



UCL Institute of Health Equity



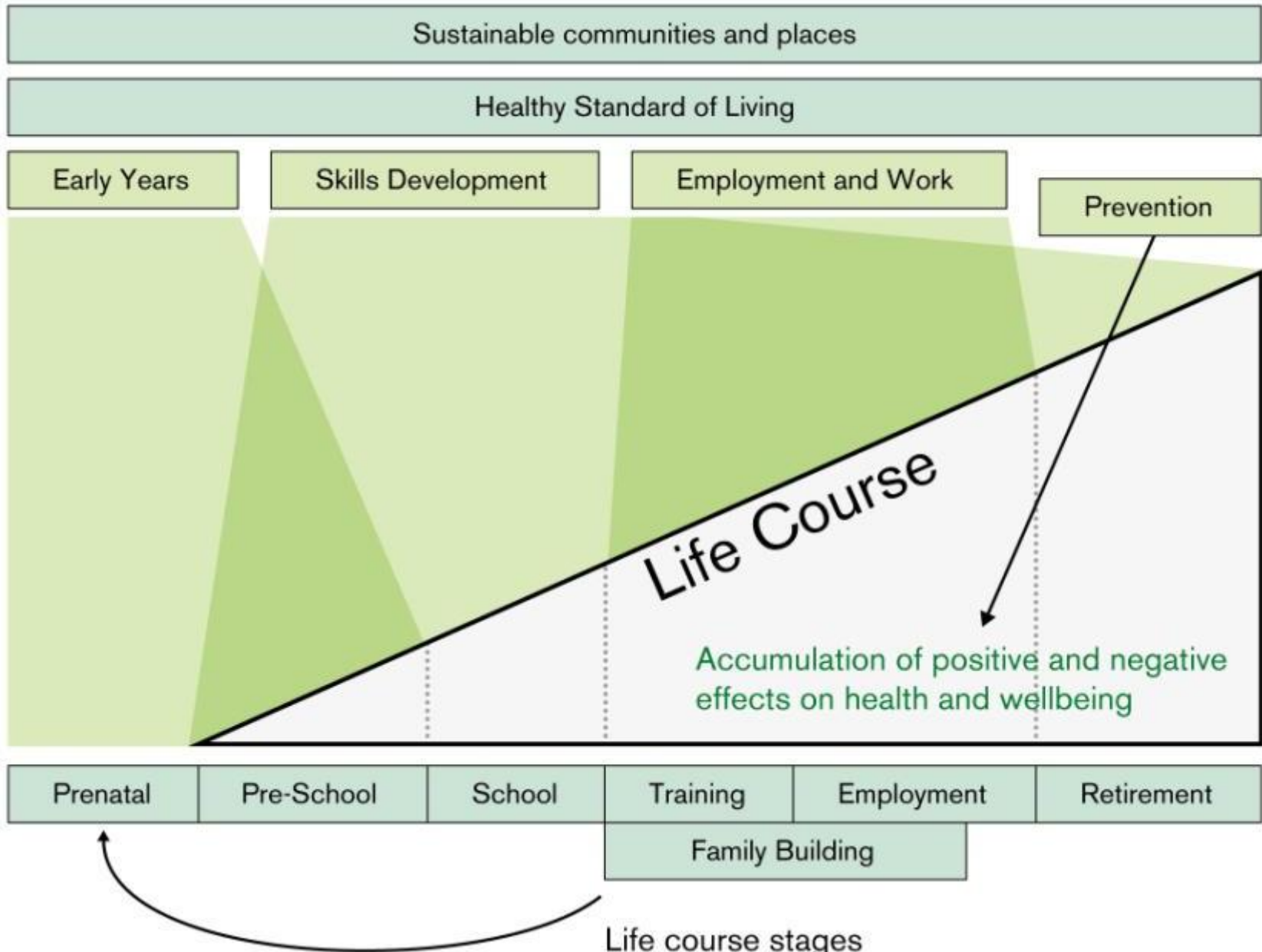
# **Health Inequalities and the most marginalized**

