Health matters

A Primary Health Care Study of Vendors of The Big Issue in the North

THE BIG ISSUE IN THE NORTH

EUROPEAN SOCIAL FUND GB

Kellogg's

THE Nuffield Trust
FOR RESEARCH AND POLICY STUDIES IN HEALTH SERVICES

THE BIG ISSUE IN THE NORTH TRUST

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Preface

The Big Issue in the North's charity, The Big Issue in the North Trust, provides support to people who sell The Big Issue magazine. Over the last two years The Big Issue in the North Trust has conducted a number of studies which have clearly identified that there are five key issues which need addressing by vendors who wish to progress from selling the magazine back into mainstream accommodation and employment. These five key areas, which require support, are financial services; accommodation; drugs and alcohol; health care; and employment and training.

As part of The Big Issue in the North Trust's development of these services for vendors it has been determined to conduct research into each key area. This study is part of the development of services for vendors in relation to both health care needs and drug and alcohol issues.

Whilst there has been numerous studies conducted into homelessness and health there was clearly a need to audit, across the three cities in which there is a presence, vendors' health problems, their experiences of health care provision and their take up of it.

Consequently, the results from this research will inform The Big Issue in the North Trust's provision of health care services, provide information to other providers so that they can tailor their provision to this socially excluded group, and generally raise the issues around homelessness and health to a wider audience.

1. Introduction

In 1996 we saw the death of one vendor every month – and Stevie Smith's was the final straw. Stevie died from an easily curable medical condition. Since then we have devoted thousands of hours and pounds into publicising the fact that despite the affluence and prosperity of Britain there is still a section of society who die young and live short and unhealthy lives. This doesn't have to be the situation. Things can be different. We commission research and work on joint projects with Health Authorities to outline the problems that our vendors face. We try to identify some of the solutions.

The solutions are not hard, they are not even that expensive – but they do require a commitment – a commitment to accepting that this section of society are as deserving of top quality, targeted health services as any one else. The future of this country lies in an inclusive society. We will never have an inclusive society when the poor are being excluded from such a basic need as health. At The Big Issue in the North we work hard to challenge homeless people to understand that their health is important and that they must take responsibility for their bodies and their futures. We don't just stand on the sidelines wagging our fingers at them. Because it's not just homeless people who need 'health education' – health institutions themselves have to look again at their responsibilities.

If we are to improve the public health of our cities then we all need to make some changes – are you up for it?

Anne McNamara, Joint Proprietor of The Big Issue in the North

2. Executive Summary

Set out below are the key findings from the report. Where possible, comparisons have been drawn with national statistics.

It is worth noting, at this stage that 212 vendors were interviewed, from an estimated population of 295. Interviews took approximately 30 minutes to complete and were conducted confidentially.

2.1. General health issues for vendors

Fifty nine percent of vendors consider themselves to have a limiting long-term illness, health problem or handicap affecting their daily life. This compares with the 1991 Census of Population rate of 6.4% for those aged 16 to 54.

The main health problems for vendors relate to:

- Dental problems
- Chest and/or respiratory problems
- Nutritional and/or dietary problems
- Backache
- Skin problems
- Blood and/or circulatory problems
- Eye problems

Whilst 33% of vendors report having chest/respiratory problems the General Household Survey, reporting prevalence of chronic sickness amongst 16-44 year olds, report a rate for respiratory problems of 7%.

Twenty six percent of vendors report skin problems compared to the General Household Survey where just one percent had such problems.

Only 11% of the Household Survey report having muscular/skeletal conditions, whilst 22% of vendors report such problems.

Four percent of vendors have heart problems, compared to just one percent of those in the Household Survey.

Whilst 14% of vendors have asthma the Household Survey reports a rate of six percent for 16-44 year olds.

Seven percent of vendors record hepatitis 'c' and five percent record both hepatitis 'b' and also HIV.

2.2. Vendors' drug and alcohol problems

Seventy percent of vendors use drugs not prescribed to them. Fifty three percent of all vendors use heroin, whilst 47% use cannabis, 28% use crack cocaine, 23% use valium, and 21% use temazapam.

Of the 70% using drugs, 69% inject and 13% of those injecting share equipment. These figures appear in line

with other studies, as Parker suggests that, nationally, 74% of new heroin users inject, whilst Jones and Millar suggest that 67% of known problem drug users were injecting at the time of their survey. As regards sharing equipment, the Drug Misuse in the North West of England data suggests that of new users 12% share, though Jones and Millar's Manchester study suggests just 9% share.

In Manchester 58% of vendors who use drugs are receiving some form of treatment, whilst in Liverpool it is much less at 31%, and in Leeds it is even lower at 19%. Of those accessing services 87% are involved in methadone maintenance.

Fifteen percent of vendors said they have a problem with alcohol, whilst 43% say they do not drink at all.

