

“T'ain't What You Do (It's the Way That You Do It), that's what gets results”:

What works to Improve the Health of the Multiply Excluded?

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<http://www.bbc.co.uk/news/av/stories-43503005/how-a-hospital-visit-saved-this-man-from-homelessness>

Homeless and Inclusion Health standards for commissioners and service providers

<http://www.pathway.org.uk/wp-content/uploads/Inclusion-Health-Standards-for-Commissioners-and-Service-Providers.pdf>



Post-Graduate Module in Homeless and Inclusion Health

- The module will sit within Population Health in the Institute of Epidemiology and Healthcare UCL
- Assessed for those requiring points to MsC, or can be stand alone CPD.
- Aspire to becoming core qualification for this field
- Begins summer 2018!
- http://www.ucl.ac.uk/iehc/study/postgraduate_taught/msc-population-health/short-courses

THE LANCET

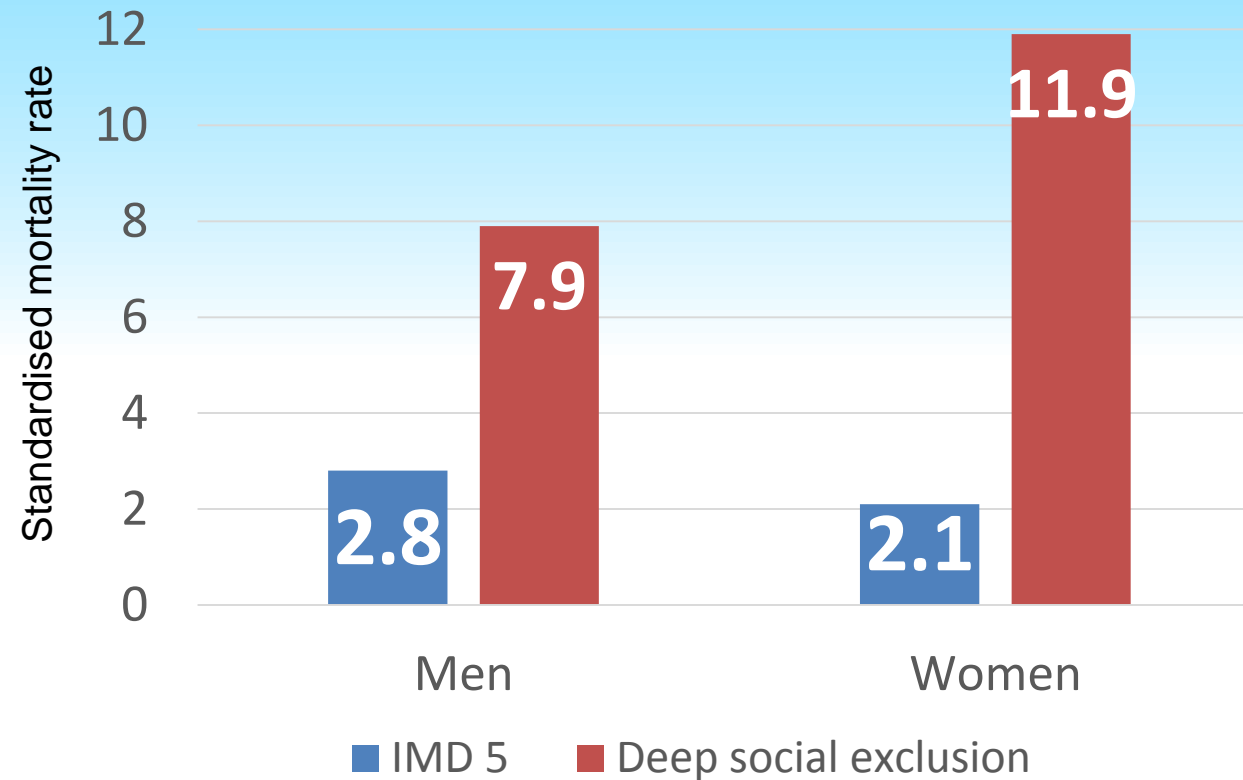
Published January 2018

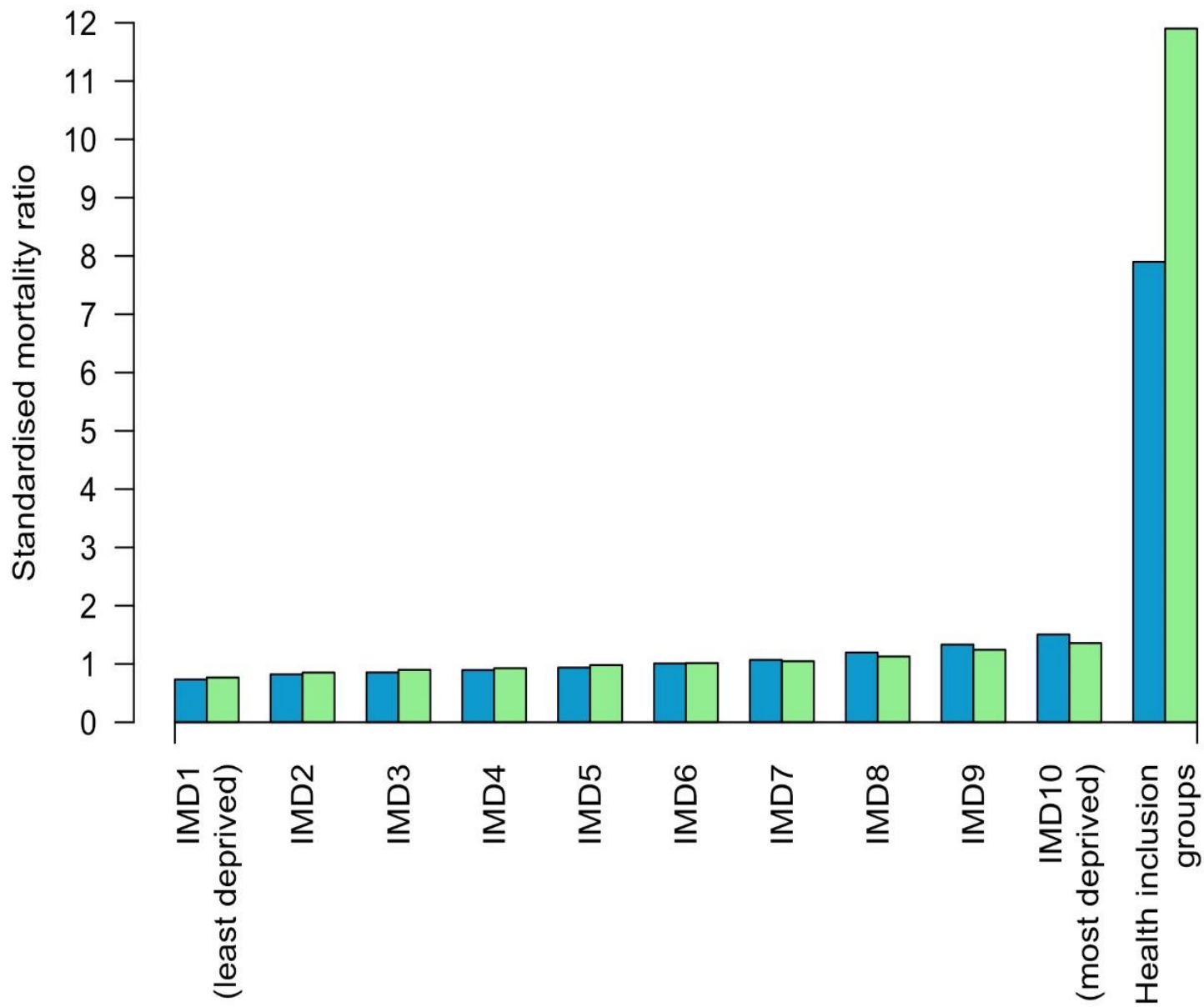
The health impact of social exclusion:

