Homelessness: a multifaceted epidemic – can we create a better system?

FIGURE 1 - WHOSE KINDNESS CHANGES A SYSTEM? (POOR AS FOLK, 2018)

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Abstract

If I change, the system changes (Ford, 2018).

We live in a global system where in the developed world, as privileged bodies, we have become at least somewhat disaffected to homelessness played out on street corners of the UK. It has become an expectation within a neoliberalist ideology where vulnerable bodies are continually reproduced as a result of many failing systems intersecting. The disaffection stems from a distancing of the systemic causes that induce homelessness that we all contribute to and are affected by, under the same system. This report investigates the causes of UK homelessness, recognising homelessness as a multifaceted phenomenon in a complex, unfair system. This report is heavily inspired and directed by the findings of Fitzpatrick *et al.* (2013) who investigate homelessness through a critical realist ontology and systems approach – understanding homelessness as the cause of multiple exclusionary experiences across the life course. The causes of homelessness investigated in this report, which will mobilise systems theory thinking, will lead to a practical direction of how to prevent and mitigate this harsh manifestation of inequality at the individual and systemic level. This study finds that individual childhood trauma experiences, often products of poverty, are almost universal in the lives of the UK's rough sleepers and subsequently state-funded aid for those undergoing trauma in childhood would be the most effective answer to ending homelessness and thus this report concludes with a call to policy-makers. We are all actors in a system with the capacity to generate change and public perceptions have historically shaped the policies which target the vulnerable in the UK.

This report will also direct the reader to practical charities in Bristol.

1.0 <u>Introduction</u>

"Windsor council leader calls for <u>removal</u> of homeless before royal wedding" (Guardian headline, 3rd January 2018[1]).

"Call to <u>remove</u> homeless people (all 8) before royal wedding stirs anger" (New York Times headline, 6th January 2018[2]).

"<u>Get rid of</u> homeless before Prince Harry and Meghan Markle's royal wedding, says UK politician." (South China Morning Post, 4th January 2018[3]).

UK homelessness, posited directly in the framework of extreme inequality recently, made global headlines at the beginning of this year. In the UK, the number of rough sleepers are growing annually, as has been the case for the past seven years (Butler, 2018). This consistent increase has been attributed to the beginning of the Conservative government in 2010 (Doward, 2017). Homelessness is a clear example of no single cause being the result of any single effect and the need for multiple socioeconomic issues to be addressed in an interdisciplinary fashion. Each individual experiencing homelessness has been victim to failing systems intersecting in different ways. Thus, this report shall mobilise 'systems thinking' which is the only productive framework in analysing any of the world's abundant problems, yet this report situates itself within the UK. The highest proportion of rough sleepers unsurprisingly find themselves attracted to urban centres (Figure 2) and are highest in the South East, the home of London and Brighton, just above the South West, the home of Bristol (Figure 3). With 80% of homeless

Local authorities with highest levels of rough sleeping in All region(s) in year 2017

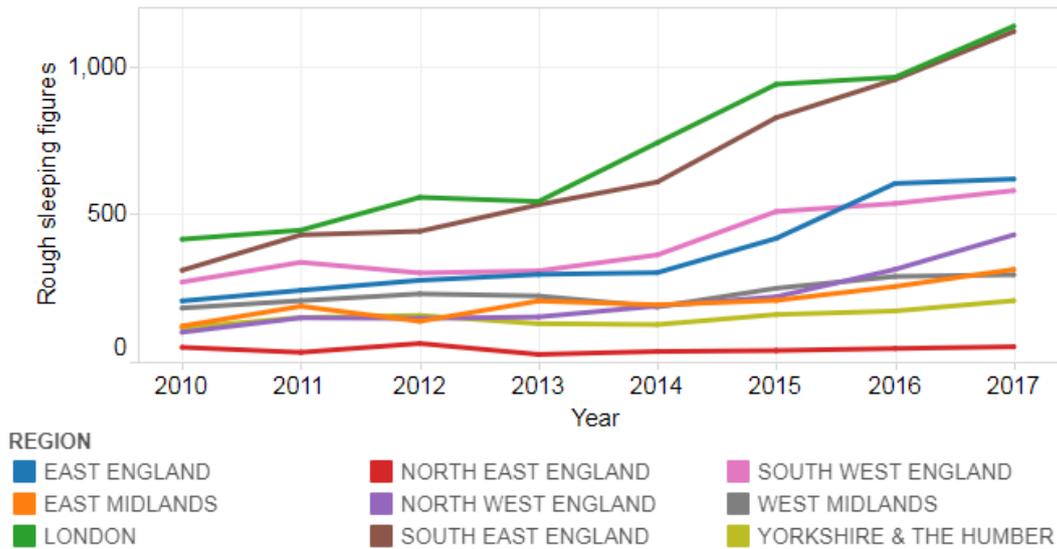|	
Westminster	217
Brighton & Hove	178
Camden	127
Manchester	94
Luton	87
Bristol	86
Bedford	76
Newham	76
Southend on Sea	72
Cornwall	68

FIGURE 2 – HOMELESS LINK (2018)

[1] Sherwood, H. (2018) https://www.theguardian.com/society/2018/jan/03/windsor-council-calls-removal-homeless-people-before-royal-wedding Accessed on 26th March 2018

[2] Yeginsu, C. (2018) https://www.nytimes.com/2018/01/06/world/europe/uk-windsor-castle-homeless-prince-harry-wedding.html Accessed on 26th March 2018

[3] SCMP. (2018) http://www.scmp.com/news/world/europe/article/2126741/get-rid-homeless-prince-harry-and-meghan-markles-royal-wedding Accessed on 26th March 2018

Rough sleeping 2010-2017 for All region(s)

FIGURE 3– HOMELESS LINK (2018)

people declaring a strong desire to work (BBC, 2018), the world of precarious employment creating a ruthless job market amidst the UK working-class, or *precariat* (McDowell, 2014), is often popularised as one of the major factors for the rising number of rough sleepers in the UK, a nation historically renowned for inequality. However, factors antecedent to unemployment are universal to the homeless service users in Fitzpatrick *et al.'s* (2013) study. Whatsmore, a precarious world has also been recognised as a contributor to the rise of mental health incidences in the UK, and it is reported throughout literature on homelessness that homelessness and mental health issues go hand-in-hand (see Ramin and Svobada, 2009; Fitzpatrick *et al.,* 2013) and always have (Bhugra, 1996).

