, when I think of an older person I tend to go with the age of sixty-five. But

in this case [homelessness] you'd be surprised ... they are only fifty, even forty-eight or forty-nine, but they look sixty or seventy. It is very subjective.—Stakeholder

R: Well, that is difficult because we are not a service that is designed to offer services to older people. So, there is no real specific criteria that we use to identify age ... An older person, I guess is about the age of public pension at sixty-five. The “golden age” clubs as they call them. But in community organizations, the criteria for service can vary between shelters and services. Not having age criteria here means that someone who is sixty-five won't get any more services than someone who is twenty-two.—Stakeholder (All quotes from Grenier, 2021)

Similarly, older people grappled with the idea of age and aging in relation to homelessness. Their contributions focused viscerally on how age was experienced through their bodies via reduced mobility or health issues, and how these changes affected their lives. For example, many spoke of late-life homelessness as characterized by living under threat, in fear, and at higher levels of victimization as they age. Their accounts gave meaning to the idea of complexity that was known to occur at the intersections of aging and housing insecurity (Bryant, 2003; Dunn et al., 2006). Although older people get the same service in the shelter as anyone else, their accounts revealed how aging alters homelessness and exacerbates health needs, by increasing risk through limited options to exit homelessness via work and having vulnerabilities and different needs than younger populations. Older people's accounts detail how the heightened fear and vulnerability of late-life homelessness is not solely about physiological changes but how the combination of age/needs, eligibility, and access (or lack thereof) shape their experience into being seen and yet not seen, helped, and yet not helped. Their insights provide detail into how complex needs of late-life homelessness are lived and experienced through compounded physical and emotional challenges, changes over time (detailed in component two), as well as the barriers to service, also mentioned by workers:

I'm very insecure now; I feel very vulnerable and I'm ... I'm scared and I wasn't scared before. You know, because when you're physically not as strong ... you're more scared ... I can't take as much anymore I'm weaker. I'm old ... I'm older, you know You're aware of it because you feel your body deteriorating; it doesn't have the same energy that it ... that it had.—Rita, 55-year-old woman
Growing old on the streets, ugh! Well, I don't want to think about it. But I've thought about it because I'm scared ... because I've seen people in the streets, eh. Sleeping on the sidewalks and ... destitute, in the cold ... oh no, I don't want that to be me! ...—Paul, 58-year-old man (All quotes from Grenier, 2021)

Disadvantage Over Time

The second component of the definition is constituted by experiences of disadvantage over time. Research based on homelessness among younger people draws attention to overrepresented groups and intersecting forms of oppression according to locations such as mental health, im/migration, and sexual orientation, as well as the colonization of Indigenous peoples and racism (Gaetz, 2010; Hulchanski et al., 2009). Yet, literature on homelessness in later life does

not often extend to how these social inequalities unfold and/or continue across the life course, and few scholars have connected homelessness with allied theories on cumulative disadvantage (Dannefer 2003; Grenier, 2021). In fact, when older people are named in policy strategies, descriptions focus on physical accessibility, with experiences of disadvantage that extend beyond access not referenced (Grenier, 2021; Grenier et al., 2016b). While service providers, and especially those in emergency shelters, focus on immediate needs, older people contrast their earlier and current experiences, pointing to deterioration and negative change over time. The temporal comparison to earlier periods of their lives reveals how disadvantage over time is integral to their experience of late-life homelessness and exposes the impacts of risk trajectories, comorbidities, and/or everyday violence in action. Illness and work are used to demonstrate how aging alters their needs. Although both the policy and professional language used with regards to homelessness among older people frame the issue as a “premature aging” or as “age-related” needs that occur earlier than eligibility (65), older people point to disadvantage over time and unmet need (developed further in component four) worsening their circumstances:

When [I] was younger, my health was good so I could work, I could get around. Whereas today, I'm sick, I've had a heart attack, two pulmonary embolisms ... I can't bounce back like I used to. And I don't have the will to bounce back. And that, I find dangerous.—Simon, 56-year-old man

Those who are younger have more chance of working, finding something, it[s] easier for them to get out [of homelessness] ... but when you're older, well then, work isn't so easy, because people don't hire you, you're getting old, and you can't just take anything either. I can't go work collecting trash, running after the truck, I can't do it.—Lucas, 64-year-old man (All quotes from Grenier, 2021)

