



ADVANCING HEALTH EDUCATION & RESEARCH

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AVA Research Review

ADVANCING HEALTH EDUCATION & RESEARCH

Review Title: Pathways into Multiple Exclusion Homelessness in Seven UK Cities

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Article(s): Fitzpatrick, S., Bramley, G. & Johnsen, S. (2013). Pathways into Multiple Exclusion Homelessness in Seven UK Cities. *Urban Studies Journal*, 50(1): 148-168.

Article Summary:

The authors undertook a four-stage, multisite quantitative analysis of multiple exclusion homelessness within the United Kingdom. This paper provides results from the third stage of the study, involving interviews (n=452) with individuals experiencing multiple exclusion homelessness. Utilizing critical realist theoretical

framework, the researchers explored individual pathways into multiple exclusion homelessness (MEH) in order to investigate causation between life events and resultant MEH. They defined the experience of MEH as an individual: having been homeless (either rough sleeping, or housing instability) and had the experience of at least one of three states considered to be of 'deep social exclusion'. These include having been in institutional care (i.e. prison, mental institution), current or history of substance abuse or dependence, or participation in activities often synonymous with street life (i.e. panhandling, street drinking, sex work or survival shoplifting).

The identification of subjects involved a four-part process during February to May 2010. Starting with a pilot study in one city, the authors expanded to seven total cities and

identified 39 low threshold organizations providing services to individuals experiencing homelessness, with substance abuse, participating in sex work, or during post-incarceration. The second stage involved a 14-question self-completion, dichotomous yes-no survey (n=1286, representing 52% response rate). This survey, translated into four languages, was intended to identify those experiencing MEH. Extended interviews were then conducted with identified users of low threshold services who had experienced MEH (n=452, representing 51% response rate). These face-to-face interviews were recorded with computer-assisted interviewing technology with an average length of 46 minutes. Additional items deemed sensitive (suicide attempt; self-harm; violent offense charges; sexual assault as an adult; transactional sex) were asked in a self-complete survey post-interviews. Lastly, feedback seminars with local policy-makers and practitioners (n=120) in all seven locations were conducted to inform the interpretation of data collected.

Through multiple regression analysis and modeling, the authors identify five clusters of individuals experiencing multiple exclusion homelessness focusing on factors and combinations of

factors that could predict complexity of MEH.

Brief Overview of issue:

This paper reviews an expansive compilation of life events in both youth and adulthood, which are present in the lives of those who are experiencing multiple exclusion homelessness. They utilize a critical realist theory to explore potentially significant life events that may assist in explaining the broader result of social and societal exclusion. Within this concept, the authors investigate levels of complexity between the current status of an individual and his or her prior life experiences.

Study Aims/Hypotheses:

The authors attempt to further the conversation regarding individuals in MEH in three ways. First, incorporating a multi-faceted research approach, they utilized quantitative analysis to investigate these pathways into homelessness. Second, they do not focus on multiple exclusion homelessness as a result with specific, distinct causes; rather, the authors integrate this experience into the overall picture of a lifetime of social exclusion and complications. Lastly, the authors attempt to identify

common patterns behind multiple exclusion homelessness by distinguishing clusters of homeless individuals by looking into multiple, compounding triggers in individuals' lives. With this, they utilize critical realist explanations that recognize multiple causal antecedents that create pathways into MEH, and attempt to add a timeline component to the experiences.

Relevant Findings:

Those with multiple exclusion homelessness were predominantly male (78 percent), with the majority in the age range of 30 to 49 years old. Twenty-eight factors were relevant to the MEH regression, and included a variety of adverse life events. Looking at the total respondents, over one-third of subjects had been thrown out of their homes by their caregivers or parents, at a median age of 17 years old. Over 40 percent were victims of violent crime including domestic violence, and 14 percent had been sexually assaulted as adults. A significant number of respondents suffered physical abuse as youth, often did not have enough to eat at home, were homeless during youth, or indicated their parents suffered from substance abuse,

mental health or domestic violence. Additionally, nearly 40 percent of respondents indicated they had attempted suicide, and thirty percent intentionally self-harmed.