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**UCL**

**27<sup>th</sup> Feb 2013**

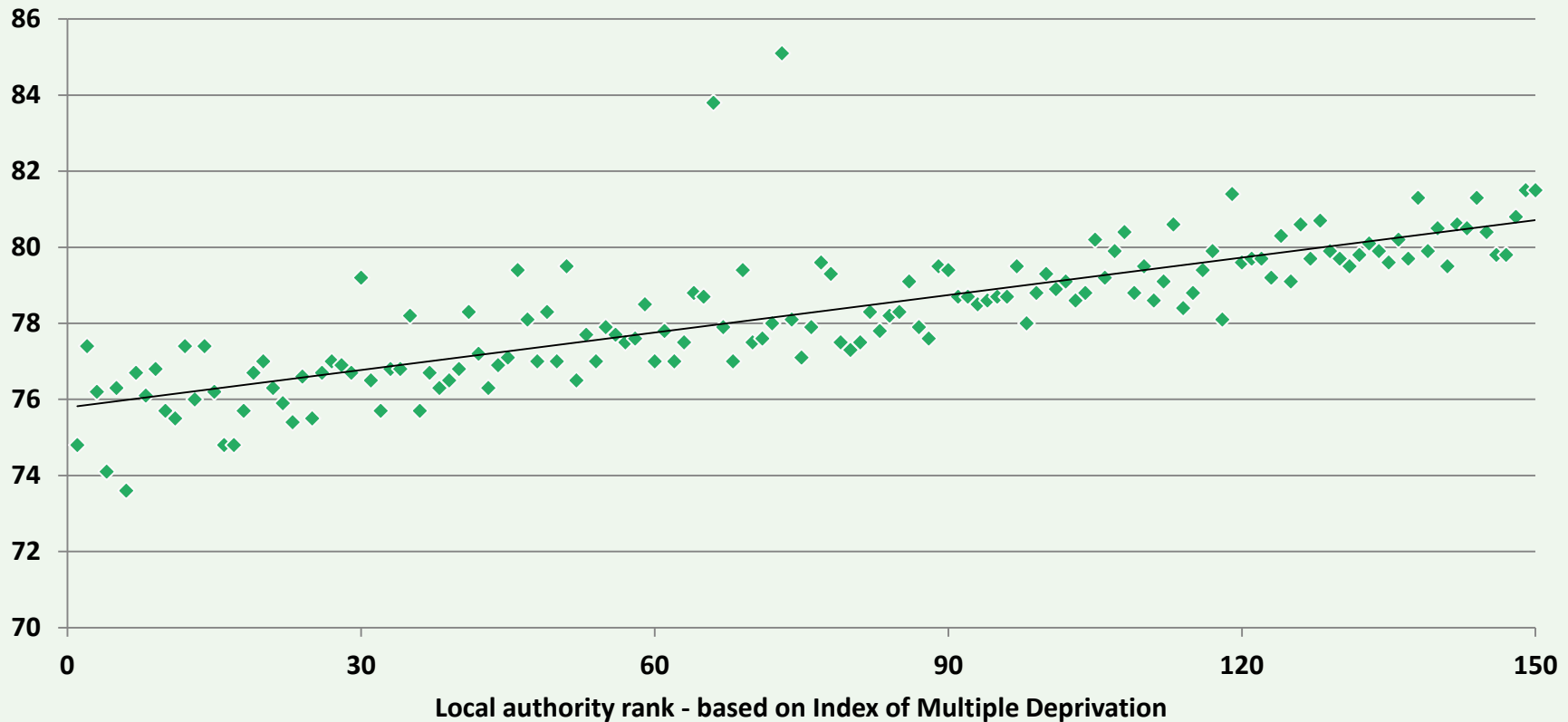
# Social determinants of health across the lifecourse





## Male life expectancy at birth, local authorities 2008-10

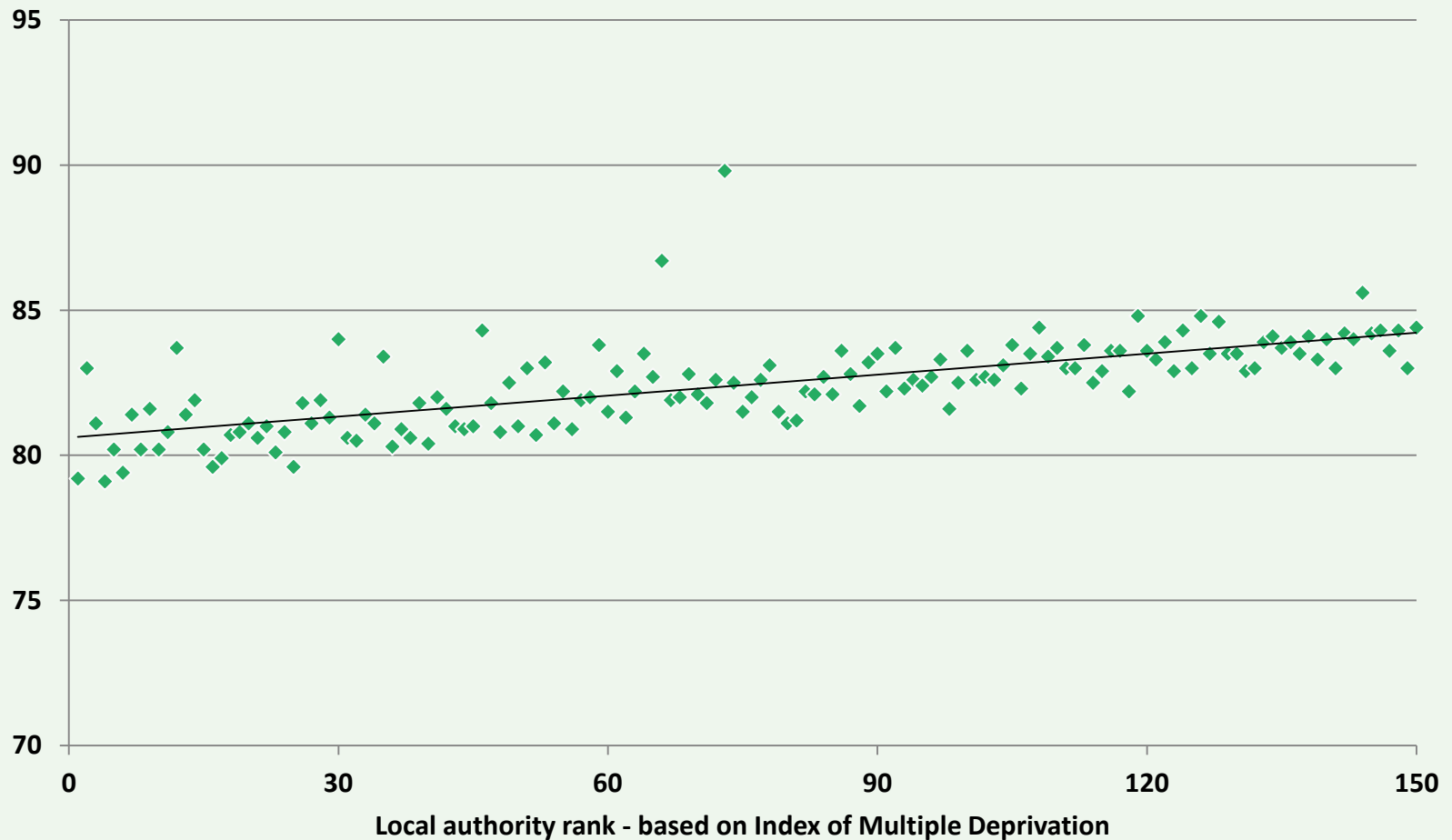
Life expectancy  
(years)





