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Title

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Permalink

<https://escholarship.org/uc/item/39c5j22v>

Journal

Qualitative social work : QSW : research and practice, 21(3)

ISSN

1473-3250

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Publication Date

2022-05-01

DOI

10.1177/14733250211012745

Peer reviewed

Temporary stays with housed family and friends among older adults experiencing homelessness: Qualitative findings from the HOPE HOME Study

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Abstract:

Background: The proportion of adults age 50 and older experiencing homelessness is growing. People at risk for homelessness may stay with family and friends during homelessness episodes. Moving in with housed family and friends is a strategy used to exit homelessness. Little is known about these stays with family and friends. This study examined the motivations for and challenges of older adults experiencing homelessness staying with or moving in with family or friends.

Methods: We purposively sampled 46 participants from the HOPE HOME study, a cohort of 350 community-recruited adults experiencing homelessness age ≥ 50 in Oakland, CA. Inclusion criteria included having stayed with housed family/friends for ≥ 1 nights in the prior 6 months. We sampled 19 family/friends who had hosted participants experiencing homelessness. We conducted separate, semi-structured interviews, summarized, memoed and coded data consistent using a grounded theory approach.

Results: Older adults experiencing homelessness reported primarily temporary stays. Motivations for stays on the part of participants included a need for environmental, physical, and emotional respite from homelessness. Both individuals experiencing homelessness and hosts cited the mutual benefits of stays. Barriers to stays included feelings of shame, concerns about burdening the hosts, and interpersonal conflicts between older adults experiencing homelessness and host participants.

Conclusions: There are potential opportunities and concerns surrounding temporary stays between older adults experiencing homelessness and their family or friends. Policy solutions should support the potential mutual benefits of temporary stays, while addressing interpersonal

barriers to strengthen kinship and friendship networks and mediate the negative impacts of homelessness.

Introduction:

On any given night, over 560,000 individuals experience homelessness in the United States (US Department of Housing and Urban Development (HUD), 2020). Chronic homelessness in the United States is defined as homelessness lasting for a year or more, or four or more episodes in the prior three years amounting to a year or more, and having a disabling diagnosis (U.S. Department of Housing and Urban Development, 2015). People who experience homelessness can be categorized by their household configuration: individuals experiencing homelessness are adults aged 26 or older living without minor children; families experiencing homelessness include individuals and minor children in the household unit; and youth experiencing homelessness include unaccompanied teenagers and young adults ages 12-25 (HUD, 2020).

In recent years, the demographic characteristics of people experiencing individual homelessness have changed; the median age of the U.S. population of individuals experiencing homelessness is increasing (Culhane, Treglia, Byrne, et al., 2019; Hahn, Kushel, Bangsberg, et al., 2006). Compared to 1990 when those at the highest relative risk for experiencing homelessness in New York City were men aged 34-36, by 2010 men at highest relative risk were aged 49-51 (Culhane, Metraux, Byrne, et al., 2013). The proportion of older adults experiencing homelessness is expected to rise until 2030. Adults experiencing homelessness are considered “older” at age 50, because adults experiencing homelessness in their 50s and 60s have a similar prevalence of geriatric conditions, including functional and cognitive impairment, as adults in

their 70s and 80s in the general population (Brown, Hemati, Riley, et al., 2017; Eckerblad, Theander, Ekdahl, et al., 2015).

The public perception of populations experiencing homelessness, particularly of individuals experiencing homelessness, is that they are alone, isolated, or estranged from family and friendship networks (Jackson, 2002; Lopez, 2015; Humphries, 2019). Yet, individuals and families may stay “doubled up” with family or friends prior to becoming homeless and after experiencing homelessness (Bush and Shinn, 2017). Prior research has found that 75% of families experiencing homelessness seeking shelter had stayed with members of their social network in the past year (Shinn, Knickman, & Weitzman, 1991). Individuals experiencing homelessness also appear to use family networks to prevent or delay homelessness (HUD, 2007; Greer, Shinn, Kwon, et al. 2016). However, over time, those at risk of homelessness may exhaust these resources, leading to homelessness (Shinn, Weitzman, Stojanovic, et al., 1998).

Moving back in with family is a strategy used to exit homelessness. Family support has been shown to lower the median duration of homelessness among individuals (Caton, Dominguez, Schanzer et al., 2005). There is little known about these stays including whether adults experiencing homelessness and their host families view these stays as an opportunity for respite, a stabilization period prior to finding other housing, or permanent housing. Further, most data on homelessness comes from cross sectional studies that do not account for longitudinal patterns of homelessness and housing, patterns which may involve intermittent housing stays. There are few studies that collect data about periodicity of stays, and their variation.

To better understand this process, we sampled individuals purposively from a cohort study of older adults who were homeless at baseline who reported stays with family or friends. Consistent with the social-ecological model of health, we explored the individual, relationship, community, and policy factors that contribute to motivations for short and long-term stays, as well as their benefits and challenges (Stokols, 1996).