A systematic review and meta-analysis of morbidity and mortality data from homeless, prison, sex work and substance use disorder populations in high-income countries

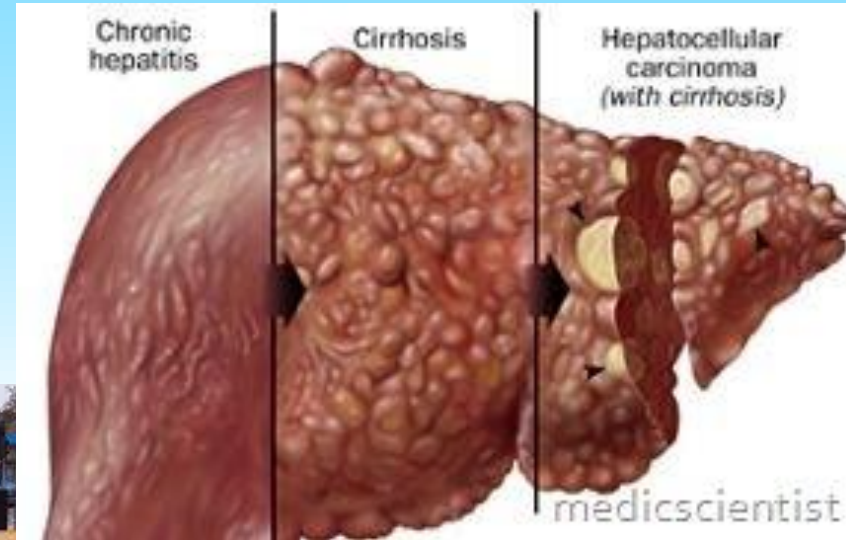
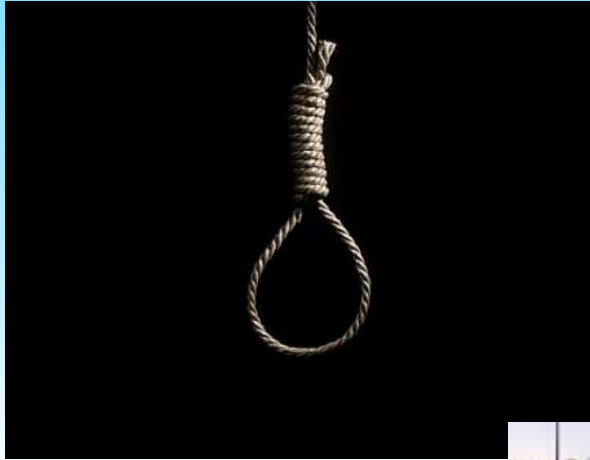
- 7,946 articles identified 2005–2015
- 1,274 duplicate articles excluded
- 711 full text articles first review
- 337 studies full review
- 3,219 data points extracted
- 2,835 included after removal of duplicates

Standardised all cause mortality rate amongst the most deprived and deep social exclusion cohort





Leading Causes of Death 20-49 year olds US non-hispanic males & Glasgow – epidemic of despair



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What works in inclusion health: overview of effective interventions for marginalised and excluded populations

Serena Luchenski, Nick Maguire, Robert W Aldridge, Andrew Hayward, Alistair Story, Patrick Perri, James Withers, Sharon Clint, Suzanne Fitzpatrick, Nigel Hewett

Volume 391, No. 10117, p266–280, 20 January 2018

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31959-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31959-1/fulltext)

Inclusion Health

- An evidence synthesis of health and social interventions for exemplar Inclusion Health target populations, including people with experiences of homelessness, drug use, imprisonment, and sex work.
- “Inclusion Health is a service, research, and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and excluded”

Identification

Screening

Eligibility

Included

Records identified through database searching
(n = 3467)

Additional records identified through expert opinion
(n = 14)

Records after duplicates removed
(n = 2651)

Records screened
(n = 2651)

Records excluded
(n = 2379)