2.3. Other health issues for vendors

Over the last 12 months just over half of vendors have had a casual sexual partner. Just 35% of these always use a condom. Whilst direct comparisons are not possible Hansbro et al show that 60% of men and 63% of women, in the general population, have used a condom when having intercourse with a new sexual partner.

Questions relating to psychological issues raise some interesting findings. Of those vendors who regularly or occasionally experience such problems the results are as follows:

- 78% experience loneliness
- 57% experience isolation
- 63% experience aggression
- 47% experience paranoia
- 35% experience panic attacks
- 53% experience anxiety
- 43% experience suicidal feelings
- 23% experience self-harming
- and 77% experience depression

Thirty percent of vendors say they have at some time been under the care of a psychiatrist.

Thirty nine percent of vendors say they have attempted suicide at some time in their life.

2.4. Vendors' use of health cares facilities

Twenty nine percent of all vendors are not registered with a GP and this compares to a general population figure of 3%. Forty one percent of vendors say they think it is difficult or very difficult gaining access to a GP.

Exactly half of all vendors have used an accident and emergency unit during the last 12 months. The 1996 General Household Survey suggests that just 13% of 16-44 year olds have attended casualty/out patients in the last 12 months, whilst Shelter have suggested that 57% of visits by homeless people are inappropriate.

Overall, 29% of vendors have been admitted to hospital in the last year, though it is most pronounced in Liverpool with 41% having been admitted.

Whilst 32% of vendors believe they have need for an optician only 16% have visited one in the last 12 months.

Eighteen percent of vendors believe they need a chiropodist, though only 2% have visited one in the last year.

A large proportion of vendors (73%) have need for a dentist, though only 37% have visited one in the last 12 months.

2.5. Vendors' views on improving primary health care

The three main issues vendors believe make it difficult for homeless people to take good care of their health are difficulty registering with a GP/health service, lack of housing/place to stay, and drug abuse.

The main sorts of things that vendors think would help homeless people take better care of their health are provision of housing or shelter, a good diet or provision of food, and access to a GP.

Nearly 100% of vendors said they would make use of health care facilities were they to be offered in The Big Issue offices. The main type of services they would like to see offered are GP provision, a dentist and a drug worker/counsellor.

3. General health issues for vendors

This section briefly discusses whether vendors believe they have any long term illness, health problem or handicap which limits their daily activities. Following this there is analysis of the type of physical health problems they encounter.

3.1. Health limiting daily activity or work

Vendors were asked the Census of Population question "Do you have any long term illness, health problems or handicap, which limits your daily activities or the work you, can do?" Instead of a simple yes or no response a third possible response – 'yes, drugs related' – was also included, as many vendors consider themselves incapable for work due to their drug use.

As the table below shows well over half (59%) of vendors consider themselves to have a limiting long term illness, health problem or handicap affecting their daily life. Thirty one percent of all vendors believe this is drug related.

If one disregards those who believe the health problem affecting their daily activities are drugs related, it can still be seen that 28% of vendors have such a problem.

There are also differences between offices, with 73% of Manchester vendors, 59% of Leeds vendors and 39% of Liverpool vendors reporting having a long term illness, health problem or handicap.

These findings provide much higher rates than those found in surveys of the general population. The 1991 Census of Population gave a national rate of those aged 16 to 54 of 6.4%. Whilst it should be borne in mind that comparisons between this study and that just mentioned are not precise there is little doubt that serious health inequalities exist within the vendor population.

Table 3.1. Health issue affecting daily life by office

Health issue affecting daily life	Manchester	Liverpool	Leeds	Total
Yes	30%	27%	28%	28%
Yes, drugs related	43%	12%	31%	31%
No	27%	61%	40%	41%
Total	100%	100%	100%	100%

3.2. Physical health problems

Whilst some of the findings in this section are quite startling there is little doubt that there has been some under reporting. Obviously, vendors are judging what is wrong with them, as opposed to being diagnosed, and this is likely to result in fewer problems being raised. Vendors also have a variety of other problems to deal with and, as experience has shown, health problems are not always a high priority.

As the table below shows, the important health problems for vendors relate to dental problems, chest and/or respiratory problems, nutritional and/or dietary problems, backache, skin problems, blood and/or circulatory problems and eye problems.

The 1996 General Household Survey offers some comparisons with the findings here. Whilst 33% of vendors report having chest/respiratory problems the General Household Survey, reporting prevalence of chronic sickness amongst 16-44 year olds, report a rate for respiratory problems of 7%. Whilst 26% of vendors report skin problems just one percent is reported in the Household Survey. Only 11% of the Household Survey report having muscular/skeletal conditions, whilst 22% of vendors report such problems. Four percent of vendors report heart problems, whilst just one percent report them in the Household Survey. Although these are not 'like with like' comparisons it is, again, clear that vendors are seriously over represented in terms of physical health problems.

When these broad problems are further analysed it can be seen that quite large proportions of vendors have a whole range of specific health concerns and that these tend to be higher than those reported by the general population.