## Female life expectancy at birth, local authorities 2008-10

Life expectancy  
(years)



## **Worst effects are felt by those facing multiple exclusionary processes**

- multiple exclusionary processes
- 51% of homelessness organisations report working with more young people aged 16-24 since 2011 (homeless.org.uk 2012)

# Rough sleeping counts and estimates by London and rest of England



## Overall prevalence of homelessness and exclusion experiences: 7 urban locations in UK

Experience	Percentage
Sleeping rough	78%
Staying in homeless accommodation	83%
Prison /young offenders institution	45%
Being admitted to hospital with a mental health issue	29%
Using hard drugs	44%
Alcohol problems	59%
Street drinking	51%
Begging	39%
'survival' shoplifting	46%

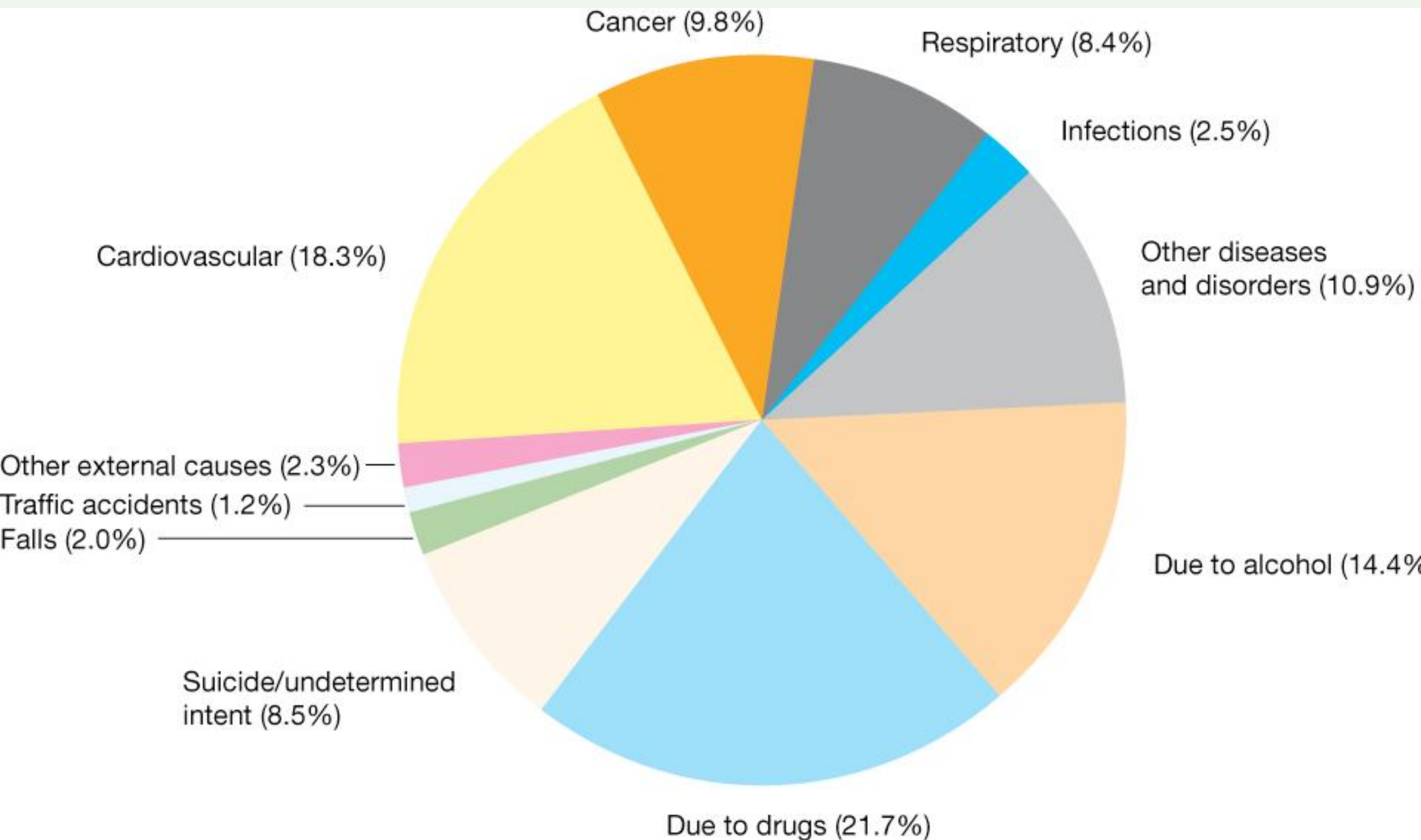
## How homelessness influences health

Material and psychosocial effects, can exacerbate:

- smoking, drugs and alcohol consumption
- poor and inadequate nutrition
- violence-related risks (9 x as likely commit suicide)
- increased risk of infection and chronic disease
- distress, anxiety, depression and a worsening of physical health
- a loss of self identity and self esteem

