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**GEOGRAPHY
DIRECTIONS**



Who dies young in a rich city? Increasingly the homeless

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By Nicola Brimblecombe, Mark Green and Danny Dorling

Oxford, a symbol of academic and intellectual pride, is a very divided city. To some, the listed buildings and booming University economy suggests a city thriving. Average incomes for Oxford are almost £10,000 higher than the average for England. [Gentrification](#) has transformed almost beyond recognition what were once normal neighbourhoods in the city. Only through looking beyond the rose-tinted glasses of seeing such gentrification as revitalisation, and not realising that many people in the city actually have a very low income because of the very wide spread of incomes, can you see the unequal city.

One of the more visible signs of this inequality are the rough sleepers camped out on the doorsteps of the wealth-built University buildings. House prices in Oxford are the least affordable of any city in England and rental prices are the third most unaffordable. It is no wonder that Oxford has one of the highest homeless rates per head of population and that homeless rates in the city have risen far more than in many other areas in the UK.

Life expectancy in Oxford is 84.3 for women and 80.6 for men. If you live in North ward, men can expect to live to 90; a mere six miles away in Northfield Brook it is 75. For women, the gap is just under 10 years. Similarly, whilst premature mortality in Oxford is a fifth lower than the national average, people living in one area (one ward) were less than 40% as likely to die prematurely between 2014-2016; people in a nearby ward, 30% more likely.

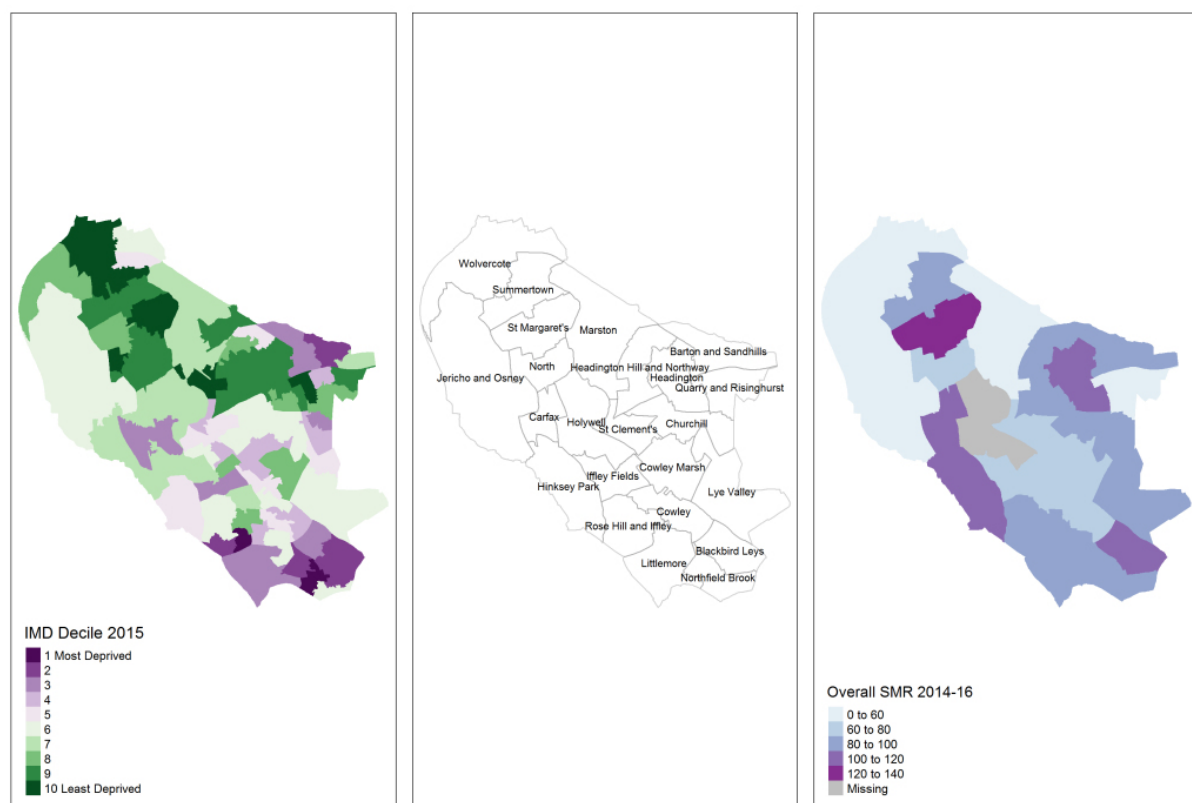
In our study of ward-level premature mortality rates in Oxford 2002-2016, published in the [Geographical Journal](#), we saw that in the city overall, premature mortality rates declined over the period and were lower than the average for England and Wales. Disentangling this declining trend reveals substantial differences within the city and in particular increasing numbers of homeless deaths over time: we identified at least 144 homeless deaths in people aged under 65 between 2002 and 2016. Homelessness in Oxford, and [nationally](#), continued to rise after the period for which we secured data ended, and [deaths among the homeless also increased nationally](#); a future [study may well report even worse results than these](#).