Disadvantage over time is crucial to understanding late-life homelessness because it exposes how “complex needs” do not simply appear at a particular age, but compound across the life course and over time. The accounts of older people clarify the meanings and manifestations of complexity, comorbidities, and risks that are central to the literature but have not been recognized in policy. Older people reveal how social inequalities affect their health and bodies, family/social relationships (which for some explain trajectories onto the street), and needs. Examples such as unstable work, family breakdown, and/or intimate partner violence reveal how disadvantage unfolds in and across lives to affect everyday experiences and service encounters. This includes, for example, the complications that arise from unavailable or inaccessible services, families that cannot or refuse to help, as well as mental health, trauma, and/or substance use that affect care. Understanding homelessness as partially created and shaped through disadvantage over time reveals the impacts of limited or blocked eligibility and/or access to services because their needs occur earlier than expected, or do not fit with age-based service configurations. Developing definitions that account for personal and shared histories of disadvantage extends knowledge about late-life homelessness beyond individual risks to reveal the cumulative weight of unmet needs, expose the disparities of homelessness, and offer a segue into component three of the definition:

No, I don't want to grow old on the streets, no. There's no question. Living on the streets, I'd rather die than live on the streets in my old age.—Frédéric, 69-year-old man

Well, I want a space where I can be well. I wasn't well when I was young. I didn't have an adolescence. I've never been well anywhere. What I really need is a place ... where I can have peace, be quiet ... but not be all alone.—Marie, 65-year-old woman (All quotes from Grenier, 2021)

Spatial Contexts of Aging in Undesirable Places

The third component of the proposed definition focuses on how late-life homelessness is produced, shaped through, and experienced in relation to space and place. This includes how the spaces within which people with experiences of homelessness age differ from those inhabited by the general population and are best described as undesirable places to “grow old.” Late-life homelessness occurs against an international policy backdrop of “aging in place” whereby older people are expected to age well in their homes and communities, and where services for older people are spatially situated and delivered through community-based home care programs. Yet, being unhoused and/or without a family to provide care presents an immediate contradiction where aging on the street, in shelters, and in public places is concerned (Grenier et al., 2016a; Means, 2007). Early project results revealed that older people were not recognized in homelessness strategies, nor homelessness in responses to aging, leaving the spatial terrain of “aging while homeless” unrecognized and undefined (Grenier et al., 2016b). When it was included, challenges were framed around physical accessibility, the unsuitability of existing buildings and/or programs, and able-bodied services producing barriers to access (Grenier, 2021; Sussman et al., 2020). Older people added that these barriers were the “norm,” interpreting these as exclusion, vulnerability, stigma, shame, and harm:

Well first of all here, you can't really [get around] because they're not prepared, there's only stairs. Right from the get go, you exclude people with walkers and people with very limited mobility.—André, 58-year-old man

I have said to them: “My legs hurt, I can't get up to the third floor.” Someone said to me, well, you could climb up on your bum. Those are the stupid things that people have said. And I started to cry after all of that.—Manon, 59-year-old woman (All quotes from Grenier, 2021)

The third component of the definition offers how late-life homelessness is defined and enacted within spatial contexts and exposes the place-based disparities between the general population and people with experiences of homelessness, thereby creating and sustaining suffering, and exclusion. In the ethnography, spatial locations of aging emerged as ways to witness the tension between visibility and invisibility, and how experiences were connected to being and feeling excluded. Older people discussed their everyday lives in the city, including the strain of walking long distances, the toil of aches or illness, and the harm of being shut or left out. The ethnography revealed the magnitude of aging that was visible in the shelter through observations of the cafeteria “soup kitchen” as a “sea of gray hair” and “rehabilitative equipment,” practices whereby people “perceived to be older” or with physical impairments were let go to the front of the line

for food and beds, as well as patterns of older shelter users staying close to the shelter in nearby parks, bus shelters, and parking lots during the day (Grenier, 2021). Older people's accounts revealed how late-life homelessness operates through spatial contexts by highlighting the everyday acts of endurance required to be homeless, how changing mobility needs and safety required proximity to the shelter, and how aging in unsuitable contexts led them to be viewed—and viewing themselves—as undesirable and deserving of total erasure. The following quotes speak to the exclusion and injustice regularly inflicted through spatially configured systems and structures:

During the day, there is no place for you to rest, you're on the street, so you're outside, so it seems to me, you know, the stress is even worse. So you know, they say all the time that stress makes you older. I think that in those cases, if it was me, I think I would age faster.—Betty, 53-year-old woman

With all the problems of the street, they get tired of seeing your face, they think that you are a criminal. Sigh. Ah, whatever. You are poorly dressed, not wearing a tie. Here, this is downtown. Have a look—Old Montreal. You have the lawyers, the bankers, the good clients on the other side, the ‘palace of justice’ (the name for the French court system is the Palace of Justice), more like the palace of injustice.—François, 55-year-old man

At my age, I don't see life ahead of me anymore. You see, I don't know, I don't see the end of the tunnel, because everywhere I go: “Ah! He's homeless.” Everywhere you go: you're homeless. It's as if I wanted to erase myself.—Ben, 56-year-old man (All quotes from Grenier, 2021)

Patterns of Nonresponse, Inaction, and Abandonment

Component 4 draws on interview data to extend understandings of late-life homelessness beyond the idea of service gaps and complex needs into interconnected structural issues of visibility or formal recognition (or the lack thereof), the production of exclusion, and patterns of nonresponse, inaction, and abandonment. In this section, we present the community worker quotes separate from those of older people to demonstrate how late-life homelessness is created and shaped through the four components discussed thus far to result in nonresponse.

Workers operate with an intricate knowledge of a system characterized by shortages, a lack of affordable housing, hard to reach services located primarily in the downtown core, and eligibility criteria based on combinations of age and/or postal code. They operate on one side by witnessing the ever-growing complex and unmet needs of people they encounter daily, and on the other, in a system that does not recognize homelessness among older people, disadvantage over time, or the exclusion created and maintained in the undesirable places where people with experiences of homelessness grow old. The impossibility of rehousing people and meeting needs within the current system is evident:

It is difficult to get access—for the most part, the health and social services system works by address ... postal code. So from the moment there is no address, which is most of the time, there is no access to services ... it is crazy, how difficult it is.—Stakeholder

“Can you accommodate her?” And they said, “Yes, we can accommodate her but we would prefer if she went somewhere else because she’s very difficult because of her undiagnosed mental health issues.”—Stakeholder

We still see a lot ... without an address ... the clinic says, ‘Ah no address. Well go to the clinic for homeless persons downtown’ ... The person, they have no money, they do not have a bus ticket, they cannot walk two hours.—Stakeholder (All quotes from Grenier, 2021)

Older people’s insights detail what it is like to be shuffled between programs and have their needs left unmet, thereby giving meaning and context to the complex needs they are deemed to have and repositioning these as systemic rather than individual. Older people’s accounts reveal how the lack of recognition and response creates and sustains suffering and harm. Their insights demonstrate how realities brought about by age, disadvantage, and the spaces within which they live collide in the experience of late-life homelessness. Further, it reveals how unmet need, and disadvantage fueled over time, gets carried into their lives, to result in unequal aging. Echoing workers, the following quotations clearly depict the impossible conditions within which older people with experiences of homelessness live out their later lives, and the harms and injustices that structural issues and nonresponse continue to inflict:

So it takes too long, the waiting list is too long, there are not enough buildings, and not enough places.—Claude, 75-year-old man

Ah! It’s hell, I often think of that, I am not far from being turned away from places because there are no resources. To see myself sleeping on the streets, like I see all of the time. I remember when I was young, staying outside when it was minus 15 degrees. At my age, I can’t see it.—Yves, 53-year-old man

The resources that they put into helping us get off the street, I don’t believe it, it is a total fantasy. The people who say “ok, we are going to help you get an apartment.” Yes, sure. But it is full of fleas, they send us into these holes that are full of bugs, I am not going there, I don’t want anything to do with that. It’s all [expletive], there is no real solution.—Étienne, 57-year-old man (All quotes from Grenier, 2021)