Within their two-step clustering analysis featuring six continuous variables and 28 factors analyzed dichotomously, the authors identified five subgroups or clusters of individuals based on their MEH experiences and history. Of these five, two particular clusters stand out in relation to violence and MEH. Cluster 3 (labeled Homelessness, Mental Health and Victimization) consisted of nine percent of respondents of which nearly 90 percent had a history of hospitalization for a mental health diagnosis. This cluster is considered more complex with an average of 15 experiences per individual within the group. Significantly, parents or caregivers had thrown out nearly three-fourths of these individuals during their youth. Over 70 percent had been the victim of violent crime and 40 percent had experienced sexual assault as an adult. Ninety-one percent had attempted suicide, and 75 percent had intentionally self-harmed.

Cluster 5 (labeled Homelessness, Hard Drugs and High Complexity) accounted for one-quarter of the entire

sample. This cluster was found to have the most MEH experiences (16 on average per individual), with all individuals using hard drugs denoted as heroin, cocaine or crack-cocaine. Similar to cluster 3, a significant number of subjects were thrown out by their parents or caregivers (50 percent), and nearly all (95 percent) had stated a history of anxiety or depression. Those experiencing violent victimization included 56 percent of the subjects, and many individuals (over 50 percent) had perpetrated violence. Suicide attempts (56 percent) and intentional self-harm (47 percent) were also prevalent.

The final stage of analysis exploring the pathways hypothesis examined the experiences of the full sample noted by the median age at which they first occurred. Individual subjects' histories were then analyzed for the sequence of their experiences. The authors found that, regardless of the cluster within which each subject fell, particular experiences tended to occur at the same age, if they occurred at all. Additionally, the experiences tended to divide into four main sets based on initial time of occurrence: early; early-middle; middle-late; and late. Each cluster included a variety of experiences, yet tended to

follow along the same sequential pattern regardless of which cluster the individual was in.

Authors' Conclusions:

The authors find that there are significant experiences and clusters of the experiences that may lead an individual to multiple exclusion homelessness, following a sequential pathway that may involve structural, interpersonal and individual factors. The initial early experiences tended to initiate this pathway into multiple exclusion homelessness, and often include negative occurrences such as physical abuse or neglect, parental instability, food insecurity and drug or alcohol misuse. These factors essentially predispose individuals to adult experiences that may additionally dispose or compound and result in MEH. They infer that combinations of these early experiences both predict adult adverse events, and disrupt the individual's ability to cope with adverse events as an adult. Additionally, they find that early drug and alcohol experiences may be a causal factor in MEH, rather than a consequence. Significantly, homelessness itself was not typically seen until later in the sequence of events, indicating it is a consequence of earlier

factors rather than an unrelated event.

Potential Limitations:

This study was extremely thorough, involving both qualitative and quantitative features. This study was completed in the UK, potentially limiting generalizability to other countries. And, despite the significant experiences noted in their sample population, there is no baseline sample of non-MEH individuals in which to compare their findings. Thus, these experiences and clustering may also exist in the general populations without resulting in multiple exclusion homelessness.

Although not necessarily a weakness, the separation of sensitive questions to a self-report section could have impacted qualitative findings as there was no opportunity for discussion. Also, this separation may have potentially indicated to the subject that there is stigma attached to these experiences necessitating their avoidance in the interviews. A more comprehensive approach may have been to inquire regarding these experiences during interviews and also provide a query on these topics via post-interview questionnaire.

Reviewers' Comment:

This comprehensive qualitative and quantitative study provides substantial data on the life experiences of those with multiple exclusion homelessness. Their findings strengthen existing literature regarding potential causes for multiple exclusion homelessness, and connections between a number of negative life occurrences.

Remarkably, in addition to familial difficulties, nearly half of the MEH related experiences were found to have first occurred in adolescence through 22 years of age. This included violent victimization, hard drug or alcohol misuse, transactional sex, prison, shoplifting, anxiety and depression. These findings indicate that preventative services for multiple exclusion homelessness may have significant impact if provided early in the life span.