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## Chapter 4

### **Houses, not homelessness**

Danny Dorling

I wrote this chapter because homeless in my home city of Oxford had become not just a local crisis, worse than it had ever been, but also part of the national scandal. As I wrote at the end of April 2020, at a time of crisis, 90% of the people suffering homelessness in this city of Oxford have been housed by the local council and many are being helped to move on and off the streets and out of hostels after the pandemic. If we can do this during the crisis, we can do it in more normal times too.

*The death of Sharron Maasz, though the subject of a coroner's inquest, would probably otherwise have passed unnoticed. I knew Sharron well. I taught her when I was head of her middle school. Her father, a single parent, was a friend and was for a number of years a governor. Sharron was a bright, lively and sensitive girl. She was a keen cyclist and an all-round athlete. This may be her only obituary.*

*She is quoted as saying: 'I just want to get my life sorted ... I always wanted to get clean.'*  
*She didn't get sorted or clean. Instead, she died in a short-term home, a last refuge provided for those in desperate need. She had been living alone on the freezing streets of our leading university city.*

*I do not have solutions. I only know that the dreams that Sharron, a lovely child, had until her death, have perished in the wreckage of an austerity programme that has literally killed her and her like. (Roger Pepworth, Headteacher, Marston middle school, Oxford 1983–91)*

This letter, one of many in recent years, was published in *The Guardian* newspaper on 3 February 2019 (Pepworth, 2019). It stands out because, unlike the majority of articles or obituaries written about people who have died while experiencing homelessness, Sharron Maasz was named.

Anonymizing people who have died while experiencing homelessness, or shortly after having been homeless, has become commonplace, but is a practice that does more harm than good. Understandably, the families of the deceased do not want their loved ones to be remembered for having died on the streets or in a halfway house, but while we name those who have died in almost any other circumstance, we attempt to forget those for whom society has failed to provide adequate safety and security.

Furthermore, these deaths are often attributed to proximal causes, not the underlying pervasion of poverty or severe lack of adequate housing that evidence suggests create and exacerbate other health problems that lead to death. In doing so, we fail to recognise that UK housing policy has exacerbated homelessness by creating an environment of precarious inequality. Acknowledging this is the first step towards making progress. From there, we can use evidence and data to reverse the policies that have created the current situation. If we do not, there is a great danger that simply monitoring the situation (and reporting the numbers) is perceived as action that will only continue to support the status quo. Roger Pepworth, Sharon's former teacher, ends his letter above by saying, 'I do not have solutions ...'. He should not have to; others should already be putting them in place. We know from other social policy fields that better use of evidence and data can lay the foundations to create tangible change.

## Understanding the numbers

On 31 January 2019, the Ministry for Housing, Communities and Local Government (MHCLG) reported that an estimated 4,677 people were now sleeping rough on any one night in England, almost three times as many as in 2010 (MHCLG, 2019). These figures have long been disputed, with the true number estimated to be at least twice as high. In the same timeframe, the number of families housed by local authorities in temporary accommodation rose significantly, but at a lower rate, from 50,000 in 2010 to 78,000 in 2018. In London alone, there are 225,000 'hidden homeless' people aged 16–25 arranging their own temporary accommodation with friends or family (Fransham and Dorling, 2018).

Reporting on its own rough sleeping initiative (RSI) in the same publication, MHCLG claimed: 'There were 2,748 people recorded as sleeping rough across the 83 RSI areas in autumn 2018, this is a decrease of 639 or 23% from the 2017 figure of 3,387 (MHCLG, 2019). As the total figure for England hardly changed over this time period, there will have been a similar rise in those areas where the initiative was not undertaken. This could have been for many reasons, which might include people being displaced away from the 83 RSI areas to be homeless in other areas of England. MHCLG's report on itself continued:

*An evaluation of the Rough Sleeping Initiative will be published this year to help understand the impact of the range of activities in these areas on the number of people sleeping rough. There are a range of other factors that may impact on the number of people sleeping rough including the weather, where people choose to sleep, the date and time chosen and the availability of alternatives such as night shelters.*

The government ministry did not mention its overall approach to housing as a potential problem, let alone that it is in fact one of the most significant factors. This is not surprising. If they realized that they were part of the problem they would surely have done something about it by now – unless the view of the ministers in charge is that some level of homelessness is necessary or inevitable.