Methods

Study Rationale and Design

The Family-Assisted Housing (FAH) Study recruited a purposive sample (Coyne, 1997) of participants from the Health Outcomes of People Experiencing Homelessness in Older Middle Age (HOPE HOME) study, a longitudinal cohort study of older adults experiencing homelessness recruited using purposive sampling from a random sample of homeless encampments, one recycling center, all overnight homeless shelters, and all free and low-cost meal programs in Oakland, CA (Bazari, Patanwala, Kaplan, et al., 2018; Patanwala, Tieu, Ponath, et al., 2018, Raven, Tieu, Lee, et al., 2017). HOME HOPE enrolled participants who were 50 and older and homeless at the time of enrollment. It follows them every six months, regardless of housing status. FAH was a one-time interview study that used qualitative methodologies to understand the motivations for and consequences of short and long-term stays with family and friends from the perspectives of older homeless adults and family members or friends who hosted them.

In the FAH study we conducted 46 qualitative interviews with homeless adult aged 50 and older who reported spending at least one night staying with a family member or close friend during the previous HOPE HOME semi-annual interview. While stays could be as short as one

night for study eligibility, most stays were longer (from several nights to months), and the friend and family member hosts frequently hosted the participants experiencing homelessness multiple times over the course of participants' homelessness. To recruit family and friend "hosts" for interviews, we asked homeless participants for permission to initiate contact with the person with whom they had stayed. If they reported staying with more than one person, we asked them to list hosts in order of the frequency of their staying. If we received permission from participants experiencing homelessness, we approached hosts to invite them for an interview. Some participants did not feel comfortable sharing the names of their hosts, which presents a potential of selection bias in our host sample. In addition, this analysis does not report on those HOPE HOME participants who did report staying with family or friends. We emphasized to both the participant experiencing homelessness and their enrolled host that we would not share interview data between study samples to promote candor and ensure confidentiality. We recruited and conducted qualitative interviews with 19 family members and friends who hosted older adult participants experiencing homelessness, and conducted eight ethnographic home visits with family and friends.

Data Collection

Researchers trained in qualitative data collection and analysis conducted one-time qualitative interviews, 60-90 minutes in duration. For the older adults experiencing homelessness, interviews focused on participants' experience of short and long-term stays with family and friends, including motivations for, and benefits and challenges of, stays. Interviews with family members and friends focused on their experience housing older the adult relative or friend. We conducted interviews in private offices at a community-based nonprofit organization serving low-income adults and/or where participants lived. All interviews were audiotaped. A professional

transcriptionist transcribed the recordings verbatim and de-identified participant information. De-identified transcripts were digitally stored in a password protected data analysis program. We provided a \$25 gift card for a local retail food store for participation. The institutional review board of the University of California, San Francisco approved all study activities. All key study personnel completed a required human subjects protection training on the [Collaborative Institutional Training Initiative \(CITI\) website](#). All study staff signed an additional study-specific confidentiality agreement and were trained on ethics for research with vulnerable communities, including the collection and management of personal health information, confidential data storage, and appropriate response to mental and physical health crises. We ceased interviewing when we reached thematic saturation.

Data Analysis

Consistent with grounded theory methodologies, we began data analysis simultaneous to data collection (Strauss and Corbin, 1990). We engaged in three interpretative activities: (1) data summarizing and consensus data analysis discussions, (2) codebook development and coding, (3) data synthesis and manuscript development. First, we created detailed one-page summaries immediately after the completion of each qualitative interview. These summaries included the basic outline of the content participants' described in the interviews as well as theoretical memoing, in which interviews offer thematic impressions and insights (Montgomery and Bailey, 2007; Glaser, 1998). After the completion of approximately ten qualitative interviews, the data analysis team met to discuss the transcripts and accompanying summaries. Analysis meetings included study investigators, the study project director and study interviewers. We took detailed notes of emergent themes discussed during these meetings. After we had discussed all summaries

and transcripts, we conducted a final data analysis consensus meeting to develop the preliminary codebook.

Two coders independently coded five interviews and then met together with a study investigator to revise code definitions, delete or collapse codes, and add new codes. Using this iterative process, we revised the codebook three additional times until no further changes were necessary and we established inter-rater reliability. We deployed the same analytical process for development of the older adult participant and the family and friend participant codebooks. We entered coded transcript data into the Atlas.ti Qualitative Data Analysis Software (version 7.5.17; ATLAS.ti Scientific Software Development, Berlin, Germany). The final stage of data analysis included consensus discussions with the full analytic team about the presentation of findings. We identified salient themes emergent in the consensus discussion and data coding processes, with a focus on themes' scope, inter-relationship, and relevance to current literature on older adults experiencing homelessness and their familial and social networks (Ryan-DeDominicis, 2020; Abramson, 2017; Bush & Shinn, 2017, Sandelowski and Leeman, 2012, Ogden & Avade, 2011 Van Vliet, 2008).

For this analysis, we reread the available transcripts, conducted searches of specific codes in Atlas-ti and completed theoretical memos. While we used ground theory methodologies to guide our data collection and coding processes, this analysis is descriptive and not intended to propose new theoretical or conceptual constructions. Our guiding research questions were “What are the motivations for short and long-term stays with family and friends and what are the benefits and

challenges of those stays from the perspective of older adults experiencing homelessness and the family and friend hosts?