For example, of those vendors reporting chest and/or respiratory problems, 29, or 14% of all vendors, had asthma. This compares to the 1996 General Household Survey figure, for 16-44 year olds of just six percent. Other related problems range from vendors complaining of simply having "a bad chest" to those with an embolism on the lung, some having pneumonia, or one having a punctured lung.

A similar picture is drawn for those vendors with skin problems and muscular and/or skeletal problems. Of the 26% suffering with skin problems 17 (8% of all vendors) reported having eczema. Other skin problems included ulcers, psoriasis, scabies, and flaking skin. Similarly, of the 22% reporting muscular and/or skeletal problems, 17, or 8% of all vendors, state that they have arthritis, whilst many more report having stiff joints.

Of those vendors with blood and/or circulatory problems 12 (6% of all vendors) complain of having an abscess or abscesses. Twelve also complain of having thrombosis and many report varicose veins, high blood pressure and bad circulation.

Of those vendors complaining of dental problems the vast majority report toothache, rotting teeth, or bleeding gums.

Although the major physical health problems have been highlighted, it should be borne in mind that 7% of vendors record having hepatitis 'c' and 5% record having hepatitis 'b' and also HIV.

Whilst there were no real differences between vendors in the three offices, some minor differences are probably worth highlighting. As can be seen from the above table, vendors in Manchester are slightly more likely to complain of dental problems and are more likely to report having HIV. Liverpool vendors are slightly more likely to complain of chest and/or respiratory problems

4. Vendors' drug and alcohol problems

Table 3.2. Health problems by office

Problem	Manchester	Liverpool	Leeds	Total
Chest/respiratory	29%	38%	34%	33%
Muscular/skeletal	26%	23%	18%	22%
Foot	21%	13%	23%	20%
Skin	25%	13%	33%	26%
Eye	26%	10%	29%	24%
Dental	62%	45%	37%	48%
Nutritional/dietary	22%	18%	39%	28%
Blood/circulatory	26%	18%	27%	25%
Heart	6%	5%	1%	4%
Cancer	1%		3%	2%
Diabetes				
Epilepsy	6%	3%	4%	4%
HIV	9%	3%	3%	5%
Hepatitis 'a'		3%		1%
Hepatitis 'b'	6%	10%	3%	5%
Hepatitis 'c'	7%	5%	9%	7%
TB				
Sexually transmitted	3%			1%
Backache	19%	15%	39%	27%
Headache	15%	10%	33%	21%
Diarrhoea & vomiting	6%	8%	10%	8%
Other	26%	8%	18%	19%
Other	1%		1%	1%
Total	100%	100%	100%	100%

Note: The percentages do not add up to 100%, as more than one response could be given

and report having hepatitis 'b'. Leeds vendors have a higher propensity to report nutritional and/or dietary problems, backache and headaches.

Although the numbers of female vendors interviewed is quite small (28 from the 212 surveyed) it is still worth highlighting some differences in terms of gender. The analysis shows that female vendors are generally more likely to suffer from the health problems listed in the table above and this is most apparent in relation to: chest/respiratory problems; foot problems; skin problems; headaches; and hepatitis 'c'. Male vendors are more likely to report nutritional/dietary problems.

The only other differences between different groups of vendors is that those vendors who are using drugs not prescribed to them are slightly more likely to complain of dental problems, nutritional/dietary problems, and blood/circulatory problems.

Although it has always been recognised that both homeless people and those selling The Big Issue in the North have drug problems it is, perhaps, interesting to identify how significant drug use is amongst this population. As well as examining prevalence, this section also discusses treatment issues and alcohol use.

4.1. Drug use

As Seddon (1998) states "It is widely believed that levels of drug use are exceptionally high among young homeless people. The research evidence for this, however, is both scarce and equivocal. Although some studies have found extremely high prevalence rates, others suggest that levels of use are pretty much the same as for comparable groups with a home." As the statistics below suggest use of 'hard' drugs is very high amongst this group of homeless people and it is considerably higher than levels relating to non-homeless people. Hansbro et al (1997) estimate that just 14% of 16-54 year olds in the population have used an illegal drug in the past year and that 1% have ever used heroin.

Overall, 70% of vendors use drugs that are not prescribed to them. On an office basis, Liverpool has the highest proportion at 80%, Manchester the next highest at 70%, and Leeds the lowest at 64%. Heroin is by far the most commonly used drug, with 53% of all vendors using it. The next most popular drug is cannabis, with 47% of all vendors using it. Crack cocaine is used by 28% of all vendors, whilst valium is used by 23% and temazapam is used by 21%.

The table overleaf provides a breakdown of the types of drugs used by 'drug using' vendors. As the table shows, although vendors in all three offices have a propensity to use 'hard' drugs, those in Liverpool appear slightly more likely to be using 'hard' drugs, such as heroin, crack cocaine and cocaine powder. Slightly higher proportions of Leeds vendors appear to use non-prescribed drugs such as valium, temazapam and DF118.

