



Anthropology & Aging

Journal of the Association for Anthropology & Gerontology

Book Review

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Anthropology & Aging, Vol 45, No 2 (2024), pp. 119-120

ISSN 2374-2267 (online) DOI 10.5195/aa.2024.506



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Review of Grenier, Amanda. *Late-Life Homelessness: Experiences of Disadvantage and Unequal Aging*. Montreal and Kingston: McGill-Queen's University Press. 2021. pp. 338. Price: \$96.5 (Hardcover); \$30 (Paperback)

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In a typical evening at a homeless shelter in the United States, I look around the room and see a large proportion of the people who are aged 50 and over. As a homelessness researcher and ally of unhoused populations, I often ask myself: 'where are the specialized gerontological services for older adults within this homelessness milieu? Where are the nutritional meal sites that take the needs of older adults in mind, or the specialized transportation services to take older adults to their medical appointments? Where is the end-of-life care when needed? Are the services for older adults and unhoused populations so 'siloed' that there is no overlap?

In her fine book, *Late-Life Homelessness: Experiences of Disadvantage and Unequal Aging*, Amanda Grenier grapples with these questions. The book fills a void in our knowledge of the many older adults who are visible on the street and in homeless shelters in North America, but remain invisible as a group with particular needs and possibilities. As a result of working on several research projects in Montreal, Quebec over a ten-year period of time, Grenier has assembled a great trove on information from the scholarly literature on aging and homelessness, from the stakeholders who provide care, and from the older adults themselves who are trying to survive on meager incomes and inadequate (or no) housing. My own experience in working in both Quebec and in the northeastern states of the United States is that the picture Grenier paints in Canada is even worse in the US given the weaker US social safety net, especially in the areas of access to health care and social housing.

Grenier wisely includes in her discussion four forms of homelessness: the unsheltered who are living on the streets or in places not meant for human habitation (e.g. cars, empty buildings); the people living in emergency homeless and domestic violence shelters; people living in provisional accommodations, such as living temporarily with other people (also referred to as the doubled up homelessness) and people who are at risk of homelessness, such as those living in housing that does not meet basic public health or safety standards. Often people experiencing homelessness move between these four situations until they obtain housing that is truly safe and affordable.

Late-Life Homelessness includes excerpts from interviews with 30 men and ten women older adults with lived experience of homelessness. These interviews underline the fear of violence and victimization engendered by living on the street. A woman talks of the fear of being raped. A man explains how a deep sleep is not attainable, for fear of being robbed. Additionally, emergency shelters, often cobbled together from available space, were not built with the older adult in mind. For example, many shelters

do not have elevators to take people to higher floors. An older person may have trouble getting onto to a top bunk in a dormitory style shelter.

While the interview excerpts are excellent, I would have preferred more of them and showcase them at the beginning of each chapter instead of being in the middle. Grenier presents so much extant scholarly literature on aging and its intersection with homelessness, that it left this reader wanting more insider points of view.

The author ponders an important question, namely— whether late-life homelessness reflects the “greying” of the population in the world and therefore the advancing age of homeless populations, or whether older adults have recently become homeless due to their reduced incomes, family break ups due to divorce or bereavement and/or experiences of health crises. The distinction may be important for policy makers and caregivers who are trying to help the individual regain or create opportunities for survival. For example, a person who has spent a lot of their adult life in the streets and in emergency shelters may need help in shopping, cooking and cleaning once an apartment becomes available.

An often-heard framework for planning for the world’s increasing older population is “aging in place” or creating “age-friendly” cities. This is the social policy of supporting older adults in their own homes and apartments in their home communities where the social networks they have known throughout their lives can help support them. Aging in place is seen as a counter to the need for nursing homes or other forms of institutionalized care. Grenier asks if the aging in place movement has in fact considered the unhoused older adult. I have observed that when aging in place surveys of older adults occur, the researchers rarely think of entering homeless shelters, transitional housing for the formerly unhoused, or community meal sites for people living in poverty, despite the high proportion of older adults within these settings. The point of view of the unhoused older adult is therefore not prominently considered within the aging in place movement.

In the conclusion of *Late-Life Homelessness* Grenier presents that late life homelessness is experienced as exclusion, vulnerability and abandonment. If we can view the situations of these older adults as a matter of social justice, as we would any other socially marginalized group, then policy makers may not ignore the older unhoused person. In the final two chapters, Grenier presents suggestions for both preventing and addressing late life homelessness that, are specific to the Canadian context, but could be extrapolated to other countries. For example, her advocacy of involving older adults at every level of social policy decision making is excellent.

Late-Life Homelessness is accessible to both academic audiences and governmental organizations who are addressing the world’s burgeoning older adult population. Grenier has done us a service by making visible the previously invisible older adult with no permanent housing to call their own.