



University of
Chester

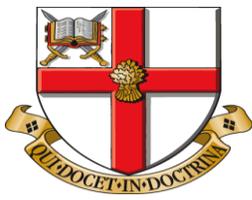
Analysis and overview of social determinants of homelessness in Cheshire, Merseyside and Manchester

Dr Mzwandile Andile Mabhala



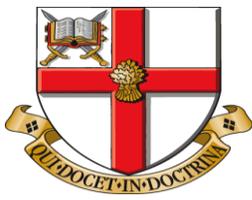
Poverty as a determinant of homelessness

- People who experience homelessness are amongst the population groups that experience the harshest form of social and health inequalities.
- Globally, homeless people are materially poor and have limited lifetime opportunities and much diminished healthy life expectancy.
- Continuing exposure to Poverty creates various adverse social conditions that increase the likelihood of experiencing homelessness
- These include significant exposure to traumatic early life experiences; social disadvantages such as poor educational experiences; being raised in a disruptive family, care homes or foster care; physical, emotional and sexual abuse; and neglect at an early age.



The relationship between Adverse childhood experiences (ACEs) and homelessness

- We adopted Early Intervention Foundation's [9] definition of adverse childhood experiences (ACEs) which is "traumatic events or circumstances occurring before the age of 18".
- Several of the ten ACEs shown below may be experienced simultaneously or in different stages of childhood.
- They are: physical abuse; sexual abuse; psychological abuse; physical neglect; psychological neglect; witnessing domestic abuse; having a close family member who misused drugs or alcohol; having a close family member with mental health problems; having a close family member who served time in prison and parental separation or divorce on account of relationship breakdown.



University of
Chester

Conceptualisation of the causes of homelessness

- Homelessness is caused by wider structural and specific individual factors, working in concert
- Individual factors are associated with individual circumstances or behaviours that could increase a person's vulnerability to homelessness. ACEs are typical example of individual factors.



Conceptualisation of the causes of homelessness

- Structural factors are associated with social policy, society, and social institutions that create and sustain social conditions that cause homelessness.
- Examples include unevenly distributed, inadequate or absent low-cost housing
- Uneven distribution of educational and employment opportunities,
- Uneven distribution of income, income support and social benefits.



Our Research approach

- We carried out a cross-sectional study of 152 homeless people in Chester (n =57), Crewe (n=3), Liverpool (n=57)and Manchester city centres (n=35)
- We wanted to document the clustering and frequency of adverse social conditions among homeless people in North West England in 2021.
- We analyse the data using χ^2 goodness of fit, Bonferroni correction, Cramer's V and two-step cluster analysis



Demographic

- One hundred and fifty-two homeless people with a mean age of 39 years
- There were more males (63%) than females (37%), mostly (currently) unmarried (91%),
- Current living arrangements - Street (38%), Hostels (27%), Other (11.2%) Covid 19 accommodation (9.2%), Temporary accommodation (9.0%), B&B (3.0%) and Hotels (2.6%).
- Habits -86% of the participants smoked tobacco products daily, and 80% used drugs daily. The most commonly used drugs were marijuana (58%), cocaine (43%), heroin (34%) and spice (*synthetic cannabinoids*) (19%).
- Health - 61.2 % described their health as poor, and 69% reported that they had seen a medical doctor in the last six months .



The social characteristics of the parents of homeless people

Variables	Cluster size	PImp	χ^2	Adj_p	Cramer's V
Cluster 1	= (106) 67.1%				
Cluster 2	= (20) 13.2%				
Cluster 3	= (30) 19.7%				
Ratio of size	= 5.10				
Average silhouette	= 0.8				
Parents with a criminal record	-	1.00	231.10 5	0.001	0.9
Parents with care history	-	0.89	169.43 4	0.001	2
Parents with child neglect/abuse history	-	0.72	187.31 6	0.001	1.8

- The two-step cluster analysis detected that having parents with a criminal record was the highest score,
- followed by parents with 'care history' and
- parents with child neglect/abuse history.