Bearing in mind qualifications about sample size, there are also some interesting differences in terms of gender, length of homelessness and housing situation. For example, 71% of male vendors use drugs not prescribed to them, compared to 61% of female vendors.

The statistics also suggest that those who have been homeless for the least amount of time are also the ones less likely to be using drugs. Only 53% of those vendors who have been homeless for six months or less currently use drugs, compared to 74% of those who have been homeless for more than six months. This appears to suggest that drug use becomes more likely the longer the person is homeless and it appears to answer the question succinctly poised by Seddon (1998) "Do homeless people try to blot out the world or do chronic addicts end up on the streets?"

Table 4.1. Non-prescribed drug use by 'drug using vendors and office

Non-prescribed drug	Manchester	Liverpool	Leeds	Total
Heroin	71%	83%	74%	75%
Crack cocaine	35%	45%	40%	40%
L.S.D.	12%		11%	8%
Ecstasy	12%	10%	11%	11%
Valium	29%	25%	40%	32%
Nitrazepam	25%	23%	26%	25%
Cannabis	73%	40%	81%	67%
Methadone	33%	38%	39%	36%
Cocaine powder	13%	38%	11%	19%
Amphetamines	21%	13%	21%	19%
Temazapam	21%	28%	40%	30%
Aerosols			2%	1%
DF118	10%	23%	37%	23%
Other drugs	4%		2%	2%
Total	100%	100%	100%	100%

Note: The percentages do not add up to 100%, as more than one response could be given. The percentages are also based upon 'drug using' vendors, rather than all vendors.

The housing situation of vendors also appears to play a part in both the use of drugs and the type of drugs used. The analysis suggests that, with the exception of hostels (where use of drugs is much more likely to be controlled), those resettled are less likely to be using drugs not prescribed to them and also less likely to be using 'hard' drugs, such as heroin, crack cocaine and cocaine powder. This appears to suggest that either an important element of resettling vendors entails reducing the use of 'hard' drugs or that vendors are more likely to reduce drug use once resettled. Again, this latter point seems more likely because as other research has shown (J. Neale, 1997) and as Seddon (1998) states "for most homeless people with drug problems, especially those sleeping rough, meeting housing needs is the immediate priority. Once a stable housing situation is assured, then – and only then – can a drug problem even begin to be addressed."

Of the 148 vendors (70% of the total surveyed) who use drugs not prescribed to them 69% inject. This percentage appears broadly in line with findings from other research in to drug use. Parker (1998) suggests that, nationally, 74% of new heroin users inject, whilst Jones and Millar (1995) suggest that 67% of known problem drug users were injecting at the time of their survey. The Drug Misuse in the North West of England 1996 research suggests that, of those 'new' users presenting to services, 48% currently inject and 67% have injected at some time in their life.

Whilst there are no significant differences between the three offices, with regard to injecting, Liverpool's drug using vendors do appear to be more likely to share injecting equipment. It is also the case that only those vendors under the age of 30 share injecting equipment.

It is difficult to establish whether these patterns of sharing injecting equipment are significantly different from the wider population. The Drug Misuse in the North West of England 1996 report suggests that of new users 12% were sharing equipment, whilst Jones and Millar's (1995) study in Manchester suggested that just 9% shared. Klee et al's (1996) study of homeless people aged 14-25 does appear to confirm our finding that it is younger users who are more likely to share, as they found that 20% of their sample had shared equipment in the last six months.

Table 4.2. Drug injecting and sharing equipment by office

Ever inject drugs	Manchester	Liverpool	Leeds	Total
Yes	73%	68%	67%	69%
No	27%	33%	33%	31%
Total	100%	100%	100%	100%
Share injecting equipment				
Yes	8%	30%	5%	13%
No	92%	70%	95%	87%
Total	100%	100%	100%	100%

4.2. Drug treatment

Treatment for vendors using drugs seems to vary across the three cities. In Manchester 58% of vendors who use drugs are receiving some form of treatment, whilst in Liverpool it is much less at 31%, and in Leeds it is even lower at 19%. This variance for Leeds may be explained by the fact that they are less likely to be using 'hard' drugs. However, this explanation does not stand up for Liverpool vendors as, described earlier, they are the ones most likely to be using 'hard' drugs and, one would have thought, most likely to be in treatment.

This study, and anticipated research from the National Homeless Alliance (Seddon, 1998), appears to be suggesting that access to drug services, in certain areas at least, is not always easy for homeless drug users.

Gender and length of homelessness also appear to relate to whether the vendor is receiving treatment. Whilst 53% of female 'drug using' vendors are receiving treatment only 34% of male vendors are. Those vendors who have been homeless for 12 months or less are also less likely to be receiving treatment (26% of such vendors) when compared to vendors who have been homeless for longer than 12 months (40% of such vendors).

Treatment services used by vendors in Leeds vary, with some using their GP, and others using various outreach teams or addiction units. In Liverpool the Drug Dependency Unit, on Rodney Street, is the most commonly used. In Manchester The Bridge is used most (with 53% accessing it), though Wythenshawe CDT, the Zion Centre, and some services in Greater Manchester are also accessed.