Discussion: Defining Late-Life Homelessness via Lived Experience

This conceptual article returns to interview data and quotes to develop the argument that having a rigorous conceptual definition of late-life homelessness informed by the experiences of older people and community workers can prompt the formal recognition of older people in the agenda on homelessness and stimulate the development of policy and practice responses. The structural nature of the definition captures how service gaps and complex needs identified in earlier works on homelessness and aging are shaped by delivery systems, practices, and compound impacts over time. Older people and community providers detail *how meanings and experiences of homeless in late life* are uniquely produced and sustained by structural and relational features organized along four intersecting components of age and inaccessible

services, disadvantage, aging in undesirable places, and non-recognition. The proposed definition of late-life homelessness derived from research that includes older people’s experiences and is situated in the contexts within which they live: *Late-life homelessness is an experience of unequal aging produced through age-based structures and social relations that restrict access to supports, reflect disadvantages over time, is lived in places that are not conducive to aging well, and result in exclusion, nonrecognition, and unmet need.*

Brought together, the four features of the definition form a constellation to put late-life homelessness on the policy map. This new definition offers a strong qualitative research-based conceptual model to challenge strategies that operate without recognition of age, homelessness, and disadvantage. It moves the needle beyond explanations based on comorbidities or health issues (“premature aging”; Hwang, 2000; Hwang et al., 2009), trajectories of risk (Brown et al., 2016; Chamberlain & Johnson, 2013; Daoud et al., 2016), and gaps or nonexistent services (Aubry et al., 2013; De Veer et al., 2018; Gonyea et al., 2010). Turning to lived experience repositions late-life homelessness as systemic and relational, thereby extending the focus on complex medical issues and impairments, physical access to buildings or supports, and/or service gaps, barriers, and access issues.

Building concepts and definitions that are situated in everyday lives should be at the forefront of gerontological research, and this is especially the case for groups whose voices remain unrecognized in policy or practice, as is the case with older people who are homeless. While previous scholarship set important foundations for the development of social responses, the field was missing a structurally oriented research-based definition informed by lived experience, and interpretations that are consistent with views of homelessness in earlier periods of the life course. Compiling a definition that includes older people situates late-life homelessness in context, as it is enacted across a range of policy structures and service contexts. The four-component definition built through an inductive ethnographic process repositions late-life homelessness as structural and relational, thereby also holding potential for theoretical expansion to explain processes of social inequality in late life. The definition could be used for deductive paths that explore components against conceptual parameters of allied concepts such as ageism (Weldrick and Canham, 2024), social exclusion (Pleace, 1998), cumulative disadvantage (Grenier, 2021), and/or life course methods (Watkins & Hosier, 2005).

Of course, there are limitations to this study that could affect the reach and potential application. Ethnographic insights were produced via an in-depth exploration of experiences of homelessness among people aged 50+ in one Canadian city, and as such are situated in a particular context, time, and place. International comparisons are however possible given how the components of age as eligibility, disadvantage, space, and unmet need transcend national boundaries. Familiarity with the literature on homelessness in late life suggests the definition would pertain to other contexts and fields of study. However, it would stand to reason that any interpretation would be heavily mediated by policy and program features. Thinking of Canada and the United States alone, experiences of older people would be affected differently given the welfare state in Canada and historical legacies of housing in the United States.

Additional policy and practice initiatives can grow directly from the proposed definition. First, naming and sketching the

parameters of late-life homelessness draws attention to an overlooked subpopulation of people aged 50+ that is increasing at a rate more substantial than simply population aging (Culhane et al., 2013). Second, a definition derived from lived experience and situated in everyday contexts provides an anchor point for advocacy and inclusion within international, national, and local strategies. Third, clarification of what lies beneath the catch-all phrase of complexity can equip service providers with knowledge to design programs that: do not discriminate based on chronological age-based eligibility criteria; attempt to address disadvantage before it accumulates into late life; achieve standards of aging in safe places that are conducive to well-being; and meet older people's needs across program boundaries of income security, housing, and health to redress the injustice resulting from inaction.

