Fragile housing of vulnerable people. On the connection between homelessness and care leaving

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Structure

1. State of Research

2. JAEL-Study, Switzerland

3. Results

4. Conclusions

1. State of research

Higher risk of homelessness; overrepresentation among homeless populations (Kaleveld et al. 2018)

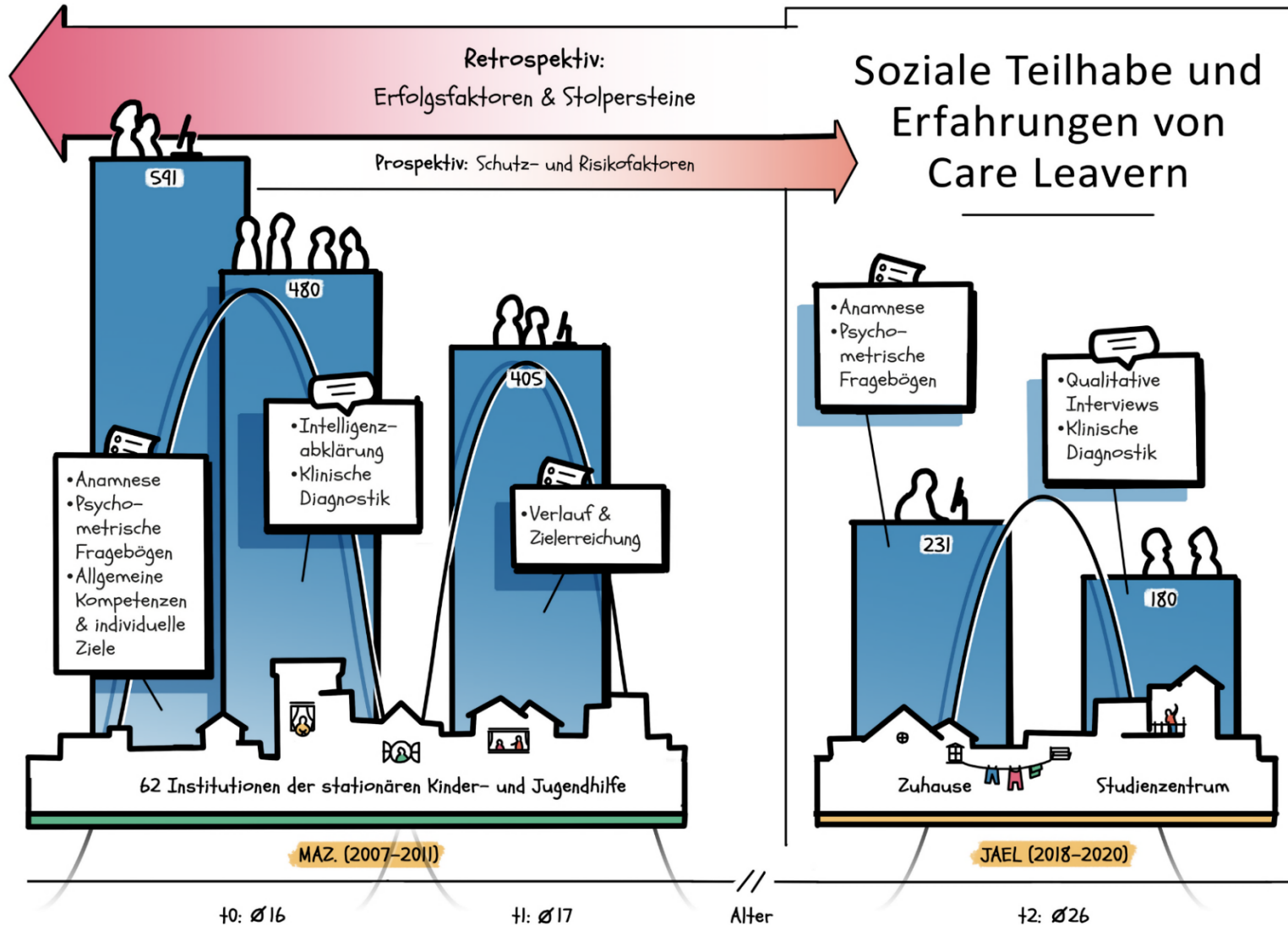Interactions between causes of entry into "institutions" and the risks of later unstable living situations
– Experiences of family violence, neglect, abuse (Dworsky et al. 2009; Sznajder-Murray et al. 2015)
– Substance abuse problems (Bender et al., 2015)
– Delinquency (Gypen et al. 2017)