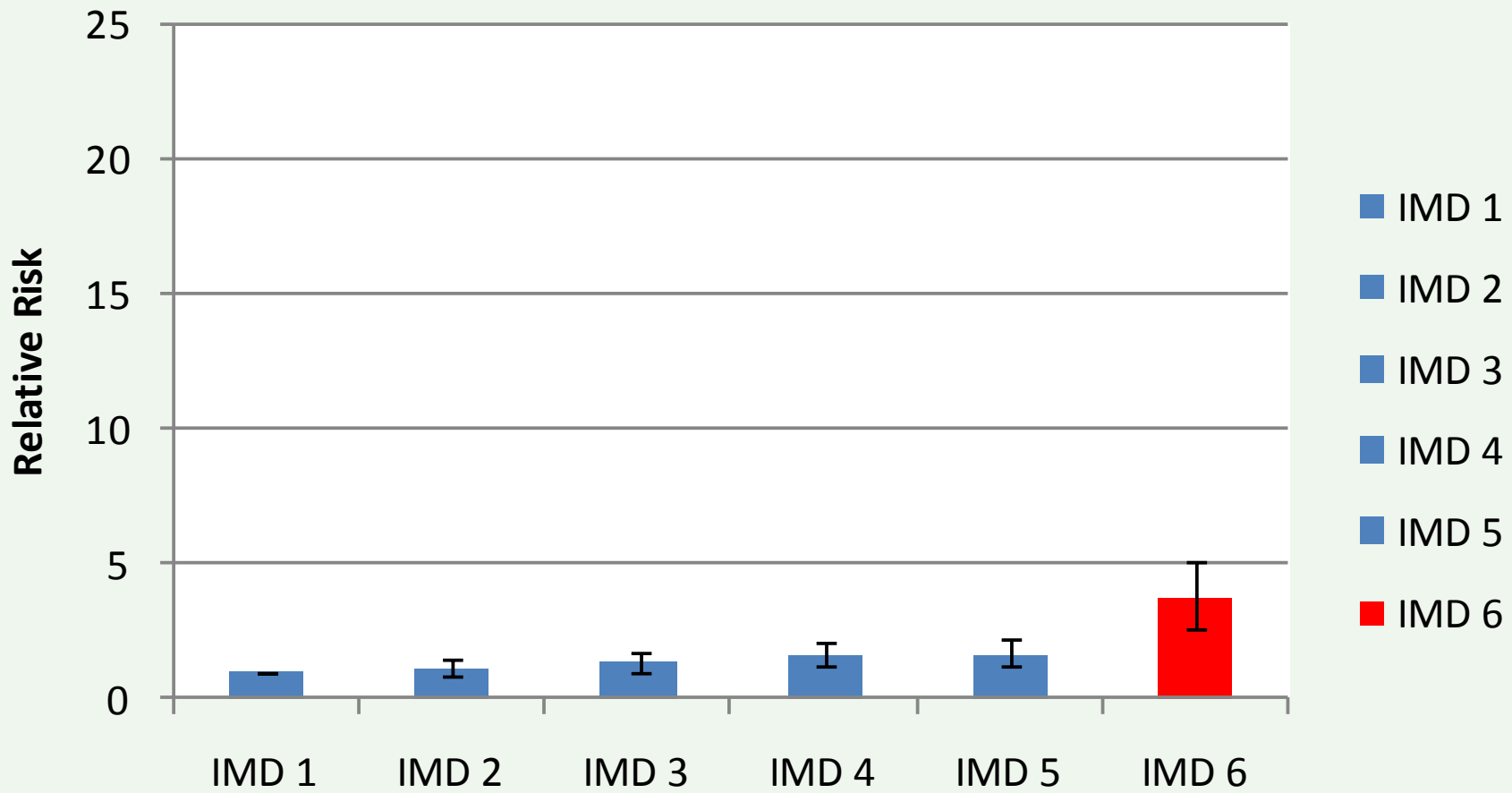


# Distribution of causes of death among homeless people UK



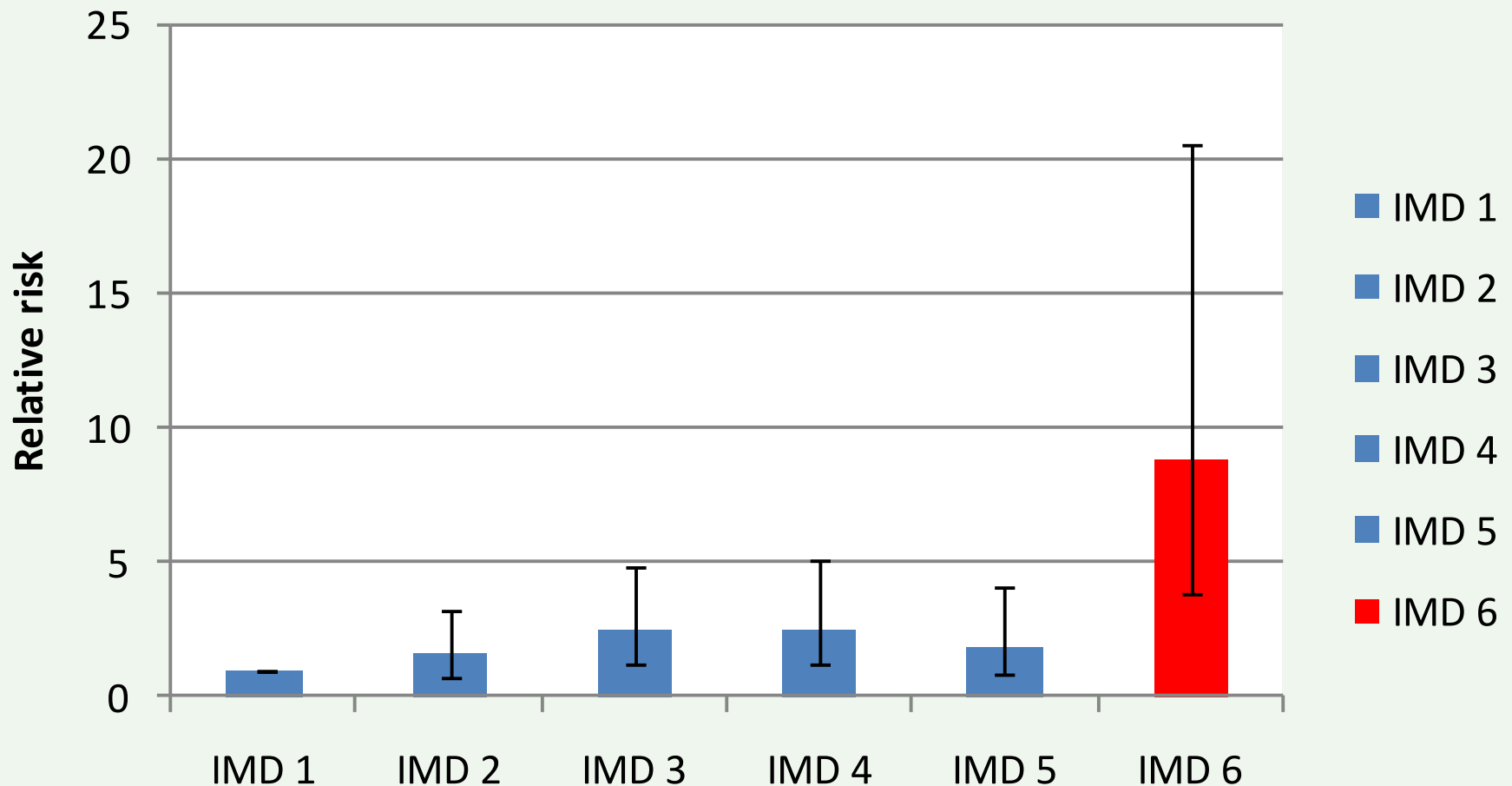
# Extreme risks of chronic disease among single homeless people (IMD 6)