Of all the vendors accessing drug services the majority, 87%, are involved in methadone maintenance.

4.3. Alcohol use and treatment

In an attempt to establish whether any of the vendors have serious problems with alcohol they were asked, "Does your use of alcohol have any negative effects on your life?" Fifteen percent of vendors say yes to this, though 43% also say they do not drink at all. Female vendors are twice as likely to have an alcohol problem, with 30% reporting the problem. The abstention is probably due to the high proportion of vendors using drugs. The analysis shows that of those vendors using drugs not prescribed to them 12% have an alcohol problem, 50% do not drink and the remaining do not have a problem with it. Compared to vendors, who do not use drugs, 23% have an alcohol problem, and only 27% do not drink.

Of the 33 vendors (15% of all vendors surveyed) who have a problem with alcohol, just three (9% of those reporting the problem) are receiving treatment.

Table 4.3. Negative effects from alcohol by office

Does use of alcohol have any negative effects	Manchester	Liverpool	Leeds	Total
Yes	16%	11%	17%	15%
No	36%	47%	44%	42%
Don't drink	47%	43%	39%	43%
Total	100%	100%	100%	100%

Shelter estimate that alcohol misuse affects between a third and a half of rough sleepers. This is clearly higher than our homeless group, though this is likely to be due to the lower proportions sleeping rough and the possibility that The Big Issue in the North attract those homeless people who are more likely to misuse drugs.

5. Other health issues for vendors

As well as asking about physical health problems the survey also focused on other health related issues, such as sexual relationships, use of condoms, depression, mental health problems and use of services in relation to these. This section sets out the findings on these and other related issues.

It is worth noting that whilst the questionnaire was administered by caseworkers the questions dealing with the above-mentioned issues were offered as a self-completion section. Some vendors took up this offer, whilst others did not.

5.1 Casual sexual partners and protection

Over the last 12 months just over half of vendors have had a casual sexual partner. Whilst there are no significant differences between offices on this issue, Manchester vendors are much more likely to always use condoms when with such a partner. This may well be due to the Manchester office having condoms provided by a local agency, whilst the others do not.

Whilst precise comparisons with the general population are not available, Hansbro et al (1997) show that 60% of men and 63% of women have used a condom when having intercourse with a new sexual partner.

Table 5.1. Casual sexual partners and use of condoms by office

Had casual sexual partner in last 12 months	Manchester	Liverpool	Leeds	Total
Yes	57%	50%	53%	54%
No	43%	50%	47%	46%
Total	100%	100%	100%	100%
Use of condoms with casual sexual partner				
Always	47%	23%	31%	35%
Sometimes	29%	50%	33%	35%
Never	24%	27%	37%	30%
Total	100%	100%	100%	100%

Female vendors are slightly less likely to have a casual sexual partner (43% of females had, compared to 55% of males). However, vendors without accommodation, including those sleeping rough, squatting and sleeping on friends floors, appear slightly more likely to have had casual sexual partners. This may be attributed to the fact that it is more difficult to develop steady relationships when one does not have appropriate accommodation.

5.2 Psychological and related issues

Vendors were asked to state whether they experience a number of psychological and related problems. As the table below shows, a majority of vendors regularly or occasionally suffer from a variety of such problems and the situation appears most acute with Manchester vendors. Interestingly, Manchester's whole population has been identified as one more likely to suffer certain psychological problems and this appears to be replicated in The Big Issue vendor population. A recent Department of Health campaign called 'Calm' (Campaign Against Living Miserably, 1997) showed that Manchester has nearly twice the national rate of suicide, the worst male rate of suicide in the North West and, quoting a World Health Organisation survey, has the worst record of panic attacks in the world.

The fact that many vendors experience loneliness (78% regularly or occasionally) and often feel isolated (57% regularly or occasionally), although not a surprise, suggests that there is much more to be done to assist vendors in coping with their far from complete social situation. Similarly, vendors' experiences of paranoia, panic attacks and anxiety also suggests that much work is required to assist them with these problems.

With 41% of vendors experiencing suicidal feelings regularly or occasionally, 39% having attempted suicide at some time in their life and 23% regularly or occasionally self-harming themselves it is clear that a co-ordinated approach in terms of psychological support is required.

As well as these problems being slightly more prevalent amongst Manchester vendors it also appears to be the case that female vendors are much more likely to regularly suffer from all the conditions listed in the table below. This is also confirmed by 'Our Healthier Nation' (1998) which states, when referring to the whole population, that "Women are more likely to suffer from anxiety, depression, phobias and panic attacks."

Interestingly, vendors who have been resettled are also slightly more likely to state that they experience the problems presented. This suggests that whilst many homeless people have no permanent accommodation they often belong to a 'community' which is emotionally supportive. When homeless people are resettled this support often disappears and, according to this analysis, many psychological problems become difficult to deal with or become apparent for the first time.

