Twin Cities shelters scramble to help homeless seniors

Local agencies are scrambling to help elders who lack safety net

By Jessie Van Berkel
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Jane Turner said she will be leaving the Dorothy Day Women's Shelter in St. Paul soon to move into an assisted living facility. Photo: Renee Jones Schneider

Jane Turner used to drive by the Dorothy Day Center and tell herself, “I don’t want to be there.”

But a year and a half ago, the 62-year-old, whose arthritis requires her to use a walker, lost her home and became one of many gray-haired residents at the St. Paul shelter. She slept on a mat on the cafeteria floor, where elders who need to plug in oxygen tanks compete for a spot near an outlet.

Adults 55 and older are Minnesota’s fastest-growing homeless population, according to a Wilder Foundation study. Baby boomers — especially women — are struggling to pay housing and medical bills, social service workers said. And if they lose their homes, they are the age group most likely to get stuck in homelessness, Catholic Charities researchers found.

“You’re not 30 anymore. You can’t go out and get a better job or get a better education,” said Karla Bauer, of 360 Communities, a Dakota County-based nonprofit. Many of the seniors she serves cannot drive anymore. “How do you patch things together when that’s your situation?”

Agencies are forming plans to handle and reduce the elder homeless population. The Minnesota Board on Aging started gathering information on the trend last year and recently began to work with shelters to connect people with government benefits. The Office to End Homelessness is in the midst of generating policy recommendations to “triage” the population.

Meanwhile, staff at shelters in Hennepin and Ramsey counties say the age wave has hit and they are not equipped to handle it.

Woman without a home

This fall, shortly after her 70th birthday, Shirley White-Brown lost her Burnsville apartment. Her 50-year-old son didn’t have a job then and they could no longer afford the place. For three months they bundled in blankets and slept in their car. She awoke early, pained by sciatica and rheumatoid arthritis.

“I’ve never been in that situation before. And when you’re really old like that, it seems like there’s no hope,” White-Brown said. “You just want to have a peaceful place to live and settle. You’re tired.”
On Dec. 23, they moved into a Lakeville apartment. She said no one, especially elders, should go through what she did. But more people are.

Elders still make up a small percentage of the overall homeless population, but the Wilder Foundation found that from 2009 to 2012 the number of homeless men 55 and older in Minnesota increased by 44 percent. Women increased 57 percent — from 134 to 211 people, the study found.

Social service workers have various theories on the change.

Women make less money than men over their lifetime, and many did not have a pension or enough in a retirement account to weather the Great Recession, said Patricia McArdle, director of older adult services at Catholic Charities. Bauer said she often sees domestic abuse survivors who relied on their spouses for money, and it can be a long process for them to become financially stable.

“Many people, when you first tell them about the growing population of women, they’re horrified. They’re shocked,” said Kate Searls, a Catholic Charities research and policy analyst. “Well, on contemplation it makes sense, you know. But we have this American notion of we take care of our elders.”

People assumed women, who are particularly vulnerable on the streets, would be taken in by family and friends, said Bret Byfield, a clinical social worker at South Metro Human Services. Shelters created more beds for men, he said, thinking that when it comes to housing women, “Someone’s going to do it — but someone ain’t doing it.”

Fast track to old age

Baby boomers in their 50s and early 60s — who are too young to receive Social Security but whose age poses job-hunting challenges — face a greater risk of becoming homeless, social service providers said.

Once someone is homeless, health issues tend to follow. Harsh living conditions, increased drug and alcohol use, lack of sleep and stress wear on the body. Someone who is homeless often has the health care needs of someone 10 to 20 years older, according to a policy paper by the nonprofits Hearth Inc. and Corporation for Supportive Housing.

“The tragedy in their lives has compounded to this point of aging them prematurely,” McArdle said.

Catholic Charities, which runs the Dorothy Day shelter, plans to open a new building in St. Paul next year. It is tailoring the building to better serve older adults, staff said, including 10 medical respite beds. Some people go straight from the hospital to shelters, where staff are not always equipped to handle complex medical needs.

Shelter officials in the Twin Cities have been talking about the need for a senior shelter, said Wendy Wiegmann, director of programs at Simpson Housing Services. Ideally, it would have beds that are easy to get out of and handicapped-accessible showers, she said. People would not be forced to leave during the day, and caseworkers would specialize in services for seniors.

“It’s a shame anytime we see people that are over 65 in our shelter,” Wiegmann said. “It’s just not where our elderly folks should be.”

Social service workers said homeless seniors have often alienated their family or refuse to ask their children for help.

“ ‘I raised him, he doesn’t need to be raising me.’ We hear that a lot. There’s a lot of pride,” said Bauer, of 360 Communities.

Even if elders would request help, there is not always a family safety net to catch them.

As family sizes shrink and boomers age, there will be fewer family members to take in elders, the AARP Public Policy Institute found.

The number of potential caregivers for someone over 80 will drop from around seven people to four people over the next two decades, the institute reports.

If fewer Americans are willing or able to take in aging family members, society needs to figure out economical ways to support them, said Byfield, the clinical social worker.

“As we age — and as social mores change — we need to, as a culture, choose to invest more in unique ways to house those who are aging,” he said.