This is not a phenomenon limited to the MHCLG. In 2017, there were estimated to be 527 deaths of homeless people in England and Wales (ONS, 2018). The Office for National Statistics (ONS) reported these numbers in December 2018, and said that:

*Understanding a problem is the first step to solving it, and producing these statistics will help society make better decisions to tackle homelessness and stop homeless people dying in our communities (Brimblecombe et al., 2019). These statistics aren't just numbers, behind each death is the story of some of the most vulnerable members of society. (Humberstone, 2018)*

So what is the next step? Counting the rising number of deaths with increasing accuracy is certainly essential, but only illustrates how large the underlying problem has become. It does not tell us where the causes of that problem lie or what can be done to prevent it from happening again. The same can be said of the myopic focus on rough sleeping. Read the above quote from the ONS again and think whether you notice anything strange about the wording.

The phrase that struck me as most odd is, 'stop homeless people dying in our communities'. Implicit in that phrase is an apparent assumption that people who are homeless have always been with us. But when I was a young boy living in Oxford, there were almost no people experiencing homelessness. What has changed in that time?

While officially supporting the target of ‘halving rough sleeping by 2022 and ending it by 2027’, in truth, policy-makers are unlikely to meet these goals if the default is to blame the weather (recent warmer winters mean that the weather has not been the cause) and suggest that a few more night shelters could help. Despite acknowledging that street homelessness is just the tip of the iceberg, in England the decision was taken not to focus on the root causes. In Scotland, the approach is different and takes all forms of homelessness into account, not just rough sleeping. Neither of these two UK governments go into detail about evidence underpinning their plans or how the impact of policies will be evaluated – a missed opportunity. These government documents are an important source of evidence for other parts of the sector, and their choice of language and areas of focus affect which issues are dealt with or ignored.

### **Unexplained but not suspicious**

In general, policy suggestions on homelessness only address the most precarious and heart-wrenching cases. While this is useful to galvanize sympathy, it unintentionally implies that by helping those whose need is greatest, the problem can be eradicated. This is wrong. It can also create negative side effects among the wider population who, when confronted with endless terrible individual stories, begin to feel that things will never change, becoming apathetic, desensitized and fatalistic.

In spring 2018, in one of the streets where I used to play as a child, a homeless man died in a council-funded hostel. The newspaper report was brief: ‘The 61-year-old was found dead in a room in Marston Street in East Oxford on April 20. The city council said it believed there was nothing suspicious about the man's death’ (Staff Reporter, 2018).

In autumn 2018, the same paper reported:

*A homeless man who was found dead in a graveyard had been sprayed with paint three days earlier in a separate assault ... someone uploaded a video onto social media of the homeless man being sprayed, with a voice in the audio that could be heard saying: 'This is how we deal with beggars on the street' (Press Association, 2018).*

Just before Christmas 2018, a homeless man in his 30s was found dead on the main thoroughfare between Oxford rail station and the city centre. Four days earlier, a man who had been homeless died in the centre of town, in McDonald's, where local school children go to meet. The same code words were used as in previous reports that imply nothing unusual has happened: 'Police said on Monday that his death was being treated as "unexplained but not suspicious"' (Roberts, 2018).

Sharron Maasz died in January 2019 (Aziz, 2019), and two more deaths were reported in the month after. The only thing that connected the three was that they were all experiencing homelessness. We have long become accustomed to such deaths, and an unhelpful tradition has developed whereby it is deemed sufficient to express shock and horror instead of using these tragedies as an opportunity to learn and improve.