Although, it is difficult to generalise on the survey findings in relation to vendors who have been homeless for less than three months (due to the small sub-sample sizes) an interesting point can be made. It does appear that in relation to some of the problems being discussed – such as aggression, paranoia, panic attacks, anxiety and self harming – they do not occur as much until the length of homelessness increases.

Vendors were also asked whether they receive help for depression. Overall, 21% currently receive help, of these

Table 5.2. Psychological problems experienced by office

Experience...	Manchester	Liverpool	Leeds	Total
Loneliness				
Regularly	35%	28%	28%	31%
Occasionally	46%	43%	49%	47%
Never	19%	28%	23%	23%
Isolation				
Regularly	16%	20%	17%	17%
Occasionally	46%	33%	40%	40%
Never	38%	48%	42%	42%
Aggression				
Regularly	22%	22%	25%	23%
Occasionally	46%	26%	43%	40%
Never	32%	52%	32%	37%
Paranoia				
Regularly	18%	13%	16%	16%
Occasionally	36%	20%	33%	31%
Never	46%	67%	51%	53%
Panic attacks				
Regularly	18%	11%	13%	14%
Occasionally	26%	15%	19%	21%
Never	57%	74%	68%	65%
Anxiety				
Regularly	24%	13%	19%	20%
Occasionally	41%	26%	31%	33%
Never	35%	61%	50%	47%
Suicidal feelings				
Regularly	9%	9%	14%	11%
Occasionally	38%	24%	26%	30%
Never	53%	67%	60%	59%
Self harming				
Regularly	5%	9%	5%	6%
Occasionally	26%	9%	14%	17%
Never	69%	83%	82%	77%
Depression				
Regularly	38%	28%	30%	32%
Occasionally	41%	37%	50%	44%
Never	22%	35%	20%	24%

86% receive medication, and of this small group 74% actually take the medication. There are slight differences between the three cities with 26% of Manchester vendors receiving help for depression, compared to 19% of Leeds vendors and 17% of Liverpool vendors. Thirty two percent of female vendors, compared to 20% of male vendors also receive such help.

In the vast majority of cases help for depression is provided through the vendors' GP. A very small minority said they received such help from the drug service they are accessing.

National surveys suggest that this homelessness group have much higher rates of depression and/or anxiety. The 1996 General Household Survey suggests that just 16% of 16-44 year olds have some or severe problems of anxiety/depression. This compares with 76% of vendors reporting regularly or occasionally suffering from depression and 53% reporting regularly or occasionally suffering from anxiety. Meltzer et al (1995) also suggests that 14% of all 16-64 year olds suffer from anxiety or depression. The Key Health Statistics from General Practice 1994 data suggests that just 4% of men and 9% of women in the population are being treated for depression/anxiety, whilst this study shows that 21% of vendors are currently receiving help for depression.

Twenty two percent of all vendors believe they have suffered from mental illness at some time in their life and of these 65% (or 14% of the whole vendor sample) believe they still have a mental illness condition. This compares to 5% of the general population experiencing mental health problems, according to Bines (1994).

Manchester vendors are the ones most prone to mental health problems, as the table below suggests. Female vendors are also most likely to have suffered from such a condition. This is borne out, with 36% of female vendors stating that they have suffered at some time, compared to 19% of males. According to the 1995 Health Survey for England (quoted in 'Our Healthier Nation') of the whole population "20% of women and 14% of men may have had a mental illness." This clearly suggests that levels of mental illness are higher amongst this homelessness group.

Table 5.3. Ever and currently suffered from mental illness by office

Ever suffered mental illness	Manchester	Liverpool	Leeds	Total
Yes	31%	9%	20%	22%
No	69%	91%	80%	78%
Currently suffering				
Yes	22%	6%	12%	14%
No	78%	94%	88%	86%
Total	100%	100%	100%	100%

The types of mental illnesses listed by vendors varies quite considerably and included such conditions as personality disorder, stress, depression and isolation, anxiety, schizophrenia, and paranoia.

Of those vendors stating that they have a mental illness, 40% currently receive medication. Practically all of these take the medication given.

All vendors were asked what type of medication they currently receive for depression or mental illness. Quite a wide range of medicines are currently being prescribed to vendors, such as diazepam, prozac, temazapam, haloperidol, and many others beside.

The final question vendors were asked in relation to these issues was whether they had ever been under the care of a psychiatrist. Thirty percent of all vendors said yes, and again, Manchester vendors are more likely to have been with 38% of them confirming this, compared to 27% of Leeds vendors and 24% of Liverpool vendors. Thirty nine percent of female vendors, compared to 29% of male vendors have been under the care of a psychiatrist.

5.3 Attempted suicide

As already mentioned, 39% of vendors have attempted suicide at some time in their life and this figure is not dissimilar to Klee et al's (1996) survey of young homeless drug users which suggested 43% had attempted suicide.