‘Human’ issues can never be detached from the environmental world it is dependent upon and co-produced with(in), subsequently, the issue of climate change must be explored. It is no secret that natural disasters and climate change as a whole, disproportionately impact the most vulnerable. The homeless on precarious margins are facing the brunt of air quality induced respiratory issues, mental health anxieties of climate change and will be the most affected in the face of natural disasters (Ramin and Svoboda, 2009) - as this report will go on to explore. This report finds that there is a lacuna of literature and research on homelessness and the experience of the marginalised and thus policies targeting such groups routinely fail in advanced capitalist societies possessing a neoliberalist ideology (Shier *et al.,* 2012). Even when literature is available scholars and policy researchers fail to understand that a sense of self and self-esteem is integral to transforming the homelessness epidemic. In an increasingly

precarious economy an individual's sense of 'ontological security' is faltering. An 'ontological security' is "the confidence that people have in the continuity of their self-identity and in the constancy of their social and economic environments" (Smith, 2005: 1). Ultimately, this report aims to put forward a nuanced account of the multi-faceted issue of homelessness as "the writer has chosen to reveal the world and particularly to reveal man [sic] to other men [sic] so that the latter may assume full responsibility before the object which has thus been laid bare…" (Satre, 1948, cited in: Roderick, 2018: 1). This report shall specifically investigate the role of mental health issues, precarious employment and climate change within the complex, multi-faceted issue that is homelessness.

2.0 Key causes of homelessness in the UK

This chapter provides an overview into the ways in which the key causes of homelessness in the UK have been perceived and studied academically as well as an overview of the key causes themselves.

2.1 How homelessness has been framed in academia

Scholars have only in this century framed homelessness through the phrase *pathways into homelessness,* understood as part of an open, holistic social system. The term *pathways* has been adopted as it does not suggest becoming homeless is a linear negative downward spiral, and also understands episodes of homelessness occur throughout the life course for some individuals. Experiences throughout the life course can accumulate and manifest as homelessness in later or immediate life. However, pathways analysis has not always been so nuanced (Fitzpatrick *et al.,* 2013). In the UK, literature on homelessness has suffered from individual and structural causes being conceptualised as two disparate and mutually exclusive systems (Neale, 1997). They have been posited disparately as a symptom of an idealist worldview, rejecting a more nuanced critical realist ontology, to the detriment of successful policies to end the homelessness epidemic.

In the 1960s and 1970s homelessness was considered only on an individual level, with ill-health, substance dependency, and a troubled family life being the focus. In the 1980s, this flipped to the structural cause of a failing housing market being the main factor in pathways analysis. In the 1990s, researchers identified high levels of health and social needs required from homeless people, especially those sleeping rough, and so a new model was adopted where individual factors were reconsidered in terms of *who* became homeless, but there was still an overall primacy of the structural factors: poverty, unemployment and housing shortages.

Fitzpatrick *et al.* (2013) found this still wholly insufficient as it most often implied a positivistic notion of social causation where it inferred that homelessness cannot occur without the 'cause' present and the 'cause' inevitably leads to homelessness. Fitzpatrick *et al.'s* (2013) method adopts Fitzpatrick's (2005) critical realist ontology to understand homelessness as a layered social reality. Fitzpatrick *et al.* (2013) find four main categories of causes of homelessness – economic, housing, interpersonal and individual – "which interacted with each other through a series of complex feedback loops. Crucially, no one of these levels is assumed *a pirori* to be more fundamental than any other" (*ibid.*: 151). Fitzpatrick *et al.'s* (2013) method also understands that homeless people are not a homogenous group and what causes homelessness depends on which stage of the life course the individual is at and that certain structural factors affect some groups more than others. For instance, homeless families in the UK are far more likely to be affected by structural factors (government cuts, labour market and housing) than individual support needs that disproportionately impact street homelessness, single homelessness or youth homelessness as stated by Pleace *et al.'s* (2008) survey of homeless families in England. From here on in, this report will focus on street homeless/rough sleepers.

2.2 The reality of multiple exclusionary homelessness

A set of exclusionary social practices and events increase vulnerability of individuals and their exposure to the likelihood of homelessness. Fitzpatrick *et al.* (2013) investigate Multiple Exclusionary Homelessness (MEH) where an individual has experienced MEH if they have been 'homeless' <u>and</u> have also experienced <u>one or more</u> of the following: *institutional care* (prison, mental health wards in hospitals, local authority care); *substance misuse* (drugs, alcohol, solvents or gas); or participation in *street culture activity* (including: begging, street drinking, survival shoplifting, sex work). Fitzpatrick *et al.'s* (2013: 162, my emphasis) study deems its technique to be "the *first statistically robust* analysis of pathways into homelessness and associated forms of severe and multiple disadvantage in the UK". I assert they deem their own model the only of which that is statistically robust as it is the only one to take into account systems theory thinking through the applied critical realist ontology where "Realist explanations of the social world are both contingent (given the open nature of social systems) and complex (allowing for multiple, and multidirectional, causal mechanisms). Thus for a critical realist there is unlikely to be a single trigger for MEH or similar phenomena, with *constellations of inter-related causal factors likely to 'explain'* MEH in any particular case" (Fitzpatrick *et al.,* 2013: 150, my emphasis). They found that almost all of their respondents, particularly at the most complex levels where respondents were using the most services (e.g.

mental health help, soup kitchens, shelter, etc.) across 7 UK cities, had experienced childhood trauma. This led to unhealthy coping mechanisms which led to social exclusionary cultures such as street drinking habits, hard drug use, and violence. This then can lead to homelessness and survival shoplifting exacerbating feedback loops of social exclusion and homelessness. Such lifestyles often include crime, and prison is the most common form of institutional care experienced by those who have undergone MEH.

The results were organised into five clusters where number one was the least complex cluster (use the fewest MEH services) and number 5 was the most complex cluster (use the most MEH services). The use of clusters begin to dismantle the veil of homogeneity cast across the homeless to identify that different forms of homelessness have different causes, and ultimately, different needs. The first cluster accounted for almost 25% of the respondents and was entitled 'mainly homelessness' as they were less likely to use any of the other MEH services and only one third were registered to the council as homeless: they were mainly in various types of temporary accommodation. They were mainly male, above 35 and disproportionately had immigrated to the UK as adults.

Cluster two was entitled 'homelessness and mental health' and was disproportionately (in regard to the respondents as a whole) female at 39%. There were higher incidences of institutional care and substance misuse (without street culture substance abuse) along with higher incidences of adverse life events. 89% reported experiences with anxiety or depression.

Cluster three was entitled 'homelessness, mental health and victimisation' and constituted a small proportion of respondents. It is essentially a more complex version of cluster two where 100% of the group experienced anxiety or depression. 89% were admitted to hospital due to mental health and 71% had been victims of violent crimes and 40% victims of sexual assault. This was a fairly young cluster.

Cluster four was a small group where street drinking was the universal experience along with high levels of problematic alcohol use at 96% and rough sleeping at 98%. This group were older, male and disproportionately located in Glasgow, raising attention to the nature of some characteristics being geographically dependent. However, due to the similarities with other studies Fitzpatrick *et al.* (2013) assert that this study is characteristic and useful for all developed urban regions globally with similar demographics.