Perspective matters, because unless we can be confident that we are framing the challenge in the right way, we may be misusing vital resources and wasting precious time and energy. To achieve real, lasting change it is vital that we take a much wider view of homelessness, one that considers the bigger picture of the drivers and root causes of the issue as informed by current evidence and an historical context and understanding. In 2018, the Centre for Homelessness Impact advocated exactly this approach in a report that went on to suggest that we must also better understand 'how housing equity is connected to opportunity and life chances' (Teixeira *et al.*, 2018).

We have come to approach homelessness as a question of how to mitigate, subdue, and tidily deal with the symptoms of our social illness. We have learnt to cope saying these deaths are not suspicious, when in fact they are. We express horror and spend ample time 'raising awareness', but this is not good enough.

To achieve a step change in our efforts, a new evidence-based approach to homelessness is needed, one that aggregates evidence from other countries and our own former successes in addition to generating new research. What did we do in the past that meant fewer people were once homeless, and do we have all the evidence we need to address the most pressing questions that need answering today? What are the impact of our current interventions and what would have happened without them?

### **Luck matters most**

Generating and utilizing the right kind of evidence also requires that we ask more complex questions, like why it is that more men die homeless. The superficial reason is that there are simply more men 'sofa surfing', in hostels and on the streets. And the reasons for that? Women are more likely to be parents with young children and thus have a right to be housed, while men are more likely to take to drinks and drugs to an extent that leads to homelessness. But the explanations are more complex still.<sup>1</sup>

The number of people dying while experiencing homelessness is now so high that it is possible to break the figures down by the characteristics of those who die and the immediate, if not underlying, cause of death. Only one in six of those who die while experiencing homelessness are women, but the women in England and Wales who die while experiencing homelessness are, on average, two years younger than the men (42 rather than 44 on mean average). Some 21 years ago, as homelessness was starting to

become normalized in the UK, Mary Shaw and I made similar calculations and found that the death rates of male rough sleepers aged 16–29 years were almost 40 times higher than those of the general population. For all men aged 16–64 years, this number is about 25 times greater (SMR=2587). Very little has changed in these death rates even while the numbers of people experiencing homelessness fell, and then rose (Shaw and Dorling, 1998).

The picture for women is a little different. Back in 1998 there were too few women on Britain's streets to be able to calculate their mortality rate by age. The latest data suggests that the number of younger homeless women is on the rise. Homeless men die 34 years earlier than most men, homeless women 39 years earlier than most women. People who are homeless are at highest risk of death where they are most numerous: in London and the conurbations of the north-west of England and, more recently, in Oxford. In early 2019, Oxford had the second highest mortality rate for homeless people in the UK,<sup>2</sup> with the majority of those who died having grown up and gone to school in the city or a village within a ten-mile radius (Brimblecombe *et al.*, 2019; ONS, 2018).

A third of the deaths of people experiencing homelessness in the UK are now attributed to drug poisoning. Doctors know that the cause they write on the death certificate is not the true underlying cause. If they knew the person and were permitted to write a more nuanced description, a few might write something far more useful. Like Roger Pepworth's obituary for Sharron Maasz and Shaista Aziz's later tribute and explanation (Aziz, 2019), this could give a human face to people who would otherwise become statistics and present a more honest picture of the structural causes of death for people experiencing homelessness. Here is a hypothetical example:



*Died of drug poisoning after intermittent spells without a safe home. An imaginative young man who did well at school. A chance event aged 16, led to the loss of his nearest sibling in a car crash. The resulting family breakdown began the path to heavy drug use and periods of living on the street. But he survived for some time. Had he been luckier, his overdose would not have happened. Had his local rehab centre had just one extra free space, he would not be dead now, but its funding was cut. Had he been born a few years earlier, before heroin reached his home town, he might have resorted to drink instead and not suffered this overdose. Had he been born in another European nation under otherwise identical circumstances, there is a good chance he would still be alive. But he was born in England, in the mid-1970s, and is now dead, aged 44, coincidentally at the exact mean age that people die nationally. He had rotten luck.*