Attention to late-life homelessness has increased since the start of our project in 2011. However, older people often remain overlooked in official policies and strategies, and recognition and inclusion will require continued vigilance. This article conceptualizes late-life homelessness in a practical way to spark action by offering the first definition of late-life homelessness that is structural and relational and cannot be reduced to individual health or social outcomes, nor flat descriptions of complexity that prohibit response. It draws together research insights rooted in the everyday lives and experiences of older people and workers in the field, to extend the scholarly literature and provide a template to hinge fiscal and social commitments, and the development of meaningful policy and practice responses. In doing so, the definition exposes how late-life homelessness is shaped by social and age relations that create and sustain disadvantage, systemic exclusion, and political conditions of nonresponse, and as such, require both formal recognition and the development of just and ethical responses to older people experiencing homelessness over the life course and into late life.

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Conflict of Interest

The authors have no conflicts of interest to declare.

Data Availability

This study refers to data collected prior to the 2022 guidelines. The data and methods are not publicly available as per the ethics permission granted for this project. Project reports and prepublished versions of final manuscripts and abstracts are available on our University Commons and the website of the first author in adherence with the Tri-Council guidelines for the Social Sciences and Humanities Research Council of Canada and within the copyright permissions of each journal. Studies reported in the manuscript are qualitative and were not preregistered.

Author Contributions

Amanda Grenier (Conceptualization [lead], Data curation [lead], Formal analysis [lead], Funding acquisition [lead],

Investigation [lead], Methodology [lead], Writing—review and editing [lead], Project administration [lead]) and Tamara Sussman (Conceptualization [supporting], Formal analysis [supporting], Funding acquisition [supporting], Methodology [supporting], Writing—review & editing [supporting])

References

- Achenbaum, W. A. (1995). *Crossing frontiers: Gerontology emerges as a science*. Cambridge University Press.
- Aubry, T., Farrell, S., Hwang, S. W., & Calhoun, M. (2013). Identifying the patterns of emergency shelter stays of single individuals in Canadian cities of different sizes. *Housing Studies*, 28(6), 910–927. <https://doi.org/10.1080/02673037.2013.773585>
- Biehl, J. (2013). Ethnography in the way of theory. *Cultural Anthropology*, 28(4), 573–597. <https://doi.org/10.1111/cuan.12028>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676x.2019.1628806>
- Brown, R. T., Evans, J. L., Valle, K., Guzman, D., Chen, Y., & Kushel, M. B. (2022). Factors associated with mortality among homeless older adults in California: The HOPE HOME study. *JAMA Internal Medicine*, 182(10), 1052–1060. <https://doi.org/10.1001/jamainternmed.2022.3697>
- Brown, R. T., Goodman, L., Guzman, D., Tieu, L., Ponath, C., & Kushel, M. B. (2016). Pathways to homelessness among older homeless adults: Results from the HOPE HOME study. *PLoS One*, 11(5), e0155065. <https://doi.org/10.1371/journal.pone.0155065>
- Brown, R. T., Hemati, K., Riley, E. D., Lee, C. T., Ponath, C., Tieu, L., Guzman, D., & Kushel, M. B. (2017). Geriatric conditions in a population-based sample of older homeless adults. *Gerontologist*, 57(4), 757–766. <https://doi.org/10.1093/geront/gnw011>
- Bryant, T. (2003). The current state of housing in Canada as a social determinant of health. *Policy Options—Montreal*, 24(3), 52–56. <http://irpp.org/wp-content/uploads/assets/po/bank-mergers/bryant.pdf>
- Burns, V. F., & Sussman, T. (2019). Homeless for the first time in later life: Uncovering more than one pathway. *Gerontologist*, 59(2), 251–259. <https://doi.org/10.1093/geront/gnx212>
- Bytheway, B. (2005). Ageism and age categorization. *Journal of Social Issues*, 61(2), 361–374. <https://doi.org/10.1111/j.1540-4560.2005.00410.x>
- Carspecken, P. F., & Carspecken, F. (1996). *Critical ethnography in educational research: A theoretical and practical guide*. Psychology Press.
- Casavant, L. (1999, January). *Definition of homelessness*. Political and Social Affairs Division of the Parliamentary Research Branch. <https://publications.gc.ca/collections/Collection-R/LoPBdP/modules/prb99-1-homelessness/definition-e.htm>
- Caton, C. L. M., Dominguez, B., Schanzer, B., Hasin, D. S., Shrout, P. E., Felix, A., McQuiston, H., Opler, L. A., & Hsu, E. (2005). Risk factors for long-term homelessness: Findings from a longitudinal study of first-time homeless single adults. *American Journal of Public Health*, 95(10), 1753–1759. <https://doi.org/10.2105/ajph.2005.063321>
- Chamberlain, C., & Johnson, G. (2013). Pathways into adult homelessness. *Journal of Sociology*, 49(1), 60–77. <https://doi.org/10.1177/1440783311422458>
- Cohen, C. I. (1999). Aging and homelessness. *Gerontologist*, 39(1), 5–14. <https://doi.org/10.1093/geront/39.1.5>
- Cohen, C. I., & Sokolovsky, J. (1989). *Old men of the bowery: Strategies for survival among the homeless*. Guilford Press.
- Crane, M. (1999). *Understanding older homeless people: Their circumstances, problems and needs*. Open University Press.
- Crane, M., Byrne, K., Fu, R., Lipmann, B., Mirabelli, F., Rota-Bartelink, A., Ryan, M., Shea, R., Watt, H., & Warnes, A. M. (2005). The causes of homelessness in later life: Findings from a 3-nation study. *The Journals of Gerontology, Series B: Psychological Sciences and*

