

# *Multiple Exclusion Homelessness in the UK*

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Homelessness, Health and Inclusion  
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# The Study

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- 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

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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

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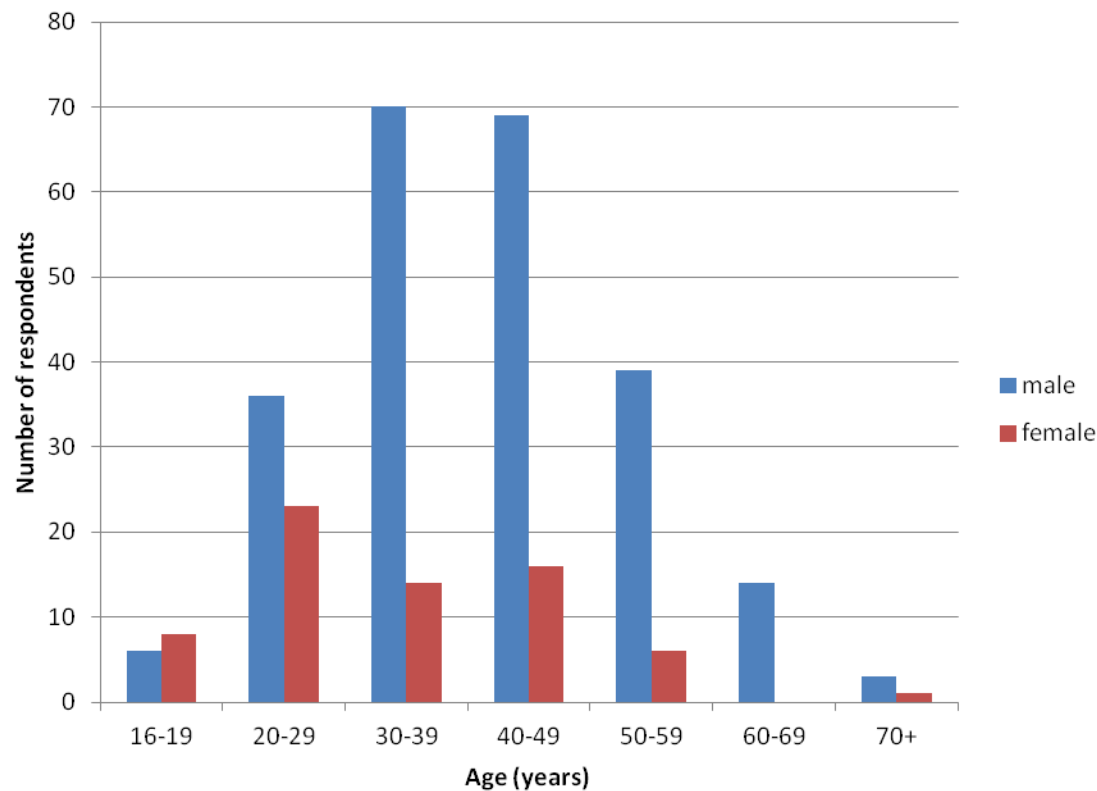
1. Identified *all relevant* ‘low threshold services’ – randomly selected 6 services in each location (= 39 in total, including Leeds pilot)
2. ‘Census questionnaire’ survey of *all service users* over a 2 week ‘time window’ = 1,286 short questionnaires returned
3. ‘Extended interview’ survey with *service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

# Main Findings from Census Survey

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- 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

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- 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

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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

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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

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- 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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- Fitzpatrick, S., Bramley, G., & Johnsen, S. (2013) 'Pathways into multiple exclusion homelessness in seven UK cities', *Urban Studies*, 50 (1): 148-168.
- Fitzpatrick, S., Johnsen, S. & White, M. (2011) 'Multiple exclusion homelessness in the UK: Key patterns and intersections', *Social Policy & Society*, 10 (4): 501-512.
- Fitzpatrick, S., Johnsen, S. & Bramley, G. (2012) 'Multiple exclusion homelessness amongst migrants in the UK', *European Journal of Homelessness*, 6 (1): 31-58.
- [www.sbe.hw.ac.uk/research/ihurer/homelessness-social-exclusion/multiple-exclusion-homelessness.htm](http://www.sbe.hw.ac.uk/research/ihurer/homelessness-social-exclusion/multiple-exclusion-homelessness.htm)