CONNECTED

Gendered patterns of
severe and multiple
disadvantage in England

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Partners

Acroynms

APMS
Adult Psychiatric Morbidity Survey

BME
Black and Minority Ethnic

CHAIN
Combined Homelessness and Information Network

CIN
Children in Need

DCLG
Department for Communities and Local Government

DV
Domestic Violence

DWP
Department for Work and Pensions

IMD
Index of Multiple Deprivation

LA
Local Authority

LCA
Latent Class Analysis

LD
Learning Disability

MEAM
Making Every Adult Matter

MEH
Multiple Exclusion Homelessness

MH
Mental Health

MoJ
Ministry of Justice

NDTMS
National Drug Treatment Monitoring System

NHS
National Health Service

OASys
Offender Assessment System

PD
Primary Disadvantage domain

SMD
Severe and Multiple Disadvantage

SP
Supporting People

TOP
Treatment Outcome Profile

UC
Unitary County

VA
Violence and Abuse

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Likewise

Glossary of terms

Adverse Childhood Experiences
A widely used term referring to stressful events occurring in childhood including being the victim of abuse, being the victim of neglect, being a witness of domestic violence, parental abandonment, having a parent with a mental health condition, a member of the household being in prison, and/or growing up in a household in which there are adults experiencing alcohol or drug use problems.

Adult Psychiatric Morbidity Survey (APMS)
A national household survey of mental health, conducted every seven years. The questionnaire also covers various adverse experiences, including substance misuse, homelessness, experience of violence and abuse, having a history of offending, and adverse childhood experiences.

Cluster Analysis
A statistical modelling approach that identifies similar groups of people or topics in a dataset.

Current disadvantage
Defined here as experiencing disadvantage in the last 12 months.

'Ever' disadvantage
Defined here as experiencing disadvantage ever during adulthood (16+).

Homelessness
A broad definition of homelessness is adopted, including not only rough sleeping, but also other forms of highly insecure and inappropriate accommodation, insofar as this is recorded in the key datasets.

Index of Multiple Deprivation (IMD)
The official suite of measures of deprivation for local and small areas across England.

Latent Class Analysis (LCA)
A form of cluster analysis, used in these analyses to divide the population into different groups of people who share similar experiences.

Multiple Exclusion Homelessness (MEH)
A quantitative survey of people using 'low threshold' homelessness, drug and other services in seven UK cities conducted in 2010.

National Drug Treatment Monitoring System (NDTMS)
A national dataset that monitors client journeys through substance misuse services.

Offending
Having contact with the criminal justice system (including being in trouble with the police involving court appearance).

PD0
No experience of any of the four primary disadvantage (PD) domains.

PD1
Experiencing only one of the four primary disadvantage domains (e.g. 'homelessness only', 'poor mental health only', or 'substance misuse only').

PD2
Experiencing two out of four primary disadvantage domains (e.g. 'homelessness + substance misuse'; 'substance misuse + violence and abuse'; 'substance misuse + poor mental health').

PD3
Experiencing three out of four primary disadvantage domains (e.g. 'homelessness + poor mental health + substance misuse').

PD4
Experiencing all four primary disadvantage domains (e.g. 'homelessness + poor mental health + substance misuse + violence and abuse').

Poor mental health
A broad definition is adopted, including experiencing a common mental disorder (such as depression, anxiety, phobia, obsessive-compulsive disorder or post-traumatic stress disorder), bipolar disorder, psychosis, or being identified with a personality disorder.

Primary domains of disadvantage
Here defined as including the four domains of homelessness, substance misuse, poor mental health, and violence and abuse.

Secondary domains of disadvantage
Here defined as living in poverty (material and/or financial), being a lone parent, being socially isolated, living in poor quality accommodation, being a migrant (particularly when compounded by poor English skills), being a Gypsy/Traveller, having a physical disability, having a learning disability, being an offender, being involved in sex work, having lost children to the care system.

Severe and multiple disadvantage (SMD)
Here defined as experiencing at least two disadvantages focussed upon in this study, with at least one of them being a 'primary' one (homelessness, substance misuse, violence and abuse, and poor mental health).

Substance misuse
A broad definition is adopted, including not only regular use of hard drugs but also 'harmful' drinking of alcohol and dependence on cannabis.

Supporting People (Client Record and Outcomes for Short-Term Services) (SP)
A housing-related support services dataset that includes most publicly-funded single homelessness services and covers most higher tier (social services) authorities in England.

Violence and abuse
Here defined as being a victim of interpersonal violence and abuse such as having been raped or sexually assaulted (by any perpetrator), or suffering violence and coercive control by a partner or ex-partner – where coercive control includes behaviours which limit someone's freedom and diminish their self-worth such as threatening harm, denying access to money and preventing them from seeing family or friends.

CONTENTS

1

INTRODUCTION

BACKGROUND, AIMS & OBJECTIVES

The subject of 'severe and multiple disadvantage' has risen up the policy agenda in recent years as the need to develop more effective policy and practice has become increasingly evident.

A key catalyst to associated debate was the publication of Hard Edges: mapping severe and multiple disadvantage in England (Bramley et al, 2015), based on a study conducted by Heriot-Watt University for Lankelly Chase. Hard Edges England analysed administrative (service-use) data to develop a statistical profile of people who were in contact with homelessness, substance misuse and criminal justice services. The study indicated that the population with concurrent experience (within the same year) of all three of these particular disadvantages consisted predominantly of men.

At the same time, a review commissioned by the cross-sector initiative Agenda (the alliance for women and girls at risk) and conducted by DMSS Research highlighted the importance of understanding women's experiences of severe and multiple disadvantage as different from those of men (McNeish and Scott, 2014). Lankelly Chase subsequently commissioned DMSS Research and Heriot-Watt University to work together to consider whether a different conceptualisation might bring the lives of more women into view and shed light on other manifestations of severe and multiple

disadvantage. That study also assessed the feasibility of using an alternative conceptualisation to produce a profile of those affected (McNeish et al, 2016). This exercise was conducted, in part, to ensure that the Hard Edges definition did not inadvertently become viewed as the only definition of 'severe and multiple disadvantage', which itself was a newly coined term to describe a complex social phenomenon.

This report builds on these earlier studies by documenting the findings of the quantitative profiling exercise of women's experiences of severe and multiple disadvantage conducted thereafter by Heriot-Watt University in collaboration with DMSS Research. The study's central aim was to develop a statistical profile of women affected by severe and multiple disadvantage in England, as defined by the alternative conceptualisation developed, in order to enhance understanding of their characteristics and circumstances (insofar as available data allowed). The conceptualisation was developed specifically in relation to women, but comparable data pertaining to men is provided as and where possible.

Although ultimately 'about' women, this report also casts light on previously undocumented manifestations of severe and multiple disadvantage affecting a number of men.

In using this different definition of severe and multiple disadvantage, we were particularly interested to find out:

- how many, and what proportion of, women are affected

- the socio–demographic profile of those affected

- how different domains of disadvantage overlap

- how severe and multiple disadvantage is geographically distributed

- what existing data can tell us about associated risk factors.

The analysis presented makes the best possible use of existing administrative and survey data but is inevitably limited to the evidence that can be gleaned from these datasets. Like the Hard Edges study which preceded it, this study is exploratory rather than definitive, but offers the most robust account to date of the scale and overlap between groups subject to the specific (gendered) combinations of disadvantage under investigation.

THE STUDY'S CENTRAL AIM WAS TO DEVELOP A STATISTICAL PROFILE OF WOMEN AFFECTED BY SEVERE AND MULTIPLE DISADVANTAGE IN ENGLAND

DEFINITIONS

Consultations with groups of disadvantaged women undertaken as part of the conceptualisation and feasibility study made clear that mental ill health and experience of interpersonal violence and abuse were central features of their experience which needed to be taken into account.

Moreover, they highlighted that **disadvantages such as homelessness and substance dependence often resulted from different difficulties in men's and women's lives, that the experience of these disadvantages was gendered, and the ways in which services responded were often based on gendered expectations of how men and women 'should' behave (McNeish et al, 2016).**

In response, the current research develops a profile of severe and multiple disadvantage defined, in part, in terms of four 'primary' domains of disadvantage, which include the following experiences during adulthood:

HOMELESSNESS
Not having a settled place to stay, such as sofa-surfing (staying with family or friends because the individual affected has no home of their own), staying in temporary or refuge accommodation, or rough sleeping;

SUBSTANCE MISUSE
Consumption of drugs or alcohol above a certain threshold, substance dependency, or daily functioning being compromised by substance consumption (including regular use of hard drugs but also 'harmful' drinking of alcohol and dependence on cannabis);

BEING A VICTIM OF INTERPERSONAL VIOLENCE AND ABUSE
Such as having been raped or sexually assaulted (by any perpetrator), or suffering violence and coercive control by a partner or ex-partner – wherein coercive control includes behaviours which limit someone's freedom and diminish their self-worth such as threatening harm, denying access to money and preventing them from seeing family or friends;

HAVING POOR MENTAL HEALTH
Experiencing a common mental disorder (such as depression, anxiety, phobia, obsessive-compulsive disorder or post-traumatic stress disorder), bipolar disorder, psychosis, or being identified with a personality disorder.

A range of other forms of disadvantage were highlighted by women in the consultations, albeit with less frequency or emphasis (McNeish et

al, 2016). These are referred to as 'secondary' domains of disadvantage throughout this report and include: living in poverty, being an offender, being a lone parent, being a migrant (particularly when compounded by poor English skills), being a Gypsy/Traveller, being isolated, living in poor quality accommodation, having a physical disability, having a learning disability, being involved in sex work, and having lost children to the care system.

This study's definition of severe and multiple disadvantage therefore differs from that of its Hard Edges predecessor by including poor mental health and interpersonal violence and abuse, and omitting involvement with the criminal justice system, from primary disadvantage domains. In addition, it includes a range of secondary domains such as poverty, disability, and social isolation, amongst others (see above).

This study also departs from its Hard Edges predecessor in two other ways. It employs a different timeframe, so rather than focusing almost exclusively on 'current' experience of disadvantages (or at least those occurring within a single year) as was the case in Hard Edges, this study expands the focus to bring into view experience of disadvantage throughout adulthood. **The inclusion of disadvantage 'ever' experienced during adulthood was in response to the emphasis that the women we consulted placed on the cumulative impact of multiple disadvantage over the lifecourse** – and in particular their insistence that some disadvantages can be as harmful when they occur in a sequence as when they occur simultaneously (McNeish et al, 2016). Insofar as data allows, the study also considers adversity experienced during childhood in recognition of the cumulative impact of adversity over the entire lifecourse. In addition, this study draws upon different data sources from Hard Edges, by including general household surveys as well as administrative (service use) data. It thus illuminates the experiences of members of the private household population as well as homeless people and other groups using support services that relate to the primary domains of disadvantage (see Chapter 2).

REPORT STRUCTURE

The report consists of ten chapters. Chapter 2 outlines the methods employed in the collection and analysis of data. Chapters 3 and 4 focus on the scale and patterns of primary domains of disadvantage affecting women 'currently' and 'ever' during adulthood. Chapter 5 focusses on the ways that different combinations of disadvantage tend to 'cluster' within the general population, and includes consideration of both primary and secondary domains. Chapter 6 summarises what is known about the socio–demographic profile and housing status of women affected by severe and multiple disadvantage. Chapter 7 draws attention to geographical patterns in its incidence. This is followed, in Chapter 8, by analyses of childhood adversity in the backgrounds of women and men reporting severe and multiple disadvantage in adulthood. Chapter 9 offers additional reflections regarding key secondary disadvantages that influence the quality of life of women affected by severe and multiple disadvantage, such as poverty, disability and social isolation. Chapter 10 draws together key conclusions from the study.

2
METHOD

METHOD

This study was preceded by a review of nearly 100 potential datasets, full details of which are provided in the conceptualisation and feasibility study report (McNeish et al, 2016).

Seven datasets were subsequently selected for detailed analysis and their key parameters are as follows:

1
ADULT PSYCHIATRIC MORBIDITY SURVEY (APMS)

This cross-sectional survey collects data on mental health among adults aged 16 and over living in private households in England. APMS also has a wealth of self-reported information on other domains of disadvantage. Data from the 2014 edition containing records for 7,546 individuals was analysed and supplemented with data collected in the previous wave (2007). Permission to analyse the data was obtained from the Data Request Service at NHS Digital.

2
SUPPORTING PEOPLE (SP) CLIENT RECORDS AND OUTCOMES FOR SHORT-TERM SERVICES

This merged dataset provides information about clients aged 16 and over who entered and left housing support services that were in receipt of funding from the Supporting People programme which ran from 2003 to 2011[1]. Most were not living in private households. We report primarily on data from the last year of full participation (2010/11), which contained 325,000 records. The data was generated by support workers who complete a structured questionnaire for each service user.
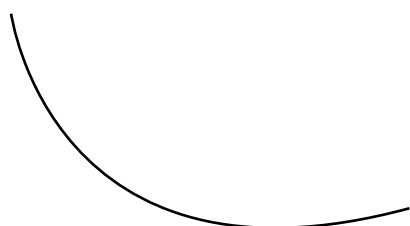
3
MULTIPLE EXCLUSION HOMELESSNESS (MEH)

A cross-sectional survey conducted in 2010 of people who had been homeless and had experience of one or more of the following: institutional care, substance misuse, or participation in 'street culture activities' (begging, street drinking, 'survival' shoplifting or sex work)[2]. It involved a census survey of users of 'low threshold' support services in seven cities throughout the UK (n=1,286), followed by extended interviews with a sample of 452 individuals. The information is self-reported.
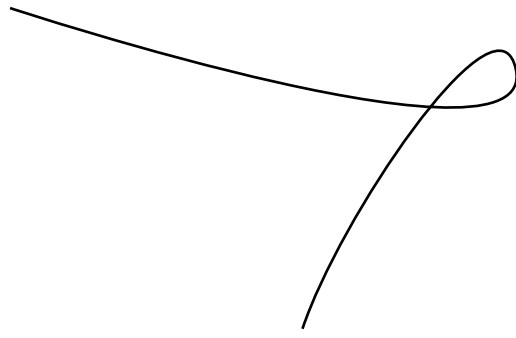
4
ST MUNGO'S CLIENT NEEDS SURVEY

A survey of clients of St Mungo's, a charity working with people who are sleeping rough, in hostels and at risk of homelessness. To facilitate service planning, every year the organisation surveys clients staying in its accommodation, the majority of which is in London. This study employs the 2016 database which contains 1,950 unique records. Data is generated by support workers.
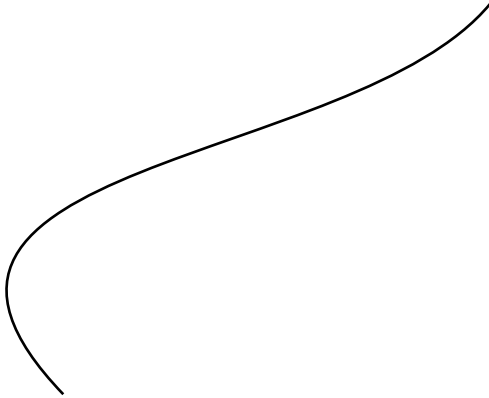
5
COMBINED HOMELESSNESS AND INFORMATION NETWORK (CHAIN)

A multi-agency database recording information about people sleeping rough and the wider street population in London. This study draws upon aggregate figures for rough sleepers who had their support needs assessed over 2015/16 (n=5,481). Data was generated by support workers.

6
CHILDREN IN NEED (CIN)

An administrative dataset that forms part of the National Pupil Database. Data covers children referred to English Local Authorities children's social services, and those who are assessed as in need of Local Authority social services support. Data was generated by social workers.

7
NATIONAL DRUG TREATMENT MONITORING SYSTEM (NDTMS)

Contains records of people receiving treatment from a drug or alcohol misuse service in England. Data was generated by support workers.

A full list of the indicators used in relation to each of the primary and secondary disadvantage domains is provided in Appendix 1.

It is important to note that in the analysis a distinction is made between 'current' experience of disadvantage (that is, things experienced within the past twelve months) and disadvantages experienced 'ever' in adulthood.

Where used in tables and graphics, the short-hand term 'PD0' is used in reference to individuals who have not experienced any of the primary domains of disadvantage for the time period under investigation. PD1 refers to experience of one primary domain (e.g. 'homelessness only' or 'violence and abuse only'), PD2 to experience two out of the four primary domains (e.g. 'homelessness + substance misuse' or 'violence and abuse + poor mental health'), and so on.

Two approaches were taken to data analysis. The first approach started with the number and types of disadvantages. This is an 'analyst-driven' approach, where the analyst defined the groupings. Specifically, the analyst combined people into

groups depending on the number of primary disadvantages they had experienced (0, 1, 2, 3, or 4) or the combinations of primary disadvantages (e.g. 'poor mental health only', 'homelessness + substance misuse + poor mental health but not violence and abuse').

This approach was used on all datasets.

The second approach was used to analyse the APMS dataset only and is called 'Latent Class Analysis' (LCA). LCA is a way of dividing a population into groups. This is straightforward when there are just a few topics (variables) that one is interested in: cross-tabulating one topic by another reveals the composition of the population. This strategy, however, becomes unfeasible when the number of topics one is interested in is large. For example, with 10 binary variables there are over 1,000 possible combinations; it is simply too difficult for a human to see the patterns.

LCA employs computer power to identify combinations that are not identical but 'close enough' and it puts them together into one 'class' or cluster. LCA also suggests how many classes or clusters there are overall.

It shows what number of clusters strikes the best balance between having a picture of the population that is detailed and having a one that is simple and useable. LCA has been used on the APMS dataset but not on other datasets because APMS has a larger number of variables of interest than the other datasets analysed for this report. It was carried out separately according to gender so that the different ways that disadvantage groups together in men and women could be captured in different typologies. The LCA was also restricted to people aged 16–64 because previous research has shown that disadvantages tend to manifest differently in older people.

The LCA identified a large number of distinct groups among women and among men. To make the typologies easier to describe, some of these were combined into a smaller number of broad cluster groupings: five clusters for women and five clusters for men. The overall typology for women can be compared with the overall typology for men. However, because different typologies emerged for women and men, specific groups or clusters should not be considered comparable.

Datasets covering both the private household population and individuals using homelessness services were included to maximise coverage as far as possible.

However, it is inevitable that some women may not be represented in either.

They may actively avoid services (due to shame, stigma, fear of losing children or prior negative experiences, for example), and/or not appear

in population surveys or feature only in such small numbers that little or no useful analysis of their experiences can be conducted (McNeish and Scott, 2017). Furthermore, missing data in administrative records and potential under-reporting of disadvantages in surveys (due to embarrassment or fear of negative consequences of disclosure) means that **estimates are likely to be conservative**[3].

Our initial analysis was followed by a series of consultations with women affected by severe and multiple disadvantage. These were conducted in Hull, Dewsbury and London, and involved a total of 30 women with lived experience and six support agency staff members. The consultations had three main purposes: to obtain participants' feedback on the main findings of the preliminary data analysis; to test and flesh out interpretations of the data in key areas; and to explore questions arising from the data. Key findings from the consultations are reported in McNeish and Scott (2017). These built upon the findings of five earlier consultations involving more than 100 women with lived experience and other key stakeholders in England and Scotland conducted during the conceptualisation and feasibility study (see McNeish et al, 2016).

3

SCALE & PATTERN OF 'CURRENT' EXPERIENCE

This chapter focusses on the overall scale and patterns of 'current' experience of primary disadvantage: that is, experience of one or more of the primary domains within the past year.

SCALE

Table 3.1 presents the best available (albeit conservative) estimate of the number of adults in England experiencing some combination of the four main primary domains of disadvantage under investigation within a single year.

This data is drawn from two datasets, APMS and Supporting People, which are effectively complementary and largely non-overlapping[4]. The figures should nevertheless be treated as orders of magnitude rather than precise accounting – being based partly on a sample survey from 2014 and partly on an administrative dataset from 2010/11.

Around 336,000 adults currently affected by three or four primary domains. Of these, there were approximately the same number of women and men (169,000 and 167,000 respectively). The number experiencing the most complex disadvantage (all four domains) in a single year appeared to be comparatively small (17,000, of whom around 70% were female).