- Social Sciences*, 60(3), S152–S159. <https://doi.org/10.1093/geronb/60.3.s152>
- Crane, M., & Warnes, A. (2010). Homelessness among older people and service responses. *Reviews in Clinical Gerontology*, 20(4), 354–363. <https://doi.org/10.1017/S0959259810000225>
- Culhane, D. P., Metraux, S., Byrne, T., Stino, M., & Bainbridge, J. (2013). Aging trends in homeless populations. *Contexts*, 12(2), 66–68. <https://www.jstor.org/stable/26472174>
- Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 58(6), S327–S337. <https://doi.org/10.1093/geronb/58.6.s327>
- Daoud, N., Matheson, F. I., Pedersen, C., Hamilton-Wright, S., Minh, A., Zhang, J., & O'Campo, P. (2016). Pathways and trajectories linking housing instability and poor health among low-income women experiencing Intimate Partner Violence (IPV): Toward a conceptual framework. *Women & Health*, 56(2), 208–225. <https://doi.org/10.1080/03630242.2015.1086465>
- De Veer, A. J. E., Stringer, B., Van Meijel, B., Verkaik, R., & Francke, A. L. (2018). Access to palliative care for homeless people: Complex lives, complex care. *BMC Palliative Care*, 17(1), 119. <https://doi.org/10.1186/s12904-018-0368-3>
- Dunn, J. R., Hayes, M. V., Hulchanski, J. D., Hwang, S. W., & Potvin, L. (2006). Housing as a socio-economic determinant of health: Findings of a national needs, gaps and opportunities assessment. *Canadian Journal of Public Health = Revue Canadienne de Santé Publique*, 97, S11–S15. <https://doi.org/10.1007/BF03405392>
- Eberle, M. P. (2001). *Homelessness: Causes and effects—Background report: A profile and policy review of homelessness in the provinces of Ontario, Quebec and Alberta*. Ministry of Social Development and Economic Security. http://www.urbancentre.utoronto.ca/pdfs/researchassociates/4_vol_report/Vol4.pdf
- Estes, C. L. (2001). *Social policy and aging: A critical perspective*. Sage.
- Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *The Open Health Services and Policy Journal*, 3(21), 21–26. <https://doi.org/10.2174/1874924001003020021>
- Gaetz, S., Barr, C., Friesen, A., Harris, B., Hill, C., Kovacs-Burns, K., Pauly, B., Pearce, B., Turner, A., & Marsolais, A. (2012). *Canadian definition of homelessness*. Canadian Observatory on Homelessness Press.
- Garibaldi, B., Conde-Martel, A., & O'Toole, T. P. (2005). Self-reported comorbidities, perceived needs, and sources for usual care for older and younger homeless adults. *Journal of General Internal Medicine*, 20(8), 726–730. <https://doi.org/10.1111/j.1525-1497.2005.0142.x>
- Gonyea, J. G., & Melekis, K. (2017). Older homeless women's identity negotiation: Agency, resistance, and the construction of a valued self. *The Sociological Review*, 65(1), 67–82. <https://doi.org/10.1111/1467-954x.12369>
- Gonyea, J. G., Mills-Dick, K., & Bachman, S. S. (2010). The complexities of elder homelessness, a shifting political landscape and emerging community responses. *Journal of Gerontological Social Work*, 53(7), 575–590. <https://doi.org/10.1080/01634372.2010.510169>
- Grenier, A. (2021). *Late life homelessness: Experiences of disadvantage and unequal aging*. McGill Queens University Press.
- Grenier, A., Barken, R., & McGrath, C. (2016a). Homelessness and aging: The contradictory ordering of 'House' and 'Home.' *Journal of Aging Studies*, 39, 73–80. <https://doi.org/10.1016/j.jaging.2016.11.002>
- Grenier, A., Barken, R., Sussman, T., Rothwell, D. W., & Bourgeois-Guérin, V. (2016b). Homelessness among older people: Assessing strategies and frameworks across Canada. *Canadian Review of Social Policy/Revue Canadienne de Politique Sociale*, 74, 1–39. <https://www.jstor.org/stable/48670421>
- Grenier, A., Barken, R., Sussman, T., Rothwell, D. W., Bourgeois-Guérin, V., & Lavoie, J. P. (2016c). A literature review of homelessness and aging: Suggestions for a policy and practice-relevant research agenda. *Canadian Journal on Aging*, 35(1), 28–41. <https://doi.org/10.1017/S0714980815000616>