The occurrence and frequency of ACEs amongst homeless people

Variables		PImp	χ^2	Adj_p	Cramer's V
Cluster 1	= (32) 21.1%	-	349.690	.001	1.0
Cluster 2	= (26) 16.4%	-	660.490	.001	1.5
Cluster 3	= (95) 62.5%	-	1962.490	.001	2.5
Ratio of size	= 3.8	-	-	-	-
Average silhouette	= 0.8	-	-	-	-
Sexual abuse	-	1.00	220.684	.001	0.7
Inappropriate sexual behaviour	-	0.99	207.737	.001	0.7
Emotional neglect	-	0.70	181.671	.001	0.7
Physical abuse by step-parent	-	0.65	195.882	.001	0.8
Physical neglect	-	0.64	205.632	.001	0.8

- In terms of predictor importance,
- Sexual abuse (1.00),
- Inappropriate sexual behaviour (0.99),
- Emotional neglect (0.70),
- Physical abuse by step-parent (0.65) and
- Physical neglect (0.64)
- that were the most important predictors

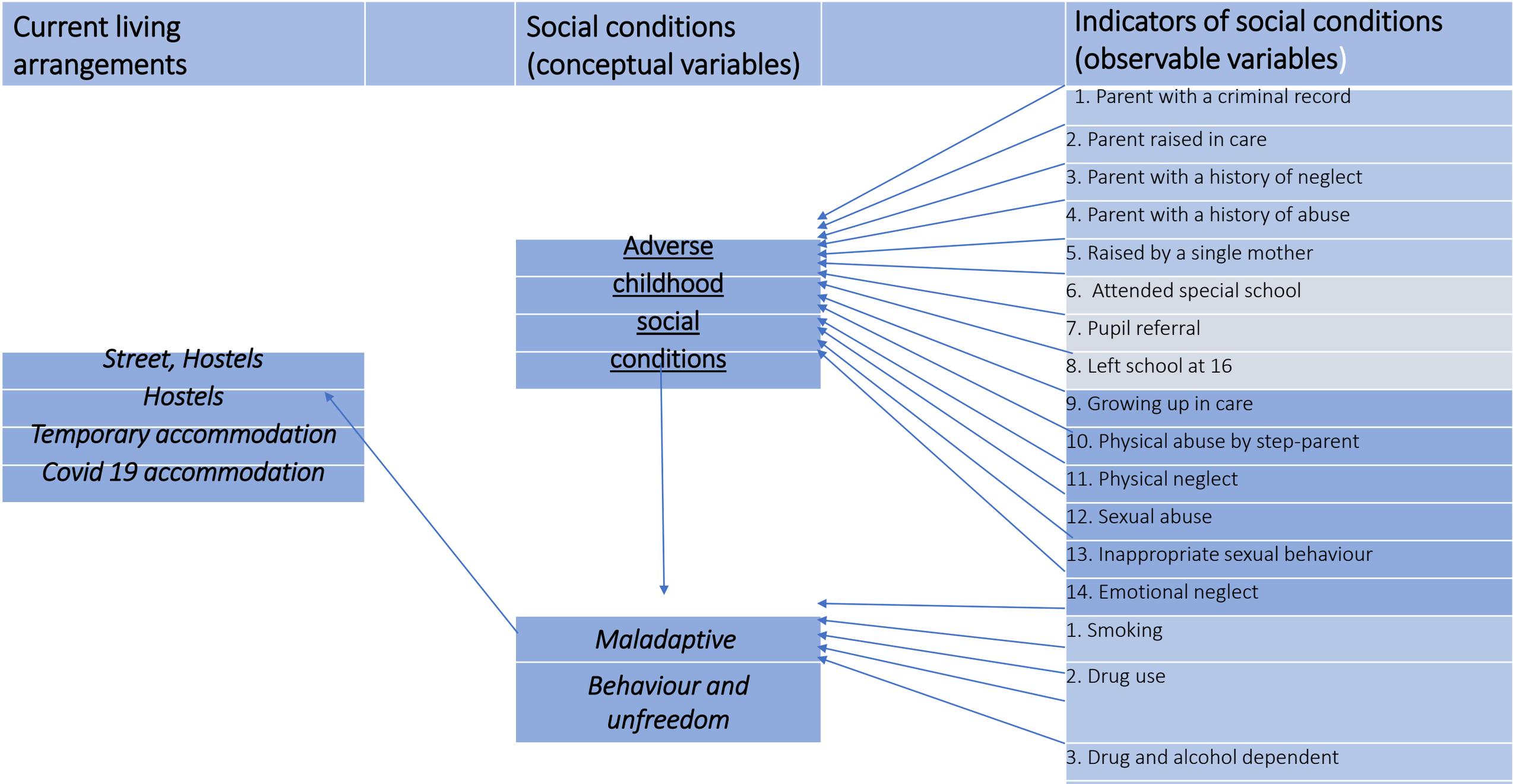


The factors directly leading to homelessness

Variables		PImp	χ^2 value	Adj_p value	Cramer's V
Cluster 1	= (46) 30.3%				
Cluster 2	= (42) 27.6%				
Cluster 3	= (64) 42.1%				
Ratio of size	= 1.5				
Average silhouette	= 0.8				
Drug and or alcohol dependence	-	1.00	.026	0.871	0.04
Eviction due to your criminal activities	-	0.55	79.605	0.001	0.72
Loss of job	-	0.52	82.526	0.001	0.73
Went to prison	-	0.40	94.737	0.001	0.79

- The two-step cluster analysis and χ^2 and post hoc tests revealed that the most significant factors were drug alcohol dependence, eviction due to criminal activities, loss of job and being imprisoned.

Conceptual summary





Conceptual summary

- All participants in this study had no permanent home
- Participants lived in the street, hostels, temporary accommodation and other accommodation provided during the Covid 19 pandemic
- The life-course approach to analysing the homeless people's variables relating to their current and past social circumstances, including the circumstances they were born into, childhood experiences and adulthood circumstances.
- Our analysis detected nineteen observable indicators of adverse social conditions amongst the homeless that were significantly different from expectations.
- Fourteen of them related to adverse childhood social experiences, and five related to adulthood maladaptive coping behaviour.



Conceptual summary