Table 3.1 also highlights the striking proportion of the population experiencing one or two of these primary domains at the same time. 2.3 million adults (5.2%) experienced two or more of these domains concurrently, while 9.6 million (21.6%) experienced one of them. This finding is strongly influenced by the inclusion of poor mental health in the primary domains of disadvantage for this study (cf. the Hard Edges study, see Chapter 1). Poor mental health has a very high level of current prevalence, affecting 21% of all adults and 25% of adult women. Four in five (80%) cases experiencing one or more current primary domains of disadvantage are affected by poor mental health. This proportion rises to 87% of all women currently experiencing at least one primary domain of disadvantage.

Table 3.1
Percent and number (scaled-up projection) of women, men and all adults experiencing different numbers of current primary disadvantage domains in England, c.2010-14.

Sources: Authors' analyses of Adult Psychiatric Morbidity Survey (APMS) 2014/2007 and Supporting People (SP) 2010/11. Figures are rounded to the nearest thousand and percent[5].

Count of primary domains	Women		Men		Adults	
	%	N	%	N	%	N
PD0	71	16,239,000	75	16,427,000	73	32,667,000
PD1	24	5,422,000	19	4,230,000	22	9,652,000
PD2	4	976,000	5	998,000	4	1,973,000
PD3	1	157,000	1	162,000	1	319,000
PD4	<1	12,000	<1	5,000	<1	17,000
Total	100%	22,806,000	100%	21,822,000	100.0	44,628,000

336,000
adults were currently affected by three or four domains of disadvantage.

Substance Misuse

80%
(four in five) cases experiencing one or more current primary domains of disadvantage are affected by poor mental health.

FOUR DOMAINS OF DISADVANTAGE

Having poor mental health

Homelessness

Being a victim of interpersonal violence and abuse

2.3 million
adults (5.2%), in the general population, experienced two or more of these domains concurrently.

PATTERN

Figure 3.1 gives an overall picture of the combinations of disadvantage that are most common among those currently experiencing any of the domains under investigation.

Figure 3.1

Proportions of adult population currently experiencing specific combinations of primary disadvantage domains by gender, England, c.2010-14

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Sources: Authors' analyses of Adult Psychiatric Morbidity Survey (APMS) 2007/2014 and Supporting People (SP) 2010/11.

● Female
● Male
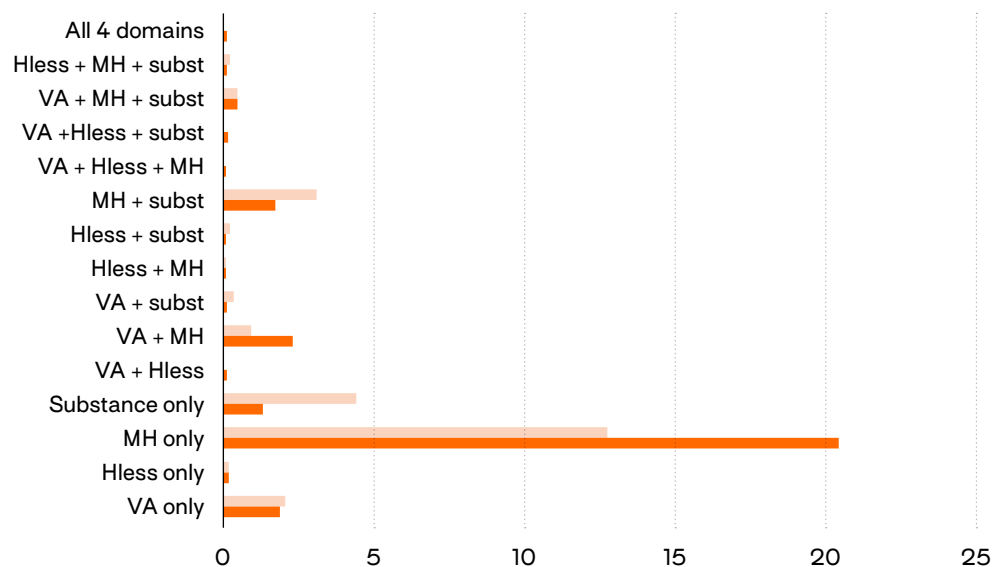
Among the single domains, poor mental health is the most prevalent, and within that women are more commonly affected. Next in prevalence, but a lot less common, is substance misuse, and here men are much more commonly affected. Having been a victim of violence and abuse comes next, with a degree of balance between genders. Homelessness appears relatively rare as a single experience, suggesting that it is most likely to be combined with other primary domains of disadvantage, amongst users of SP services at least[6].

The most common combination of three domains is experience of violence and abuse, with poor mental health and substance misuse. Combinations of two domains that are most common involve either being a victim of violence/abuse and poor mental health (mainly affecting women), or substance misuse and poor mental health (affecting a higher proportion of men).

MOST COMMON
DOMAIN COMBINATIONS

Three domains

Being a victim of interpersonal violence and abuse

Having poor mental health

Substance Misuse

Two domains: Mainly affecting women

Having poor mental health

Being a victim of interpersonal violence and abuse

Two domains: Higher proportion of men

Having poor mental health

Substance Misuse

KEY POINTS

It is possible to estimate that in England in a typical year in the period 2010–2014, at least 336,000 adults experienced more complex combinations of disadvantage (three or four primary domains), of whom there are approximately the same number of women as men. The number experiencing all four primary domains at a point in time was approximately 17,000, of whom around 70% were female.

Experience of less complex combinations of primary domains was widespread. A total of 2.3 million adults (5.2%) experienced two or more of these domains currently, while about 9.6 million (21.6%) experienced one of them. The numbers here are largely accounted for by the inclusion of poor mental health within the four primary domains, and this also increases the proportion of women represented in the totals.

4

SCALE & PATTERN OF EXPERIENCE 'EVER' IN ADULTHOOD

This chapter also focusses on the primary domains of disadvantage, but explores experience of these at any point ('ever') during adulthood. In contrast to the preceding chapter which focussed on 'current' experience, this takes account of experiences that may not have occurred contemporaneously but at some point since the age of 16. Asking about experiences longer ago is more likely to be subject to recall problems, and so rates produced are likely to be underestimates.

SCALE AND OVERLAP BETWEEN PRIMARY DOMAINS

Figure 4.1 presents the estimated number of adults reporting each main combination of primary domains of disadvantage ever experienced, while Table 4.1 reports the percentages, in both cases distinguishing between men and women.

Figure 4.1

Number of adults by combinations of primary disadvantage domains 'ever' experienced during adulthood by gender, England 2014 (millions)

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Source: Authors' analysis of APMS data, 2014

Note: The second-top category 'VA+MH+(Hless or Subst)' includes MH+VA+Subst or MH+VA+Hless. PD4 is captured by the top category 'Hless+Subst+(MH and/or VA)'.

● Female
● Male
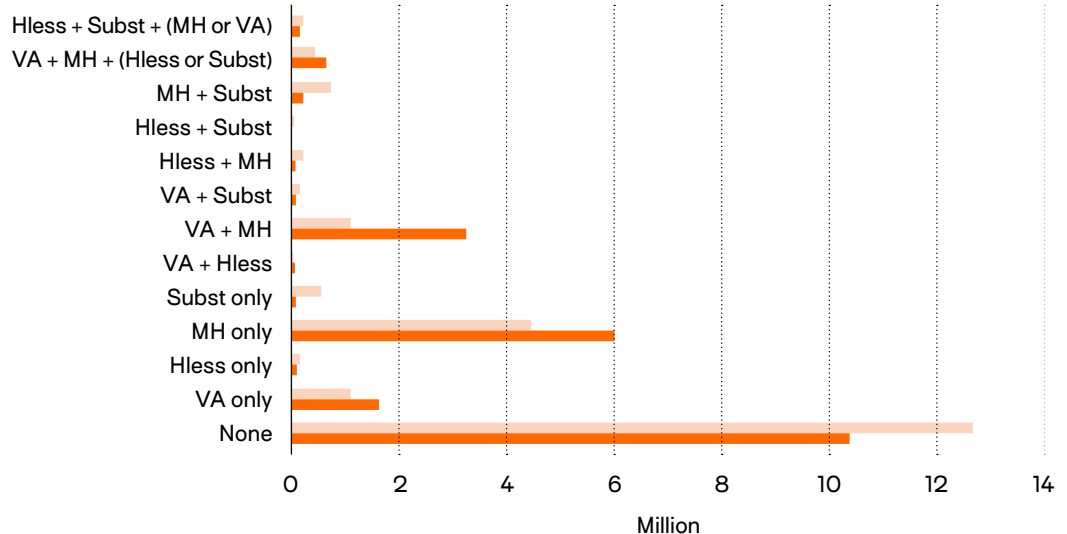
From Figure 4.1 it can be seen that the most common experience is poor mental health only, affecting over 10 million adults with the majority being female. The second most common is the combination of violence and abuse and poor mental health, which affects over 4 million adults, a large majority of whom are women. The third most common category is violence and abuse only, again affecting more women.

Combinations involving one or two domains involving homelessness or substance misuse are less common, implying that these experiences are rarer and tend to coalesce with others. The combination of violence and abuse and poor mental health with either of these accounts for 1.1 million adults, again with a majority being female. The combination of poor mental health and substance misuse accounts for 0.9 million, but in this case three-quarters are men.

Table 4.1 shows that over half of adult women report experiences in at least one of these domains, whereas this is only true of a minority of men. Higher proportions of women are particularly strongly represented in the violence and abuse plus poor mental health combination (with or without other domains), but also in violence and abuse only, poor mental health only, and in violence and abuse plus homelessness.

28

Having poor mental health

The combination of poor mental health and substance misuse accounts for 0.9 million adults, with three-quarters of these being men.

Substance Misuse
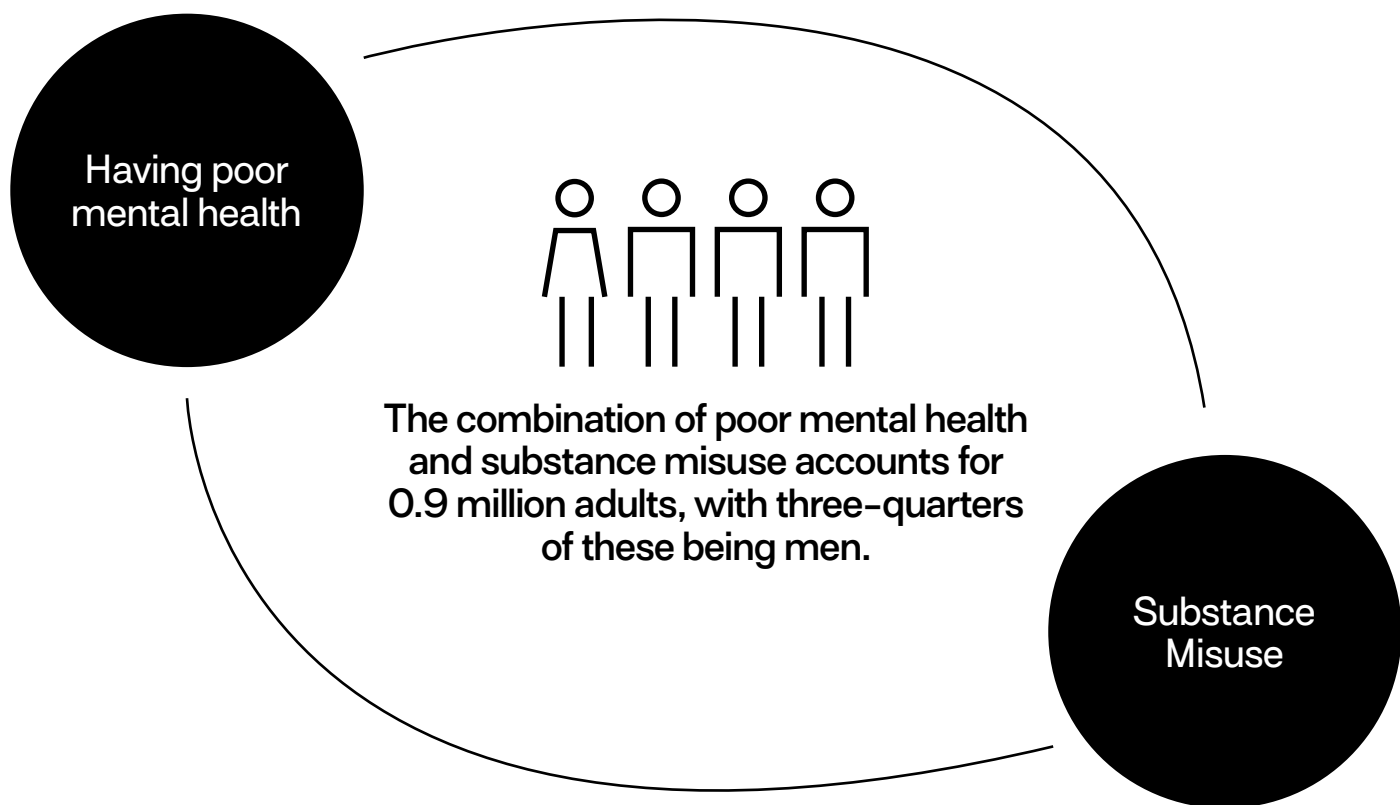
Table 4.1
Percent and number (scaled-up projection) of women, men and all adults 'ever' experiencing combinations of primary disadvantage domains during adulthood, England 2014

Ever PD Combination	Women	Men	All Adults	Women	Men	All Adults
	%			Number (scaled-up projection)		
None	45.8	58.3	51.9	10,386,120	12,652,029	23,038,149
VA only	7.2	5.1	6.1	1,621,414	1,098,101	2,719,515
Hless only	0.4	0.7	0.5	85,039	156,686	241,725
MH only	26.6	20.5	23.6	6,032,113	4,448,827	10,480,940
Subst only	0.3	2.4	1.4	75,061	523,008	598,070
VA + Hless	0.3	0.1	0.2	62,816	19,727	82,542
VA + MH	14.3	5.0	9.8	3,242,828	1,080,739	4,323,567
VA + Subst	0.3	0.7	0.5	64,857	141,494	206,351
Hless + MH	0.3	0.9	0.6	75,288	205,731	281,019
Hless + Subst	0.0	0.1	0.0	0	13,086	13,086
MH + Subst	1.0	3.2	2.1	222,689	696,621	919,310
VA+MH+(Hless or Subst)	2.9	2.1	2.5	653,101	451,393	1,104,494
Hless+Subst+(MH or VA)	0.7	1.0	0.9	158,967	225,697	384,663
Total	100	100	100			
Base	4,488	3,058	7,546	22,677,117	21,701,594	44,378,712

Source: Authors' analysis of APMS data, 2014.
Note: The second-bottom category 'MH+VA+(Hless or Subst)' includes MH+VA+Subst or MH+VA+Hless. PD4 is captured by the bottom category 'Hless+Subst+(MH or VA)'.

PATTERNS OF OFFENDING

Our consultations with groups of women affected by the disadvantages discussed in this report highlighted contact with the criminal justice system as a particularly gendered experience.

While it plays a significant role in the pattern of severe and multiple disadvantage experienced by many men (see also Bramley et al, 2015) it does the same in the lives of comparatively few women. Therefore, although contact with the criminal justice system was included in the Hard Edges definition of severe and multiple disadvantage it is not treated as one of the four primary domains in this study. Some reflection on its prevalence and relationship with other domains is nevertheless warranted.

APMS provides details regarding contact with the criminal justice system, as indicated by having 'spent time in prison on remand or serving a sentence', or 'being in trouble with the police involving court appearance'. The number of respondents having spent time in prison is much lower than those having been in trouble with the police. This data confirms that amongst members of the private household population, having contact with the criminal justice system is much less common among women than men, with only 1.2% of female APMS respondents ever having done so, compared with 5.9% of men. These figures also confirm that experience of offending is far less prevalent amongst both women and men than is experience of poor mental health, or violence and abuse, for example (see Table 4.1 above).

Table 4.2 shows that women who have had contact with the criminal justice system at some point in adulthood, although few in number, are much more likely than men who have done so to report experience of other primary disadvantage domains. The sharpest difference is in experience of violence and abuse, but these women are also much more likely than men who have had contact with the criminal justice system to report experience of homelessness and poor mental health[7].

Table 4.2
Experience of primary disadvantages among women and men reporting contact with criminal justice in the general household population, APMS 2014 (percent)

'Ever' primary domain	Women	Men
Ever VA	66	24
Ever homeless	21	12
Ever MH	76	54
Ever substance	26	20
Base	115	388

Source: authors' analysis of APMS data, 2014.

Table 4.3
Current/recent offending status by type of substance misuse and gender,
for those receiving treatment for drugs or alcohol, 2015/16

	Women				Men			
	Not offender	Offender	Total	N	Not offender	Offender	Total	N
Alcohol only	97	3	100%	19,574	92	8	100%	31,410
Drugs and alcohol	88	12	100%	6,070	81	19	100%	18,813
Drugs only	85	15	100%	12,346	76	24	100%	37,509

Source: Authors' analysis of National Drug Treatment Monitoring System data.

It is also worth noting that **the prevalence of each of the primary disadvantages in adulthood is much higher among those who 'spent time in prison on remand or serving a sentence' than among those who reported only being 'in trouble with the police involving court appearance'.** For example, the prevalence of ever having experienced homelessness during adulthood is 31% among men with the former experience and 7% among men in the latter group.

Amongst the population using homelessness and housing-related support services, more men are current/recent offenders than women. A very high proportion of men in Supporting People data – more than half – are offenders. However, a third of women using Supporting People services are current/recent offenders. Within the homeless population, it is single homeless people who are more likely to be offenders (as compared with women experiencing homelessness who have

dependent children, for example).

Although offending rates generally rise with more complex combinations of primary domains, statistical modelling suggests that this appears to be driven mostly by the presence of substance misuse. This link between substance misuse and offending is slightly stronger for women than for men.

The NDTMS dataset allows us to explore whether alcohol dependency has a different relationship with offending than drug dependency. As Table 4.3 shows, those who are dependent on drugs are more likely to be current/recent offenders than those dependent on alcohol, across both genders. This pattern is unchanged when homelessness is controlled for: those who are drug users are more likely to be homeless than those who are alcohol users, and those who are homeless are more likely to be current/recent offenders.

KEY POINTS

Just over half of adult women report experience of at least one of the four primary domains of disadvantage at some point ('ever') during adulthood, whereas this is only true of a minority of men. Higher proportions of women are particularly strongly represented in the violence and abuse plus poor mental health combination (with or without other domains), but also amongst those experiencing violence and abuse only, poor mental health only, and violence and abuse plus homelessness.

Women who have had contact with the criminal justice system during adulthood, although relatively few in number, are much more likely than men who have done so to report experience of primary disadvantage domains at any point during adulthood. Many of the single homeless people using homelessness and housing support services are offenders, and this is true for one third of female service users (cf. half of male users). There is a clear association between substance (particularly drug) misuse and offending, and this is slightly stronger for women than for men.

5

CLUSTERS OF DISADVANTAGE IN THE GENERAL POPULATION

This chapter expands the focus of the research to encompass both primary and secondary domains of disadvantage. While the previous chapters present the proportion of women and men to have experienced different numbers and types of disadvantages, this chapter presents the proportions of women and men found to be in different disadvantage groups. The groups were identified using cluster analysis. Each contains women or men experiencing a similar pattern of primary and secondary disadvantages, reflecting how these tend to coalesce in the population.

As noted in Chapter 1, this data was obtained from the APMS and analysis was restricted to individuals of working age within the private household population. The analysis focusses on experience of primary domains of disadvantage 'ever' during adulthood, and 'current' experience of secondary domains. The first section of this chapter reports findings relating to clusters of women, and the second refers to those of men.

CLUSTERS OF WOMEN

The cluster analysis identified ten different groups of women with broadly similar experiences as regards the type and combination of disadvantages experienced. These are described below. A detailed breakdown of all relevant statistics is provided in Appendix 2.