## Age adjusted relative risk of asthma



# Extreme risks of chronic disease among single homeless people (IMD 6)

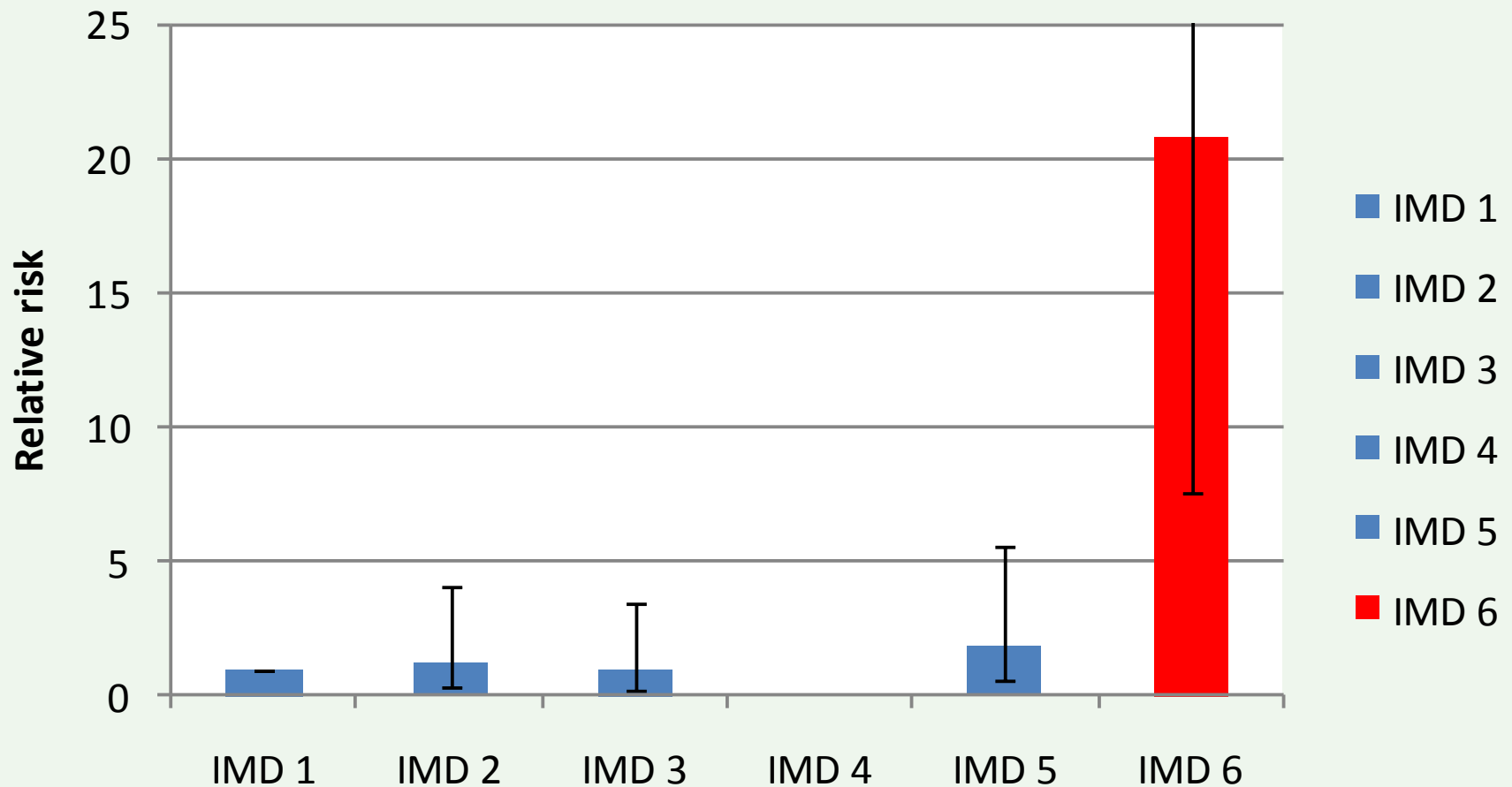
## Age adjusted relative risk of stroke



Source: Andrew Hayward & Al Story, UCL Centre for Inclusion Health

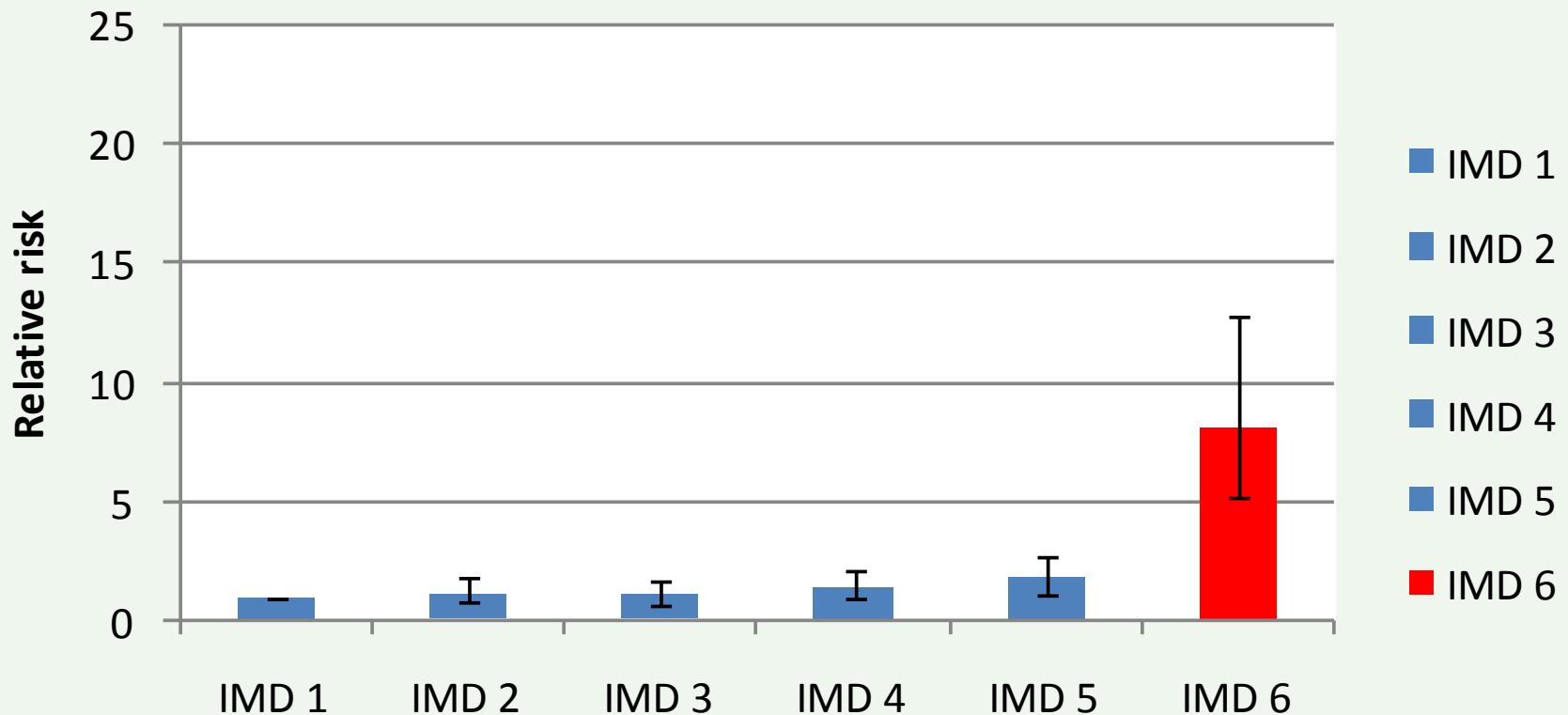
# Extreme risks of chronic disease among single homeless people (IMD 6)

## Age adjusted relative risk of epilepsy



# Extreme risks of chronic disease among single homeless people (IMD 6)

## Age adjusted relative risk of heart disease



# Twin imperatives

- Prevent people becoming homeless
  - Supply of affordable housing
  - Factors that lead people to become homeless
- Support for homeless people

# Homelessness triggers and the 6 Marmot Review areas

1. Early years – Experienced homelessness during childhood, abuse (physical and/or sexual), parents with mental health problems or drug addiction
2. Personal development – Lack of education and training, lack of resilience to adversity
3. Employment – Being made redundant, lack of employment opportunities

## Homelessness triggers and the 6 Marmot Review areas

4. Standards of living – Changes to benefits system and housing policies, lack of affordable housing, housing shortages
5. Community – Isolation from family, friends and other support networks
6. Ill-health – Alcoholism, use of hard drugs, abuse of solvents and gas, smoking



# **How do people become homeless?**

## **Nationals and migrants may have different triggers, as do young and old**

- Disputes with parents/step parents
- Disputes with partners
- Excluded from school
- Former prisoners
- Former army personnel
- Range of issues – alienation, poor support networks – family breakdown, drugs

# **Not just homeless then everyone else: there is a housing crisis continuum**

- Rough sleepers and homeless
- Hidden homeless (people living with friends or family)
- Overcrowding
- Substandard housing
- Unaffordable housing