Cluster five was entitled 'homelessness, hard drugs and high complexity' and was a large group accounting for 25% of respondents, where the defining experience of the cluster was

universal (100%) hard drug use of the street culture variety. 89% had shoplifted for survival and there was a disproportional amount of those engaged in sex work, of which, were mostly female. 10% of the study's respondents had engaged in sex work but in this cohort that figure was increased to 21%. They had the widest variety of MEH service use indicating the higher the complexity of exclusionary practices the more likely you are to engage in sex work – sex work is for the most vulnerable, marginalised and disenfranchised. Anxiety or depression was at 95% and widespread experience of prison at 77%. They were mainly in their 30s. Ultimately, those with similar MEH experiences are of a similar demographic highlighting how pathways into homelessness are dependent on the individual's position within the life course, gender, health issues and adverse life events. As MEH complexity increases, so does the likelihood the homeless individual has been in prison at one point in their life.

As depicted in figure 4 there is a direct positive relationship between the percentage of individuals who have been in prison and the complexity of the MEH experiences. The prison system is in conversation with systems of multiple MEH experiences; could it be said the prison

Experience	Cluster number					Total
	1	2	3	4	5	
Stayed with friends/relatives ('sofa-surfed')	0.58	0.77	0.83	0.79	0.92	0.77
Stayed in hostel or other temporary accommodation	0.60	0.88	0.95	0.93	0.93	0.84
Applied to council as homeless	0.33	0.78	0.89	0.89	0.86	0.72
Prison	0.25	0.23	0.61	0.63	0.77	0.46
Victim of violent crime	0.09	0.47	0.71	0.47	0.56	0.42
Very anxious or depressed	0.43	0.86	1.00	0.88	0.95	0.79
Admitted to hospital with mental health issue	0.02	0.29	0.89	0.24	0.37	0.29
Used hard drugs	0.21	0.31	0.45	0.11	1.00	0.44
Injected drugs	0.07	0.11	0.04	0.04	0.83	0.27
Abused solvents, gas or glue	0.02	0.06	0.31	0.14	0.62	0.23
Problematic alcohol use	0.31	0.51	0.76	0.96	0.81	0.62
Divorced or separated	0.34	0.32	0.56	0.65	0.52	0.44
Bereaved	0.04	0.17	0.10	0.10	0.07	0.10
Made redundant	0.18	0.28	0.21	0.24	0.22	0.23
Slept rough	0.55	0.69	0.90	0.98	0.90	0.77
Street drinking	0.26	0.25	0.78	1.00	0.76	0.53
Begged	0.15	0.05	0.42	0.56	0.60	0.32
Survival shoplifting	0.08	0.14	0.38	0.47	0.89	0.38
Bankrupt	0.02	0.10	0.00	0.04	0.08	0.06
Evicted	0.10	0.16	0.39	0.30	0.39	0.25
Home repossessed	0.02	0.09	0.08	0.02	0.08	0.06
Thrown out by parents/carers	0.10	0.33	0.73	0.31	0.51	0.35
Local authority care as child	0.06	0.20	0.48	0.02	0.18	0.16
Survival sex work	0.06	0.06	0.16	0.00	0.21	0.10
Charged with a violent criminal offence	0.02	0.22	0.36	0.27	0.51	0.27
Victim of sexual assault as adult	0.03	0.21	0.40	0.00	0.16	0.14
Attempted suicide	0.00	0.51	0.91	0.10	0.56	0.38
Self-harmed	0.03	0.35	0.75	0.06	0.47	0.30
Number of experiences	4.96	9.42	15.06	11.23	15.75	10.70

	1	2	3	4	5	Combined
N unweighted	104	117	49	63	119	452
Percentage of unweighted cases	23.0	25.9	10.8	13.9	26.3	100.0
Percentage of weighted cases	23.8	28.3	8.6	14.1	25.2	100.0

Note: Margins of error exceed +/-10 per cent on some of the point estimates for the smaller clusters.

FIGURE 4 – FREQUENCY OF EXPERIENCES BY CLUSTER (FITZPATRICK ET AL., 2013: 158)

system exacerbates social exclusion? And that to receive social welfare support without institutional barriers the individual must not be outcast? The UK prison system is failing due to the structural effect of government cuts inducing overcrowding and soaring prisoner suicide rates (Preece, 2014). Such suicide rates also bring into direct conversation the mental health system of the UK and its prison system as UK policy-makers fail to "co-ordinate responses across all aspects of their [the homeless'] lives", instead policy-makers "view them through a series of separate professional lenses" (Fitzpatrick, *et al.,* 2013: 163). Ultimately, "given that visible forms of homelessness – including applying to the council as homeless and staying in hostels or other forms of homeless accommodation – are typically rather late signs of MEH, it is clear that the current preventative focus in the UK on the provision of housing services at the point of homelessness applications to local authorities is too delayed a response for this group. Preventative interventions should focus on earlier signs of distress wherever possible, with schools, drugs and alcohol services and the criminal justice system, likely to come into contact with people vulnerable to MEH well before housing and homelessness agencies do, thus having a crucial role to play in prevention efforts" (Fitzpatrick, *et al.,* 2013: 163).

One charity within Bristol aims to break the feedback loops through working with ex-drug-addicts, the current homeless, and ex-offenders to prevent re-offending. This charity is called *See Change* who pride themselves on 'creative recovery' as told through the story of Jim who used to love art as a child but this coping mechanism later became heroin. *See Change* have worked to undo this destructive pattern and Jim is now producing artwork such as figure 5. Merging local anecdotes with a national study illuminates how understanding homelessness as part of connected internal and external systems can materialise successful recovery.

The study (Fitzpatrick *et al.,* 2013) identified street drinking as a street culture activity which falls under the category of 'coping mechanisms' post childhood trauma. Such street culture activities serve to further exclude and isolate such

FIGURE 5 – JIM'S ARTWORK AS A COPING MECHANISM TO REPLACE THAT OF HEROIN (SEE CHANGE, 2018).

individuals. I perceive this to be part of the present developed world notion of neoliberalist ontology where one's failings are deemed to be part of their lack of individual accomplishments rather than a systematically unequal system serving to disadvantage some more than others. Such a neoliberalist rhetoric also stands for the view of individuals as medical subjects, in terms of both mental and physical health. Neoliberalised medical subjectivities are expected to reproduce the "frontier fantasy of do-it-yourself American freedom. A libertarian fantasy, this ideal of freedom disavowed its position within a capitalist economy and concealed its dependence on other people, industries, and institutions. The right technology would engender total individual self-reliance, in effect making the Kantian dream of autonomy a material reality." (Dean, 2010: 20). The cost of capitalism's supposed *freedom* is inequality and a symptom of this is street homelessness and austerity. Neoliberalism began contained in a free market policy where its social impacts were evident: "the crisis of rough sleeping that unfolded in Britain in the late 1980s remains one of the most potent symbols of the social costs of the Thatcher revolution" (May *et al.,* 2005: 711). Contemporarily, the concept of neoliberalism is not only a way to understand the economy but is engrained into the psyche of citizens leading to disaffection when faced with street homelessness every day in Britain's cities. Street culture activities are thus deemed a self-deprecating act, with the passer-by failing to see the build-up of structural and individual factors that have led to this. The socially excluded, the homeless, those participating in street culture activities are Othered in that they are immoral and the products of their own choices. This is what Foucault (1977) means by *productivity* where power has become so oblique the site of the self is both the *governor* and *prisoner* (Perry, 2016) and

this ideology is projected onto others such that if one fails to govern oneself they cannot 'achieve' in capitalist society.