CLUSTER 1

No primary domains, no/low disadvantage on secondary domains. Approximately 35% of all women fall into this group. Women in this cluster have never experienced any primary severe and multiple disadvantage domain. On average, they are better-off economically, have better health, and are less socially isolated than women in other clusters.

CLUSTER 2

No primary domains, high disadvantage on secondary domains. Approximately 11% of women may be classified in this group. As in Cluster 1, women in this cluster have never experienced any primary domain of disadvantage. However, their position in terms of poverty, health and social isolation is on average considerably worse than that of women in Cluster 1. The chance[8] of unemployment or economic inactivity is particularly high (70%). Cluster 2 has relatively more women from a BME background than Cluster 1.

CLUSTER 3

MH only, no/low disadvantage on secondary domains. Approximately 20% of women. Women in this cluster have experienced poor mental health but no other primary severe and multiple disadvantage domain. Their economic position is very similar to that of women in Cluster 1. The chance of having a disability is slightly higher than in Cluster 1, as is the chance of being a carer.

CLUSTER 4

Mainly MH only, high disadvantage on secondary domains. Approximately 6% of women. Nearly all (93%) women in this cluster have experienced poor mental health but not other primary domains; the rest experienced 'homelessness only'. Their economic situation, health and isolation are strikingly worse than women in Cluster 3. While the majority are White British, women from Asian / Asian British or Black / Black British ethnic background are significantly over-represented in this cluster.

CLUSTER 5

VA only, no/low disadvantage on secondary domains. Approximately 8% of women. All of the women in this cluster have experienced interpersonal violence and abuse during adulthood but not other primary domains of disadvantage. In terms of economic position, health and social isolation, this cluster is on average only slightly worse than Cluster 1.

CLUSTER 6

VA and MH, no/low disadvantage on secondary domains. Approximately 8% of women. Slightly over half of all women with the experience of 'violence and abuse plus poor mental health only' belong to this cluster. In terms of economic position, health and social isolation, this cluster is on average only slightly worse than Cluster 1.

CLUSTER 7

VA and MH, high chance of health issues. Approximately 2% of women. One in six of all women with experience of 'violence and abuse plus poor mental health only' belong to this cluster. On average, their material situation is good and the chance of social isolation is small, but the chance of poor health is high. There is also a high chance of being a carer. Half of women in this cluster are aged 55–64.

CLUSTER 8

VA and MH, high disadvantage on secondary domains. Approximately 4% of women. Slightly over a quarter of all women who have ever experienced 'violence and abuse plus poor mental health only' belong to this cluster. Their economic situation is on average worse than in any other preceding cluster. For example, the chance of being in serious debt or arrears is 40% (vs. 15% in Cluster 2); the chance of being in the lowest income quintile is 56%; and the chance of having mould at home is 44%. Home ownership is very low (13% chance), social isolation is very high (45% chance) and the probability of poor health is high as well (e.g. 40% chance of having a disability). Women in this cluster have the highest probability of being a lone parent (21%).

CLUSTER 9

PD 2–3, low disadvantage on secondary domains. Approximately 3% of women. Women in this cluster have a very high chance of having ever experienced poor mental health (84%) and violence and abuse (80%), while a majority have experienced substance misuse (68% chance) and a substantial proportion have experienced homelessness (34% chance). The chances of having experienced two, three or four primary domains of disadvantage are 42%, 49% and 9% respectively. Half of women who have experienced three primary domains belong to this cluster, while the other half belong to Cluster 10. Their chance of having a disability is low, as is the chance of being unemployed or inactive. Their chance of being materially deprived is also low, although not as low as in the least disadvantaged clusters.

CLUSTER 10

PD 2–4, very high disadvantage on secondary domains. Approximately 3% of women. There is a very high chance of having ever experienced poor mental health (94%) and violence and abuse (85%), a clear majority have experienced homelessness (70% chance), and nearly half have experienced substance misuse (42% chance). The chances of having experienced two, three or four primary domains of disadvantage are 24%, 59% and 17% respectively. Half of women who have experienced three domains belong to this cluster, as do 61% of those who have experienced all four. Women in this cluster are on average in the worst socio-economic situation. For example, over half are in serious debt or arrears (54% chance), a substantial proportion live in material deprivation (37% chance), the probability of being in the lowest income quintile is 59%, and the vast majority are unemployed or economically inactive (80% chance). There is also a very high chance of having a disability (66%) and a high chance of being a carer (24%). Around one in six is a lone parent (16% chance). In terms of household composition, the chance of being a single person household is higher than in other clusters (26%). The majority live in social housing (67% chance). Nearly half are socially isolated (48% chance). The probability of having a history of offending is also very high at 22%, as is the chance of having ever sold sex as compared with other clusters (7%).

These ten clusters may be consolidated into five broader groupings, depicted by the colour coding in Figure 5.1, and used in sub-group analysis later in Chapters 6–9. These broad groupings are as follows:

1   CLUSTER 1 & 2

Characterised by women who have never experienced any of the primary disadvantage domains, and together make up a total of 46% of women in the private household population. These are described in graphics in following chapters by the short-hand term 'No PD'.

2   CLUSTER 3 & 5

Including women who have experienced one of the primary disadvantages (either poor mental health or experience of violence and abuse) but are not multiply disadvantaged in socio-economic terms (i.e. they have no/low disadvantage on secondary domains), comprising a total of 28% of the female private household population. These are described in graphics as 'MH/VA only, fair'.

3   CLUSTER 6, 7 & 9

Including those women who have experienced combinations of two or even three primary domains but are not highly disadvantaged in socio-economic terms, and comprise 13% of women in the private household population. These are described in graphics as 'PD2–3, fair'.

4   CLUSTER 4

Consisting of women who have experienced one primary disadvantage (predominantly poor mental health) and who are highly deprived in socio-economic terms (i.e. experience a range of secondary domains). This grouping comprises 6% of women in the private household population and is described in graphics as 'MH only, depriv'.

5   CLUSTER 8 & 10

Consisting of women who have experienced between two and four primary domains as well as being affected by serious current economic, social and health-related disadvantages. They comprise a total of 7% of the female private household population. These are described in graphics as 'PD2–4, depriv'.

Figure 5.1
Cluster groupings for women aged 16 to 64

1. No primary disadvantage, no/low secondary disadvantage

2. No primary disadvantage, high secondary disadvantage

3. MH only, not deprived

5. VA only, not deprived

6. VA, MH, not deprived

VA, MH, poor health — 7.

VA, MH, Subst, not deprived — 9.

MH only, deprived — 4.

VA, MH, deprived — 8.

2–4 PDs, deprived — 10.

46%
No primary
disadvantage

28% MH or VA, no/low
secondary disadvantage

13% 2–4 primary
disadvantages, no/low
secondary disadvantage

6% MH only, high secondary
disadvantage

7% 2–4 primary
disadvantages, high
secondary disadvantage

Source: authors' analysis of APMS 2014

CLUSTERS OF MEN

Men aged 16-64 in the private household population can be classified into six clusters based on the extent and nature of their experiences of severe and multiple disadvantage (see Figure 5.2 and Appendix 3).

CLUSTER 1

(No primary disadvantage). Approximately 56% of men may be classified in this cluster. They have not experienced any primary domain of disadvantage. On average, this and the next cluster (Cluster 2) are the least disadvantaged clusters in terms of material situation, health, isolation and other secondary domains.

CLUSTER 2

(MH only, no/low disadvantage on secondary domains). Approximately 13% of men. Men in this cluster have experienced poor mental health but not other primary domains, and have a low chance of socio-economic deprivation. 65% of men who have ever experienced 'MH only' fall into this cluster, while the remaining 35% fall into Cluster 3.

CLUSTER 3

(MH only, high disadvantage on secondary domains). Approximately 6% of men. Men in this cluster have experienced poor mental health but not other primary domains. However, they have a much higher chance of being in a negative material situation, to suffer from poor health and/or social isolation than men in Cluster 2. For example, the chance of being unemployed or economically inactive is 75%, the chance of being in serious debt or arrears is 24%, and the chance of being disabled is 60%. Around half are social renters (52% chance).

CLUSTER 4

(PD1, no/low disadvantage on secondary domains). Approximately 10% of men. Almost all men in this cluster have experienced one primary domain of disadvantage; the largest group is those who experienced 'violence and abuse only' (59% chance) followed by 'substance misuse only' (30% chance). The remainder have experienced 'homelessness only' (9% chance) and 'violence and abuse plus poor mental health' (2% chance). With regards to economic position and health, men in this cluster are on average only slightly more disadvantaged than men in Clusters 1 and 2.

CLUSTER 5

(PD2-3 inc MH, no/low disadvantage on secondary domains). Approximately 10% of men. This cluster is dominated by men who have experienced two primary domains (86% chance); the rest have experienced three. Three-quarters of men affected by two primary domains of disadvantage at any point in adulthood are in this cluster; the rest are in cluster 6. Nearly all members of this cluster have experienced poor mental health (93% chance). There is also a high risk of having been a victim of violence and abuse (61% chance) and substance misuse (51% chance). Men in this cluster have on average a similar economic situation to men in Cluster 4, but have a higher risk of disability and social isolation – although this risk is still lower than the equivalent in cluster 3.

CLUSTER 6

(PD2-4, multiply deprived on secondary domains). Approximately 5% of men. This cluster contains all men who have experienced four primary domains, nearly two-thirds of men who experienced three primary domains, and one in six of men who have experienced two primary domains. In particular, those who have experienced homelessness as one of two domains are relatively more likely to be in Cluster 6 than those with other combinations. This is the most disadvantaged cluster by a large margin: the risk of having a history of offending is 43%, half (50% chance) are in serious debt or arrears, the majority are unemployed or economically inactive (62% chance), over a third have no qualifications (34% chance), over half are disabled (52% chance), there is a high risk of having a learning difficulty (21%), half are socially isolated (50% chance), nearly all are renters (60% chance social housing, 34% chance private rented) and a substantial proportion are in single person households (38% chance). They are more likely than men in other clusters to be in the 25-44 age bracket.

As was the case for women, the clusters for men may be consolidated into broader groups for subsequent sub-group analysis, based on observable patterns and commonalities in their characteristics9. They have been amalgamated into five groups, depicted by the colour coding in Figure 5.2, as follows:

1 CLUSTER 1

This includes those men who have not been affected by any primary disadvantage domain, and comprises 56% of the male private household population. These are described in the graphics in following chapters by the short-hand term 'No PD'.

2 CLUSTER 2 & 4

Comprising those men who have experienced one primary disadvantage (predominantly either poor mental health or having been a victim of violence and abuse) and making up a total of 23% of men in the private household population. These are described in graphics as 'MH/VA only, fair' for simplicity although a small minority of those men have experienced 'substance only' or 'homelessness only'.

3 CLUSTER 5

Characterised by men who have experienced two or three primary domains but show no or low levels of disadvantage on secondary domains. This group comprises 10% of the male private household population and are described in graphics as 'PD 2-3, not deprived'.

4 CLUSTER 3

Consisting of men who have experienced poor mental health and no other primary domain, but who are highly disadvantaged across secondary domains, and making up 6% of those in the private household population. These are described in graphics as 'MH only, depriv'.

5 CLUSTER 6

Comprising men who are highly disadvantaged across a range of 2-4 primary domains, as well as secondary domains, and making up a total of 5% of the male private household population. These are described in graphics as 'PD2-4, depriv'.

Figure 5.2
Cluster groupings for men aged 16 to 64

1. No primary disadvantage

56%
No primary
disadvantage

2. MH, not deprived

4. VA or substance, not deprived

23% MH or VA, not deprived

5. 2–3 primary
disadvantages,
not deprived

10% 2–3 primary
disadvantages, not deprived

MH, deprived ——— 3.

6% MH, deprived

2–4 primary
disadvantages, deprived ——— 6.

5% 2–4 primary
disadvantages, deprived
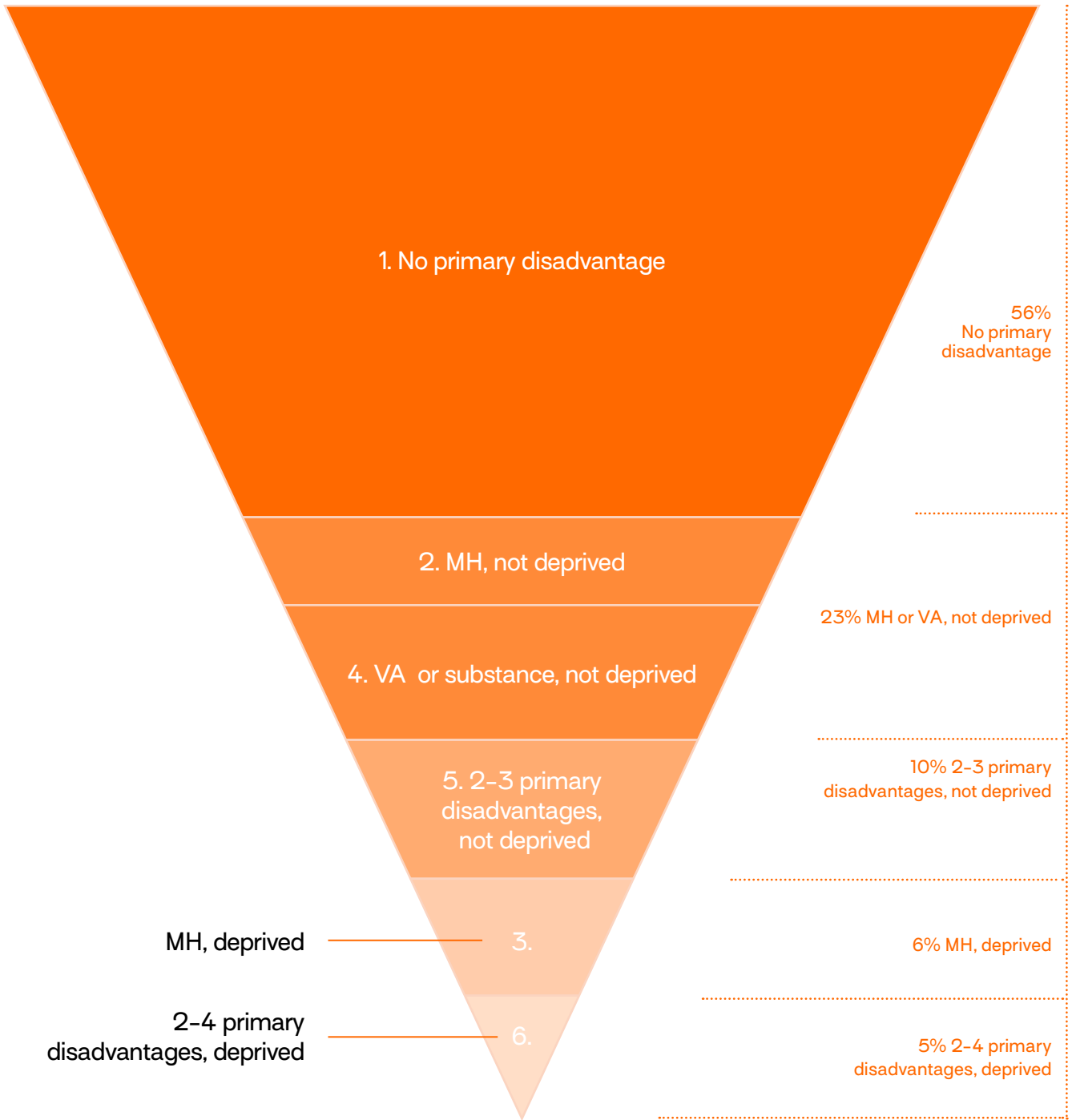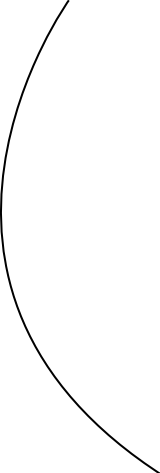
Source: authors' analysis of APMS 2014

KEY POINTS

The cluster analysis confirms that there are distinctive sub-groups of women and men who experience very complex combinations of both primary and secondary disadvantage domains. A minority are severely disadvantaged materially and socially as well as being affected by some combination of homelessness, substance misuse, violence and abuse, and/or poor mental health. These clusters – Cluster 10 for women and Cluster 6 for men in particular – are closest to the most disadvantaged ('SMD3') groups described in the Hard Edges report (Bramley et al, 2015). The analysis also confirms that experience of one or more primary domains of disadvantage is widespread amongst both genders within the general population.

Importantly, this analysis has cast light on gender differences in the way aspects of disadvantage coalesce: it highlights the prevalence of experience of violence, and abuse and poor mental health in the life experience of many women, for example. But it also reveals distinctive groups of men: most notably male Cluster 3, who report experience of poor mental health in adulthood but not experience of other primary domains, whilst being severely disadvantaged socio-economically. This is a group that does not typically feature in policy discourse, hence the circumstances of those affected warrant further investigation. Another notable finding is that the equivalent cluster among women (Cluster 4) has a disproportionately high number of women from ethnic minority backgrounds.

The analysis also draws attention to the variable role that poverty plays in the experiences of different subgroups, across both genders. Sizeable groups of both women (e.g. Clusters 3, 5, 6 and 9) and men (e.g. Clusters 4 and 5) are not particularly disadvantaged in economic terms. In fact, half of women in the private household population who have experienced three primary domains, and 39% of those with experience of all four primary domains during adulthood, appear to be experiencing relatively little current disadvantage across secondary domains. Poverty is however a core feature in the lives of around 7% of women (Clusters 8 and 10) and 5% of men (Cluster 10) in the private household population who are affected by a combination of significant primary and secondary disadvantage.

6

SOCIO-DEMOGRAPHIC PROFILE

This chapter provides a descriptive profile of people affected by severe and multiple disadvantage in terms of their age, ethnicity, migration status, household type, marital and parental status, and housing tenure. Most of the data drawn upon relates to the working age population living in private households, and distinctions are made wherever possible between the consolidated cluster groups described in Chapter 4. Reference is also made to homeless people represented in the Supporting People data, particularly where this highlights notable differences.

AGE

With regards to age, focussing on current experience of severe and multiple disadvantage is more informative than on lifetime experience.

The Supporting People data indicates that among those using homelessness-related services, the age profile is markedly younger than the general population, particularly in the case of women, where 64% of those experiencing all four primary disadvantages are under 35 (while women under 35 years constitute 31% in the general adult female population; see Table A4.1 in Appendix 4).

The pattern for men is similar but less pronounced. Within the male population, being disadvantaged on three or four primary domains is associated with a somewhat higher share in the 25-44 age range (Table A4.2). This analysis also confirms that very few homeless adults experiencing multiple primary domains of disadvantage are aged over 65. Higher age is generally associated with poor mental health, while homelessness is more associated with a younger age profile (Table A4.3).

ETHNICITY

Figure 6.1 provides the ethnic profile for the broad cluster groups.

Figure 6.1

Ethnicity by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

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Source: Authors' LCA analysis of APMS survey data for 2014.

- White–Brit
- White–Other
- Black / B B
- Asian / A B
- Mixed / Other
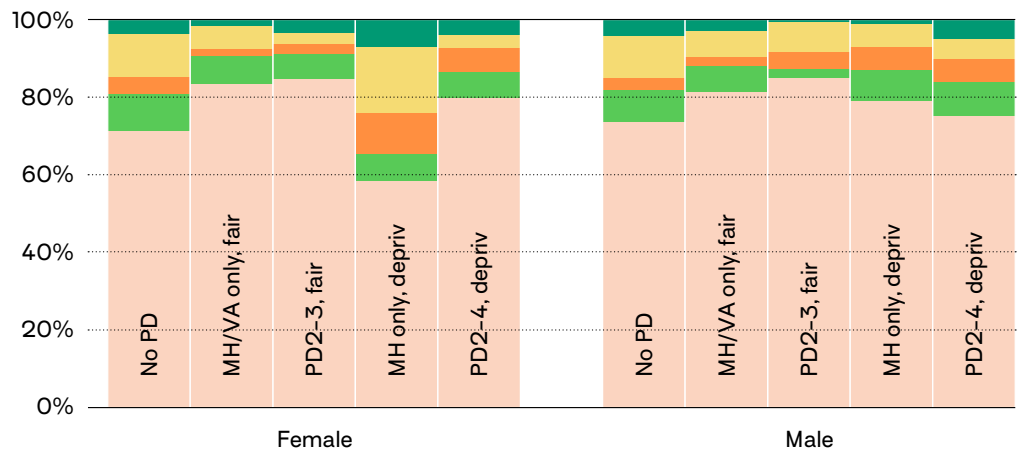
The groups combining complex levels of primary domains of disadvantage with the worst economic and social deprivation (PD2–4, depriv) have a somewhat greater share of people from a Black British or Mixed/Other background (particularly among women), whereas the share of people from Asian backgrounds is relatively low. Among both genders, intermediate groups with no/low secondary deprivation (PD2–3, fair) have a lower proportion of people from minority ethnic background than the 'No PD' groups.

