



Dying on the Streets in France

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DYING ON THE STREETS?

Since 2002, *Le Collectif des Morts de la Rue* has been releasing the figures on how many people died whilst homeless in France over the previous year. For several years, this figure has hovered around 500 people. Each time, there is outrage in the media. But should there really be? Can we actually say this number of deaths is high? Even if it is estimated that this figure is actually more than 6 times higher, which would be 3000 deaths per year.² But even at levels like this, it is difficult to judge whether it is actually high or not. As a matter of fact, there have not been any counts of the number of homeless people in France since 2012 and the French office for national statistics, INSEE, has no current plans to do any. It is also the case that it takes such a long time to design and carry out a study of the same type as the one in 2012, if the decision to carry out the study were made today, the results would not be available until 2022 or 2023. And it will actually be even later given that nothing has (yet) been put in motion. In the meantime, we have to make do with guessing: it is assumed, as a result of the huge increase in the number of migrants, that there has been the same increase in the number of homeless people, as well as a significant change in their profiles (the proportion of people who were born outside France already reached 53% in 2012; it is now likely to be closer to, if not higher than, 60%). As such, we don't know which population to measure the number of deaths against. And so it is very tricky to establish whether this number of deaths is high or not.³

ARE THINGS GETTING BETTER?

In any event, the stable number of deaths against the backdrop of the rise in the number of homeless people would seem to suggest an *improvement* in the situation. Two factors contribute to this: improvements to temporary accommodation on the one hand and the changing population on the other. Every year, and rightly so, charities hotly criticise the closure of winter shelters and the fact that numerous people are forced to return to the street. Nonetheless, under every successive government,⁴ the number of temporary accommodation spaces has continued to grow. In 2004, there were 51,103 bed spaces in temporary accommodation and 110,000 in 2015,⁵

which represents an increase of 115%. INSEE counted the number of homeless people in France, at more or less comparable times of year, between 2002 et 2012. The number went from 86,000 to 141,500, a 65% increase.⁶ Accordingly, the proportion of people accommodated increased massively, going from 59% to 78%, while the number of people who were not accommodated stayed about the same, around 30,000. Safer conditions, that are also attributable to a marked improvement in the quality of temporary accommodation units, all this contributes to constancy in the number of deaths counted and with it, given that the number of homeless people has sharply increased, an improvement in their situation. The second factor that contributes to this improvement is the change in the profile of homeless people with, in particular, a huge increase in the number of migrants, a population that is generally young and in good physical health.⁷

YOU DON'T GROW OLD ON THE STREET!

This improvement is also demonstrated by the increase in the average age of death. For homeless people, it is still shockingly constant at around 50 years of age, but for people who have stable accommodation, the average age of death increases to 61.6 years, which means almost an extra 12 years of life. And this is very consistent with the changing demographics of people on the street: with an almost identical number of rough sleepers (and therefore without accommodation), the number of deaths has remained stable, while life expectancy has increased significantly with improvements in service provision.

WHAT ABOUT WOMEN?

It is quite striking to think that the proportion of women among the rough sleepers who die is very small, as they only make up 9.2% of the total. But that is completely in keeping with the social makeup of life on the street: while 38% of homeless people are women, they make up only 5% of rough sleepers and 9% of people in night shelters that they have to leave in the morning.⁸ This is another demonstration of what common sense leads us to believe: the main safeguard we need is a roof over our heads. Support services cannot stop there but this step is vital.

“But the main cause of death – we hope that we have shown that – is life on the streets itself. It has to be said and said again – the street kills!”

1 This article is mainly based on my experience as president of the *Collectif des Morts de la Rue* from 2015 to 2018, but it also uses research I carried out to publish « une soirée et une nuit (presque) ordinaires avec les sans-abri » [An (almost) ordinary evening and night with rough sleepers] (Editions du Cerf, Paris, 2015). Its conclusions are my own.

2 A study by CapiDC for 2008-2010 came up with, by matching the data on deaths held by *Le Collectif* and by INSERM-CapiDC, a multiplier of almost 6 in order to come to the 'real' number of deaths. It should nevertheless be noted that this estimate is based on data that is almost 10 years old and, at the same time, the quality of *Le Collectif's* research and surveys has gotten better. This matching needs to be updated but it is very likely that the multiple has gone down.

3 When we are dealing with a subject that is as divisive as determining the level of poverty and exclusion, given the amount of money spent on doing so, it is very disappointing not to be able to measure the extent of the phenomenon. This knowledge is nonetheless vital, both to good economic governance and in order to put a stop to delusions and, with them, populism.

4 This growth has not always been at the same rate but the direction has always been upwards.

5 Sources: Report by the Court of Auditors: La politique publique de l'hébergement des personnes sans domicile [Public policy on accommodation for homeless people]. November 2011; website: gouvernement.fr/action/l-hebergement-et-le-logement-des-personnes-en-difficulte.

6 And, actually, this increase is lesser because the 2002 figure was an underestimate, leaving out, as it did, a large number of non-French speaking foreigners, who are counted in the 2012 study.

7 Even though their mental state can be delicate after the ordeals they have been through to get to France, and even though the very harsh way they are treated (or rather, not treated) can lead to real breakdowns.

8 Françoise Yaouancq, Alexandre Lebrère, Maryse Marpsat, Virginie Régnier, Stéphane Legleye, Martine Quaglia: L'hébergement des sans domicile en 2012: des modes d'hébergement différents selon les situations familiales, [Homeless accommodation in 2012: Different types of accommodation according to family makeup] *INSEE Première*, 1455, July 2013.



