Understanding Counts and Mortality Research

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Understanding how many people die while homeless is essential for evidence-based policy, but producing reliable mortality statistics is complex, involves data limitations, definitional ambiguities, and uncertainty. As a result, research findings are often cautious, difficult to interpret, and poorly translated into public debate, which can make the issue seem abstract or distant. In contrast, counts and tributes compiled by organisations - though incomplete - provide more emotional accounts of loss and can powerfully convey the scale and reality of homeless deaths. Rigorous statistical research and more personal forms of remembrance are complementary; they both serve roles in informing policy while preserving dignity and visibility.

On 17th October 2025, I went to Kielce, a medium-sized city in central Poland. It was grey and windy. A few dozen people gathered near the unremarkable building of the main station, covered in yellow limestone and blue glass panels. Behind a low hedge and in front of the kebab bar windows stood a 2.5m tall wooden cross. Traffic was bustling around as three men stood near the cross facing the gathering. One of them rolled out a simple piece of paper and read about twenty names. Those were the names of people who died last year on the streets of Kielce.

Back at home, I look at a picture of red roses on a pavement in memory of the 959 people who died homeless in France in 2025. I scroll through the names collected over 20 years by the Brussels Morts de la Rue collective. I see the Italian Federation of organisations reporting that the average age of people who died homeless in Italy was 46.3 years. I endlessly scroll through "unknowns" on the Museum of Homelessness Dying Homeless Project website, with small candles on a dark background. These real and online events look like memorials, but they are also reports from tedious, systematic work.

How do we even know how many people die while homeless? And why does it matter?

Of course, these numbers are crucial for evidence-based policies that rely on robust data, and that's why scientists are careful with calculations. In scientific papers and reports, there are tables and charts; and it takes a while for me to understand what is even on them. Statistics can feel abstract. People's lives are put into categories that seem distant from real experiences. This is, however, the nature of such studies - they usually operate with what authorities collect in public registers: personal numbers, addresses, housing assessments, doctor appointments, benefit claims, and causes of death. And, as in so many other homelessness experiences, much goes unrecorded. That's because researchers rarely collect data on deaths themselves; they rely on registers or data from services. What is not there is out of sight - not because researchers are not looking, but because we are all trying not to see.

Measuring homeless mortality properly is hard because it requires large datasets, often with the possibility of linking various databases (for instance, population registers and

healthcare data), consistent definitions, long time series, and multiple variables. It is even difficult to decide which situations should be counted as homelessness. Mortality rates are not just tallies; the numerator is not enough. They also require denominators (for instance, how many people are homeless during a year) to understand not only how many people died, but what proportion of all people experiencing homelessness died during a year. They require comparison groups (for instance, the general population) to understand how the health of this group compares to others. The health part is also not easy: causes of death are coded according to the ICD-10 codebook, which contains hundreds of disease names that are difficult to pronounce.

Often, the nitty-gritty of calculations overwhelms the paper: some cases are excluded, cases are weighted, variables are missing, alternative models and hypotheses are tested, and results are adjusted. It involves making assumptions and therefore dealing with uncertainty. This is why mortality statistics are not straightforward; they acknowledge uncertainty and use hedging language that can make findings seem weak or unclear. Still, they reflect scientific caution and ethical responsibility. Research, however, has its own problems and biases—looking more for stark differences (for instance, between groups) than similarities, and focusing on "problems" rather than solutions.

Finally, research could allow public health experts and policymakers to understand homelessness as a factor in individual health trajectories, to assess links to other policies and services, to understand sequences of events, and to design policies that work. But more often than not, we only have counts compiled by non-profits, by activists who trace each media report, gather information from shelters, friends, and family, and put together annual tallies, memorial lists, and organise vigils. Even if their counts are incomplete and selective, they are nevertheless powerful and often make their point much better than standardised rates and odds ratios.

> *Mortality statistics, with their limitations and complications, do not find an easy way into the media and broader audiences. They may be misinterpreted and sensationalised.*

Still, they can be a powerful argument for how detrimental homelessness is for health. With robust data, it is possible to convincingly show how mental health, physical health, housing, and poverty are intertwined. Research results complement moral arguments with rational, hard data.

Organisations that take on the task of counting step in where authorities are blind and research may not be possible to conduct on a larger scale. But they also fight for dignified deaths and farewells, for remembering names, faces, and stories. They do what statistics cannot do: restore individuality and counter invisibility. In short, we need both: better data and thorough research, but also recognition, dignity, and memory.