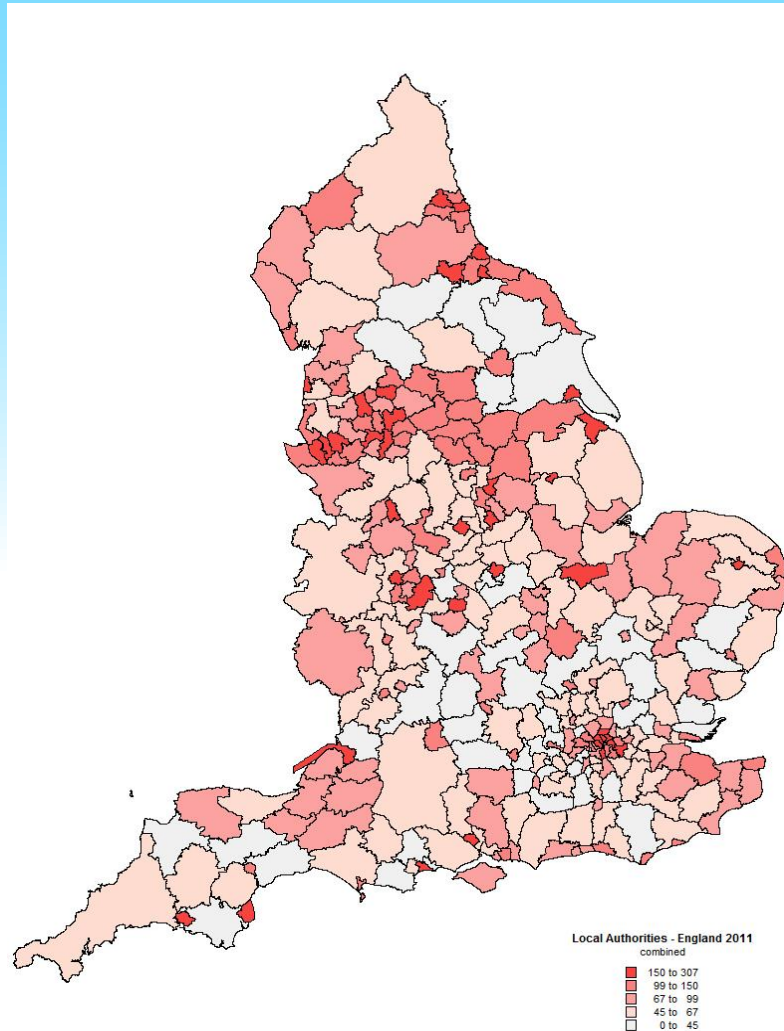
Full-text systematic reviews assessed
(n = 272)

Full-text articles excluded, with reasons
(n = 182)

Pharmacological Interventions Total (n = 90) Included (n = 22)	Psychosocial Interventions Total (n = 71) Included (n = 13)	Case Management Interventions Total (n = 7) Included (n = 4)	Interventions for Prevention Total (n = 24) Included (n = 9)	Interventions for Housing/Soc Dets Total (n = 4) Included (n = 3)	'Other' Interventions Total (n = 25) Included (n = 7)	Interventions for Women Total (n = 28) Included (n = 10)	Interventions for Youth Total (n = 23) Included (n = 9)
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Studies included in qualitative synthesis
(n = 77)

The geography of multiple exclusion



- Independent data sources tell a very similar story.
- Multiple exclusion is concentrated in
 - core northern cities
 - declining industrial towns and ports
 - seaside resorts
 - some central London boroughs
- It is low in affluent rural and suburban areas
- Difference of 10x from lowest to highest (in prevalence)

Policy Recommendations

Solve UK Poverty

- Poverty is almost universal amongst the population affected by these multiple forms of exclusion
- Also a critical ingredient in many of the key ACEs:
 - » Child maltreatment
 - » Domestic violence and abuse
 - » Parental substance misuse
 - » Parental mental ill-health
 - » Homelessness

Homelessness risks

- British Cohort Study – everyone born in one week in 1970.
- Chances of experiencing homelessness by age 30 predicted by:
 - childhood poverty (by far most powerful influence)
 - geography (less likely in rural areas, in Northern English regions, and in Scotland; housing market pressures)
 - adverse experiences as teenager (especially being excluded from school, serious drug use, being in care)
 - early adult experiences (leaving education early, experiencing unemployment, renting, illness/disability, social relationships (with parents/partner/children))

Just how unequal are the risks?