When vendors were asked what help they had sought or received after attempting suicide 45% said "nothing". Those vendors who elaborated on the type of help they received provide an interesting insight into the way they have been dealt with. One vendor said "I did it in jail to get to see a doctor." Another vendor said "It happened in prison and I spoke to the Catholic priest." Others stated "I was put in Withington Hospital and received counselling and therapy" or "I saw two psychiatrists but they didn't seem to help."

Of those vendors who have attempted suicide it appears slightly lower amongst Liverpool vendors, with 30% having reported such an incident, compared to 40% of Leeds vendors and 43% of Manchester vendors. Gender also appears to show differences with 71% of female vendors having attempted suicide, compared to 34% of males.

Table 5.4. Ever attempted suicide by office

Ever attempted suicide	Manchester	Liverpool	Leeds	Total
Yes	43%	30%	40%	39%
No	57%	70%	60%	61%
Total	100%	100%	100%	100%

6. Vendors' use of health care facilities

One of the primary purposes of the study was to establish what use vendors made of primary health care facilities. In this section discussion takes place around use of GP services, Accident and Emergency units, hospital admissions, opticians, chiropodists, and dentists.

6.1 Vendors' use of GPs

Twenty nine percent of all vendors are not registered with a General Practitioner and this coincides with Shelter's estimate of 28% of homeless people not being registered. Just three percent of the housed population are not registered (Shelter 1998). As the table below shows, non-registration is 37% for Liverpool vendors.

Table 6.1. Vendors' registration with GP by office

Registered with GP	Manchester	Liverpool	Leeds	Total
Yes	78%	63%	70%	71%
No	22%	37%	30%	29%
Total	100%	100%	100%	100%

The main reasons for not being registered are a combination of difficulty registering, moving from place to place too much, and having no need for a GP or not being able to be bothered. The first of these reasons was confirmed with the Social Exclusion Unit's report (1998) on rough sleepers. It claims that "surveys have consistently found that homeless people have poor access to primary care, with a 1995 survey finding that only a quarter of GPs would fully register a homeless person seeking treatment." As regards vendors not being bothered with health issues, Curran and Flannigan (1997) suggest that this is due to low self-esteem and poor perception. They state "In essence, personal autonomy and responsibility for health appears to need to be nurtured and actively encouraged within this population. It is suggested that empowerment of individuals in this way may increase self-esteem and raise their perception of health and what they as individuals can do to enhance it."

As usual the vendors are more explicit about the problem with statements, such as:

- "I've found it hard to get registered"
- "I have moved areas, but not transferred GPs"
- "My last doctor struck me off his list"
- "I don't know, I only use them when I need them"
- "The doctor won't see me because of my drug problem,"
- "I can't find one that will put me on a script."

Table 6.2. Vendors' reasons for not being GP registered by office

Reason for not being GP registered	Manchester	Liverpool	Leeds	Total
Moving around a lot	19%	38%	15%	22%
Difficulty registering	31%	19%	15%	20%
Taken off GP's books	13%	19%	4%	10%
No need/ can't be bothered	13%	13%	26%	19%
Haven't had time	13%	13%	11%	12%
Don't know how to			7%	3%
Difficulty due to drugs			15%	7%
Other	13%		7%	7%
Total	100%	100%	100%	100%

Note: Only vendors who were not GP registered answered this question

Of the vendors who are registered most had gained access by simply self-registering. However, there are differences between the three cities, with Liverpool vendors more reliant on hostel and/or day centres for assistance with registration.

Table 6.3. How access to GP was gained by office

Way access was gained	Manchester	Liverpool	Leeds	Total
Self registered	36%	29%	39%	36%
Always used it/ family GP	5%	19%	10%	10%
Via friend/partner/ relative	14%	3%	21%	15%
Other health care facility	5%	6%	8%	7%
Via drugs agency	14%	6%	2%	7%
Via hostel/day centre	9%	26%	15%	15%
Other homeless agency	3%			1%
The Big Issue/Big Step	7%	3%	3%	5%
Youth agency	2%	3%		1%
Other	5%	3%	3%	4%
Total	100%	100%	100%	100%

Amongst vendors registered with GPs there is a tendency for them to be registered with certain doctors in each city. This is particularly true of Leeds vendors, with 35% of those registered being with Dr Wright. In Manchester 16% of vendors are registered with Dr Worden and 7% with Dr Cunningham, Dr Keynes, and Dr O'Shea, respectively. In Liverpool 13% are registered with Dr Gaynor. Interestingly, 10% of Manchester vendors, 10% of Liverpool vendors and 15% of Leeds

vendors can not remember or are unsure about who they are registered with.

Although 29% of vendors are not registered with a GP, 61% of these had visited a GP in the last 12 months. The four main ways in which these managed to gain access are, in priority order, through: a hostel or day centre; by simply self-registering or calling in; by visiting an old or family doctor; or via a drugs service.