Luck matters above all else to individuals, but at the aggregate level all the good and bad luck is ironed out. At the aggregate level the evidence is not about luck at all. At the aggregate level it is perception that matters most and the biases inherent in the interpretation and presentation of statistics. This is *a*lways the case. Individuals all operate with a worldview that they carefully structure their evidence to support. This means that simply gathering more evidence is not enough. To accelerate progress, the sector must be prepared to put its basic assumptions to the test on an ongoing basis, and to ask whether what it is doing is fundamentally improving the situation or instead is perpetuating a bad system, while superficially appearing to help.

### **What constitutes good evidence?**

Just a few centuries ago it was possible to amass a large quantity of evidence to show that the Earth was at the centre of the universe. Just like the moon, the sun appeared to revolve around the earth, so too the planets and the stars orbiting us reassuringly in the night sky. What it took to change that view was not simply a better telescope, it was a

better way of thinking. Rooting oneself in a mode of thinking can only sustain the prejudices of your times and place.

The current pervading narrative places the responsibility for homelessness on the individual. But the causes of homelessness do not lie with the people that it affects. Consequently, the solution to the underlying problem is not just intervention on the streets. Neither is it limited to the 'payment by results' of 'local social enterprises', or the issuing of 'social bonds'. Individual interventions may be well-meaning, but they can often be merely only superficially and very short-term successful. That is why it is vital to both address the dearth of causal evidence (as highlighted by the Centre for Homelessness Impact Evidence and Gap Maps), while also ensuring we take the bird's eye view of homelessness and what really causes it to rise.

We know from other fields, such as public health, that to truly use evidence to drive improvements at a population level, taking a systematic and wide approach is crucial. The fitting of gastric bands, for example, may solve obesity in individual cases, but it does not have any effect at the societal level. Obesity will not be eradicated until the whole environment that makes a population fatter is dealt with.

When the ONS released their first estimates of the number of homeless people dying on the streets on 20 December 2018, section seven of their report was titled 'Proportion of deaths of homeless people that are due to drug poisoning has increased by 51 percentage points relative to the overall number of drug deaths over five years'. The next day the title of that section was changed to, 'Drug-related deaths of homeless people increased by 52 per cent over five years'.<sup>3</sup> This attention to detail and correction of a single statistic by one percentage point gives the impression that what matters most when gathering evidence is

statistical exactness, and then issues such as drugs – the precise drug that lead to death is identified in individual cases. In 2018, the ONS notes that one person experiencing homelessness died from smoking cannabis, while 115 died while under the influence of opiates.<sup>4</sup> The fact that somewhere a doctor noted cannabis consumption as a potential cause of death while homeless may well be the least useful piece of information ever released by a government-funded agency.

The ONS should not be singled out here. The same could be said of much of the literature on homelessness. A report from Housing First England (2019) cites ‘A long history of alcohol dependency, heroin and crack use and anti-social behaviour’ as the main cause of homelessness for one of its service users.

The language used by leading sector organizations matters. Simple statements can, when repeated again and again in aggregate, frame a story, shifting focus from the causes to the symptoms of a problem. With homelessness, the emphasis is so often on how the people affected suffer from alcohol or drug misuse, have ‘high/complex needs’ or all of the above, while forgetting that the evidence suggests most people affected by homelessness never come into contact with the homelessness system, and can therefore not easily be labelled under any of these categories. They are in so many ways no different from you or me

In its 2018 annual accounts, Homeless Link describes roughly £5 million of spending in a year and begins:

*The Government's commitment to halve rough sleeping by 2022 has set the policy agenda during the year. Homeless Link has made a full contribution to the Government's process of developing a strategy to implement this commitment, with representation on the Rough Sleeping Advisory Group and all five ‘Task and Finish’ groups set up to work on components of the strategy. We welcome the appointment of Jeremy Swain, who steps*