The most obvious gendered difference is found among people who have experienced poor mental health in adulthood and are currently deprived in socio-economic terms (MH only, depriv). Among women, those from a minority ethnic background are significantly over-represented in that particular group (59% chance of being White British vs 72% such chance in the 'No PD' group). Among men, this is not the case (79% chance of being White British vs 74% in the 'No PD' group).

The patterns found within the SP data for adults currently experiencing at least one primary domain of disadvantage are similar, except that the proportion of Black adults is greater for both genders, particularly amongst those with experience of one or two primary domains of disadvantage.

No data was available to assess what proportion of people affected are Gypsies/Travellers[10].

NATIONALITY
AND MIGRATION STATUS

Figure 6.2 presents a rather similar pattern, but this time showing the distinction between people born in the UK and others.

Figure 6.2

Combined ethnicity/country of birth profiles by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private household population, APMS 2014

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Source: Authors' LCA analysis of APMS survey data for 2014.
*** Including people born abroad who identify themselves as 'White British'.

- ● White–Brit
- ● Other UK born
- ● Not UK born
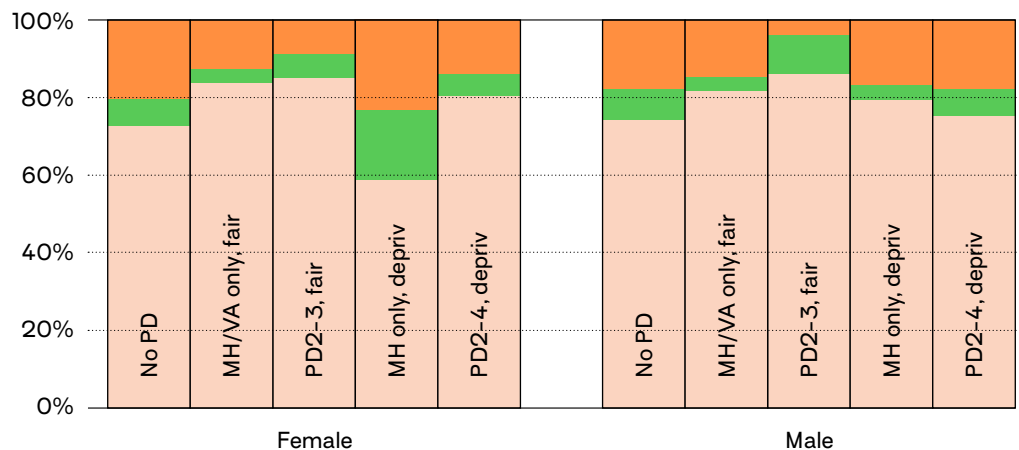
A total of 21% of women and 18% of men without experience of primary domains of disadvantage (No PD) were born overseas; by contrast this was true of only 9% of women and 7% in the groups with intermediate primary deprivation and no/low secondary deprivation (PD2–3, fair). **Overseas born adults** **are somewhat more common in the most deprived groups affected by more complex levels of disadvantage** (PD2–4, depriv), representing 14% of women and 18% of men. No data was available on asylum seeking status[11].

HOUSEHOLD COMPOSITION

Figure 6.3 presents the household type profile of working age adults in the private household population. (Clearly, since many of these experiences happened at an earlier date, the household status at that time may have been different).

Figure 6.3

Household type by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

—

Source: Authors' LCA analysis of APMS survey data for 2014.

- Single
- Couple / 2 ad
- Small family
- Large family
- Large adult
- 2 ad older
- Single older
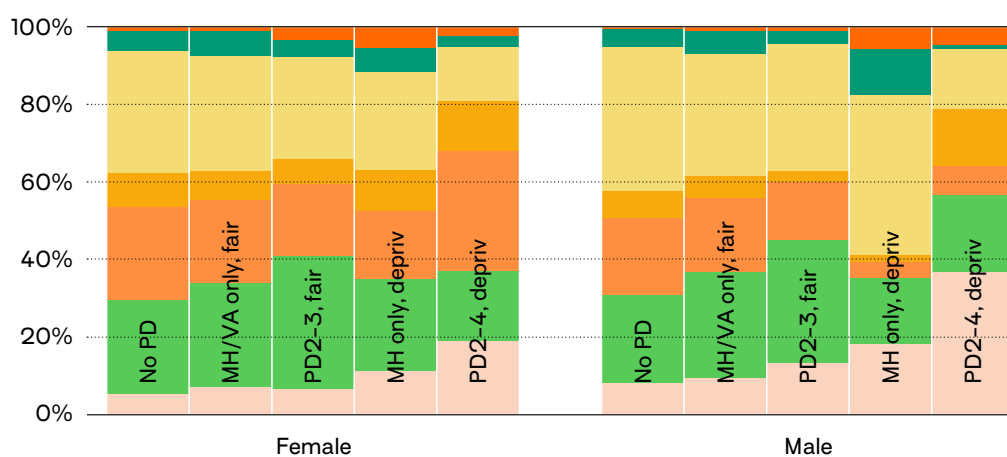
It is in the furthest right-hand columns for each gender, representing high levels of both primary and secondary disadvantage (PD2-4, depriv), that the profile differs most sharply – both from the group without the experience of primary domains of disadvantage and between the two genders. Women with experience of the most complex combinations of primary and secondary disadvantage (PD2-4, depriv) are much more likely to be in a (small or large) family with children or a single adult household, and less likely to be in a couple, large adult or older

household[12]. However, men with experience of the most complex combinations of primary and secondary disadvantage (PD2-4, depriv) are most likely to be in a large adult household or single person household, with a fair proportion in couple or large family households.

Women in the grouping reporting two or three primary domains experienced at some time in their lives, but not currently particularly deprived on secondary domains (PD2-3, fair), tend to be in couple/two adult households, are rarely in

Men with experience of the most complex combinations of primary and secondary disadvantage (PD2–4, depriv) are most likely to be in a large adult household or single person household

single person households, and are quite often in families with children present or in larger multi-adult households. In comparison, men in the loosely equivalent grouping (PD2–3, fair) are more likely to be in single person households and less likely to be in a small family.

A much stronger difference is seen for the group of men with poor mental health only and significant secondary deprivations (MH only, depriv); men in this group are more likely to be resident in large adult households and there are significant numbers of older households, singles and couples, but very few living in families.

For women or men in the second broad grouping (MH/VA only, fair), there is not much difference between their household type profile and that of people with no experience of primary domains of disadvantage.
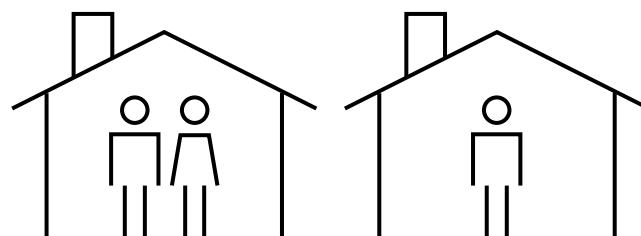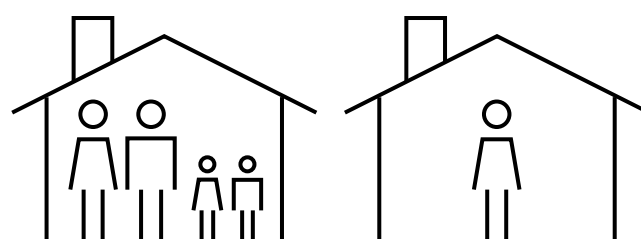
Women with experience of the most complex combinations of primary and secondary disadvantage (PD2–4, depriv) are much more likely to be in a (small or large) family with children or a single adult household

PARENTHOOD AND CHILD CONTACT

In the private household population, the likelihood of being a parent is slightly higher among women who have experienced the most disadvantage in adulthood (PD2–4, depriv) – around 70% – than among women who have never experienced any primary disadvantage domain in their adulthood (around 58%).

A similar pattern can be observed for men, with a 63% chance of being a parent among men in the most disadvantaged group (PD2–4, depriv) and a 51% chance among those who have never experienced any primary disadvantage domain.

Supporting People data does not include information on whether people who do not live in private households have children; we have therefore drawn upon NDTMS data. While this dataset covers both private households and those living in institutions or having no fixed abode, for the purpose of this specific analysis we selected those who are currently experiencing homelessness, substance misuse and poor mental health, who we assume mainly do not live in private households. The data shows that in this group, half of men and six out of 10 women are parents.

Data shows that half of mothers with experience of three or four primary disadvantage domains and more than a quarter of fathers with experience of three primary domains living in St Mungo's accommodation have lost children to the care system. While this rate will clearly be lower among services supporting those less disadvantaged than St Mungo's clients, it appears that a substantial proportion of women with experience of complex combinations of primary domains (including homelessness) have lost children to the care system.

A stark picture also emerges from MEH and NDTMS data about parents' contact with their children. In MEH, 70% of parents[13] experiencing homelessness, substance misuse and poor mental health were not in contact with their child (under 18).

"It appears that a substantial proportion of women...have lost children to the care system."

In NDTMS, 82% of fathers and two-thirds of mothers experiencing homelessness, substance misuse and poor mental health had no contact with their child.

It is worth noting that lack of contact with the child is also common among those parents who are in treatment for substance misuse but who do not experience homelessness or poor mental health: 65% of such fathers and 46% of such mothers in NDTMS had no contact with their child.

HOUSING TENURE

Figure 6.4 shows the tenure breakdown for adults in the private household population across the broad cluster groups.

Figure 6.4

Housing tenure by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

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Source: Authors' LCA analysis of APMS survey data for 2014.

- Owner occupier
- Social renter
- Private renter
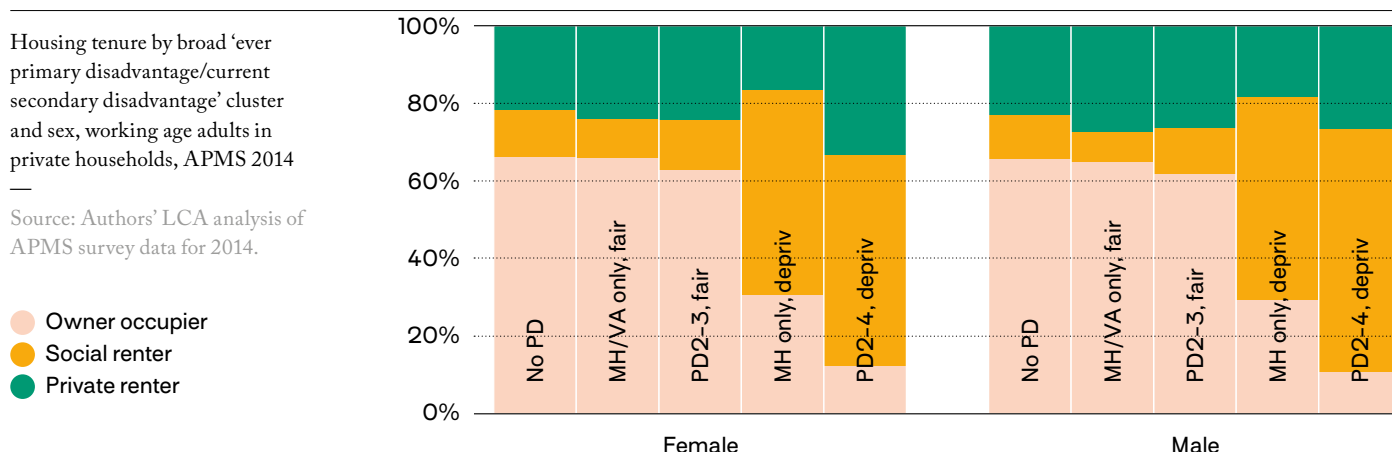
The standout feature is the strong contrast between men and women with the most complex combinations of disadvantage and the rest of the population. For those individuals experiencing more complex combinations of primary and secondary disadvantage (PD2–4, depriv), the majority of men and women are in social renting, with very few home owning (12% of women, 11% of men) and very sizeable numbers in the private rented sector (a third of both women and men).

The group of women and men reporting poor mental health and economic/health deprivations (MH only, depriv) resembles that of the most complexly disadvantaged male group, particularly in the high share of social renting, but has a rather higher share of owner occupation, and a correspondingly lower share of private renting.

EDUCATIONAL QUALIFICATIONS

There is a substantial gulf in educational backgrounds between those who have experienced more complex combinations of primary and secondary domains and the general population.

Figure 6.5

Lack of educational qualifications by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private household population, APMS 2014

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Source: authors' analysis of APMS data, 2014.
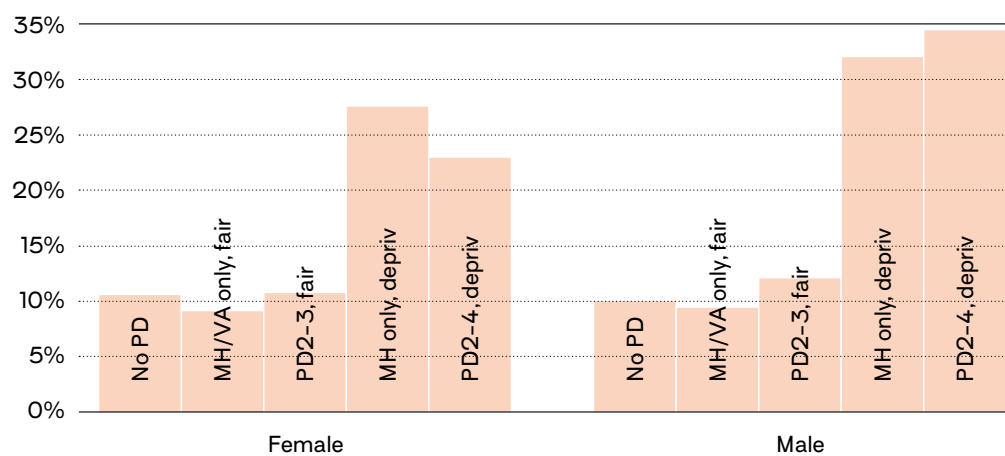
As Figure 6.5 shows, women experiencing the most complex combinations of disadvantage (PD2-4, depriv) have two-and-a-half times the chance of having no educational qualifications of women without experience of primary disadvantage domains. Men with experience of the most complex combinations of primary and secondary domains (PD2-4, depriv) are three-and-a-half times more likely to have no qualifications than men not affected by primary domains of disadvantage (No PD). It is notable that approximately one third (32%) of men and

28% of women experiencing poor mental health and other secondary disadvantage domains (MH only, depriv) have no educational qualifications.

KEY POINTS

Adults experiencing the most complex combinations of primary and secondary disadvantage tend to be mostly concentrated in the 25-44 age range. Those currently experiencing severe and multiple disadvantage who are homeless tend to be younger, and this is particularly the case for women.

In terms of ethnicity, most women affected by one or more primary domains are White. Black women are however over-represented amongst those with experience of more complex combinations and amongst those who have experienced poor mental health in adulthood (but no other primary disadvantages) and are socio-economically disadvantaged. Asian women are over-represented amongst those with no recorded experience of primary domains of disadvantage and among those who have experienced poor mental health in adulthood (but no other primary disadvantages) and are socio-economically disadvantaged.

Women experiencing the most complex combinations of primary and secondary domains of disadvantage are more likely than women with no experience of primary disadvantage to be living in a small family with children or a single adult household, whereas men experiencing the most complex combinations of primary and secondary domains of disadvantage are more commonly living in single, large adult, or large family households.

In terms of housing, the majority of adults in the private household population reporting the most complex combinations of primary and secondary domains of disadvantage live in social rented housing, with very few owning their own home (13% of women, 11% of men), and very sizeable proportions are in the private rented sector (a third of the women and a quarter of the men).

7

GEOGRAPHY

This chapter considers geographical patterns in the incidence of severe and multiple disadvantage. It begins by focussing on the private household population, before considering patterns evident amongst people experiencing homelessness.

GEOGRAPHICAL PATTERNS IN THE GENERAL HOUSEHOLD POPULATION

There are a number of limits to the geographical analysis possible with APMS data[14], but it does allow for examination of any differences between: firstly, urban and rural areas; and secondly, deprived and non-deprived areas.

Figure 7.1 does not show particularly striking differences, but there is a tendency for the most disadvantaged (PD2-4, depriv) groups to be more concentrated in urban areas, and this seems to be particularly the case for women.

Figure 7.2 shows[15] that both men and women in the most disadvantaged groupings (PD2-4, depriv) are twice as likely as those without experience of primary domains of disadvantage (No PD) to be resident in a deprived neighbourhood[16].

For the intermediate groupings without particularly noticeable secondary disadvantages (PD2-3, fair), the proportion of women resident in deprived areas is broadly akin to those without experience of primary domains of disadvantage

(No PD), but men in this intermediate classification are more concentrated in deprived neighbourhoods. Women and men affected by poor mental health as well as other secondary domains (MH only, depriv) are just as likely to be living in deprived areas as men and women affected by the most complex levels of disadvantage (PD2-4, depriv).

Figure 7.1

Urban-rural place of residence by broad 'ever primary disadvantage/ current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

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Source: Authors' LCA analysis of APMS survey data for 2014.

● Urban
● Rural, sm town & fringe
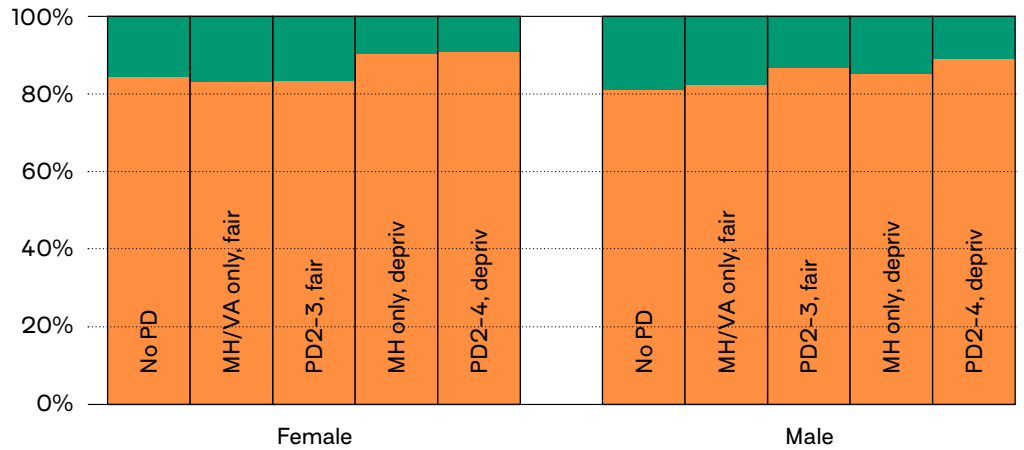
Figure 7.2

Area deprivation by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

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Source: Authors' LCA analysis of APMS survey data for 2014.