The eighteenth-century bourgeois modernist project aimed to eradicate street-drinking in its perfection of the idealised urban landscape as it became attributed to 'working-class culture' evoking paternalistic concerns (Jayne, *et al.,* 2006). Here in the twenty-first century, street drinking is similarly viewed as evoking paternalism and thus serves as an isolation strategy exacerbating inequalities. Policy-makers should not be policing street activities and passing them on from one council to the next (refer to the epigraph), instead they should be working with these people and the root-causes of street culture becoming a coping mechanism in the first instance. This is a systems response, understanding any instance is not a snapshot in time but a product of history and producer of the future.

Whilst the literature then unanimously understands homelessness having many complex factors at play, failure of state intervention in capitalism leads to not-for-profit social enterprises and charities to pick up the pieces with limited resources to do so and under the guise of a separate system. The humanitarian system is seen as 'other to' and at odds with the capitalist system. The non-human system is perceived as somewhere completely off the grid.

In email correspondence with *Help Bristol's Homeless* I found that with their limited resources they "believe that the priority must be to get individuals into safe, stable and comfortable accommodation. With a secure base from which they can build their lives, we aim to empower them, improve their self-esteem, boost their confidence and feel part of a community." This aligns with Fitzpatrick *et al.'s* (2013) findings that homelessness is almost inevitable when it is dealt with 'too late' when it is glaringly visible and dire. It is telling they mention 'self-esteem' and confidence boosting in their number one priority as almost all rough sleepers have undergone or undergo mental health challenges that are not supported effectively. The not-for-profit sector are limited to only dealing with the short-term and present crises belonging to rough-sleeper's and thus cannot eradicate homelessness. The cause of homelessness then is fundamentally a product of systematic social welfare failings and individual hardships which generate unhealthy coping mechanisms without the social infrastructure to help individual's transform such coping mechanisms.

2.3 <u>Homelessness and mental health in the UK</u>

Mental illness and homelessness have been inextricably linked and this has been largely investigated in North American literature, yet limited information remains in Europe and particularly in the UK (Bhugra, 1996). As aforementioned it is apparent mental health issues triggered by childhood trauma or other social exclusion is highly prevalent within the UK's current population of rough sleepers (Fitzpatrick *et al.,* 2013). However, my research has found literature on this issue seems to be concentrated before 2010 and the lack of literature Bhugra identified in 1996 remains. Could the rise in homelessness be attributed to the direct rise in the number of mental health incidences in an increasingly anxiety-ridden world for the precariat and with the loom of climate threats? Others attribute it to the direct cuts seen to the UK's once infamous welfare system (May *et al.*, 2005). Yet, there is a history of excluding the mentally-ill from UK's society (Bhugra, 1996) and Fitzpatrick *et al's* (2013) findings reveal that anxiety and/or depression is a regular occurrence amongst the homeless. The homeless have a high level of unmet need when it comes to mental health services as they have low rates of health service uptake whilst high rates of morbidity and mortality. For instance, a study of homeless people's views in Manchester, UK found that 82% had psychological problems but only 17% had been seen by a psychiatrist (Bhui *et al.,* 2006). Certain mental health disorders are more prevalent among the homeless population when compared with the general population and
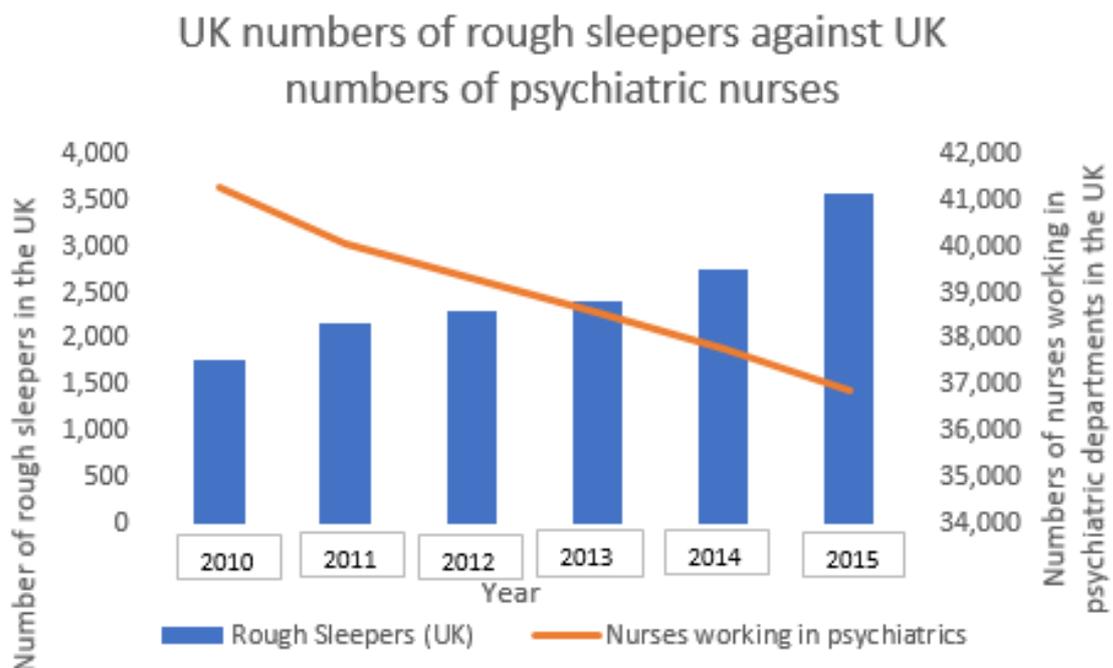

FIGURE 6 – AUTHOR'S OWN GRAPH DEPICTING RISING NUMBERS OF ROUGH SLEEPERS AGAINST THE CUT NUMBERS OF PSYCHIATRIC WORKERS IN THE NHS. DATA FROM HOMELESS LINK (2018) FOR ROUGH SLEEPERS AND THE NHS CONFEDERATION (2016) FOR THE NUMBER OF PSYCHIATRIC NURSES.

impoverished domiciled, these are: psychoses, alcohol and drug misuse, depression and personality disorder. Additionally, homeless individuals are over 34 times more likely to commit suicide than the domiciled (Bhui, *et al.* 2006). Figure 6 shows the increasing number of rough sleepers between the years of 2010-2015 in direct opposition to the trend of NHS' psychiatric nurses across the UK, greatly suffering under nationwide welfare cuts to mental health (NHS Confederation, 2016). Surely then with Figure 6 in mind when we think of Bhui *et al.'s* (2006) findings it is clear this unmet need is only increasing and the crisis only exacerbating as a result of the structural inability to conceptualise and meet the needs of individuals.