*down as a Homeless Link Trustee, to lead the Government's Rough Sleeping Initiative and we are confident that the sector will play its part in reversing the shocking increases in rough sleeping we have seen in recent years. However, these worthy commitments can only be achieved with significant additional resources and we look forward to the publication of the finalised Government strategy later in the summer. (Fielden, 2018)*

The call for 'significant additional resources' is a recurrent refrain in the sector, when in fact the massive injections of funding every decade or so have probably contributed to the problem. While adequate resources are key, throwing money at the problem does not necessarily mean those affected by homelessness will benefit. In the last fifty years, the (largely English) charity homelessness system has grown in complexity and is more costly than ever, yet the impact of the work has not reduced the scale of the problem. For this reason, the sector needs new types of evidence – particularly causal and comparative – in addition to greater accountability and transparency to ensure policy-makers are indeed drawing on bodies of knowledge when developing policy. We know from other social policy fields like international development and education that better use of data and causal evidence can help accelerate progress and help target resources more effectively.

### **Progressing policy**

Preventing homelessness in the UK requires significant reformation of housing policy. In most areas, it is currently not fit for purpose. It is not just those who are homeless who suffer as a result. Millions of others pay exorbitant rents for low-quality homes over which they have insecure rights.

In this instance, we would do well to draw on evidence from the past and look at similar failures in public policy where an emphasis on the symptoms, not the causes, has

prevailed. Acknowledging systemic problems is a rare occurrence in current UK public policy and government often focuses on treating the symptoms of a problem for short-term gain.

In the past, the UK government has tried to address the prevalence of babies with low birth weights by focusing on the health and wellbeing of individual mothers, rather than addressing the systemic factors that mean that the UK has one of the worst records for underweight infant births and highest neonatal mortality rates in western Europe (notably Scotland is now bucking this trend and infant mortality rates are now falling there and are already much lower than in England today as its government has recently begun following the prescription from Finland). The British government has looked at the individual cases of children excluded from school, instead of the wider social issues that mean school exclusions are rare elsewhere in Europe and were quite rare in the UK in past decades; but no longer. It has designed measures to address poverty that mitigate only the worst effects of living on a low income, rather than acknowledging that it is tolerance and exacerbation of high levels of income inequality that is fueling the problem. The British government, from 1979 continuously through to 2019, has treated the issue of long-term unemployment and sickness as if it were the result of work-shy individuals who should be sanctioned for not trying hard enough, rather than understanding that its organisation of the national economy results in greater sickness and wastes human resources.

Without new mechanisms to instigate change, this status quo will prevail. In a complex system, better use of evidence to identify how to prioritize things that do the most good and stop doing what does not work (or causes harm) is vital.

## **What is to be done?**

It is not just housing policy, but social policy in general that has exacerbated homelessness by creating an environment of precarious inequality. Reliable evidence at the micro and macro levels needs to be collected and acted upon more promptly. We need to know what works in the short term, but also keep our eyes on the long-term prize. A piecemeal approach that seeks to improve one area will have little overall effect if other areas of public life are not also improving.

There are opportunities to learn from what we did better in the past, from other areas where social policy has been effective, and from other European countries with more successful social policies than our own (Dorling, 2016). While we may look back and idealize solutions that would no longer be effective, like the mass provision of traditional council housing, an evidence-based approach would clarify exactly why this is the case.

Council housing worked so well at first because of a slum sector that existed below it from which a council house provided an escape. Those are no longer the times we live in, but we can learn from knowing that. It is vital it is to learn faster and fully embrace technological and social developments, what people will need in the future will be different from what worked well for their grandparents in the past, for instance because people now live longer we need far more dwellings without stairs in future. There is a danger that the timings of research seldom work for practitioners and policy-makers. To give another example that would have meant little in the recent past, many young people, including young people who are homeless, will go without food before they go without phone credit. Knowing that is useful.

