

Re-framing the Links Between Homelessness and Health: Insights from the Social Determinants of Health Perspective

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Homelessness is one of the most significant social issues facing Australia today. It also impacts greatly on health. People experiencing homelessness are at increased risk of disability, mental and physical illness and injury; high rates of contact with the criminal justice system; alcohol and drug misuse, loss of income, and long-term unemployment.¹ Many children and young people who become homeless have also been caught in cycles of inter-generational poverty and trauma, and have often experienced abuse and neglect.²

In recent years, there has been a growing recognition of the need to address homelessness as a whole-of-society issue. There has been a raft of homelessness and social housing reforms, extending from *The Road Home* White Paper on Homelessness in 2008 and the Federal Government's Social Inclusion Agenda, and culminating in funding measures including the National Partnership Agreements (NPAs) on Homelessness, Social Housing and Remote Indigenous Housing.

While these efforts are welcome, there is a need for further research in Australia that addresses the underlying social determinants of homelessness, and which seeks to unravel how homelessness — and the experiences of social exclusion that go along with it — impacts upon health and wellbeing. Much existing research on the links between health and homelessness draws on a 'biographical' lens, which emphasises the role of mental and physical ill-health in producing or exacerbating homelessness and poor housing. This research links homelessness to a range of interpersonal risk factors, including mental illness, drug and alcohol misuse, and experiences of family

violence and conflict. However, these explanatory models have also drawn criticism from some researchers for reducing homelessness to a symptom of individual 'deficit' and ill health. The risk, as critical geographer John May contends, is that researchers become 'caught within an explanatory framework that seeks to explain homelessness by means of individual pathology', while overlooking the role of deeper social contexts.³

Emerging research from the 'social determinants of health' field may offer a useful framework for understanding the links between homelessness, health and interpersonal risk factors. Proponents, including the World Health Organisation (WHO), posit that the major influences on health exist outside the individual, and often involve circumstances beyond individual control — such as where people live or work.⁴ In particular, the WHO's Commission into the Social Determinants of Health identified living and working conditions and the physical environment as the most significant drivers of ill health, requiring urgent action by governments.

Like health, homelessness is deeply embedded in social contexts — of poverty, a lack of affordable housing, or discrimination for example — that contribute to interpersonal problems like mental illness and the risk of family conflict. While the drivers of homelessness may vary across individual cases, social exclusion is the leading factor contributing to homelessness in Australia. In using this concept, we are talking about social and economic inequalities that prevent some groups from enjoying the benefits of full participation in society. Social exclusion affects material resources and resilience,

limiting the opportunities, resilience and life chances of individuals and making it more difficult to access a decent and dignified standard of living.⁵

Social determinants research is a useful framework for situating homelessness as one outcome of interconnected social problems, which affect health and wellbeing. This is demonstrated in a growing body of international research.⁶ United Kingdom (UK) based research indicates that disadvantaged children in poor housing conditions are more likely to experience physical and mental health problems, impairment and delayed development.⁷ In a major report into the social determinants of health in the UK (known as the 'Marmot Review'), Marmot and colleagues⁸ state that 'bad housing conditions — including homelessness, temporary accommodation, overcrowding, insecurity, and housing in poor physical condition — constitute a risk to health'. We also know that the precarious living situations associated with homelessness lead to a higher vulnerability to violence, theft and social isolation.⁹ These adverse conditions contribute to ill-health and, when experienced over time, increase the risk of recurrent homelessness across the life course and between generations^{10, 11}. Hence, a social determinants perspective helps to frame homelessness as both a key *driver* of ill health and a symptom of adverse social conditions.¹²

Social determinants paradigms are beginning to find fertile ground in Australia. This year has seen the establishment of the Australian Social Determinants of Health Alliance (now with over seventy organisational members) and the Senate Inquiry into the Social Determinants of Health.

The Senate Committee acknowledged the contribution of social factors to health, highlighting that: 'By addressing the social determinants of health that are the genesis of many health problems, the costs to government of providing healthcare can be reduced, and individuals can enjoy better health outcomes'.¹³ They also recognised social exclusion as a major driver of health inequalities, and the importance of ensuring secure housing and supportive communities in order to redress the psychological, physical and economic costs of social exclusion. This has recently been echoed by a number of peak bodies in Australia. In a recent senate submission by the Australian Psychological Association, it was acknowledged that 'not having a stable home disrupts the connections [homeless people] have with their family and communities and is associated with a sense of social exclusion and poor physical and mental health and wellbeing'.¹⁴

The key policy contribution of a social determinants perspective is that it re-frames homelessness as a major public health issue, potentially presenting new avenues for policy change and the allocation of resources. This could be harnessed to help move homelessness away from a crisis-driven model, by building connections with preventative health systems. Close to 19 per cent of government funds are spent on health.¹⁵ Through the National Partnership for Preventative Health, a further \$932.7 million has been put into preventative health efforts over nine years (from 2009).¹⁶ Positioning homelessness as a driver of ill health can help raise awareness and funding for preventative efforts. It may also contribute to improving 'joined-up' governance reforms. As highlighted by the 'Marmot Review', 'joined-up' inter-agency cooperation is increasingly recognised as essential for successful action on the social issues that drive ill health.¹⁷ The need for stronger joined-up governance and structural interventions is similarly a key priority in current homelessness policies and approaches nationally.¹⁸

These kinds of approaches offer new opportunities for researchers and practitioners to work together in 'breaking the cycle' of homelessness and promoting health and wellbeing.

However, while support for social determinants discourse have gained some traction within government, this will only continue if they are supported within sectors outside of government. Maintaining this on the national agenda will require continued and increased engagement between researchers, practitioners and advocates. In order to inform best practice and 'joined-up' responses to homelessness as a health issue, there is also a need for more inter-disciplinary research investigating the links between social inequalities, homelessness and health. This research effort must be capable of rigorously identifying the key outcomes of policy reforms, and comparing outcomes across different practice models and interventions.

As a paradigm for homelessness research, practice and policy, the social determinants of health approach provides a helpful, evidence-based framework for addressing homelessness as part of a set of interconnected social problems that lead to poor health outcomes. By placing a strong emphasis on government action and cross-sectoral collaboration to address social disadvantage, these ideas also take the gaze off individual pathology and situate homelessness as a whole-of-society issue. As such, this approach may assist in garnering greater support for 'joined-up' and preventative responses to the problem of homelessness in Australia.

Endnotes

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