Specific mental health issues (Chikwaval et al. 2022)

Negative experiences in the institutions with care giver (Dworsky & Courtney 2009)

Failed care leaving process (Baidawi et al. 2014)

JAEL-Study: "Youth Welfare Trajectories: Learning from Experiences" (Schmid, M. et al. 2022)

Method

Secondary data analysis of JAEL-Study, Switzerland

- 211 Care Leaver

- 67.8% male, mean age of 26.3 years

Research Dimensions

- Self reported questionnaire "Have you ever been in a situation where you had to look for a place to sleep because you did not have a permanent residence?"

- Individual Characteristic: childhood trauma (CTQ-SF), mental health problems (ASEBA, CBCL, YSR, ASR)

- Experiences within the "Caring System" (e.g. number of displacement, denied support)

- Current Socioeconomic Status: dependence on state transfer payments (e.g. social welfare), financial worries and current debt
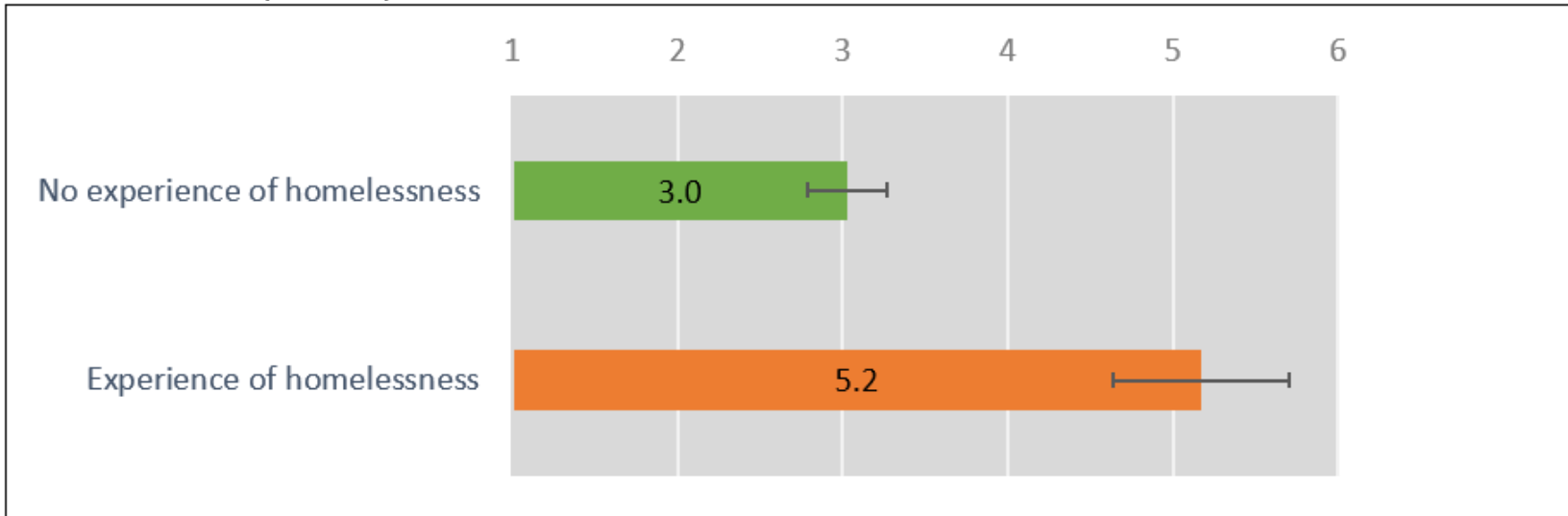
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- Care Leaver: 32.4% with experiences of homelessness

- Homelesseness in Switzerland: 0.1% (SILC 2018, Life prevalence), 0,02% (Dittmann et al. 2020/21, PIT)

- 68% men, 32% women (CH: 2020/21: 83% men); international (FEANTSA 2014: 62)