The decline in psychiatric nurses aimed to be justified by the NHS Confederation (2016) summary report by detailing that whilst the number of qualified psychiatric nurses has fallen so dramatically and consistently, the number of community nurses has risen from 11,924 to 15,694 between 2003 and 2015. The NHS Confederation (2016) report also states that the number of contacts per community nurse has increased from 204 contacts in 2003 to 375 contacts in 2010 failing to address then the increased stress that must be placed on community nurses in the absence of qualified psychiatric nurses. With a higher number of contacts per community nurse, surely then, the quality of care received and time given is decreasing? The Mental Health Network is part of the NHS Confederation and limited information is given amongst a series of numbers in the report. There is also limited academic literature on the matter. This report has thus found a lacuna in current academic and government research that through ignoring is exacerbating the intertwined epidemics of mental health issues and homelessness.

Bhui *et al.* (2006) attribute the crisis of mental illnesses amongst the homeless due to the fact that the homeless, as an oppressed and isolated group, do not get their opinions and views heard which differ wildly to health care providers and policy-makers. When we think through a systems theory lens and understand distinctions are made and boundaries are drawn (Roderick, 2018), it is clear those with the power to implement change carry a paternalist ideology of knowing better and cannot meet needs as they do not cross the boundary to reach out and understand fully what these needs are. However, what was most poignant from Bhui *et al.'s* (2006) study was that homeless individuals themselves first prioritised their physical health and shelter which they needed access to before they could think about accessing support for their mental health. They sought hostels that were free, without drug and alcohol users and those that did not inflict religion upon them at the expense of using the service and ultimately,

they needed trained staff (in the field of dealing with homeless peoples) which was rarely the case with private hostels. The expectations of support services by the homeless were rarely met. Whatsmore, 51% of those that needed psychiatric help had deliberately self-harmed and not sought help. Perhaps then, mental health services should be reaching out to the homeless, once they are in complete physical health and have access to shelter, rather than vice versa.

Bhugra (1996) describes how rapid industrialisation increases population with limited availability of land and cheap housing. "The relationship of poor housing, available housing at affordable costs, unemployment and increasing rates of repossession due to economic factors on the one hand and on the other hand mental illness resulting from all these factors and often leading to loss of 'home' turns into a vicious spiral" Bhugra (1996: 4). Bhugra (1996) appears then to be covertly referring to an induced anxiety as accessible resources diminish, begging the question: why are scholars and researchers afraid to draw out the links between the anxiety that comes with a neoliberalist ideology and economy exacerbating issues for the marginalised? It is clear greater primary research needs to be conducted on mental health as a multifaceted phenomenon in connection with the economy and environment.

Bhugra (1996) also believes that an historical context of the UK and poverty must be considered to understand the contemporary homelessness epidemic. In the early fourteenth century, religious institutions such as monasteries gave relief to the poor. However, the nature of the 'wandering homeless' also changed, there was a large volume of impoverished industrial workers that with an increasing population led to failing wages, driving peasants off the land. This was also due to the feudal contractual relationship which tied the peasant to their land and landlord breaking down. Furthermore, the Black Death exacerbated this social disruption and the wandering poor, or homeless, became posited as a 'threat' to the societal fabric or at best, 'immoral idlers' (*ibid.*).

The relationship between homelessness and mental illness is historic as Bhugra (1996) goes on to describe the Elizabethan and Jacobean period where the 'wandering lunatic' was born. There was extremely limited space within the hospital for the mentally ill. During the early seventeenth century there were just 20-30 beds for the nation, ex-patients then would be wandering the streets, marked out often with tin cans on their arms as ex-patients. As well as an exclusionary practice the mark also served as a license to beg – mental illness legitimised the need to beg and the hierarchy between the homeless and domiciled. Yet, by 1675 there was

a public announcement people presenting themselves in this way were fraudulent and were instead physically punished (including whipping) and imprisoned. The link between incarceration, mental illness and homelessness then is a historic phenomenon in the UK and is always perpetuated by and a symptom of public perception; bringing us back then to the epigraph of the abstract that if one is to change their perspective so too can the 'system' change.

In the early nineteenth century, the philanthropist Sir George Onesiphorous Paul found that in some workhouses such as St Peter's in Bristol 'pauper lunatics' were separated from those that were deemed 'sane'. Sir Paul found that the 'pauper lunatics' were often chained in cellars or tied to an outhouse or table leg. His findings formed part of the argument for separate institutions for the mentally ill. Historically then there has never been a society, and indeed employment structure, that works for the mentally ill manifesting itself to still be an exclusionary and poorly supported facet of contemporary society. There is a consistent historical relationship between mental illness and homelessness as George Orwell once declared "there is an imbecile in ever collection of tramps" (Bhugra, 1996: 18) and it is assumed he was referring also to those with learning difficulties. It is then the result of structural social welfare systems society failing to be inclusive to all abilities that has caused historic homelessness in many instances. Whether the individual needs support for a learning disability, mental illness, or help dealing with trauma is consistently the reason one may end up experiencing temporary homelessness. In 1996, Bhugra declared that not only have psychiatric bed numbers declined since 1955 but over the last 15 years there had also been closures of traditional hostels for the homeless including Salvation Army Hostels. This was due to the perception that "centrally-funded institutions were inappropriate in view of the responsibilities incumbent on local social service and housing departments" and "large institutions were viewed as unsuitable places for influencing people 'to lead a more settled way of life'" (Bhugra, 1996: 18). Funding was not meant to be cut overall but the support was now left to local authorities and the voluntary sector and local authorities were slow in setting up initiatives and the previous volumes of available beds was never again matched (*ibid.*).

Research in the twentieth century continued to reveal that there was a high correlation between mental illness in the homeless population, particularly that of schizophrenia. An American study conducted by Faris and Dunham (1939) found that the prevalence of mental illness was higher in what they termed the 'disorganised community', or in other words, those in precarious employment, what McDowell (2014) termed the *precariat.* Overall, the mentally

ill homeless have been woven as part of the UK's social fabric since the fourteenth century and social perspectives have oscillated between ideologies of punishment and help. Social perceptions change policy and vice versa. Structural limitations, even at times of ideologies of help, hold back social change and reform.

2.4 Homelessness and precarious employment in the UK

"In an increasingly faceless society, due in part to the internet and email, self-esteem and dignity are an issue for all of us and perhaps as a result, society will better understand what the homeless are going through" (Studzinski, cited in Keating, 2006: n.p.).

"Temporary employment has become commonplace within contemporary labour markets;, making insufficient work and pay an emerging sociocultural norm..." *(Shier et al., 2012: 42).*

Hardgrove *et al.* (2015: 169) found that institutional landscapes inform "imagined possibilities, and imagined possibilities influence agency". Meaning that social disadvantages shape disadvantaged dreams and imaginaries. Social inequality within the UK is perpetuated by reproduced psyches and somas which rarely achieve upward social mobility. Whilst then, precarious workforces lead to unemployment which is one of the many factors that lead to homelessness, it can be inferred that it is the undirected, ill-formed sense of a future self that is the key element triggering homelessness within the systemic framework of increasingly casual employment. Hardgrove *et al*. (2015) found that in the face of precarity a 'well-defined possible self' can overcome homelessness. This is illustrated through the case study of Bobby.