RESULTS

Of the 46 study participants who reported staying with housed family members for a day or longer in the prior six months, 87% were African-American, 11% were White, and 2% were Latinx. Three-quarters were men. Almost half, 45%, first became homeless at or after the age of 50. Among 19 host participants, 14 were women and 4 men; 17 were African-American and 1 was white. African-American men are over-represented among persons experiencing homelessness in the United States as a result of historic and current structurally racist policies in multiple institutions (e.g. criminal/legal system, banking/lending, housing) which are experienced over the life course and can increase vulnerability to homelessness in later life (Paul, Knight, Olsen, et al., 2019). Participants reported both longer-term (several months to one year) and shorter-term (under one week) stays with family and friends; shorter stays were much more common. For a small number of participants, stays with family and friends provided an exit from homelessness during the study period. Most participants employed brief temporary stays with family and friends as a strategy to mitigate harms associated with homelessness, but reported preferring independent, individual settings (i.e. an apartment) as their longer-term housing preference.

Family and friends are common sources of contact, support and shelter for older homeless adults

Study participants reported frequent contact with and support from family members and close friends. For one man experiencing homelessness in his late 60s, his family included his ex-wife, children and grandchildren. He indicated that they stayed “in contact with each other...we have our little differences every now and then... [but] we mostly just sit around and laugh and talk or might go out for a minute.” Although at the time of the interview he was homeless and unsheltered, and had been living outside for the majority of the previous decade, he reported regular short stays with one of his sons who lived in a neighboring city. When he was not with his family members, he spoke to them on his cell phone and saw his adult granddaughter regularly at church.

Participants continued their relationships with family and friends throughout their homelessness. One a 54-year-old man stayed most nights in a shelter in Oakland, but also spent some nights each month at his daughter’s house and others at a friend’s. Although he spent multiple days a week in a shelter, he reconnected with his entire family during the holidays. He stated: “The holiday’s comin’ up so I’m gonna see everybody, so – they have a big pow-wow goin’ at my niece’s house on Christmas Eve so I’ll see everyone there. Other participants experiencing homelessness described regular interactions with a family member. A 52-year-old-man, was staying with his sister at the time of his interview, and discussed his family’s closeness: “We have something every month...to bring everyone together and –we just had a picnic recently, and everyone was there.”

Through these contacts, individuals experiencing homelessness received regular social support from their family and friends. A 62-year-old man described the support he received from his son: “If [my son] don’t hear from me in a day or two, he come lookin’ for me...It ain’t like we always been that close. We had our ups and downs...It’s kinda like, you have a fight with

somebody, then after a while 'all become the best friends. That's the way it is with my family here." Another participant, a 61-year-old woman, moved in temporarily with her sister to support the sister as she coped with the recent deaths of both her partner and child. The participant planned to secure her own apartment eventually, but in the meanwhile stated: "I'll move out but I can't, I mean, I'm going to start looking [in two months], but I can't do it now because she's not...she's not in the right, in the right, in a good place right now because she having two deaths." For many of the participants experiencing homelessness, close contact and support from family were important factors in their lives. One 63-year-old woman who has short stays every other month with her daughters' family in a city 90 minutes away stated: "What do I like about stayin' [with my daughter]? I love bein' a grandmother."

Motivations for stays

Housing as respite from inclement weather, dangerous conditions, and the stress of homelessness

Participants experiencing homelessness described environmental, physical, and emotional factors motivating them to seek out and/or accept invitations for stays with hosts. One reason that participants experiencing homelessness gave that motivated them stay with family and friends was that these visits served as a respite from inclement weather. When asked in an interview what motivated him to stay with his brother, a 57-year-old man responded "I basically go there when – like if it's really cold or rainin' really hard, he'll let me in." One 61-year old man, who uses a power scooter for mobility and receives disability benefits due to severe chronic back pain stated, "It's a roof over my head. They're [my family's] keepin' me out of the rain. I can think about something else other than, where am I gonna sleep tonight. So I can be more productive to

myself, being there.” Staying with family protected the patient from experiencing the additional strain of cold, wet conditions, which exacerbated his pain and worsened his function. Being temporarily housed with family had the additional benefit of providing him social support and protection from the emotional stress of being unsheltered. He stated “It rained yesterday and I stayed dry...the benefit is that I don’t have to stress as hard.” Another participant, a 62-year-old man, remarked that the main benefit of temporary stays with his sibling was “...comfortability, security. Even for a short period of time my mind can relax a little bit, not much, but that helps, every little bit helps. You know, this [my health] is a 24-hour job mentally and physically with me now.”

Hosts described being motivated by their desire to provide protection for their family members and friends experiencing homelessness who lived in unsafe conditions. A woman who was a host participant reached out to her stepfather, a 62-year-old man, when his car broke down. He had been living in his car and she wanted to help him: “My younger brother, he said, ‘Sis, pop’s car’s down...’ And a lot of times he sleeps in his car, so then I said okay, let’s go try to find him ...But yeah, I had to go get him this time.” A 55-year-old man decided to house his father after finding him living outside: “I seen him in San Francisco down by the BART [subway] station, drunk. Stankin’, pissy. I’m sayin’, he old, he could get hurt... So one day I went to the house and let him shower. One of my off days so I let him sleep, rest, shower, eat.” The host’s fear of her stepfather being injured while homeless motivated her to provide temporary housing. Stays were sought by and offered to participants experiencing homelessness who experienced the environmental, physical, and emotional consequences of homelessness. Some hosts offered to host kin whether or not the guests abstained from drug/alcohol use or had behavioral or physical disabilities. One participant, a 61-year-old man described the impact of his cousin’s open offer

of a temporary stay: “She saw me one day. She saw the way I was lookin’. She told me to come home and take a shower. I was having fun [using drugs and alcohol]. Out there on the street. And see the idea that she given me...the feeling that I know I could go – I got somewhere to go. I could come back. No matter what happen, I got that. That warm feeling. The door is open for me both ways.”