- International: Meta-analysis by Kaleveld et al. (2018): 20 to 40 percent% of care leaver with a history of homelessness

Table 1: Socioeconomic status and its relation to experience of homelessness (N=209)

	Total	No experience of homelessness	Experience of homelessness	Sig.
Dependency on social welfare*	46.9%	33.3%	75.0%	$X^2(1) = 32.98, p < .001$
Current financial concerns	56.0%	47.5%	73.5%	$X^2(1) = 12.60, p < .001$
Currently in debt	56.9%	48.9%	73.5%	$X^2(1) = 11.32, p < .001$

*Claiming social assistance, unemployment allowance, disability insurance (IV)

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Figure 1: Number of placements between care leavers with and without experience of homelessness (N=211)

Notes: These differences are significant at the 99% level (***$p<.001$). The error bars represent the standard errors.

Figure 3: Percentage of care leavers with denied support after age 18 grouped by experience of homelessness (N=158)

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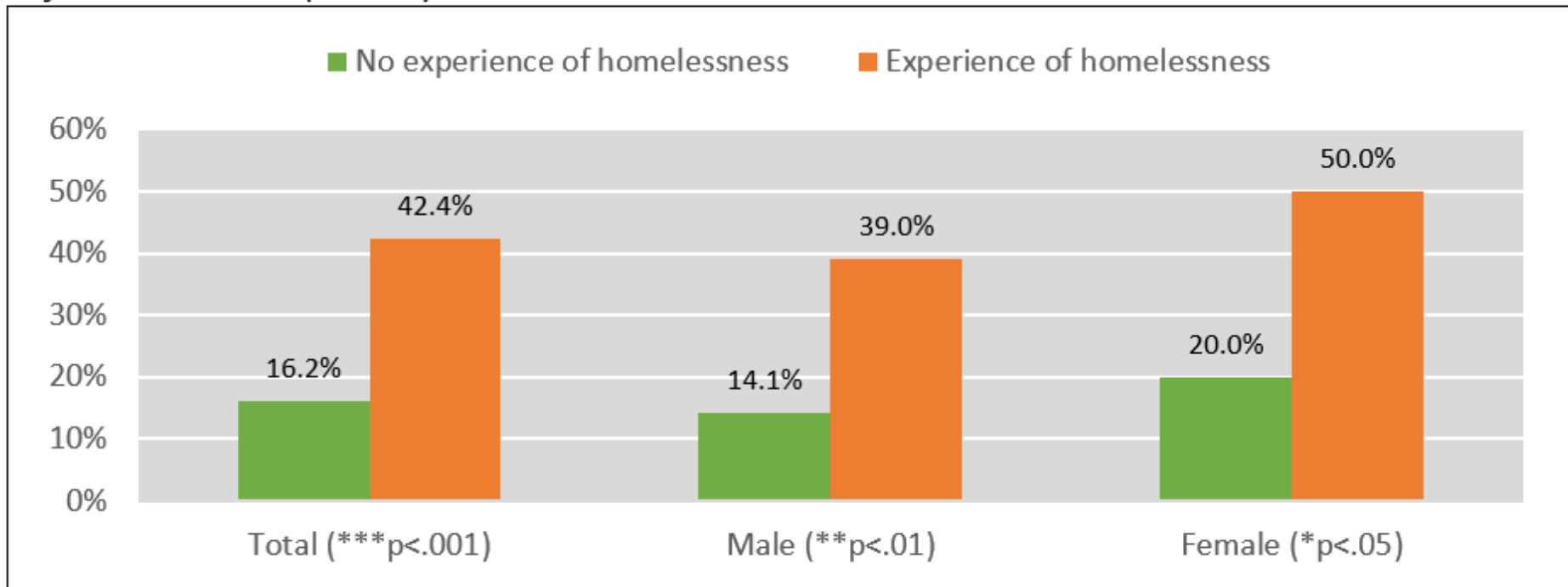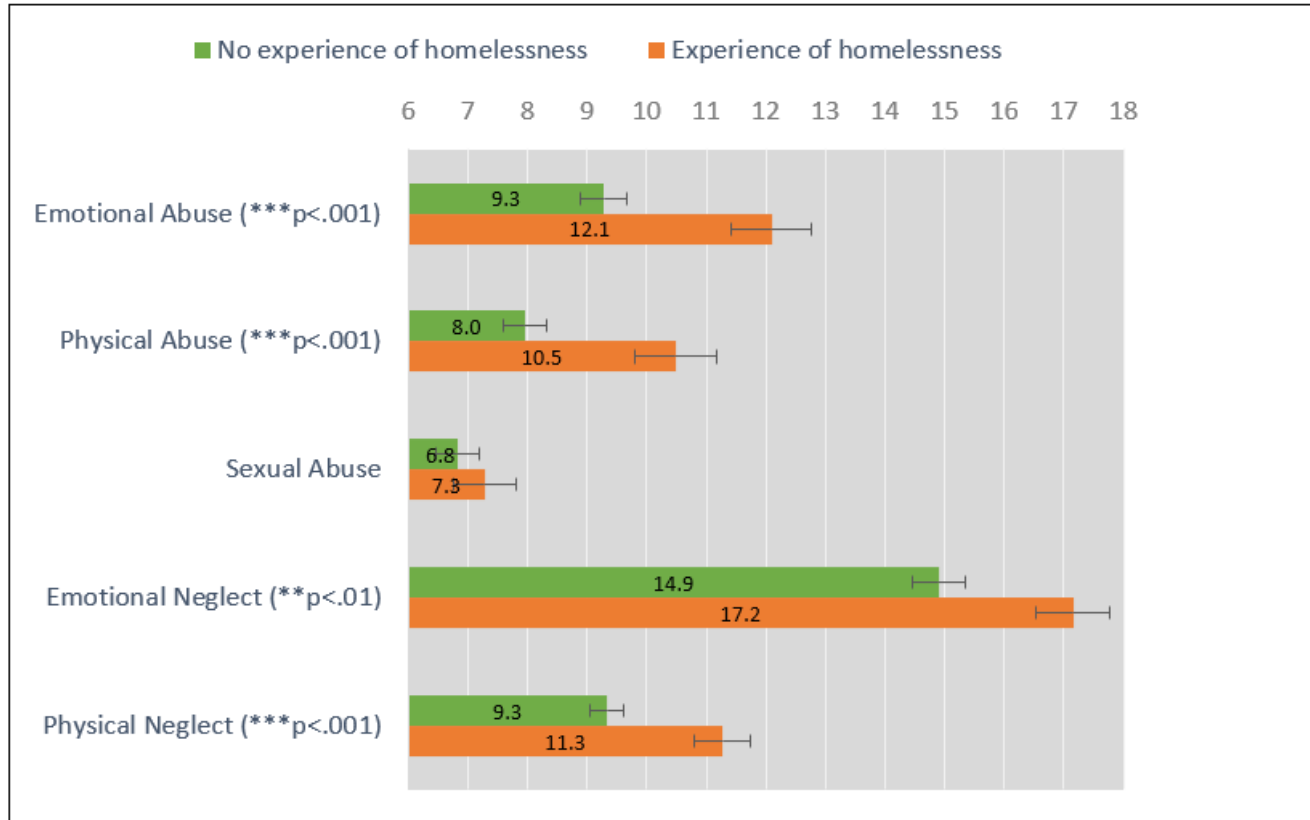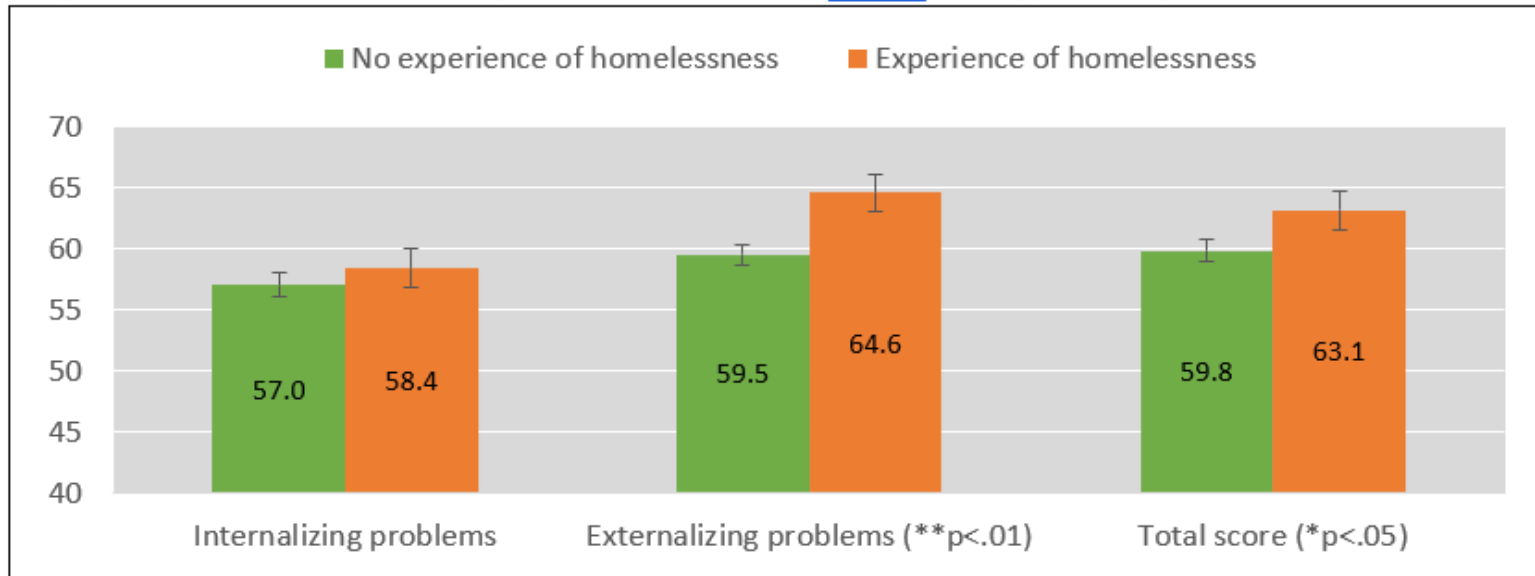Hochschule für Soziale Arbeit