Bobby was a teenage father who traumatically experienced his young daughter die in his arms, he then battled drug addiction and homelessness all the while having the future image in his mind of becoming a nurse. He was lucky enough to have the institutional support of the experience of a childcare course in college. Thus, the social welfare system is instrumental in forming visions of possible selves and is a route in overcoming a precarious labour market and homelessness. Bobby's story begins in alignment to Fitzpatrick *et al.'s* (2013) findings of pathways to homelessness: there was a trauma followed by isolating coping mechanisms however, it is overturned through the education system providing an appealing avenue of change to this particular individual. In delving into literature on the labour market it appears that triggers of unemployment and homelessness come back to mental health as found in this focus on a sense of *self* in the imagined future and present. Those who have not been given

experiences to formulate a possible future self in employment fail to manifest employment. This also links to my email correspondence with Jasper Thompson of *Help Bristol's Homeless* that the first port of call is to boost one's self-esteem. A positive sense of self and self-esteem is repeatedly found as crucial for manifesting futures beyond homelessness and into employment. Again, this is a conversation between the structural and individual processes impacting lives. Ultimately, the precarious labour market is a structural barrier, but prior structural experiences for instance in the education system have greater impacts on forming imagined futures which are potent in manifesting individual reality.

Research in Canada found that employment is often seen as a quick-fix to homelessness (Shier *et al.,* 2012) and from my aforementioned research where limited studies have been conducted on mental health in the context of homelessness, it would appear this is the widespread Western rhetoric. Policy-makers and the public fail to view homelessness from a systems approach and thus, do not view it as a multifaceted phenomenon. Their study (*ibid.:* 28*)* reports that "the general perception or belief is that once people experiencing homelessness are successful in the labour market they will be able to afford housing" yet, this is far from the case. Especially when stable employment for the low-skilled is now a figment of the past. Structural barriers make it hard to find housing without accumulated funds, and having an address is often required for job applications (Bhui *et al.,* 2006) and bank account applications. Public policy influences behaviour by reproducing discourse, and this discourse is one that posits employment as the sole answer to homelessness (Shier *et al.,* 2012). Policy targeting homelessness is thus directly linked to the labour market yet it has failed to secure the vulnerable and marginalised populations within the labour market – thus, throughout the developed Western world it is clear policy targeting the homeless continues to fail with a neoliberalist 'do-it-yourself' rhetoric that fails to see the multiple exclusionary practices that accumulate throughout the life course to manifest homelessness (Fitzpatrick *et al.,* 2013). In other words, policy-makers fail to adopt a systems approach.

Iverson and Armstrong (2006) critique this as a 'work-first' model where the emphasis is on fulfilling the needs of the labour market rather than the homeless workers. Other such models are the 'housing-first' yet neither of these are able to see the holistic model that is required to solve this epidemic of affluent societies – one that I term 'people-first'. Similarly, in the UK a 'work-first' model is adopted through the 'Business Action on Homelessness' (BAOH), however, this scheme does understand the multifaceted issue of homelessness and particularly understands the importance of self-esteem (Keating, 2006). The scheme first

provides a job coach who aims to enhance self-esteem, motivational skills, hopes and aspirations and the coach remains with the individual even as they begin employment as they understand it is easy for ex-homeless peoples to fall back into isolating and exclusionary mindsets and habits (*ibid.*). Through the BAOH scheme, between 2001-2006, 200 companies provided work for 1,700 homeless individuals spanning 22 UK cities (*ibid.*). Marks and Spencer is a key employer on the BAOH scheme. Yet, this scheme is small-scale, and the majority of employment not through this scheme is precarious.

Despite an academic concern that more research needs to be conducted on the lived social experiences of poverty and the marginalised (Shier *et al.,* 2012) there appears there has yet to be enough research or this has yet to be taken into consideration by policy-makers. Shier *et al.* (2012) call for employers to understand how their structures, of precarious employment consisting often of zero-hour contracts, impact realities. At present, "temporary employment has become a mainstay for economic opportunities for low-income vulnerable workers" (*ibid.:* 43) which feeds into the consistent findings in this report of the importance of a secured sense of identity and self. Not knowing the future of one's economic identity, which is so engrained into Western culture, can contribute to a psychological downfall in a society where social welfare resources are increasingly under threat. It is no surprise then that Shier *et al.'s* (2012) call for the future is an increased number of fully trained and qualified social workers. This is to some extent what BAOH are trying to achieve, yet this needs to be widespread and mandatory by the UK government for all homeless individuals if the problem could begin to be solved.

In light of my findings from the aforementioned literature, I created the graph shown as figure 7. I used ONS data on the number of people in employment in the UK who reported themselves as being on zero-hour contracts which has been on the rise significantly since 2010 as has the number of rough sleepers in the UK. Of those on zero-hour contracts, 25.3% wanted more hours compared to just 7.3% not on zero-hours contracts (ONS, 2018). Therefore, those who are on zero-hours contracts are more likely to not be earning enough money for necessities, are in precarious economic positions and this is likely to feed into overall feelings of anxiety especially when housing is become increasingly unaffordable. Therefore, the link between increasing precarious employment and increasing numbers of rough sleepers are both the result of intersecting systemic factors whereby a neoliberalist ontology has birthed an individualism where the social welfare state holds less responsibility in shaping affordable housing systems and an employment structure that works for workers and not just 'economic growth'.

Comparison of number of zero-hour contracts and number of rough sleepers in the UK between 2010 and 2017