Stays motivated by the mutual benefit for both participants who were homeless and host

Both participants who were homeless and host reported the stays as beneficial. For the participants experiencing homelessness, stays allowed them to be protected from the harsh conditions of homelessness. Hosts reported other benefits, including financial and emotional.

Participants experiencing homelessness contributed rent or food for the hosts. These contributions were meaningful because many of the hosts struggled financially. One participant, a 56-year-old man paid rent when staying his brother. He stated, “You know, I ran into [my brother] and told him my situation [of being homeless]. He almost dragged me to the house... I'm payin' \$310 a month, and it's worth it.” This participant started to live with his brother because his brother was concerned about him. The participant experiencing homelessness’ ability to help with the rent improved the brother’s financial situation while temporarily stabilizing the (homeless) participant’s housing.

Kin experiencing homelessness often provided social support during the stays, including companionship, childcare and elder care. A 53-year-old woman experiencing homelessness moved in with her son when he needed help caring for his children. At the time of the interview, she had been taking care of the children for over one year and expressed how she felt about the arrangement: “I love it, I absolutely love it. I’m glad to be there for my son, I’m glad to be there

for my grandkids. So I feel like it's just a true blessing for me to still be healthy and here to give them that and to be there for my son, too."

A 51-year-old woman whose husband had died offered to house her cousin who had been homeless. She described the benefit of having him stay with her: "Actually, how can I say – like a relief. Because when I moved there, I moved with my husband, and he passed away...So I had kind of just moved there, so I didn't have really no friends, and that was hard. So it was a relief, really, to reconnect with my cousin."

Interpersonal Barriers to stays with kin

Participants experiencing homelessness' perceptions about burden and shame limit stays

Internalizing their shame about being homeless, many participants feared that staying with their hosts would burden their relatives and friends. They felt unable to reciprocate the support family members and friends might offer and felt criticized by their hosts for needing it. One 62-year-man described limiting his stays with family members to shorter visits because of internalized shame, saying: "They're [my family's] going to think me, that I don't have a place, I'm going to come in there, I mean, to visit and I can't, and I don't spend as much time as I would like to spend around them. And that's enough in itself because that carries a lot of emotions with it, right, but what can I say right now, that it is what it is. But I, I always have it on my mind. Always have it on my mind to do better." Other participants felt stigmatized by society, expressing concern that community members as well as family members might judge them. One 58-year-old man described that his reluctance to discuss his homelessness made him reluctant to stay for long periods with hosts: "I am just uncomfortable talking about being

homeless. [Family and friends] would go, like ‘wow, what happened to him?’ I can feel it. I can just sense it. That’s what’s gonna happen. It’s human instinct. Boy, you’re so smart and this and that, no, he’s now homeless, oh, wow. So I don’t want to go into that, I don’t want to feel those guilt feelings, I don’t want to get that look. And so I don’t even want to go there. That’s why I really don’t want to impose on family and friends. I’ve slept at friends’ houses for a time, but I like to set limits, one, two weeks, a month at the most.”

Men in the sample commonly reported feelings of emasculation related to being homeless. One 57-year-old man expressed how it felt to ask for help from his family: “I feel shameful, because I’m supposed to be taking care of my business at my own place...That was more me, it was more me. However they would, you know, get on me why I haven’t had my own place.” This participant felt shame about asking for help and staying with relatives. He stated, “that was more me” when describing the need to have his “own place,” but at the same time stated the pressure that his family placed on him about his housing situation. Concerns about threats to their masculinity, many men participants expressed reluctance to ask for help from family or friends. A 57-year-old man stated: “As a man, you look at things like – you don’t want to be a burden to people, or – everybody has their own life, and stuff like that. I would just stay like a few days or – what’s needed. I didn’t want to overextend my stay – not sayin’ that I couldn’t – but that was just my own preference. I’m just a prideful man.” Concerns about posing a burden, and perceived threats to masculinity and pride were barriers to longer stays with family for this man. As a result, his stays with family were only temporary, even though he knew he was welcome to stay longer.

Interpersonal conflicts between hosts and participants experiencing homelessness prevent stays with family and friends

Participants, both individuals experiencing homelessness and hosts, reported that interpersonal conflicts, or concerns that they would have conflicts, created barriers to their ability to stay with family and friends. Difficulty with communication and boundary or rule setting during stays contributed to these interpersonal conflicts. One 57-year-old woman lost her housing and stayed temporarily with a sister in her sister's one-bedroom, subsidized apartment, but had to end the stay when they could not reach an agreement about shared rental costs. She explained: "I go to take care of her and she's criticizing me, about what I have, this and that, so I kind of distanced myself... I couldn't afford to pay them a lot of rent, she wanted rent and stuff, and I was like, well, how am I gonna save for housing? So I just said, well, if you want too much rent as well, then I have to keep moving, I have to go to shelters."