- When we compared our findings with other comparable studies, there was a consensus amongst all studies that most adverse childhood experiences have their roots in poverty
- We drew on Townsend's [58] definition of poverty which is:
- "Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary or are at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, **excluded from ordinary living patterns**, customs and activities."
(Townsend, 1979, p.31).



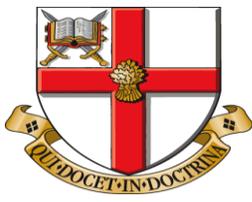
Conceptual summary

- To understand the moral harm of poverty we drew on the work of Sen (1999) who argued that a moral harm of being poor is that poor people also lack this freedom to fully participate in social goods such as housing, employment, education, social services, and healthcare services.



Final remarks

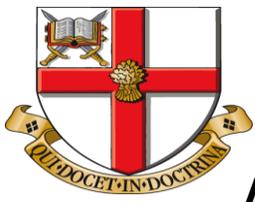
- Both rich and poor have the 'freedom' to sleep on the streets at night, but the richer choose not to take the opportunity of this 'freedom'.
- Homelessness is a tragic condition that is the result of different causes, both structural (e.g. political-socio-economical) and individual (e.g. addiction, mental illness, unemployment, traumatic life histories)
- Poverty and homelessness are deeply intertwined because there is a high prevalence of poverty among homeless people: interventions that support families to rise out of poverty may therefore also reduce entry into homelessness.
- Poverty sets up a chain of interaction amongst social conditions that increase the likelihood of unfavourable outcomes; homelessness is at the extreme end of the interaction chain.



University of
Chester

Acknowledgments

- Special thanks go to Robert Whitehall, John, and all the staff at the Chester Centre for Homeless people and Pastor David in Crewe Lighthouse for their help in creating a conducive environment for this study to take place.
- FHSC and Department of Public Health and Wellbeing colleagues
- Most importantly the Sir Halley Stewart Trust who funded the project.



University of
Chester

A big thank to



Champs
Public Health
Collaborative



Cheshire and
Merseyside
Health and Care Partnership

A massive thanks to the audience for your time