Legend: Rough Sleepers (UK) ■ — Number of people in employment reporting they are on a zero-hours contract
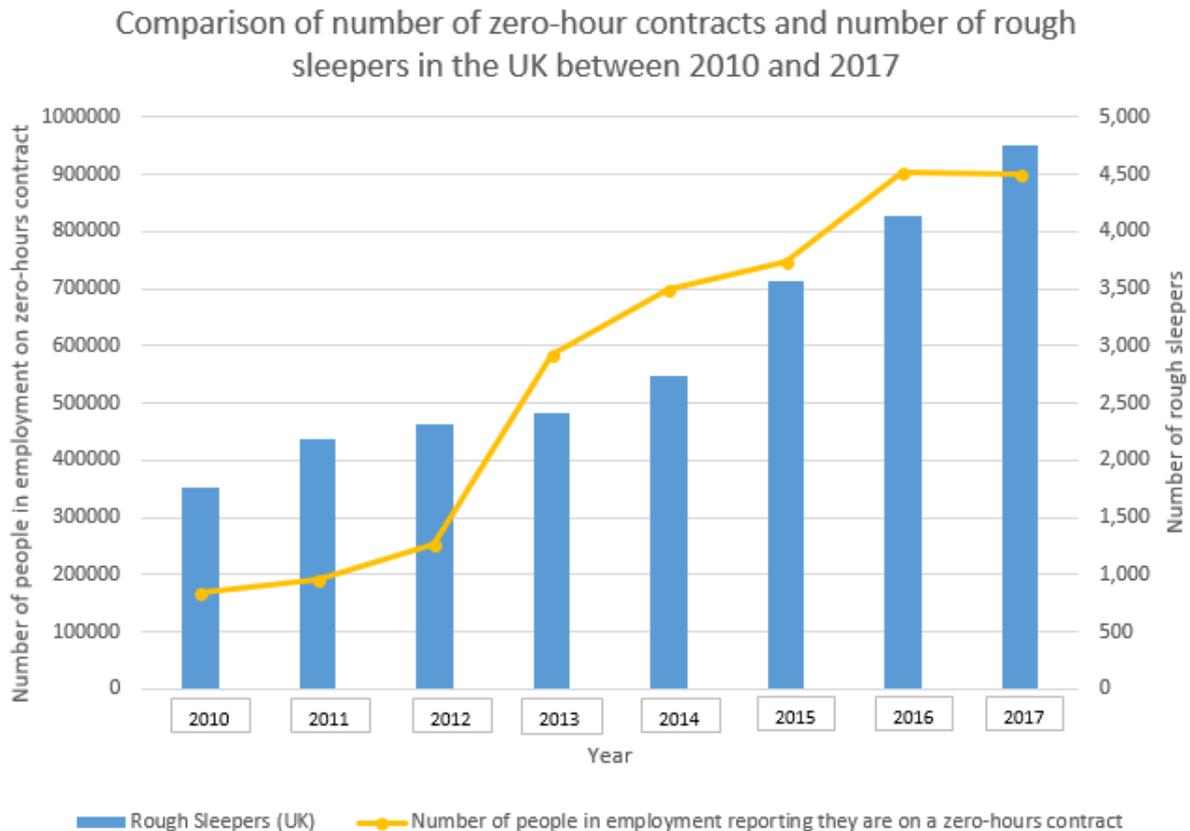
FIGURE 7 - AUTHOR'S OWN GRAPH DEPICTING THE NUMBER OF ROUGH SLEEPERS IN THE UK USING DATA FROM HOMELESS LINK (2018) WITH THE NUMBER OF WORKERS IN THE UK ON ZERO-HOUR CONTRACTS USING ONS (2018) DATA

3.0 **Climate change and homelessness**

We are living in a mental health crisis and a simultaneous environmental crisis – is it coincidental that the two have coincided? Lucy Ford (2018) would disagree this is a coincidence as killing off our host is a traumatic experience at the individual level in a world where there is shrinking space for ethical and internal consideration under capitalism which involves an acceleration of thinking and decision-making. Whatsmore, climate change impacts the vulnerable – the homeless – *more than* the privileged.

Ramin and Svobada (2009) declare their research to be the first that links the issues of climate change with the concerns for the developed world's most vulnerable population – the homeless (those whom are rough sleepers or in temporary shelter). They identify four main concerns of climate change disproportionately impacting the homeless population which are increased heat waves; increased air pollution; increased severity of floods and storms; and the changing distribution of the West Nile Virus (as this study is set in the USA). They, like all scholars aforementioned, note the higher levels of depression and schizophrenia amongst the homeless population but also identify the increased prevalence of chronic issues such as

respiratory problems due to high amounts of smoking, poor air quality conditions and exposure to extreme temperatures. Cancer, heart disease, and cerebrovascular disease are also higher as conditions go unmonitored with extreme poverty and a lack of access to healthcare. High cholesterol, diabetes and other such chronic illnesses are poorly monitored increased susceptibility to infectious diseases. Rough sleepers are also more exposed to extreme cold and extreme heat weather conditions and climate change is "projected to result in higher maximum temperatures, higher minimum temperatures, and an increase in the frequency and intensity of heat waves" (Ramin and Svoboda, 2009: 655). Such heat waves may exacerbate the prevalence of infectious diseases amongst the vulnerable homeless population. Heat waves are also associated with increases in mortality, particularly amongst the young and elderly. "The homeless are vulnerable because the risk factors for mortality and morbidity from heat correlate closely with the characteristics of homeless individuals. Pre-existing psychiatric illness has been shown to triple the risk of death from extreme heat. Other risk factors for death during heat waves include cardiovascular disease, pulmonary disease, advanced age, living alone, being socially isolated, not using air conditioning, alcoholism, using tranquilizer, and cognitive impairment" (Ramin and Svoboda, 2009: 655). It is evident then that both morbidity and mortality of the homeless population will increase with climate change creating greater need to end this Western epidemic of unequal suffering.

As shown by figures 2 and 3, homeless individuals are attracted to urban centres. This is problematic in the Anthropocene as the heat island effect will be exacerbated by climate change exposing homeless individuals to extreme heat conditions which will increase the likelihood of death from psychiatric illnesses and increase suffering from respiratory and infectious diseases. Additionally, rough sleepers spend a lot of time on the ground and ground-level ozone will be most altered by climate change. An increased ground-level ozone increases the number of cardiovascular and respiratory mortality rates which are diseases already disproportionately impacting the homeless population.

The increased occurrence of floods and storms increase anxiety and depression as well as induce outbreaks of infectious diseases, again issues already disproportionately impacting the homeless population. The homeless generally occupy marginal areas more at risk to environmental hazards: the urban homeless are disproportionately at risk from natural disasters but are not written into urban planning policies, as a disenfranchised, neglected group (*ibid.*). Males with low occupational status and individuals 55-64 years of age are at high risk of psychological symptoms after natural disasters and baseline poor health indicates worse health

outcomes post natural disasters, yet policy-makers are yet to show concern for this vulnerable population in the context of a warming planet. Additionally, it is predicted that climate change will bring the West Nile Virus to the USA where rough sleepers out at night will be more exposed to mosquitoes who are most active at night. However, this is less relevant to this study focused on the UK's homeless.

Overall, the homeless are more likely to live in risky areas and unable to evacuate themselves to less risky locations in times of disaster. As a population the homeless are at greater risk of infection, respiratory impacts that climate change has a huge effect on, and mental health impacts from disasters with high rates of pre-existing psychiatric conditions. The vulnerable homeless are thus another urgent call to address climate change in North America and Western Europe of which Ramin and Svoboda (2009) address two ways of responding to climate change: adaptation and mitigation. Adaptation includes infrastructural change which in this case would be solving the housing crisis as one example. Mitigation involves getting to the root of the problem, for instance dramatically reducing carbon dioxide emissions. Ramin and Svoboda (2009) call to policy-makers to generate a public transportation system that will reduce the generation of greenhouse gases and give homeless populations an inexpensive means of transport. However, this seems nonsensical as where would the homeless be travelling to? And surely it is best to address both the root causes of homelessness and climate change in policy?

4.0 <u>A call for policy-makers</u>

Why does policy consistently fail?

