

Multiple Exclusion Homelessness in the UK

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The Study

- Nature and patterns of MEH in the UK
- Multi-stage quantitative survey of people experiencing MEH in seven UK cities: Belfast, Birmingham, Bristol, Cardiff, Glasgow, Leeds and Westminster (London)
- University team + TNS BMRB + ‘local co-ordinators’ + wide range of voluntary sector partners

Definition of MEH

People have experienced MEH if they have been *'homeless'* (including experience of temporary/unsuitable accommodation as well as sleeping rough) and have also experienced at least one of the following:

- *'institutional care'*: prison, local authority care, mental health hospitals/wards
- *'substance misuse'*: drug, alcohol, solvents or gas
- *'street culture activities'*: begging, street drinking, 'survival' shoplifting or sex work

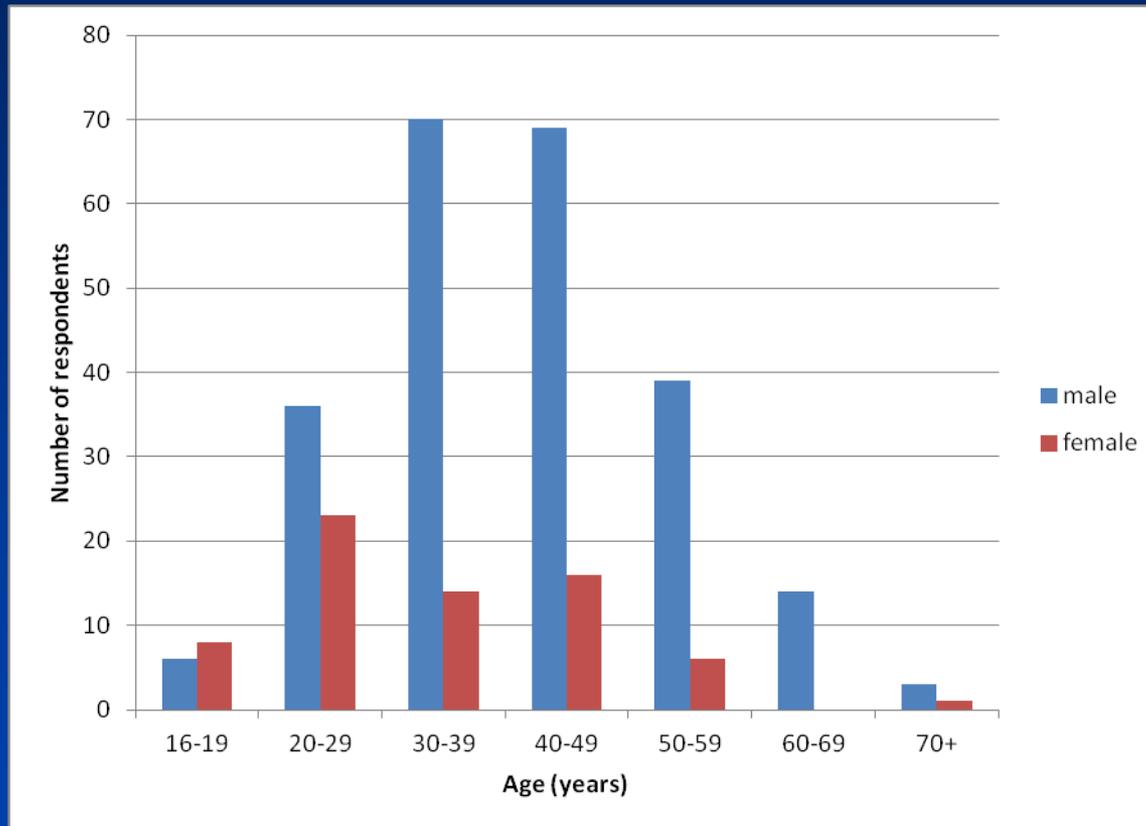
Methods

1. Identified *all relevant* ‘low threshold services’ – randomly selected 6 services in each location (= 39 in total, including Leeds pilot)
2. ‘Census questionnaire’ survey of *all service users* over a 2 week ‘time window’ = 1,286 short questionnaires returned
3. ‘Extended interview’ survey with *service users who had experienced MEH* = 452 interviews completed

Main Findings from Census Survey

- Very high degree of overlap between the four ‘domains’ of deep social exclusion : 47% of service users had experienced all four
- Homelessness particularly prevalent (98%) – widespread amongst those accessing ‘other’ types of services, e.g. drugs services
- Westminster (London) different from the other 6 cities - migrants; less complex needs

MEH Service Users: Age and Gender



Prevalence of Key Experiences

- Most common – all forms of homelessness; mental health problems; alcohol problems; street drinking
- Medium prevalence – prison; hard drugs; divorce; victim of violent crime; attempted suicide; survival shoplifting; thrown out by parents/carers; begged; self-harmed; admitted to hospital with a mental health issue; injected drugs; charged with violent crime; eviction; victim of sexual assault
- Least common - redundancy; solvents etc; local authority care; partner died; survival sex work; repossession; bankruptcy

Clusters of Experience

1. 'Mainly homelessness' (24%) = least complex (5 experiences); male + over 35; migrants; Westminster
2. 'Homelessness + MH' (28%) = moderate complexity (9 experiences); disproportionately female
3. 'Homelessness, MH + victimisation' (9%) = much more complex (15 experiences); suicide attempts, self-harm; victim of violence; LA care and prison; younger than average
4. 'Homelessness + street drinking' (14%) = moderate complexity (11 experiences); high levels of rough sleeping + street culture; male + over 35; Glasgow
5. 'Homelessness + hard drugs' (25%) = most complex (16 experiences); very high across all domains, especially substance misuse and street culture; most in their 30s

Individual Sequences

Four *broad* phases:

1. Solvents etc., leaving home/care, drugs/alcohol
2. MH problems, survival shoplifting, survival sex work, victim of violence, sofa-surfing, prison, redundancy
3. Sleeping rough, begging, injecting drug use, admitted to hospital with MH issue, divorce, bankruptcy
4. Hostels etc., applying as homeless, eviction, repossession, death of a partner

Generally consistent across all five clusters

Implications

- Services should be alert to a very high prevalence of childhood trauma and extreme forms of distress in adulthood
- ‘Clusters’ of experience may be helpful in planning services – but not a substitute for individual needs assessments
- Relative consistency of pathways – can be used to inform prevention
- ‘Visible’ homelessness is generally a ‘late’ sign of MEH - schools, drugs/alcohol agencies, criminal justice system, etc. must be central to prevention efforts
- Does not diminish importance of tackling homelessness – should not conflate ‘pathways in’ with ‘pathways out’
- Men in 30s/early 40s – specific needs associated with the most extreme forms of MEH
- Migrants need bespoke services

References

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