Interpersonal conflicts were often rooted in underlying issues, including substance use, discrimination based on participants experiencing homelessness' identities, and prior intra-familial trauma. One 57-year-old woman described her family as "dysfunctional," to indicate her frustration about her relationships with family members and her general sense of being neglected by her family during a time of need. She stated: "Yeah, we had conflicts because – being like the youngest, she's used to orderin' me around and stuff, so the conflict was – I'm there and I'm living in her place, so it's like – she's bossing me around, kind of thing. So I'm like, you know, if I live here and I'm paying rent, I'm contributing or – helping out and stuff, why can't I just do my –so it was a conflict in what she wanted me to do and what I didn't want to do...My family should be there if I'm homeless. That's the first people should take me in. To me that's a dysfunction. Your family member on the street, sayin', I don't have a lot of money and I'm in all these shelters. I'm sittin' on the [YMCA] steps, that doesn't concern them?"

For several participants, their own, or their hosts, substance use, led to interpersonal conflict which interfered with their ability to stay. A 51-year-old woman remarked that temporary stays with one friend ended as a result of conflicts over substances: “Cause any time [my friend] says get out, I get out. And I’m out. That’s why I keep my sleeping bag. And you know what? I don’t get along with [that friend]. I don’t. That’s why we’re separated. It was all good in the beginning. But we had interference, we had drugs, alcohol, how do you have a relationship with drugs and alcohol? Crack and freakin’ booze. How long is that relationship gonna last?” This same participant’s options for temporary stays with kin were further limited by a long-term, conflictual relationship with her mother that prevented her from staying with her. She stated, “I don’t want to be there. My mother is not conducive to my recovery.” She triggers me to use [drugs] so I can’t stay around her too long.”

In addition to substance use, for one 54-year-old transwoman participant, discrimination based on her gender identity served as a barrier to stays with family members and friends. Although she was willing to stay with her family member, she only stayed for short periods because her family member did not accept her gender identity, and treated her poorly because of it. : “It’s like being gay in a straight world, you know... I always feel out of place.” Her family member’s interview contextualized the participants’ feeling of being out of place. Her family member misgendered the participant throughout the interview saying: “He can’t come here and dress as a woman...He came by one day with some women’s shoes on, and I told him he couldn’t do that.”

Participants described traumatic histories of childhood abuse, neglect and interpersonal violence within families that became a source of conflict preventing stays with family and

friends. A 56-year-old woman worried that her daughter's abusive relationship would cause her daughter to be homeless. She reflected on how own her own parents' abusive relationship echoed through the generations. She stated: "[My parents] did not do their family duty and the love was not there...I knew both my parents were terrible – they were alcoholics and they both were violent...I wanted to help my daughter for so long. I didn't want to see her go down the abuse path that I went down, pickin' abusive men...she called me a few times when I was at shelters...and I said, 'come to the shelter. I'm in a women's shelter that takes kids.' But she was just too proud." A 54-year-old man experiencing homelessness with multiple siblings noted a long history of abuse during their childhoods, in which they had experienced abuse at the hands of multiple men in the household. He described how spending time together could trigger painful memories of that history of abuse among all the siblings: "We [my siblings and I] came up with a lot of pain...when we see each other we, we kind of like feel that so...we don't want to be around each other...there was some very deep scars...that we can only be in each other's presence for so long." A son who was providing temporary housing to his father described the ambivalence he felt toward his father who did not provide the fathering that he needed as child, but still remained kin: "[My father] said he was sick and not feeling good. But...it's like I say [I don't let him stay] all the time. He supposed to be my father. I got a lot of animosity sometimes. But then it's like – my father, man. He was never like a "father" father."

DISCUSSION

In this qualitative study of homeless older adults and their family and friend hosts, we found that homeless older adults retained social connections with family and friends and stayed, overnight, with them during periods of homelessness. The United States federal definition of

chronic homelessness (U.S. Department of Housing and Urban Development, 2015) does not account for the experiences we documented amongst older adults experiencing homelessness in our study. Most people did not conceptualize the stays as permanent, but rather as respites from homelessness, lasting days to months. For hosts, the stays were motivated by the desire to provide respite from the environmental and emotional challenges of homelessness, from a feeling of duty, or because the older adult experiencing homelessness provided monetary or social support. There were numerous barriers that kept stays from being permanent, or kept them from occurring regularly. These barriers included the older adult experiencing homelessness feeling shame and concerns about burdening hosts, relationship challenges brought on by financial stressors, substance use (on the part of either the adult experiencing homelessness or hosts), and interpersonal conflict related to longstanding family trauma.

The variability, extent, and frequency of contact between older adults experiencing homelessness and their family and friends presents a counter narrative to the widely circulating public imagination of isolated and socially disconnected individuals experiencing homelessness (Crane, 1999). Social scientific and ethnographic studies documenting the everyday experiences of people experiencing homelessness have captured the rich fabric of social life and interdependence that develops between individuals who are homeless or marginally housed in homeless encampments (Bourgois and Schonberg, 2010), shelters (Desjarlais, 1997; Hopper, Jost, Hay, et al., 1997) and single room occupancy hotels (Knight, 2015; Fleming, Damon, Collins, et al., 2019). There is an extensive literature on both kinship and social ties among older adults who are housed, some of which addresses the impact of income inequality on the experience of aging and end of life (Abramson, 2017; Buch, 2018; Kaufman, 2005; Portacolone, Perissinotto, Yeh, et al., 2018; Portacolone, Rubinstein, Covinsky, et al., 2019). Less research

has explored the contexts under which older adults experiencing homelessness maintain on-going contact with kinship and social networks while experiencing homelessness, or the motivations and barriers for temporary stays with family and friends.