● Not deprived area
● Deprived n'hood
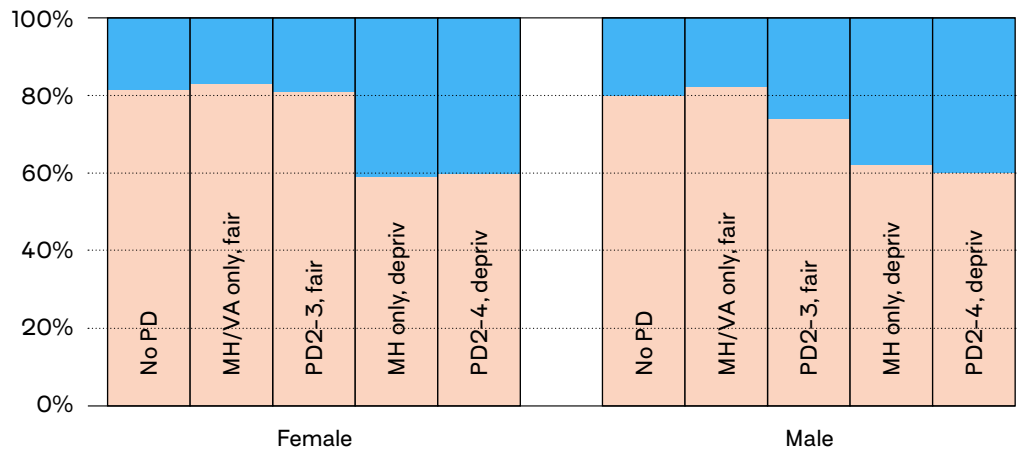
GEOGRAPHICAL PATTERNS FOR HOMELESS PEOPLE

Analysis of Supporting People data[17] indicates that there is a disproportionate incidence of SP clients affected by either three or four domains of primary disadvantage in larger cities ('Business and Education Centres'[18], London Cosmopolitan Central), but also in 'Coastal Resorts and Services' (Figure 7.3).

Figure 7.3

Relative incidence of people affected by current PD3/4 by type of local authority (England=100), England 2010/11

—

Source: authors' analysis of Supporting People data (cases with ID).
Note: The typology of Local Authority Districts has been created by the Office for National Statistics.
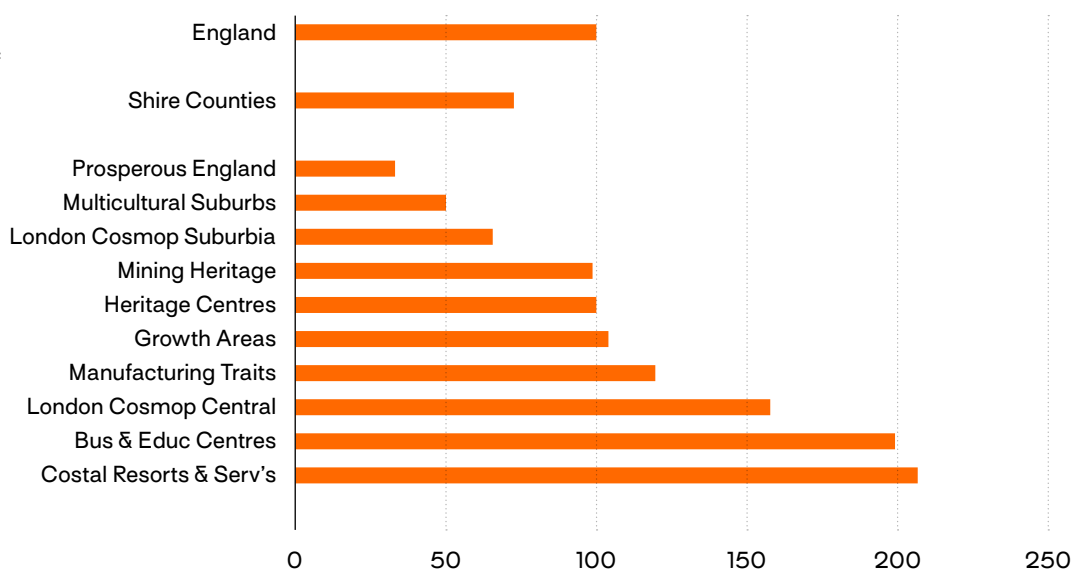
There are relatively much fewer such cases in suburbs and areas classified as 'prosperous England'. 'Mining heritage' areas had a score similar to what we would expect from its share of the general population, as did 'Heritage Centres' and 'Growth Areas/cities', while 'Manufacturing Traits' areas had 20% more severe and multiple disadvantage than the average for England.

As for the gender pattern, it seems from SP data that there were relatively more men than women affected by three or more primary domains of disadvantage in large cities, whereas the numbers of women were greater in shire counties, suburban and prosperous areas.

This may reflect the fact that there are more male than female rough sleepers, and rough sleepers tend to be concentrated in large cities, central London and coastal towns.

The thematic map on the next page (Figure 7.4), created using geographical information in both Supporting People and NDTMS[19], reveals that areas with many people affected by three or more primary domains of disadvantage are primarily Northern cities, cities in the West Midlands, central and North/East London Boroughs (but not suburban) and coastal cities in the South. Differences within the (former) Government Office Regions appear to be more pronounced than differences between them.

FIGURE 7.4

Relative prevalence of current PD3/4 (both genders), England, 2010/11
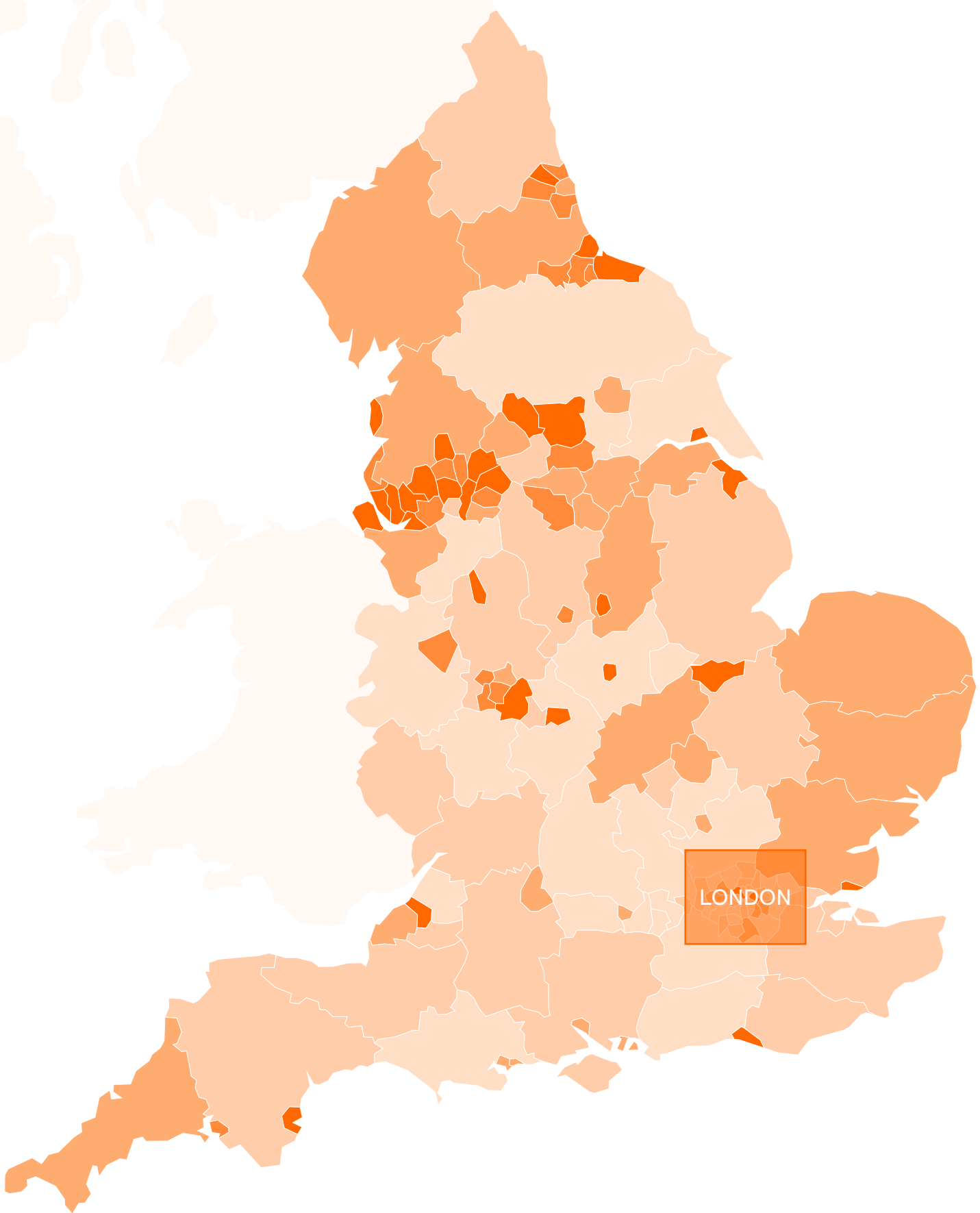
LONDON

Prevalence of current PD3/4 relative to population size
1–lowest, 5–highest

1 2 3 4 5
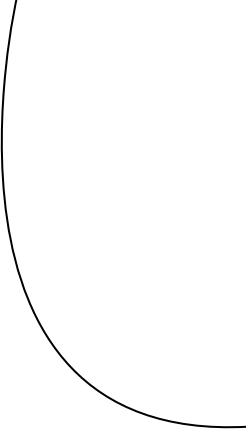
LONDON
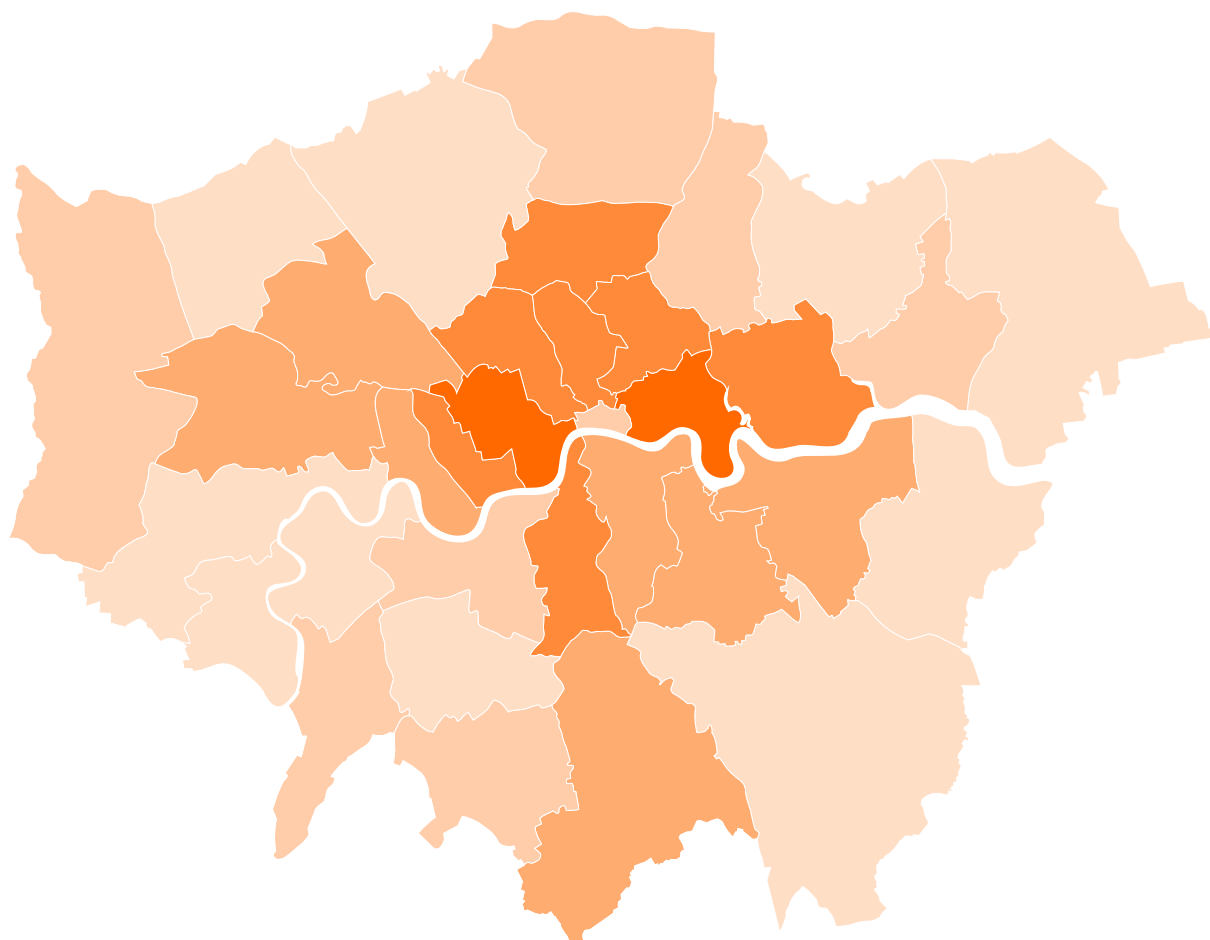
KEY POINTS

Relative incidence of severe and multiple disadvantage varies much more within the former Government Office Regions than between them. There is a disproportionate incidence of people currently affected by three or more primary disadvantage domains in larger cities, but also in some coastal towns. There are much less likely to be cases in suburbs and 'prosperous England', that is, mainly the south of the country outside London.

There is a very clear concentration of people affected by more complex combinations of primary and secondary domains of disadvantage in deprived neighbourhoods, with such people being twice as likely to live in a deprived area than people who are not affected. This concentration is strikingly stronger among those who are currently homeless.

8

ADVERSE CHILDHOOD EXPERIENCES

This chapter examines the evidence available around potential risk factors: that is, the characteristics, experiences and circumstances which appear to be associated with a heightened probability of experiencing severe and multiple disadvantage. It focusses on 'adverse childhood experiences', which have been highlighted in earlier stages of this research and from other related research as key potential risk factors.

EXPERIENCES OF ADVERSITY DURING CHILDHOOD

The term adverse childhood experience encompasses multiple forms of childhood emotional and physical abuse, neglect and household dysfunction (World Health Organisation, 2006).

Figure 8.1

Percent ever experienced each primary disadvantage domain in adulthood by the count of Adverse Childhood Experiences and sex, working age adults in private households, APMS 2014

—

Source: authors' analysis of APMS data for 2014.

- VA
- Hless
- MH
- Subst
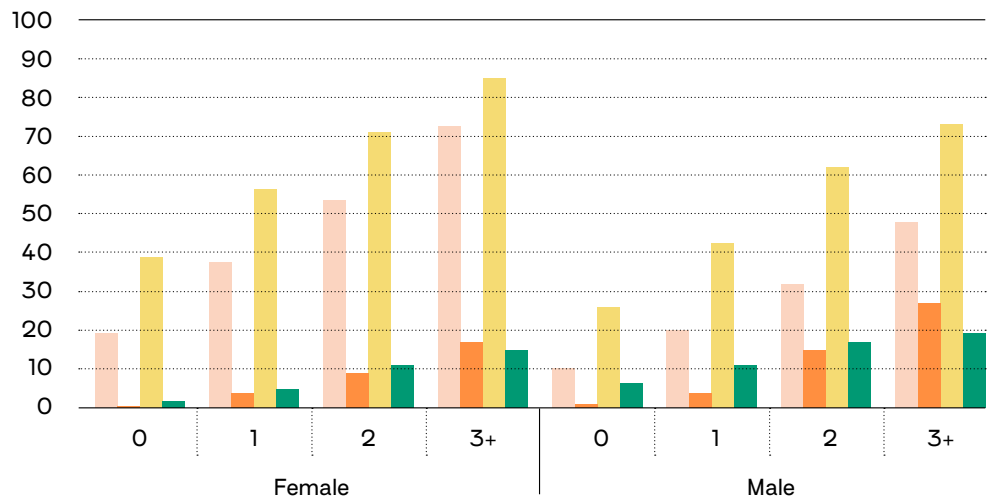
APMS data offer indicators of most of the most commonly-recorded adverse childhood experiences, based on retrospective questions, and enables generation of a score ranging from 0 to 5 for each individual respondent[20].

Figure 8.1 presents a summary of the relative incidence of each of our four primary domains of disadvantage across the range of adverse childhood experiences scores (grouping those with 3 or more adverse childhood experiences).

This indicates that the chance of experiencing each of the primary disadvantage domains in adult life increases steeply as the number of adverse childhood experiences increases.

Only 8% of women and 14% of men reporting 3+ of these adverse childhood experiences have never experienced any primary disadvantage domain in adulthood, compared to 53% of women and 66% of men reporting zero adverse childhood experiences (see Appendix 5).

In general, the higher the count of such experiences, the higher the chance of having ever experienced

three or more primary disadvantage domains, or the combination of poor mental health plus violence and abuse.

Given the strength of these associations and the fact that adverse childhood experiences chronologically predate severe and multiple disadvantage in adult life, we have strong grounds to claim that they are a risk factor for severe and multiple disadvantage in a causal sense.

That said, this evidence also shows that experiencing a high number of adverse childhood experiences does not automatically lead to severe and multiple disadvantage in adulthood. Put another way, many children who experience adversity are not affected by severe and multiple disadvantage in adulthood.

The Multiple Exclusion Homelessness (MEH) dataset, extensively reported in the Hard Edges report, provides confirmatory evidence of the very high incidence of adverse childhood experiences among adults experiencing severe and multiple disadvantage in adulthood, with greater numbers of such experiences associated with greater levels of disadvantage.

GIVEN THE STRENGTH OF THESE ASSOCIATIONS AND THE FACT THAT ADVERSE CHILDHOOD EXPERIENCES CHRONOLOGICALLY PREDATE SEVERE AND MULTIPLE DISADVANTAGE IN ADULT LIFE, WE HAVE STRONG GROUNDS TO CLAIM THAT THEY ARE A RISK FACTOR FOR SEVERE AND MULTIPLE DISADVANTAGE IN A CAUSAL SENSE.

BEING BROUGHT UP BY PARENTS EXPERIENCING SEVERE AND MULTIPLE DISADVANTAGE

The Children in Need dataset indicates a clear correlation between the number of adverse experiences faced by children and the number of disadvantages faced by their parents (Figure 8.2)[21].

Figure 8.2

Average number of current parental 'primary' disadvantages by the count of Adverse Childhood Experiences, Children in Need, 2015/16
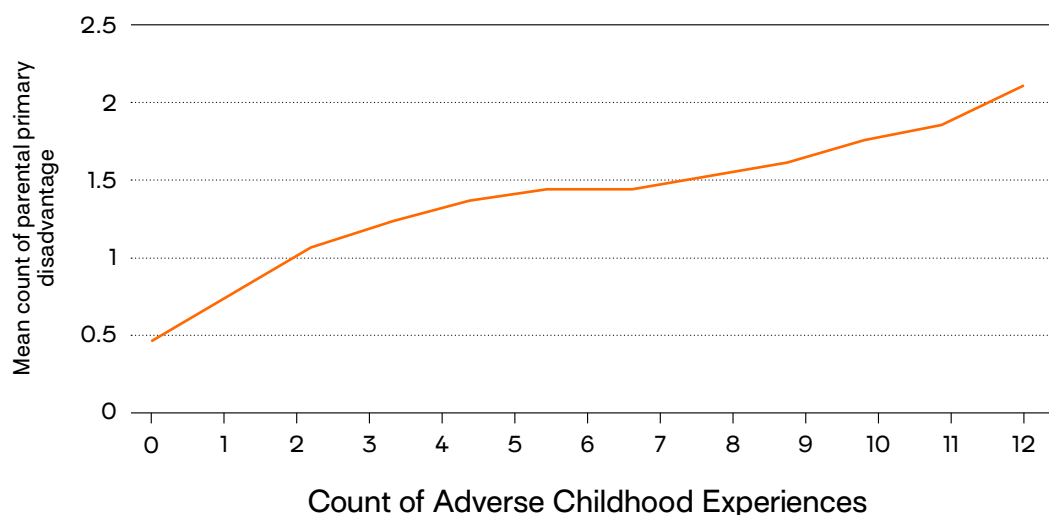
Note: based on records of children who had at least one adverse childhood experiences 'factor' identified (N=345,415). Parental disadvantage included substance misuse, poor mental health and domestic violence.

Poor parental mental health is associated with a slightly higher average number of children's adverse experiences than domestic violence or substance misuse.