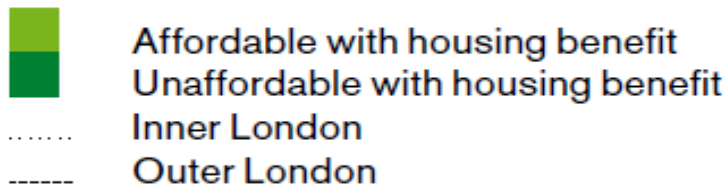
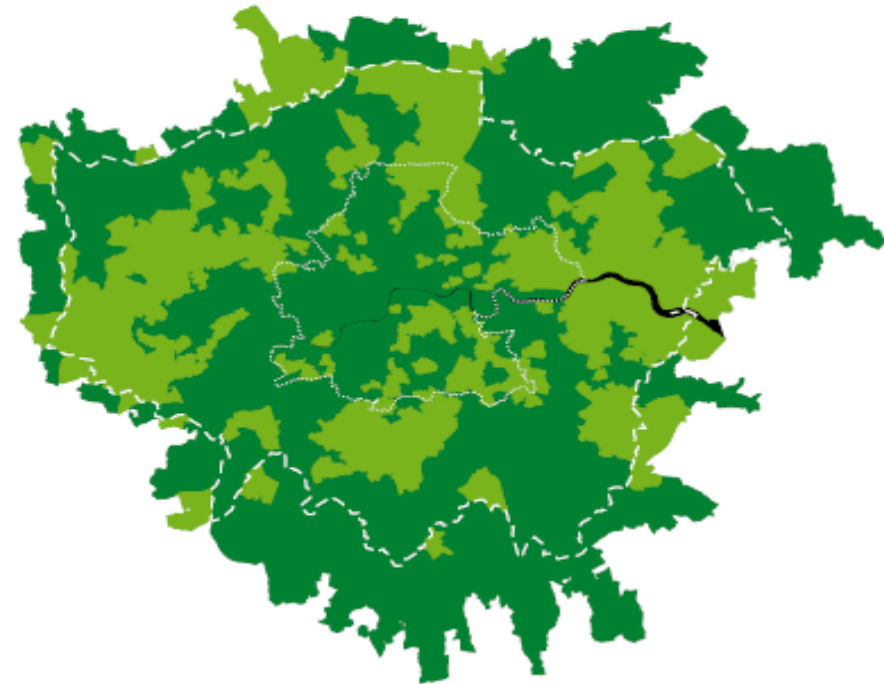
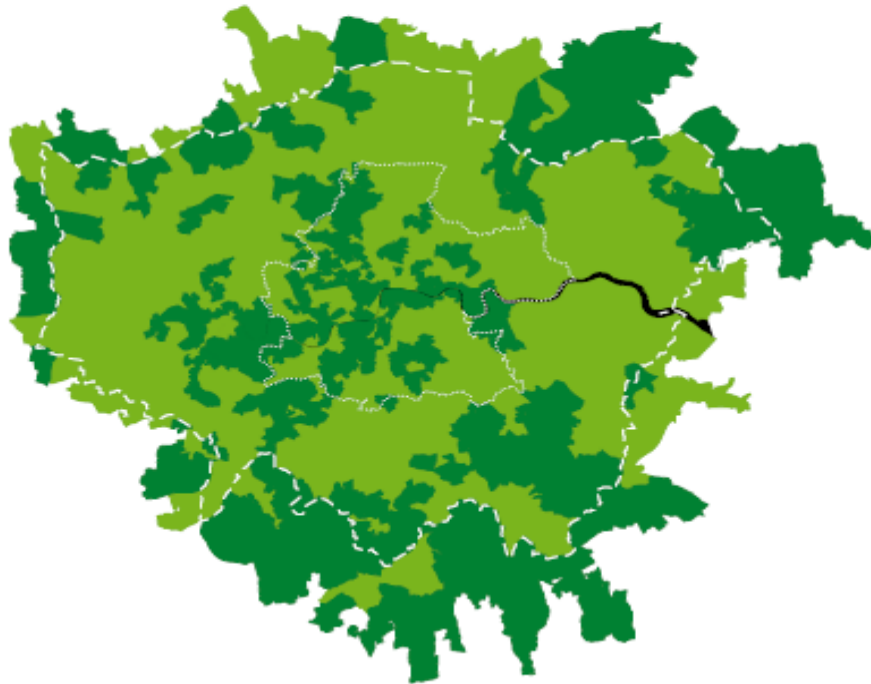
# Changing context



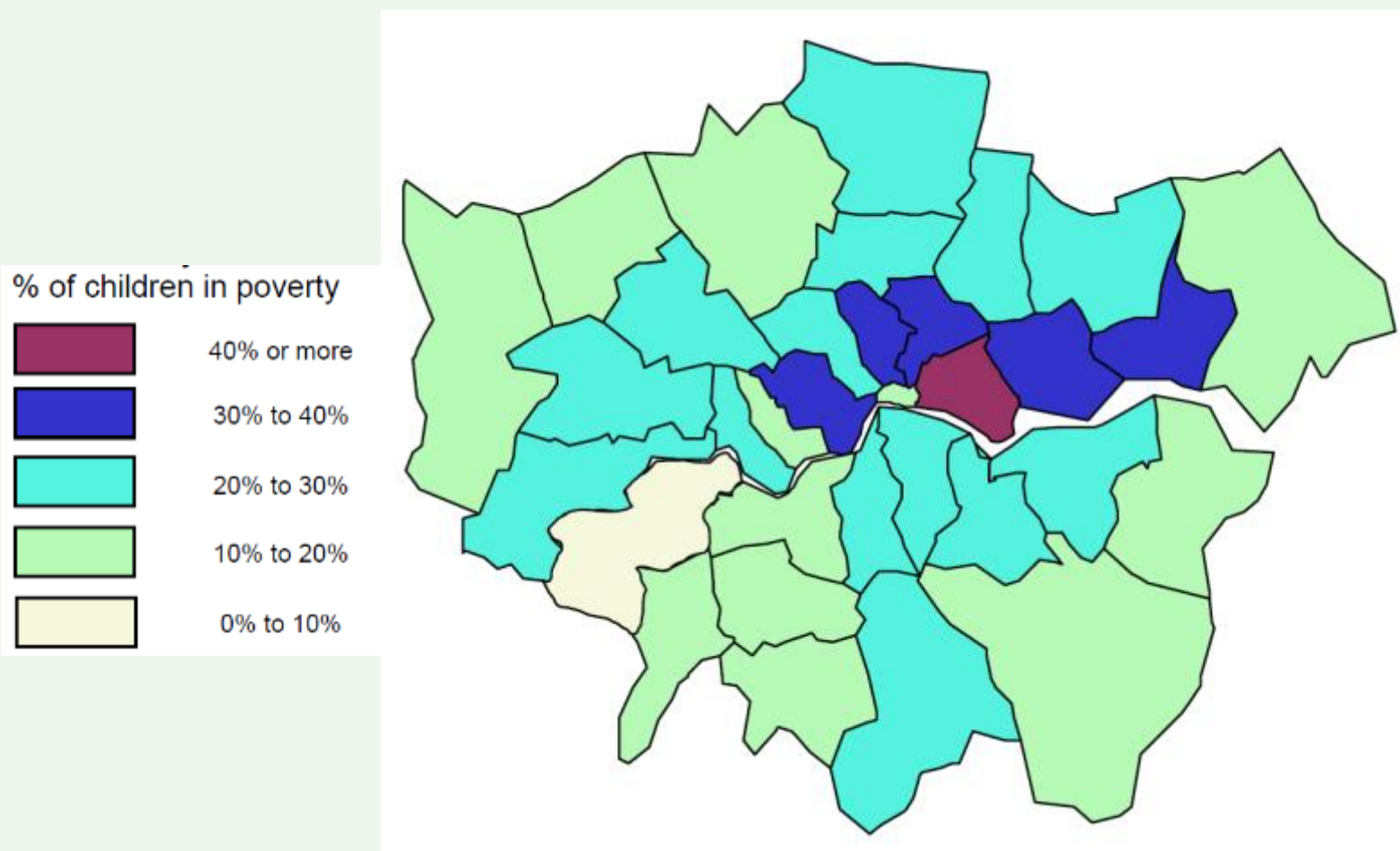
# Neighbourhoods affordable to housing benefit recipients in 2011 and 2016