- Vignette 1: White male, with relatively affluent childhood in the rural south of England, graduated from university, living with his parents at age 26, with no partner and no children. Predicted probability of having experienced homelessness by age 30 = **0.6%**.
- Vignette 2: Mixed ethnicity female, experienced poverty as a child, brought up by a lone parent, left school or college at 16, had spells of unemployment, and living as a renter with no partner but with her own children at age 26. Predicted probability of having experienced homelessness by age 30 = **71.2%**.

What works? Five core principles

Personalisation: open-ended, persistent, flexible and co-ordinated support. ‘Whole-person’ ‘whole-family’ approaches which take into account underlying causes of complex needs and challenging behaviours

Deinstitutionalisation: as far as possible, people should have the option of staying in mainstream housing, rather than separate institutions

Reintegration: enabling people to go to work and other ordinary social settings

Asset-based: interventions focusing on an individual’s strengths

Poverty-informed: dealing with the financial and material hardship that people face, not just their social or personal needs or behavioural issues

Applying the principles

- **1. Children and families**
 - Sanctuary schemes
 - Family Intervention Projects
- **2. Young people**
 - Night stop/Supported Lodgings
 - Job coaching
- **3. Adults**
 - Housing First
 - Individual Placement schemes

Practical solutions - Intervention categories

- Pharmacological
- Psychosocial
- Case management
- Disease prevention
- Housing & social determinants
- “Other”
- Women & youth (because majority of populations studied consist of middle aged men)

Integration - examples

- Multicomponent harm reduction programmes: needle & syringe programmes, behavioural interventions, Rx for SUD, & syringe disinfection - reduce risk of hepatitis C infection by as much as 75%, but single component interventions are minimally effective
- Assertive MDT treatment reduced homelessness and improved psychiatric symptoms for homeless people with severe mental illness







Song written by jazz musicians Melvin "Sy" Oliver and James "Trummy" Young. It was first recorded in 1939 by Jimmie Lunceford,

It's not what you do, it's the way that you do it!

- non-judgmental approach, ensuring confidentiality, providing a supportive interpersonal environment, creating safe communal spaces, and identifying common priorities, needs, and goals
- Start where the person is at, begin with their priorities.







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It's not what you do, it's the way that you do it!

- Multimodal psychosocial interventions advised, e.g. motivational interviewing & CBT together improve drug use and mental health outcomes, & prevent re-incarceration when used in therapeutic communities

It's not what you do, it's the way that you do it!

- Peer workers & specialised community nurses best placed to act as outreach and 'in-reach' personnel to actively engage people 'where they're at' and to advocate



Barriers to Inclusion

- Fear
- Lack of awareness and judgemental attitudes by services
- Red Tape/Proof of Address/Proof of Benefits
- Language, communication, and cultural barriers
- Negative stereo-typing by media
- Stigma and public misconception
- Geographical lottery and health service funding determines access
- Services prioritise certain groups over others (e.g. more difficult to get housing support as a single working-age male)
- Difficulties in maintaining hygiene and resultant body odour
- Legal status, immigration/asylum
- Lack of information, poor knowledge
- Care avoidance



- Peers support & involving experts by experience works for service design and delivery – and was an important part of our methodology for this Lancet paper

Individual care coordination supported by a multi-disciplinary team

- Care coordination or case management includes assessment, planning, linking health and social services, monitoring, and advocacy

Individual care coordination supported by a multi-disciplinary team

- More than anything a trusting relationship with someone who cares

- ‘healthcare is a right and everyone should have a voice.’