KEY POINTS
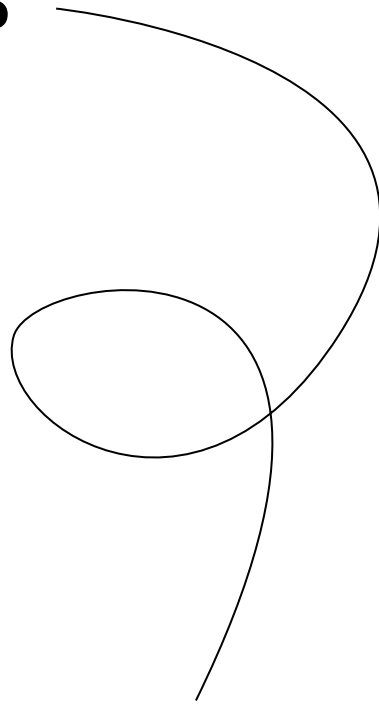
Adverse experiences in childhood are confirmed as a very strong risk factor for severe and multiple disadvantage later in life. Individuals reporting the most complex combinations of primary and secondary domains of disadvantage during adulthood were highly likely to report having experienced abuse or neglect when they were children.

9

POVERTY, DISABILITY & SOCIAL ISOLATION

This chapter offers further reflections regarding the interplay of primary and secondary disadvantage domains, with a particular focus on poverty, disability and social isolation. Limitations of the available data mean that it is not possible to analyse other secondary disadvantages (e.g. being a Gypsy/Traveller, being a lone parent or having sold sex) in the same degree of detail (see McNeish et al, 2016).

POVERTY

The people who have experienced two or more primary domains of disadvantage in adulthood (7% of women and 5% of men) also have a very high chance of being affected by secondary domains, including living in poverty (clusters 8 & 10 in the case of women and cluster 6 in the case of men).

Figure 9.1

Proportions reporting serious debt/arrears and inability to keep home warm by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

—

Source: authors' analysis of APMS data.

- ● Serious debt or arrears
- ● Unable to keep home warm in winter
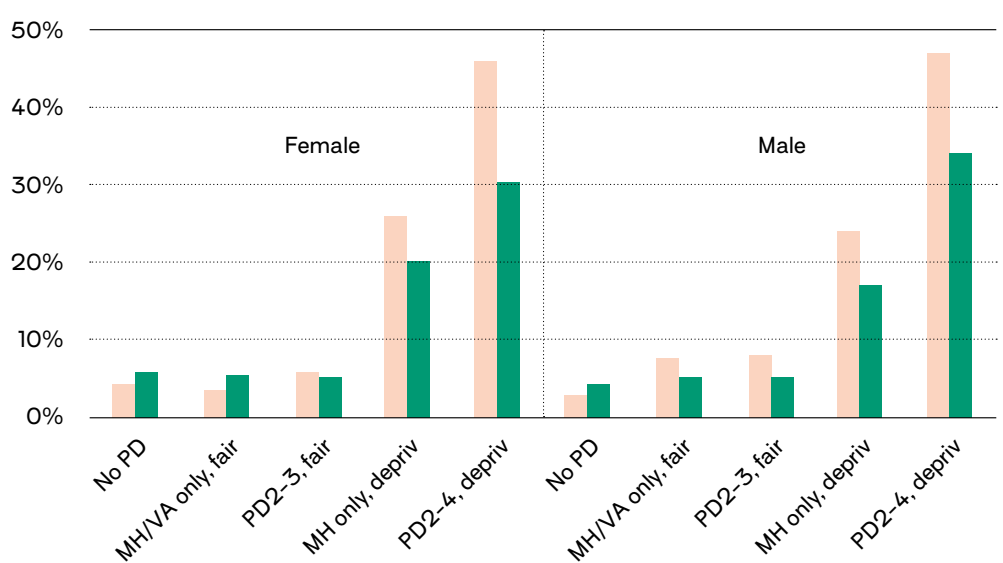
Table 9.1
Proportion of working age women reporting serious debt/arrears and inability to keep home warm, by narrow 'ever primary disadvantage/current secondary disadvantage' cluster, private households, APMS 2014

	Cluster									
	1	2	3	4	5	6	7	8	9	10
Proportion of overall population (%)	35	11	20	6	8	8	2	4	3	3
Mean number of primary domains	0.00	0.00	1.00	1.00	1.00	2.00	2.00	2.00	2.66	2.92
Serious debt or arrears (%)	1	15	2	26	8	5	6	40	8	54
Unable to keep home warm in winter (%)	4	12	5	20	7	3	3	25	13	37

Source: authors' analysis of APMS data, 2014.

Figure 9.1 further shows the gap in the likelihood of living in poverty between men and women who have experienced the most complex combinations of primary and secondary disadvantage (PD2–4, depriv) and those who have not experienced any primary domains of disadvantage in adulthood (No PD).

The rates of material deprivation (as measured by inability to keep one's home warm in winter) are around five times higher for women in the 'PD2–4, depriv' group than they are for women in the 'No PD' group (eight times higher in the case of men)[22].

The difference is even more pronounced with regards to being in serious debt or arrears: the rate is 10 times higher for women and 15 times higher for men. Importantly, the rates of poverty for men and women who have experienced poor mental health in adulthood and who are currently multiply disadvantaged on secondary domains (MH only, depriv) are also considerably higher than the rates for the 'No PD' groups.

However, the analysis in Chapter 5 also showed that there are a considerable number of women and men in the private household population who have experienced two or more primary domains but who had a low chance of being affected by secondary disadvantages, including poverty:

11% of women (clusters 6 and 9) and 10% of men (cluster 5). Table 9.1 below further illustrates that among the private household population, the association between experiencing two or more primary domains of disadvantage in adulthood and living in poverty could be best described as 'weak'. In particular, what is striking is the difference in poverty rates between the two clusters of women with the highest mean number of primary domains experienced in adulthood (e.g. 54% of women in Cluster 10 are in serious debt vs 8% of women in Cluster 9).

Figure 9.2

Proportions reporting serious debt/arrears and inability to keep home warm by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

—

Source: authors' analysis of APMS data.

- Employed
- Education / training / volunteering
- Unemployed
- Unavailable / not seeking work
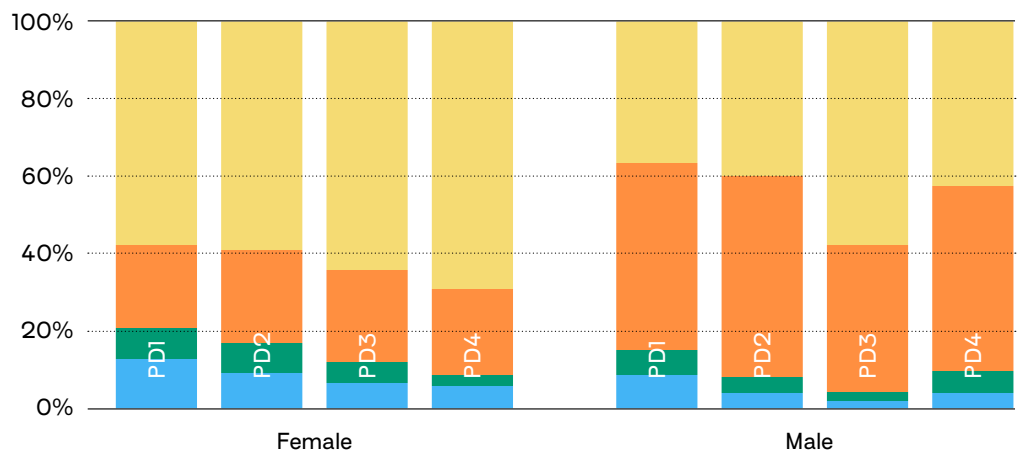
People using homelessness-related support services and also experiencing three or more primary domains of disadvantage tend to be very poor.

This is illustrated by Supporting People data on levels of unemployment and economic inactivity (Figure 9.2). It is clear that, for this group of current users of homelessness and other housing-related support services, unemployment or economic inactivity are very common, almost the norm. However, Figure 9.2 shows that this does not vary greatly according to the number of primary domains experienced.

DISABILITY

Figure 9.3 shows that for the groups with the most complex combinations of primary and secondary disadvantage (PD2-4, depriv) the rates of disability are six to eight times higher than for those not reporting primary disadvantage (No PD).Rates of learning difficulty[23] are five to six times higher for the former group, and rates of chronic illness are two-and-a-half times higher.

Figure 9.3

Disability, chronic disease and learning difficulty by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

—

Source: authors' analysis of APMS data for 2014.

● Disability
● Chronic Disease
● Learning Difficulty
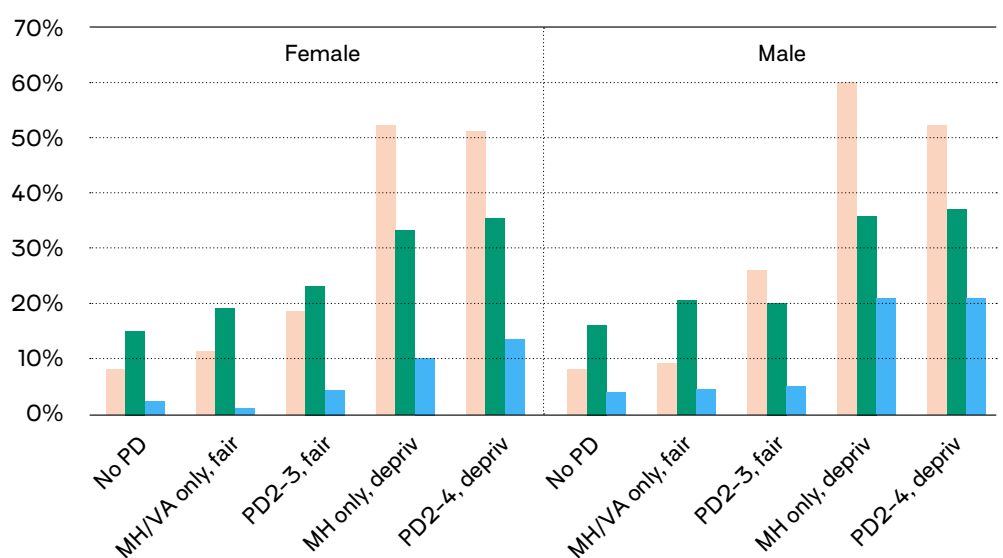
Table 9.3
Proportion of working age women reporting disability, chronic disease and learning difficulty, by narrow 'ever primary disadvantage/current secondary disadvantage' cluster, private households, APMS 2014

	Cluster									
	1	2	3	4	5	6	7	8	9	10
Proportion of overall population (%)	35	11	20	6	8	8	2	4	3	3
Mean number of primary domains	0.00	0.00	1.00	1.00	1.00	2.00	2.00	2.00	2.66	2.92
Disability (%)	5	17	12	52	10	12	62	40	8	66
Chronic disease (%)	13	21	20	33	17	19	40	34	23	37
Learning difficulty (%)	2	3	1	10	2	2	10	10	7	18

Source: authors' analysis of APMS data, 2014.

The very high rates of all three conditions recorded for the women and men reporting poor mental health and other secondary disadvantages (MH only, depriv) is also of note. These patterns are generally similar for women and men.

Table 9.3 shows that there is only a weak relationship between the number of primary disadvantages experienced in adulthood and the risk of experiencing disability, chronic disease and learning difficulty. Again, the difference between women's clusters 9 and 10 is the most telling. For example, women in cluster 9 (which has the second-highest mean number of 'ever' primary domains at 2.66) have an 8% chance of having a disability, while among women in cluster 10 (where the mean number of 'ever' primary domains is only slightly higher at 2.92) the chance is 66%.

From the Supporting People dataset, we find that the prevalence of physical disability almost always increases as the count of primary domains of disadvantage increases, across both genders.

Nearly two-thirds of Supporting People clients experiencing all four primary domains are physically disabled, with no strong differences between men and women. While we do not have an exact figure for the prevalence of physical disability in the general population, we know that 4–6% report that their day-to-day activities are 'limited a lot' or that their health is 'bad or very bad', giving an indication of the scale of the gap between those affected by complex combinations of primary disadvantage and the general population.
Analysis of Supporting People data also indicates that for most of the combinations of current experiences of primary disadvantage, the prevalence of learning disability[24] is higher than in the general population, often significantly higher (3–4 times the national rate of 1.8% among women and 2.5% among men[25]). The prevalence of learning disability generally goes up with rising complexity of primary disadvantage in the case of men, while this seems to be less true for women.

Both men and women experiencing any of the four primary domains of disadvantage have a higher rate of learning disability than is true of the general population.

The link between poor mental health and learning disability is the strongest of all (the rate of learning disability is more than four times the national rate, for both men and women), but we can also see **a very strong association between experience of violence and abuse and learning disability in the case of men.** Among male users of Supporting People-funded services with current/recent experience of violence and abuse, the rate of learning disability is nearly four times the national rate.

SOCIAL ISOLATION

APMS data indicates that social isolation is around six times more prevalent for both women and men with experience of the more complex combinations of primary and secondary domains of disadvantage (PD2–4, depriv) than is true of those without such experience (No PD).

Figure 9.4

Social Isolation by broad 'ever primary disadvantage/current secondary disadvantage' cluster and sex, working age adults in private households, APMS 2014

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Source: authors' analysis of APMS data, 2014
Note: 'social isolation' was defined as 'feeling close to fewer than 5 people'
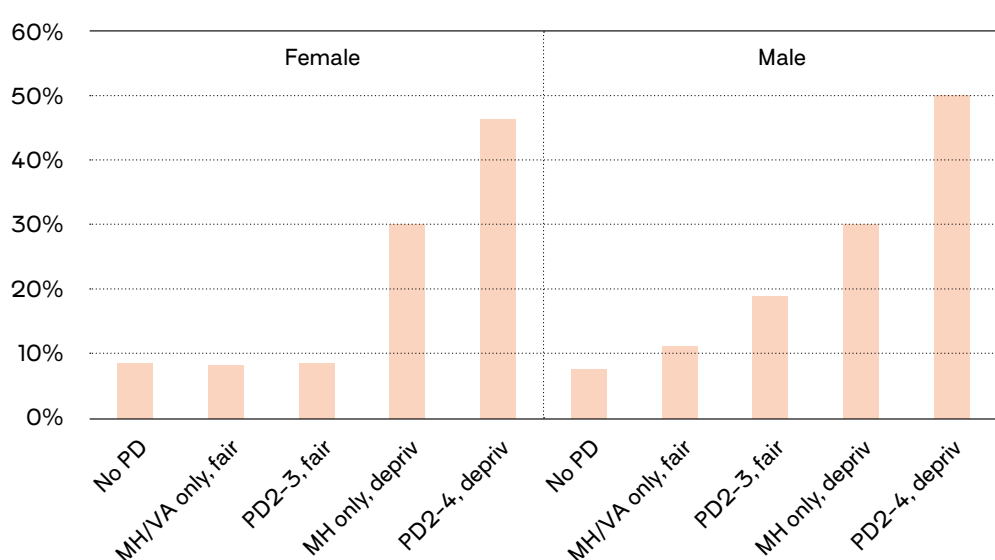
Table 9.4
Proportion of working age women reporting social isolation, by narrow 'ever primary disadvantage/current secondary disadvantage' cluster, private households, APMS 2014

	Cluster									
	1	2	3	4	5	6	7	8	9	10
Proportion of overall population (%)	35	11	20	6	8	8	2	4	3	3
Mean number of primary domains	0.00	0.00	1.00	1.00	1.00	2.00	2.00	2.00	2.66	2.92
Social isolation	0.05	0.20	0.08	0.30	0.09	0.05	0.14	0.45	0.16	0.48

Source: authors' analysis of APMS data, 2014.

46% of such women and 50% of such men report being close to fewer than five people (Figure 9.4). Comparatively high levels of social isolation are also reported by men and women who have experienced poor mental health in adulthood and who are disadvantaged on 'secondary' domains (MH only, depriv).

However, yet again the data show only a weak association between the number of primary disadvantages experienced in adulthood and current social isolation (Table 9.3).

The high levels of social isolation reported by people experiencing the most complex combinations of primary and secondary domains of disadvantage is further confirmed by the MEH study of people using low threshold support services, in which 90% of respondents currently experiencing homelessness, substance misuse and poor mental health reported being socially isolated.

KEY POINTS

The prevalence of learning disability is higher for both men and women experiencing any of the four primary domains of disadvantage than is true of the general population. The link between poor mental health and learning disability is particularly strong for both genders. Among men, there is also a very strong association between experience of violence and abuse and having a learning disability.

Poverty, disability and social isolation are key features in the lives of many, but not all, people who experience severe and multiple disadvantage. Their prevalence varies according to housing status. These issues are a norm among those experiencing severe and multiple disadvantage who use homelessness-related support services. In the private household population, around 7% of women and 5% of men have experienced at least two primary disadvantages in adulthood and are also poor, disabled and/or socially isolated.

10

CONCLUSION

CONCLUSIONS

Building upon an earlier conceptualisation and feasibility study (McNeish et al, 2016), this study has developed a quantitative profile of women affected by severe and multiple disadvantage in England.

The conceptualisation and definition used were developed with the specific intention of gaining insight into the experiences of women, but the analysis has also cast new light on manifestations of severe and multiple disadvantage affecting some men.

The study focussed on the prevalence of, and overlaps between, four primary domains of disadvantage: homelessness, substance misuse, being a victim of violence and abuse, and poor mental health. In addition, it reflected on the prevalence of several other secondary disadvantages, including (amongst others) living in poverty, being an offender, having a physical disability, having a learning disability, and having lost children to the care system.

The profile was developed using data from seven general household survey and administrative sources, with particular emphasis placed on the Adult Psychiatric Morbidity Survey (APMS) and Supporting People records. It thus covered individuals resident in private households as well as those who are homeless or at risk of homelessness and in contact with associated support services. A robust and innovative methodology, Latent Class Analysis, was used to examine not only the prevalence of, but also the nature of combinations between, different manifestations of severe and multiple disadvantage affecting women and men in the general population.

Using this definition, it is possible to estimate that in England in a typical year between 2010-14, around 336,000 adults experienced complex combinations of primary domains of disadvantage (i.e. three or four of these domains), of whom there were approximately the same number of women as men. The number experiencing all four primary domains at a point in time was 17,000, the majority (70%) of whom were female. It is also possible to estimate, with necessary caveats, that 2.3 million adults (5.2% of the population) experience two or more of these primary domains in a single year, while current experience of one primary domain is very widespread indeed – affecting about 9.6 million people, or 21.6% of the population.

The use of a new 'lens' to examine severe and multiple disadvantage – most notably the inclusion of poor mental health and experience of interpersonal violence and abuse in the definition as primary domains, as well as the use of both household survey and administrative data sources – has offered fresh insights into its manifestation. It shows how women and men are affected differently, because the primary and secondary domains under investigation coalesce in different ways.

The analysis confirms the importance of violence and abuse, and poor mental health, to women's experience of severe and multiple disadvantage.

For women, these issues are both widely experienced and closely related. Women living in poverty are much more likely to experience violence and abuse and poor mental health, but these experiences are also evident amongst those who are not poor and who are not affected by other secondary disadvantage domains.

The study also draws attention to the circumstances of a number of men who do not currently feature in policy discussions about severe and multiple disadvantage. Key amongst these is a group who are often older and almost always living alone, who do not experience substance misuse, homelessness or offending but who have experienced poor mental health, are living in poverty, and are socially isolated.

It is notable that the role of poverty in the experience of women affected by severe and multiple disadvantage, as defined here, varies.

Poverty is a prevalent feature in the lives of many of those experiencing three or more of the primary domains, but some women who are very disadvantaged in terms of the primary domains are not disadvantaged economically or on other secondary domains.

The study also emphasises that **disadvantage begins early in life for many individuals**, with both women and men affected by the most complex combinations of disadvantages in adulthood being highly likely to report adverse childhood experiences and/or not obtaining any educational qualifications.

Many women and men experiencing primary domains of disadvantage, and especially those using homelessness–related support services, also experience poverty, disability and/or social isolation during adulthood. **The link between poor mental health and learning disability is particularly strong for both genders**. There is also a very strong association between experience of violence and abuse and learning disability in the case of men.