Our data suggest that for older adults experiencing homelessness, many have family members and friends who are not geographically or socially distant. These family members and friends provide a variety of social and instrumental support, including short-term housing.

It is worth exploring whether these stays could transition to permanence, or whether the temporary stability engendered by these stays could help individuals experiencing homelessness move to a permanent solution. There are models social interventions aimed at family reunification that focus on youth who are homeless (Milburn, Iribarren, Rice, et al., 2012).

Seeing temporary stays with family and friends as potentially mutually beneficial could provide a framework to encourage these stays, providing either an alternative to traditional shelter or a pathway out of homelessness. However, acknowledging the barriers that older adults experiencing homelessness face with these stays can provide guidance regarding reasons they may choose to avoid them, and potential paths to mitigate the barriers, once they are identified. More research is needed to identify and understand the motivations of older adults experiencing homelessness who do not stay physically or emotionally connected with family.

The phenomena of moving in with friends or family (“doubling up”) to economize resources and share financial burden is well documented among families at risk for or experiencing homelessness (Desmond, 2017; Bush and Shinn, 2017) but the pragmatic and policy implications of temporary stays for older homeless adults have not been examined. Our data suggest that both older adults experiencing homelessness and their family member and friend hosts recognized the potential mutual benefit of temporary stays. In some cases, the older

adult experiencing homelessness contributed materially to the household, through contributing to rent or food. In other cases, they provided services, such as childcare or eldercare (Rosenwohl-Mack, Kushel, Ramsey, et al. 2019).

Our findings point toward potential opportunities and concerns surrounding temporary stays between older adults experiencing homelessness and their family members and friends by highlighting the complexity of self-identity, relationship dynamics, and household configurations. For men in our study, the experience of homelessness was often shameful and emasculating. Interventions that support a reevaluation of familial and gendered roles, and incorporate the concept of mutual aid for structurally vulnerable kinship and friendship networks could be beneficial to address this help-seeking barrier experienced by many older homeless adult men. One area of potentially promising research is “shame resiliency theory” which trains social workers and other service providers to directly address and remediate how experiences of shame and stigma (including those generated through familial encounters) that may impede help-seeking behaviors among people experiencing homelessness (Ryan-DeDominicis, Ogden & Avade, 2011 Van Vliet, 2008).

Substance use and other behavioral disabilities were not unilaterally disqualifying for temporary stays, yet older adults experiencing homelessness and their hosts identified substance use as potential barrier to stays. Hosts voiced concerns about the lack of safety for unsheltered family members who were using substances while homeless; older adults experiencing homelessness expressed concerns about stays with family members and friends that could threaten their sobriety or recovery. These findings related to substance use behaviors and histories lent important nuance and complexity to our understanding of the dynamics of substance use, homelessness, and the family. There is an opportunity to develop counseling tools

that help older adult and host dyads discuss and set agreements about substance use during stays. These tools could be potentially beneficial in clinical settings, in which clinicians and social workers could help older adults experiencing homelessness explore, identify and evaluate the practicality of familial and friendship housing support networks. Family harm reduction therapy could provide insights into practical skills development, such as boundary identification and articulation, self-care, and goal setting, for family members as they negotiate temporary stays in the context of on-going substance use (Denning, 2010).

Extensive previous research has explored the role of exposure to trauma in childhood and vulnerability to homelessness (Hamilton, Poza, & Washington, 2011; Tsai, Edens, and Rosenheck, 2011; Pope, Buchino, Ascienzo, 2020). However, fewer studies have explored the lasting impact of family violence and neglect on siblings and kin networks throughout middle age and beyond on shared living arrangements (Woodhall-Melnik, Dunn, Svenson, et al., 2018). In this study, older homeless adults and their hosts identified interpersonal conflict linked to histories of family trauma that involved neglect and abuse as barriers to stays. Trauma informed interventions that recognize the intergenerational trauma that many families experience and help family members communicate about the stresses of staying with one another could potentially help diffuse these conflicts and improve connection (Wright, Crawford, Sebastian, 2007). Staff working with homeless adults could be trained to acknowledge the pervasive impacts of traumatic experiences on the family system and to build healthy communication skills within support networks of older adults experiencing homelessness and to identify risk factors for stays that may create harm.

Conclusion

For older adults in the general community, the social and instrumental support provided by family and friends plays an important role in promoting well-being and delaying or preventing institutional care. The role of social support in promoting well-being in older experiencing homelessness has not been explored. With increasing rates of homelessness in recent point-in-time count studies, there is a need for novel strategies to prevent and end homelessness. We found that family members and friends may play an important role in supporting older homeless adults. Strength based strategies that seek to build off this potential support merit exploration. Our findings suggest that social workers and other social service providers for older adults experiencing homelessness should be trained to elicit experiences of familial support, including the provision of temporary housing, while recognizing the potential barriers to the utilization of that support and the long-term desires of many older adults experiencing homelessness for independent, affordable housing.