- Grenier, A., Sussman, T., Barken, R., Bourgeois-Guérin, V., & Rothwell, D. (2016d). 'Growing old' in shelters and 'on the street': Experiences of older homeless people. *Journal of Gerontological Social Work*, 59(6), 458–477. <https://doi.org/10.1080/01634372.2016.1235067>
- Hahn, J. A., Kushel, M. B., Bangsberg, D. R., Riley, E., & Moss, A. R. (2006). Brief report: The aging of the homeless population: Fourteen-year trends in San Francisco. *Journal of General Internal Medicine*, 21(7), 775–778. <https://doi.org/10.1111/j.1525-1497.2006.00493.x>
- Hathaway, A. D. (2019). Active interview. In P. Atkin, S. Delamont, A. Cernat, J. W. Saskshaug, & R. A. Williams (Eds.), *SAGE research methods foundations*. Sage. <https://doi.org/10.4135/9781526421036754196>
- Hibbs, J. R., Benner, L., Klugman, L., Spencer, R., Macchia, I., Mellinger, A. K., & Fife, D. (1994). Mortality in a cohort of homeless adults in Philadelphia. *New England Journal of Medicine*, 331(5), 304–309. <https://doi.org/10.1056/nejm199408043310506>
- Holstein, J. A., & Gubrium, J. F. (1995). *The active interview* (Vol. 37). Sage.
- Holstein, M. B., & Minkler, M. (2007). Critical gerontology: Reflections for the 21st century. In M. Bernard & T. Scharf (Eds.), *Critical perspectives on ageing societies* (pp. 13–26). Policy Press. <https://www.jstor.org/stable/j.ctt9qgpg>
- Hulchanski, D., Campsie, P., Chau, S., Hwang, S., & Paradis, E. (2009). *Finding home: Policy options for addressing homelessness in Canada*. Canadian Homelessness Research Network Press.
- Hwang, S. W. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of the American Medical Association*, 283(16), 2152–2157. <https://doi.org/10.1001/jama.283.16.2152>
- Hwang, S. W., Wilkins, R., Tjepkema, M., O'Campo, P. J., & Dunn, J. R. (2009). Mortality among residents of shelters, rooming houses, and hotels in Canada: 11-year follow-up study. *BMJ*, 339, b4036. <https://doi.org/10.1136/bmj.b4036>
- Katz, S. (1996). *Disciplining old age: The formation of gerontological knowledge*. University of Virginia Press.
- Kertesz, S. G., Posner, M. A., O'Connell, J. J., Swain, S., Mullins, A. N., Schwartz, M., & Ash, A. S. (2009). Post-hospital medical respite care and hospital readmission of homeless persons. *Journal of Prevention & Intervention in the Community*, 37(2), 129–142. <https://doi.org/10.1080/10852350902735734>
- Kushel, M. B., Perry, S., Bangsberg, D., Clark, R., & Moss, A. R. (2002). Emergency department use among the homeless and marginally housed: Results from a community-based study. *American Journal of Public Health*, 92(5), 778–784. <https://doi.org/10.2105/ajph.92.5.778>
- McDonald, L., Dergal, J., & Cleghorn, L. (2007). Living on the margins: Older homeless adults in Toronto. *Journal of Gerontological Social Work*, 49(1–2), 19–46. https://doi.org/10.1300/J083v49n01_02
- Means, R. (2007). Safe as houses? Ageing in place and vulnerable older people in the UK. *Social Policy & Administration*, 41(1), 65–85. <https://doi.org/10.1111/j.1467-9515.2007.00539.x>
- O'Flaherty, B. (1996). *Making room: The economics of homelessness*. Harvard University Press.
- Padgett, D., Henwood, B. F., & Tsemberis, S. J. (2016). *Housing first: Ending homelessness, transforming systems, and changing lives*. Oxford University Press.
- Pleace, N. (1998). Single homelessness as social exclusion: The unique and the extreme. *Social Policy & Administration*, 32(1), 46–59. <https://doi.org/10.1111/1467-9515.00085>
- Rothwell, D. W., Sussman, T., Grenier, A., Mott, S., & Bourgeois-Guérin, V. (2017). Patterns of shelter use among men new to homelessness in later life: Duration of stay and psychosocial factors related to departure. *Journal of Applied Gerontology*, 36(1), 71–93. <https://doi.org/10.1177/0733464815624154>
- Stajduhar, K. I., & Mollison, A. (2018). *Too little, too late: How we fail vulnerable Canadians as they die and what to do about it*. University of Victoria Institute on Aging and Lifelong Health.