MORE VIOLENT DEATHS

But what do homeless people die of? Is it different from what housed people die of? The main thing to note is that, in almost 50% of cases, the cause is unknown and it is therefore difficult to carry out much analysis. Of those whose cause of death is known, around half die violent deaths, with a lot more murders, accidents and drownings than among the general population - but significantly fewer suicides.⁹ Life on the streets is dangerous and these violent deaths are the clear consequence of that. Of course, the younger people are, the more often their main cause of death is violence rather than illness. But this phenomenon is compounded among migrants (there are a lot of accidental deaths in Calais when trying to cross over to England,¹⁰ and, since last year, around Ventimiglia and while crossing the Alps) and among children in shanty towns (fires, accidents, etc.)¹¹ In this last case, it is inferred (too quickly!) that shanty towns are unsafe (which is correct) and they therefore need to be evacuated at once (and that is what is incorrect: being evicted over and over again without real alternative solutions is actually very damaging; it stops people adapting to the area and families making it safer, which creates realities that make accidents very likely).

The quality of accommodation or, at least, in the case of shanty towns, stability, are therefore two important conditions for an improvement in homeless people's lives.

DO THEY GET ILL JUST LIKE EVERYONE ELSE?

Among the other half of those for whom we know the cause of death, we see more or less the same illnesses as among the general population, with two differences: they affect them rather less frequently than the general population and the age at which these illnesses arise is generally *very premature*. Age of death is very relevant to this second point. As regards the first point, we find several things that are counter-intuitive, such as when alcohol is involved. When we think about life on the street, we very often associate it, quite naturally, with excessive consumption of alcohol. For some people, this is not wrong and we can all picture that drunk shouting on a street corner. But this image does not apply across the board, it is linked to a kind of distorted reality related to the over-exposure of homeless people: a man on the street with a can of beer in his hand will be seen as an alcoholic; a man at home, listening to music in a comfy armchair, on his third whisky, will on the contrary be thought of as an aesthete and a man of good taste. In actual fact, contrary to popular belief, it becomes apparent that homeless people are *lower consumers of alcohol* than the general population of the same age.¹²

Another specific cause of death is the cold (should we think of it as an illness or a cause of accidental death?). This is much higher than for the general population who are practically never affected in this way, but it still remains marginal. And looking at deaths in terms of seasons does not allow us to pin down winter as a cause. Once again, the reality is very far from popular belief but, of course, if we think about what would happen if the winter shelters no longer existed, the situation would be very different.

WHAT CARE CAN ROUGH SLEEPERS RECEIVE?

Le Collectif des Morts de la Rue launched a study of the ways in which homeless people are treated in care-giving structures. The initial results are complex. Treating homeless people 'normally' is often inappropriate (recommendations like 'bathe your feet regularly' or 'have an injection every morning at home' are almost surreal), but in other cases we find 'alternative' actions that really take people's lives into consideration (such as, for example, an adapted prognosis that allows for a longer care and treatment package than medically necessary in order to give the person some 'breathing space' so they can get their strength up).

Progress still needs to be made and it will be important, for example, to look at how 'no charge prescriptions' will work for these populations. But the main cause of death - we hope that we have shown that - is life on the streets itself. It has to be said and said again - the street kills! And accommodation is absolutely necessary if we really want homeless people to have a life expectancy that is close to that of the mainstream population.

SURVIVING - OR THRIVING?

Even so, we can't just stop once the person has been provided with a roof, otherwise, the search for a sense of purpose which basic questions of survival put on the backburner will come back with a vengeance and will be the cause of numerous suicides or drive people to a slow death after a struggle with depression. Finding meaning in a life that everyone has judged as worthless is a big part of regaining confidence and managing to believe in yourself again. The charity *Les Petits Frères des Pauvres* understands this well, as demonstrated in its instructive slogan, 'give flowers before you give food'. This shows how material things, which are doubtless important, cannot take precedence over something deeper that gives meaning to our existence. The charity *Un Ballon pour l'Insertion*,¹³ which organises self-redemption breaks for vulnerable people has also internalised this crucial factor: through letting them take part in sport and surpass themselves, it allows people to change the way they see themselves, to rethink themselves and, ultimately, to be able to *take the lead role in their lives* again. Lives that get longer but above all, *fuller*.

9 The subject of suicide is controversial because the statistics from other countries do not lead to the same conclusions; what's more, some deaths that are recorded as accidents could be suicides that are not recognised as such. But that is also true of the general population. This debate is outlined in the report on *Le Collectif's* study « dénombrer et décrire » [Count and describe] published in November 2017 and accessible on the website of *Le Collectif*.

10 81 deaths between 2012 and 2016 while trying to cross over to England.

11 35 migrants under 15 years old died between 2012 and 2016; all of their parents were foreigners.

12 François Beck, Stéphane Legleye et Stanislas Spilka: L'alcoolisation des personnes sans domicile : remise en cause d'un stéréotype [Alcoholism among homeless people: challenging a stereotype, *Revue Economie et Statistique* [Review of Economics and Statistics], 391-392, 2006. The growing proportion of migrants coming in the main from Muslim countries should not reduce this trend, on the contrary.

13 On the charity's website, several short videos, made by the participants on each break, show better than a long speech could the effect these initiatives can have on people and on the image they have of themselves: www.unballonpourinsertion.org