Abramson CM. (2017) *The End Game: How Inequality Shapes Our Final Years*. Cambridge, MA. Harvard University Press.

Bazari A, Patanwala M, Kaplan LM, Auerswald CL, Kushel MB. (2018) 'The Thing That Really Gets Me Is The Future': Symptomatology In Older Homeless Adults In The Hope Home Study. *J Pain Symptom Manage*. 56(2):195-204.

Bourgois P, Schonberg J. (2009). *Righteous Dopefiend*. Berkeley: CA. University of California Press.

Brown RT, Hemati K, Riley ED, Lee CT, Ponath C, Tieu L, Guzman D, Kushel MB. (2017). Geriatric Conditions in a Population-Based Sample of Older Homeless Adults. *The Gerontologist*, 57(4), 757–766.

Buch E. (2018) *Inequalities of Aging: Paradoxes of Independence in American Home Care*. New York: NYU Press.

Bush H, Shinn M. (2017) Families' Experiences of Doubling Up After Homelessness. *Cityscape* 19(3):331-356.

Caton CLM, Dominguez B, Schanzer B, Hasin DS, Shrout PE, Felix A, McQuiston H, Opler LA, Hsu E. (2005) Risk Factors for Long-Term Homelessness: Findings From a Longitudinal Study of First-Time Homeless Single Adults *Am J Public Health*. October; 95(10): 1753–1759.

Coyne I. (1997) Sampling in Qualitative Research: Purposeful and Theoretical Sampling, Merging or Clear Boundaries? *Journal Of Advanced Nursing*. 26(3):623-630.

Culhane DP, Metraux S, Byrne T, Stino M, Bainbridge J. (2013) The Age Structure of Contemporary Homelessness: Evidence and Implications For Public Policy. *Analyses of Social Issues and Public Policy*, 13: 228-244.

Culhane DP, Treglia D, Byrne T, Metraux S, Kuhn R, Doran K, Johns E, Schretzman M. (2019) *The Emerging Crisis of Aged Homelessness: A Multi-Site Research Project: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?* Report available online at <https://www.aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf> (Accessed June 10, 2020)

Crane M. (1999) *Understanding Older Homeless People: Their Circumstances, Problems and Needs*. Buckingham, United Kingdom. Open University Press.

Denning, P. (2010) Harm Reduction Therapy With Families and Friends of People With Drug Problems. *J Clin Psychol*, 66(2): 164–174. DOI: 10.1002/jclp.20671

Desjarlais RR. (1997) *Shelter Blues: Sanity and Selfhood among the Homeless*. Philadelphia, PA. University of Pennsylvania Press.

Desmond M (2017) *Evicted: Poverty and Profit in the American City*. NY: Penguin Random House.

Eckerblad J, Theander K, Ekdahl A, Unosson M, Wirehn AB, Milberg A, Krevers B, Jaarsma T. (2015). Symptom burden in community-dwelling older people with multimorbidity: a cross-sectional study. *BMC Geriatrics*. 15, 1.

Fleming T, Damon W, Collins AB, Czechaczek S, Boyd J, McNeil R (2019). Housing in crisis: A qualitative study of the socio-legal contexts of residential evictions in Vancouver's Downtown Eastside. *International Journal on Drug Policy*. 71: 169-177.

Glaser B. (1998) *Doing Grounded Theory: Issues and Discussions*. Mill Valley, Ca: Sociology Press.

Greer AL, Shinn M, Kwon J, Zuiderveen S. (2016) Targeting Services To Individuals Most Likely To Enter Shelter: Evaluating The Efficiency Of Homelessness Prevention. *Social Service Review*. 90(1):130-155.

Hahn JA, Kushel MB, Bangsberg DR, Riley E, Moss AR. (2006). BRIEF REPORT: the aging of the homeless population: fourteen-year trends in San Francisco. *J Gen Intern Med*. 21(7):775-778.

Hamilton AB, Poza I, Washington DL. (2011). Homelessness and trauma go hand-in-hand: Pathways to homelessness among women veterans. *Women's Health Issues*, 21(4 Suppl), S203–209.

Hopper K, Jost J, Hay T, Welber S, Haugland, G. (1997). Homelessness, severe mental illness, and the institutional circuit. *Psychiatric Services*. 48(5), 659–665.

HUD (US Department of Housing and Urban Development) (2007). *The Annual Homeless Assessment Report to Congress*. Available online at <https://www.huduser.gov/Publications/pdf/ahar.pdf> (Accessed June 10, 2020).

HUD (US Department of Housing and Urban Development) (2020). *The 2019 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-In-Time Estimates of Homelessness*. January, 2020. Available online at <https://files.hudexchange.info/resources/documents/2019-AHAR-Part-1.pdf> (Accessed June 10, 2020).

Humphries M. (2019) There Is A Way to Connect Homeless People with Their Loved Ones – And You Can Be A Part of It. *Nation Swell*. May 24, 2019. Available online at <https://nationswell.com/homeless-people-reunite-loved-ones/> (Accessed June 10, 2020)

Lopez G. (2015) 11 Myths about homelessness in America. *Vox*. September 23, 2015. Available online at <https://www.vox.com/2015/1/15/7552441/homeless-facts-myths> (Accessed June 10, 2020).