- Stergiopoulos, V., & Herrmann, N. (2003). Old and homeless: A review and survey of older adults who use shelters in an urban setting. *Canadian Journal of Psychiatry*, 48(6), 374–380. <https://doi.org/10.1177/070674370304800603>
- Stern, M. J. (1984). The emergence of the homeless as a public problem. *Social Service Review*, 58(2), 291–301. <https://www.jstor.org/stable/30012275>
- Sussman, T., Barken, R., & Grenier, A. (2020). Supporting older homeless persons' positive relocations to long-term care: Service provider views. *Gerontologist*, 60(6), 1149–1158. <https://doi.org/10.1093/geront/gnz171>
- Tully, C. T., & Jacobson, S. (1995). The homeless elderly: America's forgotten population. *Journal of Gerontological Social Work*, 22(3–4), 61–82. https://doi.org/10.1300/j083v22n03_05
- Tully, P., & Saint-Pierre, E. (1997). Downsizing Canada's hospitals, 1986/87 to 1994/95. *Health Reports—Statistics Canada*, 8, 33–40. <https://www150.statcan.gc.ca/n1/en/catalogue/82-003-X19960043023>
- Turner, A., Redman, M., & Gaetz, S. (2017). *Defining and measuring an end to homelessness: Considerations for the National Housing Strategy*. Canadian Observatory on Homelessness Press.
- Watkins, J. F., & Hosier, A. F. (2005). Conceptualizing home and homelessness: A life course perspective. In G. D. Rowles & H. Chaudhury (Eds.), *Home and identity in late life: International perspectives* (pp. 197–216). Springer Publishing Company.
- Weldrick, R., & Canham, S. L. (2024). Intersections of ageism and homelessness among older adults: Implications for policy, practice, and research. *Gerontologist*, 64(5), gnad088. <https://doi.org/10.1093/geront/gnad088>
- White Riley, M. (1971). Social gerontology and the age stratification of society. *Gerontologist*, 11(1), 79–87. https://doi.org/10.1093/geront/11.1_Part_1.79
- Woodhall-Melnik, J., Dunn, J. R., Svenson, S., Patterson, C., & Matheson, F. I. (2018). Men's experiences of early life trauma and pathways into long-term homelessness. *Child Abuse & Neglect*, 80, 216–225. <https://doi.org/10.1016/j.chiabu.2018.03.027>