This report has found that policy targeting the homeless is continuously based on only the economic system, positing employment as the answer to homelessness (Shier *et al.,* 2012). This is nonsensical not only in a world of precarious employment (ONS, 2018), but also because homelessness is a multi-faceted phenomenon heavily affected from individualised and structural events such as: violent experiences, bullying in school, street drinking and/or drug-abuse, homelessness in childhood, impoverished conditions, mental health conditions, precarious employment, lack of self-esteem and many other intersecting issues falling under intersecting systemic institutions.

I call upon policy-makers to focus on preventing homelessness by putting forward better social welfare measures in childhood to address child abuse. Social workers must be higher in number and quality to direct coping mechanisms towards activities such as art, music and

community projects to ensure childhood trauma does not manifest into exclusionary behaviours such as self-harm and street drinking (Fitzpatrick *et al.,* 2013). I call upon policy-makers to focus more resources into solving the mental health crisis at present instead of rapidly cutting the number of qualified psychiatric nurses employed under the NHS as depicted through my graph in figure 6. Again, this serves as a preventative measure changing coping mechanisms and as a measure for those already homeless in changing behaviours. I also call upon policy-makers to ban zero-hours contracts and make economic policy with citizens in mind rather than only capitalistic economic growth which is not serving the majority of the UK. Overall, I call upon policy-makers to make policies understanding that each one intersects with another and that homelessness in particular is directly impacted by economic policy, housing policy, social policy, prison policy and health policy. Finally, I call upon policy-makers to act upon such recommendations with haste under the context of an increasingly vulnerable and volatile climate system which will disproportionately increase morbidity and mortality rates amongst the homeless for a multitude of physical and mental health reasons aforementioned.

5.0 Conclusion

If I change, the system(s) change(s).

5.1 Systems theory thinking

The beginning of this concluding chapter shall summarise my thoughts and findings through the lens of systems theory thinking. I shall thus frame my findings through each of the four concepts Cabrera believes make up systems thinking: distinctions, systems, relationships, and perspectives (Roderick, 2018).

5.1.1 Distinctions

When looking at homelessness the oppressed, marginalised, disenfranchised group - the homeless – are our focus. The 'other' is the domiciled and these two opposing groups are within the same system of affect (whether it be neoliberalism, climate change, state cuts, etc.) yet have a conflict of circumstance. It is important to remember than neither group is homogenous. However, the hegemonic group ideology is that of neoliberalism birthing the idea the domiciled have the capitalist freedom to spend their money as they please yet, they should not allow the homeless to make similar choices with money. An article in the *New Statesman* (Broomfield, 2017) urges the domiciled to give their money freely to the homeless in response to a general Western consensus to give only food and water rather than money. This strips the homeless of their autonomy, freedom and chance of paying for a night of shelter. This further

reinforces the distinction that one group is trusted with decisions and another is infantilised. This illustrates the lack of understanding and support given to street homeless and many other homeless groups which keeps perpetuating distinctions under one system and perpetuates the problem without solutions. Service providers of mental healthcare and substance misuse services do not collect the views from the homeless people themselves and effective strategies are not being made due to distanced distinctions (Bhui *et al.,* 2006). My findings conclude then that a neoliberalist ideology serves as a divisive tool which lacks hegemonic understanding of the multifaceted causes that lead to homelessness which often begin in childhood and are often already products of capitalism-induced inequality in the UK. I thus call for a dismantling of divisive distinctions, decreased individualism and increased understanding.

5.1.2 Relationships

The second element of systems thinking: relationships. This report has found that the relationship between policy-makers and the homeless is one that exacerbates the feedback mechanisms of homelessness as policies routinely fail and successful intervention is left to small-scale charities or non-governmental organisations. The relationship with climate change also generates a vicious cycle. The relationship between policy-makers and vulnerable groups must have a greater understanding of the needs of the homeless to solve the epidemic, this comes back to breaking isolating distinctions.

5.1.3 Systems

This report has identified a plethora of systems that both sides of the distinction are in the realm of being affected by, but some are more vulnerable to changes in the systems than others. These systems include, but are not limited to, mental health system; neoliberalist system; precarious economic system; individual events of violence; welfare system; prison system; (physical) healthcare system. None of these currently work for the homeless population as a whole, nor are they adaptable to an increasingly neoliberalist rhetoric, increasingly capitalistic economy and increasingly volatile climate system. I repeat the need to meet the needs of the vulnerable first and then ensure the systems are also adaptable for the future.

5.1.4 Perspectives

The final part of systems thinking as stated by Cabrera is perspectives (Roderick, 2018). A shared perspective that is sensitive to all ontologies is required. This report has found public perspectives to be crucial to how we treat the vulnerable in British society throughout history (Bhugra, 1996) and greater conversations about understanding homelessness to breakdown a

fictitious and toxic neoliberalist rhetoric is required. A shared perspective of compassion and understanding would best manifest a system that resolves the homelessness epidemic with everyone on board to readdress policy with the needs of the homeless in mind. Public pressure can fuel this if the overall consensus becomes one of understanding, compassion and a sense of community replaces the current mode of individualism.

5.2 <u>Limitations</u>

The key limitations of this report were that the topic is understudied in the ways that it should be, which contributes to the epidemic being reproduced. What I mean by this is there is limited UK data on mental health and asking the homeless population how they feel and what they need. For instance, it would have been better in section 2.3 to have made a graph that depicted self-esteem and years spent homeless but this data has not been collected. Even where the topic has been studied, there are still significant gaps and a lack of volume of studies as stated by Shier *et al.* (2012) and Bhugra (1996). I was also limited in that I did not have links to have ethical conversations to collect qualitative, primary data from homeless people themselves in a suitable environment.

5.3 <u>Manifesting a better system</u>

Ultimately this report has found that "*constellations of inter-related causal factors*" (Fitzpatrick *et al.,* 2013: 150) collide under a hegemonically shared neoliberalist perspective to reproduce the homelessness epidemic, time and time again. Policies fail to understand the needs of the homeless, pushing forward with a paternalistic ideology that falls under the 'jobs-first' model (Iverson and Armstrong, 2006). Neglected and abused children and adults, and/or suffering from mental health illnesses, consistently have needs that are not met by the UK's social welfare system subjected to routine cuts. Policies view these colliding constellations as disparate systems and routinely do not work (i.e. they do not get the people who need jobs into work; they do not get ex-offenders back into work; they do not solve mental health issues) due the view of disparate rather than connected systems.

A better system is possible. This report has identified a need for policy to target preventative strategies in ending homelessness by increasing mental health care for those homeless and domiciled, to support children undergoing trauma, to increase arts funding to transform coping mechanisms, to ban zero-hours contracts and to generate affordable housing.

There is no one cause of homelessness in any instance and this report has routinely attributed all causes under an umbrella rhetoric of neoliberalised subjects who are increasingly

individualised with economic motivations at the forefront. Under such a hegemonic worldview, individuals supposedly work to achieve or are subjected to vulnerability. A change in perspectives, systems, relationships and distinctions is required, and possible, to end this unethical epidemic of inequality in its most extreme form.

Word count: 8,656

Links to mentioned charities:

See Change - https://www.seechange.org.uk/

Help Bristol's Homeless - https://helpbristolshomeless.co.uk/

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