In the UK, we seem unable to scale up promising interventions, largely because there is often no real will and they are thus so often never subject to rigorous evaluation, meaning that projects then close down as and when the fashion passes. The root causes of new homelessness are almost never treated as a political priority. In England, there are a few new schemes being piloted that have fared well in Nordic nations, like 'Housing First'. In Finland, 'Housing First' as a policy was successful predominantly because of Finland's stronger social safety net – one that the UK has now largely lost. We do not yet know if it will fail in the UK, but the omens are not good given the cuts that have occurred to other services in the UK. We also know that very large numbers of people who are homeless sleep in public toilets in Finland, but at least they can sleep in public toilets (and those toilets are heated).

We should recognise that all European countries now have lower income inequality than the UK and also enshrine more tenant rights into law. Rent regulation is a vital part of that. It is the only defence against arbitrary eviction.<sup>5</sup> In Germany half of all householders rent privately. Often they rent using standard leases, which permit tenants to live in a property for the duration of their lives (Hickey, 2016). Rent caps are enforced to stabilize rates for all tenants, and closely monitored to ensure they do not increase too quickly. Tenants' groups organize to complain when landlords are not penalized for breaking the law.

In Sweden, private sector rent levels are set through negotiations between representatives of landlords and tenants in a very similar way to how trade unions and employers negotiate pay. In 2014, the whole of Stockholm was limited to increasing rents in a year by only 1.12 per cent as a result. In the Netherlands, monthly rental fees are fixed by government. Government officials inspect properties for quality and decide rents accordingly. Denmark has two forms of rent regulation and does not suffer homelessness

on the scale of countries with a supposedly more 'free market'. 'Free' housing markets serve only to benefit those with the most money.

In France, a new set of rent regulations came into force in the capital in August 2015, stating that private rents 'must be no more than 20 percent above or 30 percent below the median rental price for the area'. Of course, the rules prompted anger among property agencies and landlords, who claimed they would deter investment. But the evidence from less equal countries is clear: landlords charging whatever rent they choose does not result in more housing becoming available. The USA and its enormous rate of homelessness amply demonstrates what leaving housing to the free market produces. In contrast in the European mainland These controls have helped reduce rent inflation as firms and European agencies move parts of their workforce to Paris during the Brexit process.

The dominant narrative in Britain, and especially in England, remains one that always focuses on the apparent deficits and perceived failures of people who become street homeless. Victim-blaming is an area in which much of western society excels, but at which the most economically unequal societies such as the UK and USA excel the most.

Thankfully, there is now growing evidence that this may be changing, and that attitudes in the UK are finally beginning to alter (Dorling, 2018). Changing old habits will not be easy, but nurturing a learning sector that acts more promptly on existing knowledge and tests its assumptions about what works will improve the positive impact of our efforts. Much more importantly than that, though, is electing a government made up of people who both care and understand.

Sharron Maasz was one of so many who could, and should, be alive today.



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<sup>1</sup> The consultant child and adolescent psychiatrist Sabastian Kraemer collated the evidence and has found that in a surprising large number of aspects of life men might be more likely to 'succeed', be promoted and be higher paid, but they are also more likely to do badly as compared to women. His examples ranged from male humans being more likely to being miscarried as a foetus, to failing to gain any qualifications at school, through to dying earlier. In the detailed notes to his analysis he made it clear that women often do very badly too and suffer systematic discrimination in society. Sabastian summed up the fundamental difference as 'Men die, women suffer' (Kraemer, 2017).

<sup>2</sup> On 25 February 2019 the BBC reported that Blackburn had the highest death rate among people who were homeless by area, followed closely by Oxford and then Camden (BBC News, 2019).

<sup>3</sup> Section 7 'Drug-related deaths of homeless people increased by 52 per cent over five years' (ONS, 2018).

<sup>4</sup> Ibid, Table 1: Drug poisoning deaths of homeless people (identified) by substances mentioned, persons.

<sup>5</sup> This section is based on work done for the book *The Equality Effect* written by the author of this chapter published by New Internationalist (Oxford) in 2017; see: <http://www.dannydorling.org/books/equalityeffect/>.