Figure 4: Childhood trauma of care leaver with and without experience of homelessness (N=205)

Notes: The error bars represent the standard errors.

Figure 6: Self-perceived mental health problems grouped by care leaver with and without experiences in homelessness (T-scores YSR/YASR, MAZ.-Survey; N=187)

Notes: The error bars represent the standard errors.

Table 2: Logistic Regressions that explain the likelihood of care leavers experiencing homelessness for male participants (N=100)

Variables	Coefficient	Standard Error	*p*-Value
Age	.034	.069	.629
Number of dropouts perceived as too early	.146	.210	.486
Denied support after age 18	1.308	.602	**.035**
Total CTQ score	.034	.018	.054
Internalizing stress in JAEL	.087	.033	**.008**
Externalizing stress in JAEL	.017	.033	.617

Notes: Model statistics: R^2 = .220; Adjusted R^2 = .301.

Table 3: Logistic Regressions that explain the likelihood of care leavers experiencing homelessness for female participants (N=51)

Variables	Coefficient	Standard Error	*p*-Value
Age	.460	.277	.097
Number of dropouts perceived as too early	1.655	.660	**.012**
Denied support after age 18	.583	1.223	.634
Total CTQ score	0.92	.040	**.022**
Internalizing stress in JAEL	-.064	.066	.334
Externalizing stress in JAEL	.127	.075	.088

Notes: Model statistics: R^2 = .503; Adjusted R^2 = .692.

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JAEL Study

- Group of care leaver have an increased risk of homelessness

- Care leaver with a history of homelessness tend to have higher mental health problems during their time in care

  - internalizing mental health problems tended to increase housing vulnerability in men

  - externalizing mental health problems tended to increase housing vulnerability in women

- Cluster of negative experiences with the help system (denied support, premature terminations discharge, higher number of placement)

- Childhood traumas have a lasting impact

- Lower socioeconomic integration e.g. higher financial vulnerabilities in later life

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Clinical/ Institutional:

- Systematically assessment for childhood maltreatment and mental health problems

- Support during and after their transition out of care

- Services for homeless young people with mental illnesses

Societal:

- Need for housing integration for vulnerable groups beyond market logic

- People with a double disadvantage in society:

  – mental illness

  – types of mental illness deviates from traditional role models in society (women: externalized disorders; men: internalized disorders)

Thank you very much for you attention

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