Jackson L. (2002) Blood ties: Homeless people often retain family contacts despite their situation, according to new research. *The Guardian*. October 22, 2002. Available online at <https://www.theguardian.com/society/2002/oct/23/guardiansocietysupplement9> (Accessed June 10, 2020).

Kaufman S. (2005) *And a Time to Die: How American Hospitals Shape the End of Life*. Chicago, IL. University of Chicago Press.

Knight KR. (2015) *addicted.pregnant.poor* Raleigh Durham, NC. Duke University Press.

Milburn NG, Iribarren, FJ, Rice E, Lightfoot M, Solorio R, Rotheram-Borus MJ, Desmond K, Lee A, Alexander K, Maresca K, Eastmen K, Arnold EM, Duan N. (2012). A family intervention

to reduce sexual risk behavior, substance use, and delinquency among newly homeless youth. *The Journal of Adolescent Health*. 50(4), 358–364.

Montgomery P, Bailey PH. (2007) Field Notes and Theoretical Memos in Grounded Theory. *West J Nurs Res*. 29(1):65-79.

Ogden J, Avade T. (2011) Being homeless and the use and nonuse of services: A qualitative study. *Journal of Community Psychology*, 39, 4, 499-505.

Patanwala M, Tieu L, Ponath C, Guzman D, Ritchie CS, Kushel MB. (2018) Physical, Psychological, Social, And Existential Symptoms In Older Homeless-Experienced Adults: An Observational Study Of The Hope Home Cohort. *Journal of General Internal Medicine*. 33(5):635-643.

Pope ND, Buchino S, Ascienzo S. (2020) “Just like Jail”: Trauma Experiences of Older Homeless Men, *Journal of Gerontological Social Work*, 63:3, 143-161.

Portacolone E, Perissinotto C, Yeh JC, Greysen SR. (2018) "I Feel Trapped": The Tension Between Personal and Structural Factors of Social Isolation and the Desire for Social Integration Among Older Residents of a High-Crime Neighborhood. *Gerontologist*. 58(1):79-88.

Portacolone E, Rubinstein RL, Covinsky KE, Halpern J, Johnson JK. (2019) The Precarity of Older Adults Living Alone With Cognitive Impairment. *Gerontologist*. 59(2):271-280.

Raven MC, Tieu L, Lee CT, Ponath C, Guzman D, Kushel M. (2017). Emergency Department Use in a Cohort of Older Homeless Adults: Results From the HOPE HOME Study. *Academic emergency medicine : official journal of the Society for Academic Emergency Medicine*, 24(1), 63–74.

Rosenwohl-Mack S, Kushel M, Ramsey C, Handley M, Knight KR. (2019) “We really help, taking care of each other”: Older homeless adults as caregivers. *Gerontology and Geriatric Medicine*. Jan-Dec; 5:2333721419894765. DOI: 10.1177/2333721419894765.

Ryan-DeDominicis, TA (2020) Case Study Using Shame Resilience Theory: Walking Each Other Home. *Clin Soc Work J*. <https://doi.org/10.1007/s10615-019-00745-9>

Sandelowski M, Leeman J. (2012) Writing Usable Qualitative Health Research Findings. *Qual Health Res*. 22(10):1404-1413.

Shinn M, Knickman JR, Weitzman BC. (1991) Social relationships and vulnerability to becoming homeless among poor families, *American Psychologist*, 46(11), pp. 1180-1187.

Shinn M, Weitzman BC, Stojanovic D, Knickman JR, Jimenez I, Duchon L. (1998) Predictors of homelessness among families in New York City: From shelter request to housing stability. *American Journal of Public Health*, 88, 1651–1657.

Stokols D. (1996) Translating Social Ecological Theory into Guidelines For Community Health Promotion. *Am J Health Promot.* 10(4):282-298.

Strauss A, Corbin JM. (1990) *Basics of Qualitative Research: Grounded Theory Procedures And Techniques*. Thousand Oaks, Ca, Us: Sage Publications, Inc.

Tsai J, Edens EL, Rosenheck RA. (2011) A typology of childhood problems among chronically homeless adults and its association with housing and clinical outcomes. *Journal of Health Care for the Poor and Underserved.* 22(3):853-870.

Van Vliet J. (2008) Shame and resilience in adulthood: A grounded theory study. *Journal of Counseling Psychology*, 55, 233–245.

Woodhall-Melnik J, Dunn JR, Svenson S, Patterson C, Matheson FI. (2018). Men's experiences of early life trauma and pathways into long-term homelessness. *Child Abuse and Neglect*, 80, 216–225.

Wright MO, Crawford E, Sebastian K. (2007) Positive Resolution of Childhood Sexual Abuse Experiences: The Role of Coping, Benefit-Finding and Meaning-Making. *J Fam Viol* 22, 597–608.

U.S. Department of Housing and Urban Development. (2015). Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH): Defining Chronically Homeless Final Rule. In U.S. Department of Housing and Urban Development (Ed.). Washington D.C., USA: U.S. Department of Housing and Urban Development.

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