2011

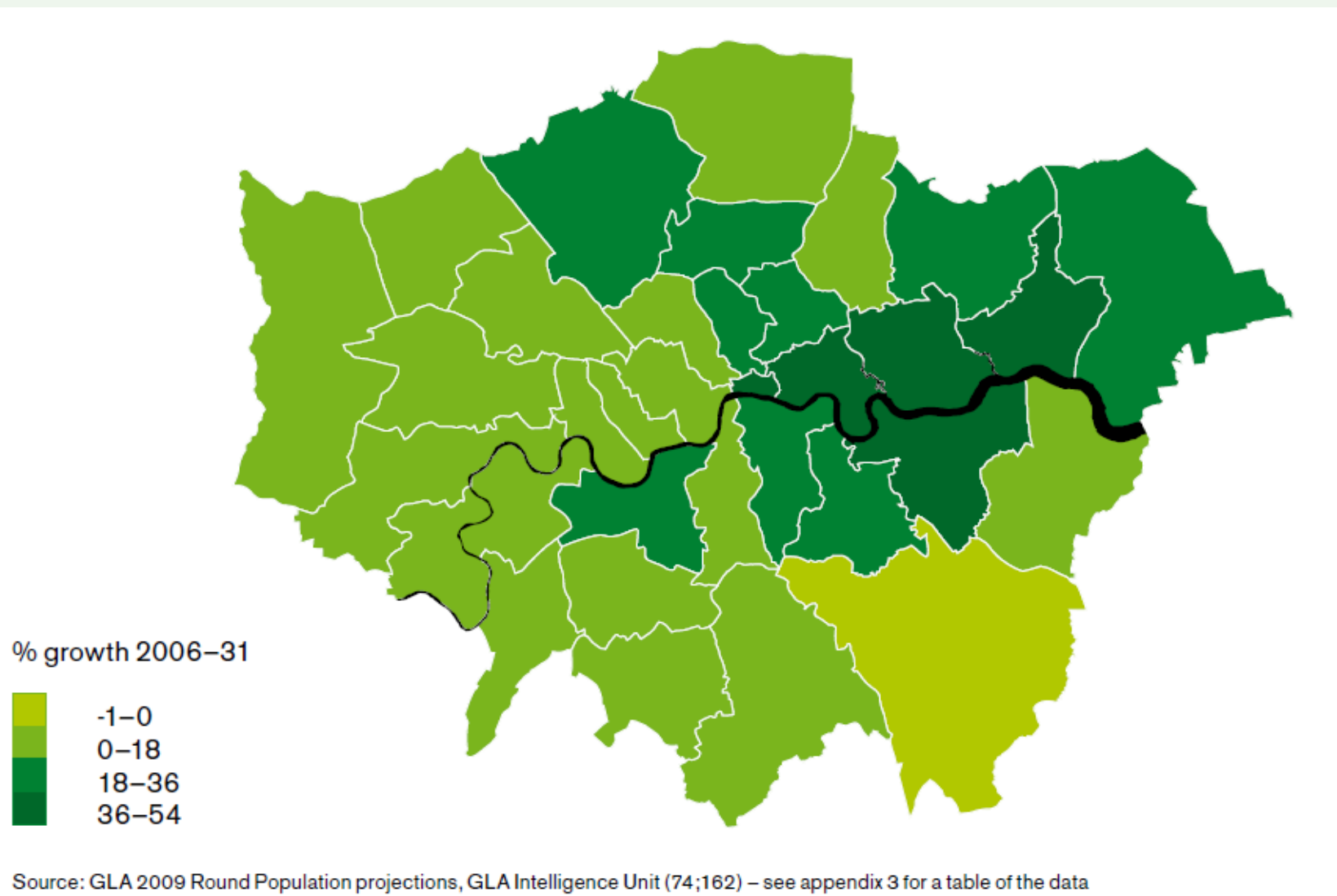
2016



# London child poverty map



# London: Estimated distribution of population growth 2006-2031



# A Fair Society

Creating conditions in which individuals and communities have control over their lives



[www.marmot-review.org.uk](http://www.marmot-review.org.uk)