Cover Photo: Five people sleeping rough outside the School of Geography and the Environment, Oxford, May 2019 (Photograph taken by Danny Dorling on South Parks Road, in Holywell ward near Carfax ward, 3pm on May 11th 2019.)

In one electoral ward alone – Carfax – there were 91 premature deaths. This number had almost doubled since [we last looked at these issues in the 1980s](#). In Carfax, deaths amongst the homeless population accounted for 88% of all deaths under age 65 between 2014 and 2016. The majority of these homeless deaths were males. Homelessness not only cuts short lives; it increasingly dominates the profile of who dies young in Oxford.

Figure 1: A map of the wards within Oxford city, a map of 2015 ward-level IMD values, and a map of 2014-2016 ward-level SMRs for under 65-years olds for men and women combined.



A map of the wards within Oxford city, a map of 2015 ward-level IMD values, and a map of 2014-2016 ward-level SMRs for under 65-years olds for men and women combined.

Who dies young?

Our research explores trends in deaths of people under the age of 65 (termed 'premature deaths') within the city of Oxford, using data from [official ONS mortality records for 2002 to 2016](#). We calculated [standardised mortality ratios](#) (SMRs) which represent the difference in the number of deaths that occurred in a place versus what might be expected based on the national average for the whole period (based on the local age distribution).

We calculated SMRs for Oxford electoral wards for three-year periods for all deaths under 65. We then repeated the analyses by excluding deaths that were identified as homeless individuals. We worked alongside Luther Street Medical Centre, Oxford Health, homeless charity groups, the coroner's office, and other local informants (including people who were homeless at the time) to help inform our analyses.

In 2014-16, the SMR for Oxford was 79 – declining from 117 in 2002-04. To interpret a SMR, you look at the difference from the value of 100, which here represents the value for England. A value of 79 means that in Oxford there were 21% fewer deaths – 21 fewer for every 100 people expected to die given their age and sex.

Falling premature mortality rates in Oxford between 2002 and 2016 have masked severe and rising inequalities. For example, the range of SMR values in 2014-16 were between 40 and 132 (narrower than compared to 50-216 in 2002-04, but wider than the 1980s). One particular ward – Carfax – stands out as having had the highest SMRs in the city from 2002-2010 and the second highest in the period 2011-2016.

In each 3-year timeframe, rerunning our analyses without homeless deaths saw SMRs for that ward drop substantially. In the most recent 3-year period for which we have data available, this dropped from an SMR of 114 to less than 20. These findings were consistent over time with the proportion of deaths due to homelessness rising over time. Homeless deaths were responsible for the area's high mortality rates.

What can be done?

While Oxford was our chosen case study, its experiences are not too different to many other parts of the UK. It tells us a story of who lives and dies young in a city, and how things have changed in recent years. Without the intervention of organisations giving medical, housing and other support to homeless people in Oxford, the situation would likely have been much worse.

Many homeless deaths are from causes that are avoidable. Specialist health services can help here, especially drug and alcohol services. [Many of these services have been cut back in recent times](#), in Oxford as well as nationally.

Housing matters, both to support homeless individuals as well as preventing homelessness occurring in the first place. Building affordable housing or investing in social housing can help over the longer term. More immediately, providing stable housing through programmes such as '[Housing First](#)' has been demonstrated to be cost-effective and has indirect benefits such as reducing alcohol and drug harms.

The [2017 Homelessness Reduction Act](#) provided statutory duties for councils to support homeless people. Whilst the emphasis on prevention is welcome, early evidence suggests this has not been successful in reducing homelessness with most councils experiencing increasing numbers of people in temporary accommodation. Welfare reforms and a lack of resources for tackling the causes of homelessness have hampered the efforts of most councils.

Welfare benefit changes and freezes have also hampered Individual's ability to access stable housing themselves. What needs to be done stretches back further – childhood poverty is one of the biggest contributors to adult homelessness. Any solution needs also to be situated within narratives of austerity. This is pertinent when compared to broader changes to population health including increasing mortality rates and stalling life expectancy improvements.

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The paper can be read for free by following this link: <https://rdcu.be/bWULu>

[Death and dying](#), [gentrification](#), [Health](#), [Health Geography](#), [Homelessness](#), [Oxford](#), [Poverty](#), [Social Geography](#)