

Why Gender Matters

Severe and Multiple Disadvantage in Nottingham



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Introduction

The influential Hard Edges report commissioned by the Lankelly Chase Foundation in 2015 introduced the concept of Severe and Multiple Disadvantage (SMD). In Hard Edges SMD was defined as “a shorthand term used to signify the problems faced by adults involved in the homelessness, substance misuse and criminal justice systems in England”, (Bramley et al, 2015). The data used for Hard Edges based on these problems, produced a cohort where eight out of ten people experiencing SMD were men. This led to questions about why women appeared to be so under-represented. Consequently, Lankelly Chase commissioned further research which was published in 2020 in the report Gender Matters (Bramley et al, 2020). In Gender Matters, offending was replaced by interpersonal violence and abuse as a primary need domain. In addition, for the Gender Matters research, the researchers were also able to obtain mental health data from the Adult Psychiatric Morbidity Survey (APMS). This approach produced a cohort of people that was evenly gender balanced. “Around 336,000 adults are 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)” (Bramley et al, 2020 p33).

The Gender Matters report didn't just consider gender in relation to numbers of people. Also analysed was the adverse impact of experiencing disadvantages cumulatively, whereas originally SMD referred to simultaneous disadvantage. Also, by considering sources of disadvantage such as learning disability, being a lone parent and social isolation - and by combining with the better known primary domains, such as homelessness and poor mental health, Gender Matters shows where clusters of acute disadvantage occurs in both groups of women and men.



Numbers of people experiencing multiple disadvantage in Nottingham - based on Gender Matters

The research involved a triangulation of methods in order to capture rich data on the experiences of using the Gender Matters definition of SMD and including data from the APMS, produces a figure of people with three or four needs, approximately five times higher than the original Hard Edges definition. A definitive number of people in Nottingham experiencing SMD is not available based on Gender Matters however, as it does not contain specific local authority level data. It is possible though to get some idea of the scale of SMD in Nottingham based on Gender Matters. Firstly, the report lists Nottingham in the highest fifth of local authorities in relation to prevalence of SMD, (Gender Matters, Bramley et al, 2020 page 64). Secondly, if Nottingham were to have the same proportion of people experiencing SMD based on Gender Matters, in the same proportion as the city has in relation to Hard Edges data, this gives a figure of 9,744 people experiencing three or four of the primary need domains (homelessness, poor mental health, violence and abuse, substance misuse). This is a figure considerably higher than is produced from the Hard Edges definition, however caution should be exercised as it is based on extrapolation and not actual data.

The cumulative impact of multiple disadvantage and secondary sources of disadvantage

A further key part of the Gender Matters report was to review separately the number of people with experience of SMD over the course of their lifetime, in addition to the problem of experiencing disadvantages all at once. This is because consultation by the researchers with people who were experiencing SMD produced information about its cumulative effect. That is: disadvantages can be just as harmful if they occur in a sequence, having a compounding effect (McNeish et al, 2016).

Additionally, in Gender Matters consideration was given to a number of secondary disadvantage domains, these are: *Poverty, Offender, Lone parent, migrant, gypsy/traveller, social isolation, poor quality accommodation, physical disability, learning disability, involved in sex work, lost children to the care system.*

Clusters of disadvantage

Using Latent Cluster Analysis (a way of dividing a population into groups) to analyse the whole working adult population in England, and breaking data down by gender, the researchers in Gender Matters were able to identify a number of distinct clusters each of which contain women or men experiencing similar patterns of disadvantage. The clusters were based on cumulative experience of both the primary SMD domains and the secondary domains. This analysis is significant because it found that it is *often the presence of these secondary factors that lead to higher levels of disadvantage*, rather than simply higher levels of primary domain experience. Ten clusters of women were identified and six clusters of men. The proportion of the working age adult population in each cluster was also part of the analysis. Altogether the researchers identified ten clusters for women and six clusters for men.

Clusters analysis and women

Of particular note are the clusters *with the highest levels of disadvantage*. For women this is cluster 10, described as having two to four primary domains and very high disadvantage on secondary domains. They comprise 3% of the female population which applied pro rata to Nottingham equates to 3,016 women based on ONS Mid-Year Population Estimates 2018. The Gender Matters report describes this group as *“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%). 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%)”*.

For women cluster 8 is also highly disadvantaged, these are women who experienced mental health and violence and abuse combined with high secondary domains (4% of women).

Cluster 3 should also be mentioned. Here poor mental health is the only primary domain but there are high secondary domains. This cluster makes up 6% of the female population but ethnic minority women are significantly over-represented in this group.

Cluster analysis and men

For men cluster 6 is the most disadvantaged. This is men who have experienced between two and four primary domains and are multiply deprived on secondary domains. This cluster comprises 5% of all males of working age. When applied pro rata to Nottingham it equates to 5,357 men based on ONS Mid-Year Population Estimates 2018. For men, the Gender Matters report states that this group 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)”*. Bramley et al 2020, p61)

For men cluster 3 is also worth noting. This group comprising 6% of the adult male population experience poor mental health as the only primary need domain, but significantly also had high levels of economic deprivation and social isolation.

Conclusion

The analysis in the Gender Matters report provides an opportunity to understand that multiple disadvantage is experienced equally by both men and women. As important as this is, Gender Matters does more than this though. It highlights the adverse impact of experiencing disadvantages cumulatively, whereas originally SMD referred to simultaneous disadvantage. Also, by considering sources of disadvantage such as learning disability, being a lone parent and social isolation - and by combining with the better known primary need domains, such as homelessness and poor mental health, it also shows where clusters of acute disadvantage occur in both women and men. This understanding could well be of value to Commissioners and service providers in deciding how best to target future services.



References

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