These insights are critically important in shaping debates about the ways severe and multiple disadvantage should be defined, how its causation is understood, and how responses are designed. There are clearly many distinct groups of disadvantaged women

and men with very different experiences and needs in England. It is imperative that they are not conflated in policy discussion.

Looking forward, further work is needed to more fully understand the lived experience and impacts of various combinations of disadvantage. This might also further unpack the primary domains investigated, considering for example whether and how various aspects of mental health (e.g. anxiety, post-traumatic stress disorder, psychosis etc.), or different experiences of violence and abuse, are associated with other domains and affect the range of groups identified. Examination of severe and multiple disadvantage experienced during adolescence would also be of significant value.

Administrative and household survey datasets are limited in their capacity to document the experiences of low prevalence populations such as, for example, Gypsies/Travellers, refugees and asylum seekers, migrants not competent in English, and sex workers.

Further research using different methodologies will offer potential to illuminate the experiences and needs of such women (and men) who are not captured by these data sources, and who must not be lost sight of given the risk that they be further marginalised.

When we returned to consult groups of disadvantaged women following preliminary analysis of the data used they concurred with the direction the analysis had taken and offered further insights into the patterns we had identified. For example, they regarded being poor as an exacerbating factor in relation to other disadvantages they experienced, but not as predictive or causal, and they described homelessness as the most feared and disastrous outcome that could stem from partner violence, substance use, debt, and poor mental health.

More than anything they emphasised the cumulative impact of multiple disadvantage, not as concurrent experience but as occurring across the life course.

However, these consultations also demonstrated how people understand and talk about their lives and how this differs from the ways that these are represented in quantitative data. They speak of experiences and events, often referring to layers and spirals with disadvantages interacting with each other. They highlight that in lived experience, severe and multiple disadvantage takes the form of patterns and pathways that are often entwined with the disadvantages of others rather than being a feature of individuals: for example, when a husband was a problem gambler or they were sole carer for a disabled child.

While some of the women we consulted may appear in service use data, and some in general population survey samples, many will be represented in neither. Many are invisible to services, in part because they actively avoid them (see McNeish & Scott, 2017; McNeish et al., 2016). They either do not appear in population surveys at all or feature in such small numbers that no useful analysis can be undertaken. Yet nobody hearing about the lives of these women could deny that they are severely and multiply disadvantaged. The implication for any attempt to profile severe disadvantage is that the picture that emerges will inevitably be partial – showing us only those people we are already in a position to see and count. In order to fully understand the experiences of the rest – the 'invisible women' and 'invisible men' – we must employ narratives as well as numbers.

ENDOTES, REFERENCES & APPENDICES

ENDNOTES

1   In April 2011, the DCLG ceased collection of Supporting People data, when the Supporting People programme funding rolled into Formula Grant. Several Administering Authorities, however, continued collecting the data on a voluntary basis (until March 2015) and submitting them to the Centre for Housing Policy (CHP) at the University of St Andrews. We attempted to get access to the 2011–2015 data but were informed by CHP that these data were destroyed due to lack of funding for secure storage.

2   In the study, 'homeless' was defined as including experience of temporary/unsuitable accommodation as well as sleeping rough. 'Institutional care' included experience of incarceration, local authority care, mental health hospitals or wards. 'Substance misuse' was defined as experience of drug, alcohol, solvent or gas misuse.

3   It is also worth noting that APMS questions relating to abuse by a partner were adapted from those used in the British Crime Survey and were originally based on the Conflict Tactics Scale (CTS). The questions have been identified by some as problematic, in particular for the way in which they group together non–equivalent types of gendered violence (for example, implying that being 'slapped' and 'pinned down' are equivalent); see for example DeKeseredy & Schwartz, 1998.

4   APMS covers the private household population and the vast majority of Supporting People clients are homeless: 70% of women experiencing at least three primary disadvantages and 80% of such men in SP data were not living in private households.

5   Survey weights have been applied to obtain percentages from APMS.

6   It should be noted that while this is probably true of single homeless people using SP type services, that is not fully representative of the whole spectrum of homelessness, particularly family homelessness.

7   The difference on substance misuse is not statistically significant at the conventional 5% level.

8   The term 'chance' is used (rather than 'prevalence') to reflect the fact that figures obtained from LCA are conditional probabilities.

9   The smaller number of larger clusters for men (than was true of women), and their differing characteristics, meant that this process involved only one amalgamation (clusters 2 and 4).

10   There are no data indicating Traveller status in APMS and the numbers in Supporting People are too small to draw any conclusions.

11   There are no relevant data on asylum seeking status in APMS and the numbers in Supporting People are too small to allow for meaningful analysis.

12   A small family was defined as a household containing one or two adults and one or two children. A larger family was defined as one with one or more adults and three or more children, or with three or more adults and two or more children.

13   We do not break it down by gender due to a small base (n=118, including 19 women).

14   APMS 2014 has only very limited geographical coding attached, so it was not possible to make comparisons between regions or types of local authority.

15   It should be noted that area deprivation is highly correlated with three variables which contributed to the cluster analysis (debt, material poverty, unemployment), but this would not be sufficient to account for the strong pattern revealed here.

16   This refers to living in areas in the lowest

quintile according to the IMD ranking (see Appendices).

17   Supporting People has information on the 'Administering Authority' that funded support for the client. In the 2010/11 dataset there were 152 Administering Authorities, including 56 Unitary Authorities, 33 London Boroughs, 36 Metropolitan Districts and 27 'Shire' Counties. To analyse this data we have employed a group-level classification from Census 2011 Area Classification for Local Authorities. This resulted in a number of interesting insights, although the disadvantage of using this classification was that we had to exclude shire counties from the typology (although they can be viewed separately as a group). A second possible limitation of this analysis is that it is believed that some Local Authorities had more highly developed services and were drawing on Supporting People funding more heavily than others; this may introduce some distortion to the analysis but unfortunately this factor cannot be corrected for.

18   For 'pen portraits' of different area classification supergroups see https://webarchive.nationalarchives.gov. uk/20160114210851/http://www.ons.gov.uk/ ons/guide-method/geography/products/area-classifications/ns-area-classifications/ns-2011-area-classifications/pen-portraits-and-radial-plots/pen-portraits.pdf

19   The decision to rely on a combination of two datasets rather than on one of them has been motivated by a number of considerations: getting a more balanced representation of disadvantage domains (not just homelessness), concern about any tendency for areas with better developed services to register more cases, and concern about the 'flattening' of variations in SP across shire county areas.

20   The indicators cover the following experiences: sexual abuse before age 16; physical abuse before age 18; emotional abuse

before age 18; neglect before age 12; living in an institution such as a children's home or in foster care before age 17.

21   The CIN dataset contains information on adverse childhood experiences such as being sexually abused, physically abused, emotionally abused, neglected, being a victim of violence at home, being looked after, or being involved in a gang. Additionally, the dataset has indicators of parental substance misuse, poor mental health and domestic violence (although it is not known which parent is experiencing which domain). It must be noted that these findings cannot automatically be extrapolated onto the whole population of parents and children, as the relationship between parental disadvantage and children's adverse experiences may be different in families where children are not formally 'in need', although utilising the linked National Pupil Database it is possible to make reasonable estimates of population-wide incidence and relationships with other factors, including poverty (Bramley et al., 2018).

22   Since information about poverty, disability and social isolation was used in Latent Class modelling to identify sub-groups, this and other similar statements in this chapter should be seen as descriptive rather than suggestive of a causal relationship.

23   The relevant question in APMS is "Do you have a difficulty learning or an intellectual disability?".

24   Note that the relevant indicators in APMS and in Supporting People are not identical: the former has information on 'learning difficulty' while the latter has information on 'learning disability'.

25   Own calculation using Public Health England (2016) and Emerson et al (2012).

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APPENDIX 1:
INDICATORS OF PRIMARY & SECONDARY DOMAINS OF DISADVANTAGE

PRIMARY DOMAINS
Adult Psychiatric Morbidity Survey (APMS) 2014

EverVA – any of:
IPV: Partner/Ex – ever Prevented you from having your fair share of the household money
IPV: Partner/Ex – ever Repeatedly belittled you to the extent that you felt worthless
IPV: Partner/Ex – ever Pushed you, held or pinned you down or slapped you
IPV: Partner/Ex – ever Kicked, bit, hit or something thrown at you
IPV: Partner/Ex – ever Injured you as a result of force
SEX VIO: sexual intercourse without your consent (since the age of 16)
TRAUMA: When last experienced sexual abuse: since the age of 16
TRAUMA: When last experienced violence in the home: since the age of 16 (here used only for those who did not do the self-completion part of the questionnaire, as a proxy for being a victim of domestic violence/abuse from a partner/ex)

Evermill – any of:
CISR: Any CMD
PSYCH: PROBABLE PSYCHOSIS - includes all Scan positives irrespective of screening criteria score
PTSD: Diagnosis - DSM_IV & Threshold criteria
PD - ASPD: POSITIVE FOR ANTISOCIAL PERSONALITY DISORDER
PD - B: SIFT POSITIVE FOR BORDERLINE PERSONALITY DISORDER
MDQ: Screen positive - score of 7+ in MDQ1-MDQ13 AND yes at MDQ14 AND Moderate/Severe at MDQ15
SAPAS: Screen positive for any personality disorder (SAPAS Score 4+)
PROF DIAGNOSIS: Phobia diagnosed
PROF DIAGNOSIS: Panic attacks diagnosed
PROF DIAGNOSIS: Post-traumatic stress disorder (PTSD) diagnosed
PROF DIAGNOSIS: Attention-deficit hyperactivity disorder (ADHD) diagnosed
PROF DIAGNOSIS: Bipolar disorder diagnosed
PROF DIAGNOSIS: Depression diagnosed
PROF DIAGNOSIS: Postnatal depression diagnosed
PROF DIAGNOSIS: Dementia diagnosed
PROF DIAGNOSIS: Eating disorder diagnosed
PROF DIAGNOSIS: Nervous breakdown diagnosed
PROF DIAGNOSIS: Psychosis or schizophrenia diagnosed
PROF DIAGNOSIS: Obsessive compulsive disorder (OCD) diagnosed
PROF DIAGNOSIS: Seasonal affective disorder (SAD) diagnosed

Everhless – any of:
TRAUMA: When last experienced being homeless: since age 16
TENURE: Squatting

Eversubst – any of:
DRUGS: Dependent on any drug
ALCOHOL: Grouped AUDIT scores → score 16–40
PROF DIAGNOSIS: Ever diagnosed with alcohol or drug dependence

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CurrVA – any of:
IPV: Partner/Ex – Prevented you from having your fair share of the household money (last 12 months)
IPV: Partner/Ex – Repeatedly belittled you to the extent that you felt worthless (last 12 months)
IPV: Partner/Ex – Pushed you, held or pinned you down or slapped you (last 12 months)
IPV: Partner/Ex – Kicked, bit, hit or something thrown at you (last 12 months)
SEX VIO: Sexual intercourse without your consent (last 12 months)
TRAUMA: When last experienced sexual abuse: within the last 6 months
TRAUMA: When last experienced violence in the home: within the last 6 months (here used only for those who did not do the self-completion part of the questionnaire, as a proxy for being a victim of domestic violence/abuse from a partner/ex)

Currmil – any of:
CISR: Any CMD
PSYCH: PROBABLE PSYCHOSIS
PTSD: Diagnosis – DSM_IV & Threshold criteria
PD – ASPD: POSITIVE FOR ANTISOCIAL PERSONALITY DISORDER
PD – B: SIFT POSITIVE FOR BORDERLINE PERSONALITY DISORDER
PROF DIAGNOSIS: Diagnosed phobia present in past 12 months
PROF DIAGNOSIS: Diagnosed panic attack present in past 12 months
PROF DIAGNOSIS: Diagnosed PTSD present in past 12 months
PROF DIAGNOSIS: Diagnosed ADHD present in past 12 months
PROF DIAGNOSIS: Diagnosed bipolar disorder present in past 12 months
PROF DIAGNOSIS: Diagnosed depression present in past 12 months
PROF DIAGNOSIS: Diagnosed postnatal depression present in past 12 months
PROF DIAGNOSIS: Diagnosed dementia present in past 12 months
PROF DIAGNOSIS: Diagnosed eating disorder present in past 12 months
PROF DIAGNOSIS: Diagnosed nervous breakdown present in past 12 months
PROF DIAGNOSIS: Diagnosed personality disorder present in past 12 months
PROF DIAGNOSIS: Diagnosed psychosis or schizophrenia present in past 12 months
PROF DIAGNOSIS: Diagnosed OCD present in past 12 months
PROF DIAGNOSIS: Diagnosed SAD present in past 12 months

Currhless – any of:
TRAUMA: experienced being homeless in last 6 months
TENURE: squatting

Currsubst – any of:
DRUGS: Dependent on any drug
ALCOHOL: Grouped AUDIT scores → score 16–40
PROF DIAGNOSIS: Diagnosed alcohol or drug dependence present in past 12 months

APPENDIX 1

SUPPORTING PEOPLE

Currva – any of:
Type of accommodation at start of service: Women's Refuge
Previous accommodation: Women's Refuge
Client group: People at risk of domestic violence
Service type: Women's Refuge
Client assessed as a higher risk under: MARAC
Accommodation type: User who has experienced DV returning home without partner
Accommodation type: User who has experienced DV returning home with partner

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Currmill – any of:
Client assessed as a higher risk under: Care Programme Approach
Disability: Mental health
Client Group: mental health problems
Client Group: mentally disordered offenders
Client Group: Older people mental health
Referral source: Community mental health team
Client needed support with: self–harm
Client needed support with: mental health

Currhless – any of:
Type of accommodation at start of service: direct access hostel; probation hostel; B&B; other temporary accommodation; rough sleeping; Women's Refuge.
Immediately prior to receiving the service client has been found 'statutorily homeless' by a housing authority and owed a duty.
Immediately prior to receiving the service client has been found 'statutorily homeless' by a housing authority and not owed a duty.
Immediately prior to receiving the service client has not been found 'statutorily homeless' by a housing authority but considered to be homeless by the service provider.
Previous accommodation: direct access hostel; probation hostel; B&B; other temporary accommodation; rough sleeping; Women's Refuge
Client Group: single homeless
Client Group: homeless family
Client Group: rough sleeper
Type of service: outreach
Client needed support with obtaining settled accommodation

Currsubst – any of:
Accepted as requiring services under: Drug Interventions Programme (DIP)
Client being supported in partnership with: Drug and alcohol services
Client Group: Alcohol problems
Client Group: Drug problems
Client needed support to better manage their substance misuse issues
Accommodation type: rehabilitation service

SECONDARY DOMAINS

APMS

Domain	Indicator(s)
Offender (ever)	Ever been in prison or a remand centre, or ever been in trouble with police involving court appearance
Serious debt or arrears (current/recent)	Any of: Seriously behind in paying for RENT in past year Seriously behind in paying for GAS in past year Seriously behind in paying for ELECTRICITY in past year Seriously behind in paying for WATER in past year Seriously behind in paying for HIRE PURCHASE GOODS in past year Seriously behind in paying MORTGAGE REPAYMENTS in past year Seriously behind in paying COUNCIL TAX in past year Seriously behind in paying CREDIT CARD PAYMENTS in past year Seriously behind in paying for MAIL ORDER CATALOGUE PAYMENTS in past year Seriously behind in paying TELEPHONE/MOBILE BILLS in past year Seriously behind in paying OTHER LOANS in past year Seriously behind in paying for TV LICENCE in past year Seriously behind in paying ROAD TAX in past year Seriously behind in paying for SOCIAL FUND LOAN in past year Seriously behind in paying CHILD SUPPORT in past year
Poverty (current)	Unable to keep home warm enough in winter
	Mould at home
	Lowest income quintile
	Area in the most deprived quintile of the IMD 2010 score
	Unemployed or economically inactive
Disability (current)	Needs help with at least one activity of daily living
Chronic disease (current/recent)	Chronic disease in last 12 months
Learning difficulty (current)	LEARN: Difficulty learning or an intellectual difficulty
Social isolation (current)	Feeling close to fewer than 5 people

SUPPORTING PEOPLE

Domain	Indicator(s)
Physical disability (current)	Physical disability
Learning disability (current)	Learning disability

APPENDIX 2: CLUSTER ANALYSIS RESULTS FOR WOMEN

Table. Item-Response Probabilities from Ten-Latent-Class model; APMS female respondents aged 16-64 (N=3,193), 2014.

		Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Cluster 9	Cluster 10
Latent class prevalences		0.35	0.11	0.20	0.06	0.08	0.08	0.02	0.04	0.03	0.03
Item-response probabilities											
Ever VA	No	1	1	0.00	1.00	0	0	0	0	0.2	0.15
	Yes	0	0	0.00	0.00	1	1	1	1	0.8	0.85
Ever MH	No	1	1	0.00	0.13	1	0	0	0	0.16	0.06
	Yes	0	0	1.00	0.87	0	1	1	1	0.84	0.94
Ever hless	No	1	1	1.00	0.93	1	1	1	1	0.66	0.3
	Yes	0	0	0.00	0.07	0	0	0	0	0.34	0.7
Ever substance	No	1	1	1.00	1.00	1	1	1	1	0.32	0.58
	Yes	0	0	0.00	0.00	0	0	0	0	0.68	0.42
Ever offender	No	0.99	0.99	0.99	0.97	0.98	0.98	1	0.89	0.89	0.78
	Yes	0.01	0.01	0.01	0.03	0.02	0.02	0	0.11	0.11	0.22
Serious debt or arrears	No	0.99	0.85	0.98	0.74	0.92	0.95	1	0.6	0.92	0.46
	Yes	0.01	0.15	0.02	0.26	0.08	0.05	0	0.4	0.08	0.54
Material deprivation*	No	0.96	0.88	0.95	0.80	0.93	0.97	0.97	0.75	0.87	0.63
	Yes	0.04	0.12	0.05	0.20	0.07	0.03	0.03	0.25	0.13	0.37
Mould at home	No	0.81	0.7	0.80	0.68	0.79	0.77	0.77	0.56	0.78	0.55
	Yes	0.19	0.3	0.20	0.32	0.21	0.23	0.23	0.44	0.22	0.45
Lowest income quintile	No	0.88	0.57	0.86	0.52	0.81	0.86	0.69	0.45	0.80	0.40
	Yes	0.12	0.42	0.14	0.50	0.18	0.14	0.31	0.56	0.20	0.59
Deprived area**	No	0.85	0.7	0.83	0.59	0.83	0.82	0.8	0.64	0.79	0.54
	Yes	0.15	0.3	0.17	0.41	0.17	0.18	0.2	0.36	0.21	0.46
Unemployed or economically inactive	No	0.86	0.3	0.75	0.25	0.79	0.92	0.2	0.41	0.87	0.2
	Yes	0.14	0.7	0.25	0.75	0.21	0.08	0.8	0.59	0.13	0.8

			Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Cluster 9	Cluster 10
No educational qualifications		No	0.92	0.81	0.91	0.72	0.90	0.92	0.79	0.80	0.88	0.73
		Yes	0.08	0.19	0.09	0.28	0.10	0.08	0.2	0.20	0.12	0.27
Disability		No	0.95	0.83	0.88	0.48	0.9	0.88	0.38	0.6	0.92	0.34
		Yes	0.05	0.17	0.12	0.52	0.1	0.12	0.62	0.4	0.08	0.66
Chronic disease in last 12 months		No	0.87	0.79	0.80	0.67	0.83	0.81	0.6	0.66	0.77	0.63
		Yes	0.13	0.21	0.20	0.33	0.17	0.19	0.4	0.34	0.23	0.37
Learning difficulty		No	0.98	0.97	0.99	0.90	0.98	0.98	0.9	0.9	0.93	0.82
		Yes	0.02	0.03	0.01	0.10	0.02	0.02	0.1	0.1	0.07	0.18
Social isolation		No	0.95	0.8	0.92	0.70	0.91	0.95	0.86	0.55	0.84	0.52
		Yes	0.05	0.2	0.08	0.30	0.09	0.05	0.14	0.45	0.16	0.48
Ever sold sex		No	1	1	1.00	1.00	1	1	1	0.98	1	0.93
		Yes	0	0	0.00	0.00	0	0	0	0.02	0	0.07
Number of childhood adversities (0–7)		0	0.86	0.75	0.77	0.58	0.61	0.53	0.33	0.34	0.43	0.26
		1	0.11	0.19	0.16	0.25	0.25	0.27	0.23	0.27	0.27	0.20
		2	0.02	0.04	0.05	0.11	0.09	0.13	0.24	0.18	0.14	0.22
		3-7	0.01	0.02	0.02	0.06	0.05	0.07	0.21	0.22	0.17	0.31
		Mean	0.16	0.31	0.32	0.65	0.45	0.71	1.24	1.17	1.17	1.39
Tenure	Owner occupier		0.77	0.32	0.68	0.30	0.60	0.70	0.54	0.13	0.49	0.12
	Social renter		0.04	0.36	0.08	0.53	0.14	0.08	0.3	0.45	0.15	0.67
	Private renter		0.18	0.33	0.23	0.16	0.26	0.22	0.16	0.43	0.35	0.21
Lone parent		No	0.98	0.94	0.98	0.92	0.92	0.94	0.97	0.79	0.94	0.84
		Yes	0.02	0.06	0.02	0.08	0.08	0.06	0.03	0.21	0.06	0.16
Has children****		No	0.44	0.38	0.45	0.41	0.35	0.40	0.27	0.29	0.55	0.31
		Yes	0.56	0.62	0.55	0.59	0.65	0.60	0.73	0.71	0.45	0.69
Cares for others due to their ill–health or problems related to age*****		No	0.92	0.8	0.85	0.80	0.88	0.91	0.67	0.82	0.86	0.76
		Yes	0.08	0.2	0.15	0.20	0.12	0.09	0.33	0.18	0.14	0.24
Household type	1 adult aged 16–59, no children		0.05	0.05	0.06	0.11	0.08	0.07	0.04	0.14	0.07	0.26
	2 Adults, both 16–59, no children		0.3	0.08	0.28	0.24	0.27	0.41	0.1	0.19	0.33	0.17
	Small family		0.25	0.22	0.20	0.17	0.25	0.23	0.05	0.34	0.17	0.26
	Large family		0.05	0.19	0.06	0.11	0.1	0.04	0.1	0.14	0.1	0.11
	Large adult household		0.33	0.28	0.34	0.25	0.2	0.23	0.41	0.15	0.26	0.13
	2 adults, 1 or both aged 60+, no children		0.02	0.14	0.06	0.06	0.06	0.02	0.16	0.03	0.03	0.03
	1 adult, aged 60+, no children		0	0.03	0.00	0.05	0.03	0	0.14	0	0.03	0.05

APPENDIX 2

		Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Cluster 9	Cluster 10
Marital status	Married	0.57	0.50	0.56	0.42	0.43	0.42	0.47	0.27	0.3	0.16
	Cohabiting	0.15	0.08	0.14	0.15	0.16	0.23	0.09	0.16	0.25	0.1
	Single	0.24	0.31	0.23	0.34	0.24	0.21	0.21	0.33	0.34	0.51
	Widowed	0.01	0.02	0.01	0.02	0.02	0.01	0.03	0.02	0.01	0.03
	Divorced or separated	0.04	0.08	0.06	0.07	0.14	0.13	0.19	0.22	0.11	0.21
Age group	16–24	0.16	0.24	0.21	0.21	0.11	0.16	0.08	0.18	0.24	0.17
	25–34	0.23	0.22	0.20	0.21	0.21	0.17	0.09	0.3	0.23	0.27
	35–44	0.22	0.19	0.19	0.15	0.22	0.26	0.14	0.2	0.2	0.19
	45–54	0.24	0.12	0.23	0.19	0.24	0.28	0.19	0.2	0.2	0.19
	55–64	0.15	0.24	0.17	0.23	0.21	0.14	0.5	0.12	0.12	0.18
Ethnicity/ country of birth	White British***	0.77	0.54	0.86	0.59	0.77	0.85	0.86	0.81	0.84	0.79
	UK born, not White British	0.05	0.14	0.03	0.18	0.06	0.03	0.13	0.03	0.10	0.09
	Not UK born	0.18	0.31	0.11	0.23	0.17	0.12	0.02	0.15	0.06	0.13
Ethnicity	White British	0.77	0.54	0.86	0.59	0.77	0.85	0.86	0.81	0.84	0.79
	White Other	0.09	0.11	0.06	0.07	0.09	0.08	0.02	0.09	0.05	0.04
	Black / Black British	0.03	0.09	0.01	0.11	0.03	0.01	0.03	0.04	0.06	0.11
	Asian / Asian British	0.08	0.20	0.05	0.17	0.08	0.03	0.05	0.03	0.01	0.04
	Mixed / Other	0.03	0.06	0.01	0.07	0.03	0.03	0.04	0.04	0.03	0.04
Urban–rural	Urban	0.82	0.91	0.83	0.90	0.84	0.83	0.78	0.9	0.87	0.92
	Town & fringe	0.08	0.04	0.11	0.04	0.09	0.1	0.09	0.04	0.09	0.04
	Village & hamlet	0.1	0.05	0.07	0.06	0.07	0.07	0.13	0.06	0.04	0.05

		Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6	Cluster 7	Cluster 8	Cluster 9	Cluster 10
Ever PD combination	None	1	1	0.00	0.00	0	0	0	0	0	0
	VA only	0	0	0.00	0.00	1	0	0	0	0	0
	Homelessness only	0	0	0.00	0.07	0	0	0	0	0	0
	MH only	0	0	1.00	0.93	0	0	0	0	0	0
	Substance only	0	0	0.00	0.00	0	0	0	0	0	0
	VA, Homelessness	0	0	0.00	0.00	0	0	0	0	0.07	0.05
	VA, MH	0	0	0.00	0.00	0	1	1	1	0.06	0.04
	VA, Substance	0	0	0.00	0.00	0	0	0	0	0.09	0.01
	Homelessness, MH	0	0	0.00	0.00	0	0	0	0	0.03	0.08
	Homelessness, substance	Not enough cases									
	MH, Substance	0	0	0.00	1.00	0	0	0	0	0.17	0.06
	VA, Hless, MH	0	0	0.00	0.00	0	0	0	0	0.16	0.41
	VA, Hless, subst	Not enough cases									
	VA, MH, subst	0	0	0.00	0.00	0	0	0	0	0.33	0.18
	Hless, MH, subst	Not enough cases									
	VA, Hless, MH, subst	0	0	0.00	0.00	0	0	0	0	0.09	0.17
Number of ever primary domains	0	1	1	0.00	0.00	0	0	0	0	0	0
	1	0	0	1.00	1.00	1	0	0	0	0	0
	2	0	0	0.00	0.00	0	1	1	1	0.42	0.24
	3	0	0	0.00	0.00	0	0	0	0	0.49	0.59
	4	0	0	0.00	0.00	0	0	0	0	0.09	0.17
	Mean	0	0	1.00	1.00	1	2	2	2	2.66	2.92

* 'Able to keep home warm enough in winter'
** Areas in the most deprived quintile of the IMD 2010 score.
*** Any country of birth.

**** Including not living at home.
***** Minimum 5 hours per week; caring for family members.

APPENDIX 3: CLUSTER ANALYSIS RESULTS FOR MEN

Table. Item-Response Probabilities from Six-Latent-Class model; APMS male respondents aged 16-64 (N=2,102), 2014.

		Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6
Latent class prevalences		0.56	0.13	0.06	0.10	0.10	0.05
Item-response probabilities							
Ever VA	No	1	1	1	0.38	0.39	0.35
	Yes	0	0	0	0.62	0.61	0.65
Ever MH	No	1	0	0	1	0.07	0.03
	Yes	0	1	1	0	0.93	0.97
Ever hless	No	1	1	1	0.91	0.92	0.51
	Yes	0	0	0	0.09	0.08	0.49
Ever substance	No	1	1	1	0.68	0.49	0.52
	Yes	0	0	0	0.32	0.51	0.48
Ever offender	No	0.93	0.87	0.83	0.88	0.74	0.57
	Yes	0.07	0.13	0.17	0.12	0.26	0.43
Serious debt or arrears	No	0.97	0.94	0.76	0.9	0.92	0.5
	Yes	0.03	0.06	0.24	0.1	0.08	0.5
Material deprivation*	No	0.96	0.95	0.83	0.95	0.95	0.66
	Yes	0.04	0.05	0.17	0.05	0.05	0.34
Mould at home	No	0.82	0.79	0.67	0.75	0.69	0.59
	Yes	0.18	0.21	0.33	0.25	0.31	0.41
Lowest income quintile	No	0.88	0.92	0.55	0.84	0.89	0.52
	Yes	0.14	0.09	0.45	0.16	0.11	0.48
Deprived area**	No	0.8	0.84	0.62	0.8	0.74	0.6
	Yes	0.2	0.16	0.38	0.2	0.26	0.4
Unemployed or economically inactive	No	0.82	0.89	0.25	0.82	0.78	0.38
	Yes	0.18	0.11	0.75	0.18	0.22	0.62

		Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6
No educational qualifications	No	0.90	0.91	0.67	0.90	0.88	0.67
	Yes	0.10	0.09	0.32	0.10	0.12	0.34
Disability	No	0.92	0.94	0.4	0.87	0.74	0.48
	Yes	0.08	0.06	0.6	0.13	0.26	0.52
Chronic disease in last 12 months	No	0.84	0.81	0.64	0.78	0.8	0.63
	Yes	0.16	0.19	0.36	0.22	0.2	0.37
Learning difficulty	No	0.96	0.95	0.79	0.96	0.95	0.79
	Yes	0.04	0.05	0.21	0.04	0.05	0.21
Social isolation	No	0.92	0.84	0.7	0.95	0.81	0.5
	Yes	0.08	0.16	0.3	0.05	0.19	0.5
Number of childhood adversities (0–7)	0	0.84	0.69	0.64	0.66	0.6	0.24
	1	0.14	0.2	0.22	0.22	0.25	0.22
	2	0.02	0.09	0.11	0.08	0.12	0.25
	3–7	0	0.03	0.02	0.05	0.02	0.29
	Mean	0.18	0.48	0.52	0.53	0.57	1.68
Tenure	Owner occupier	0.66	0.68	0.32	0.56	0.66	0.06
	Social renter	0.11	0.07	0.55	0.10	0.13	0.60
	Private renter	0.23	0.25	0.13	0.33	0.21	0.34
Lone parent	No	0.99	1	1	1	1	0.99
	Yes	0.01	0	0	0	0	0.01
Has children****	No	0.49	0.47	0.56	0.50	0.53	0.36
	Yes	0.51	0.53	0.44	0.50	0.48	0.63
Cares for others due to their ill-health or problems related to age*****	No	0.92	0.91	0.77	0.93	0.89	0.85
	Yes	0.08	0.09	0.23	0.07	0.11	0.15
Household type	1 adult aged 16–59, no children	0.08	0.1	0.17	0.1	0.12	0.38
	2 Adults, both 16–59, no children	0.23	0.28	0.18	0.29	0.28	0.2
	Small family	0.2	0.18	0.05	0.21	0.14	0.06
	Large family	0.07	0.04	0.03	0.07	0.03	0.13
	Large adult household	0.37	0.32	0.41	0.26	0.38	0.18
	2 adults, 1 or both aged 60+, no children	0.05	0.06	0.11	0.06	0.03	0.02
	1 adult, aged 60+, no children	0.01	0.01	0.06	0.02	0.02	0.03
Marital status	Married	0.49	0.51	0.41	0.4	0.41	0.24
	Cohabiting	0.15	0.14	0.06	0.19	0.15	0.22
	Single	0.31	0.29	0.43	0.33	0.35	0.41
	Widowed	0.01	0.01	0.02	0.01	0	0.01
	Divorced or separated	0.04	0.05	0.09	0.07	0.09	0.12
Age group	16–24	0.2	0.15	0.19	0.17	0.19	0.11
	25–34	0.21	0.24	0.12	0.22	0.2	0.29
	35–44	0.2	0.21	0.15	0.24	0.21	0.24
	45–54	0.21	0.24	0.22	0.21	0.25	0.19
	55–64	0.17	0.17	0.32	0.16	0.15	0.15

APPENDIX 3

		Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5	Cluster 6
Ethnicity/country of birth	White British***	0.74	0.83	0.79	0.79	0.86	0.75
	UK born, not White British	0.08	0.03	0.04	0.05	0.10	0.07
	Not UK born	0.18	0.14	0.17	0.15	0.05	0.18
Ethnicity	White British	0.74	0.83	0.79	0.79	0.85	0.75
	White Other	0.08	0.07	0.08	0.07	0.02	0.09
	Black / Black British	0.03	0.01	0.06	0.04	0.04	0.06
	Asian / Asian British	0.11	0.07	0.06	0.06	0.08	0.05
	Mixed / Other	0.04	0.02	0.01	0.03	0.00	0.05
Urban–rural	Urban	0.81	0.79	0.86	0.86	0.87	0.88
	Town & fringe	0.09	0.11	0.08	0.07	0.08	0.08
	Village & hamlet	0.1	0.1	0.06	0.07	0.05	0.03
Ever PD combination	None	1	0	0	0	0	0
	VA only	0	0	0	0.59	0	0
	Homelessness only	0	0	0	0.09	0	0.01
	MH only	0	1	1	0	0	0
	Substance only	0	0	0	0.3	0	0
	VA, Homelessness	0	0	0	0	0.01	0
	VA, MH	0	0	0	0.02	0.43	0.27
	VA, Substance	0	0	0	0	0.05	0
	Homelessness, MH	0	0	0	0	0.04	0.13
	Homelessness, substance	0	0	0	0	0.01	0
	MH, Substance	0	0	0	0	0.33	0.11
	VA, Hless, MH	0	0	0	0	0.01	0.11
	VA, Hless, subst	0	0	0	0	0	0.01
	VA, MH, subst	0	0	0	0	0.11	0.13
	Hless, MH, subst	0	0	0	0	0.01	0.11
	VA, Hless, MH, subst	0	0	0	0	0	0.12
Number of ever primary domains	0	1	0	0	0	0	0
	1	0	1	1	0.98	0	0.01
	2	0	0	0	0.02	0.87	0.52
	3	0	0	0	0	0.13	0.35
	4	0	0	0	0	0	0.12
	Mean	0	1	1	1.02	2.13	2.59

* 'Able to keep home warm enough in winter'
** Areas in the most deprived quintile of the IMD 2010 score.
*** Any country of birth.
**** Including not living at home.
***** Minimum 5 hours per week; caring for family members.

APPENDIX 4:
AGE PROFILE OF SUPPORTING PEOPLE CLIENTS

Table A4.1. Percentage distribution of age bands by current PD combination, Supporting People female clients, 2010/11.

Women								
	16–24	25–34	35–44	45–64	65+	Total	Median	N
VA only	24	34	26	14	1	100%	32	3,380
Homelessness only	61	19	11	7	2	100%	22	27,696
MH only	13	18	25	36	9	100%	42	9,477
Substance only	23	21	21	21	14	100%	37	5,564
VA + Homelessness	37	35	19	8	0	100%	27	8,546
VA + MH	14	30	33	22	1	100%	36	913
VA + Substance	20	36	30	13	1	100%	32	979
Homelessness + MH	40	19	18	20	2	100%	29	9,607
Homelessness + substance	59	19	13	8	1	100%	21	15,970
MH + Substance	12	23	29	33	4	100%	40	5,230
VA + Hless + MH	33	31	21	14	1	100%	29	3,313
VA + Hless + subst	38	34	19	8	0	100%	27	6,208
VA + MH + subst	15	29	29	25	0	100%	36	604
Hless + MH + subst	42	22	19	15	1	100%	27	11,950
All four	32	32	23	13	0	100%	29	5,329
National distribution*	15	16	17	31	21	100%	47	

Note: only cases with ID.
* own calculation from Sample of Anonymised Records, England, Census 2011.

TableA4.2. Percentage distribution of age bands by current PD combination, Supporting People male clients, 2010/11.

Men								
	16-24	25-34	35-44	45-64	65+	Total	Median	N
VA only	23	25	18	27	7	100%	35	113
Homelessness only	46	20	15	16	3	100%	26	26,254
MH only	11	18	24	39	9	100%	44	7,562
Substance only	15	20	23	31	11	100%	41	6,399
VA + Homelessness	50	17	18	13	1	100%	24	277
VA + MH	Small overall number – figures not presented due to the risk of disclosure							
VA + Substance	Small overall number – figures not presented due to the risk of disclosure							
Homelessness + MH	26	22	23	26	3	100%	35	9,109
Homelessness + substance	36	24	22	17	1	100%	30	37,831
MH + Substance	9	21	31	35	4	100%	41	6,428
VA + Hless + MH	43	18	19	19	1	100%	28	142
VA + Hless + subst	53	18	17	12	1	100%	23	357
VA + MH + subst	Small overall number – figures not presented due to the risk of disclosure							
Hless + MH + subst	26	22	23	26	3	100%	35	9,109
All four	36	24	22	17	1	100%	30	37,831
National distribution*	16	17	17	31	18	100%	46	

Note: only cases with ID.
* own calculation from Sample of Anonymised Records, England, Census 2011.

APPENDIX 4

TableA4.3. Percentage distribution of age groups by current primary domain by sex, Supporting People clients, 2010/11.

Women								
Current primary domain	16–24	25–34	35–44	45–64	65+	Total	Median	N
VA	33	33	22	11	0	100%	29	28,930
hless	49	23	16	11	1	100%	24	86,891
MH	30	23	22	22	3	100%	33	45,361
subst	40	24	19	14	2	100%	28	49,899
National distribution*	15	16	17	31	21	100%	47	

Men								
Current primary domain	16–24	25–34	35–44	45–64	65+	Total	Median	N
VA	41	19	20	18	1	100%	28	1,426
hless	34	23	22	19	2	100%	31	103,280
MH	20	23	27	27	3	100%	37	52,378
subst	28	24	25	21	2	100%	33	80,175
National distribution*	16	17	17	31	18	100%	46	

Note: only cases with ID.

* own calculation from Sample of Anonymised Records, England, Census 2011.

APPENDIX 5:
THE RELATIONSHIP BETWEEN SEVERE & MULTIPLE DISADVANTAGE & ADVERSE CHILDHOOD EXPERIENCES

Table A5. 'Ever' PD combinations by the count of Adverse Childhood Experiences and sex, APMS 2014 (percent).

Combination of primary disadvantage in adulthood	Women Number of Adverse Childhood Experiences				Men Number of Adverse Childhood Experiences				Total Number of Adverse Childhood Experiences			
	0	1	2	3-5	0	1	2	3-5	0	1	2	3-5
None	53	34	17	8	66	45	24	14	59	39	20	11
VA only	7	9	9	5	5	7	6	6	6	8	7	6
Homelessness only	0	0	2	1	0	1	3	2	0	1	2	1
MH only	27	27	25	17	18	24	29	23	22	26	27	20
Substance only	0	0	0	0	3	2	2	1	1	1	1	1
VA, Homelessness	0	0	1	0	0	0	1	0	0	0	1	0
VA, MH	10	23	30	43	3	9	13	19	7	16	22	34
VA, Substance	0	0	0	0	0	1	2	3	0	1	1	1
Homelessness, MH	0	0	0	1	0	1	4	7	0	1	2	3
Homelessness, substance	0	0	0	0	0	0	0	0	0	0	0	0
MH, Substance	1	1	3	1	3	5	5	1	2	3	4	1
VA,MH, (hless or subst but not both)	1	4	11	19	1	2	7	14	1	3	9	17
Hless, subst, (MH or VA or both)	0	1	2	5	1	1	4	8	0	1	3	6
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Base	3,061	883	305	239	2,102	618	212	126	5,163	1,501	517	365

Note: 'Ever' refers to adulthood.

Chi-square statistic (for 'Total' in the table above i.e. both genders):
Uncorrected chi2(36) = 1195.9842
Design-based F(31.06, 10933.75) = 25.1836 P = 0.0000

CONNECTED