The number of times vendors visited a GP during the last 12 months varies tremendously. Whilst some were visiting on a weekly basis, quite high proportions were visiting on a fortnightly basis or monthly basis. This said, nearly half had visited less than five times during the last year. The main three reasons for visiting are, in priority order, drugs related reasons (and this probably explains the weekly, fortnightly, or monthly visits), depression and/or mental health reasons, and recurring medical reasons.

The table below shows the main reasons by office and identifies some differences. Whilst drug related problems are the main reason for all vendors visiting a GP, in Manchester the second reason is depression or mental illness. In Liverpool the second main reason is illness and in Leeds it is recurring medical problem, closely followed by depression or mental illness.

Interestingly, female vendors were twice as likely (48% of women mentioned it compared to 24% of men) to visit a GP due to depression or mental illness.

Table 6.4. Reasons for visiting GP in last 12 months by office

Reason for visiting GP	Manchester	Liverpool	Leeds	Total
Drugs related	62%	46%	38%	49%
Alcohol related	6%	5%	3%	5%
Depression/ mental illness	27%	15%	33%	27%
Recurring medical problem	21%	18%	35%	26%
Due to injury/accident	14%	5%	22%	15%
Family planning	6%	3%	3%	4%
Illness reason	12%	38%	14%	19%
Other reason	9%	3%	10%	8%
Total	100%	100%	100%	100%

Note: The percentages do not add up to 100%, as more than one response could be given.

Forty one percent of all vendors think it either 'difficult' or 'very difficult' gaining access to a GP. In terms of whether vendors rate the GP's performance, just over a quarter (26%) rate them as 'poor' or 'very poor'. Fifty four percent rate them as good or very good. Whilst there are no differences between offices in terms of ease of accessing GPs, more male vendors (43%) thought it 'difficult' or 'very difficult' compared to female vendors (28%). Liverpool and Leeds vendors are slightly more likely to rate GPs 'poorly' or 'very poorly.' Vendors who are using drugs are also twice as likely to rate GPs badly.

Table 6.5. Ease of gaining access and performance rating for GPs by office

Ease of access	Manchester	Liverpool	Leeds	Total
Very easy	9%	2%	16%	10%
Easy	42%	45%	26%	36%
Average	9%	10%	18%	13%
Difficult	25%	21%	29%	26%
Very difficult	16%	21%	12%	15%
Performance rating				
Very good	19%	8%	20%	17%
Good	41%	40%	32%	37%
Average	22%	25%	17%	21
Poor	12%	20%	18%	16%
Very poor	7%	8%	13%	10%
Total	100%	100%	100%	100%

The reasons for rating a GPs service 'good' or 'very good' is usually related to the GP respecting homeless people and not being judgmental, taking time to listen to problems, providing the right treatment, providing a quick and efficient service, and being caring or sympathetic. Some of the vendors' comments give a strong impression that they are actually grateful to the doctor for seeing them.

Comments relating to 'average' service tend to focus on it taking time, sometimes up to a week to see the doctor, being over prescribed or not provided with medication at all, or the GP not really understanding the problems.

Reasons for rating a GP's service as 'poor' or 'very poor' are often the reverse of the positive comments. These can be summarised in the comments made by vendors, such as:

- "The doctor was un-cooperative and not very patient"
- "The doctor struck me off the list because I no longer have an address"
- "They're not interested in my problems, and give me a script and tell me to go"
- "They treat you like dirt."

6.2. Vendors' use of Accident and Emergency Units

Exactly half of all vendors have used an Accident and Emergency unit (A&E) in the last 12 months, though Liverpool has the highest proportion (61%) when compared with the other two cities. This could be due to the proportion of vendors, in each city, who are registered with a GP. In Manchester vendors are least likely to use A&E and are the most likely to be GP registered, whilst Leeds vendors are in the middle, Liverpool vendors are least likely to be GP registered. This suggestion is confirmed to a good degree by research undertaken by Curran and Flannigan (1997). They encouraged GP registration at a number of hostels in Belfast and found that "across the four hostels attendance at Accident and Emergency departments has fallen by 75% since the inception of the project."

Of vendors visiting A&E most were visiting due to accident or injury and this is followed by drugs related problems. However, Liverpool vendors are the most likely to visit due to illness, which suggests that a lack of GP registration is encouraging vendors to make use of other less appropriate health care services. Some of these findings are confirmed by other studies. The 1996 General Household Survey suggests that just 13% of 16-44year olds have attended casualty/out patients in the last 12 months, whilst a study by Shelter suggests that 57% of homeless people's visits to A&E were inappropriate.

Just over half visited an Accident and Emergency unit more than once during a year. The one used most by those surveyed in Manchester was Manchester Royal Infirmary, whilst in Liverpool it was Liverpool Royal, and in Leeds it was Leeds General Infirmary.

Table 6.6. Reasons for visiting A&E in last 12 months by office

Reason for visiting A&E	Manchester	Liverpool	Leeds	Total
Drugs related	27%	30%	20%	25%
Alcohol related	3%	7%	4%	
Depression/ mental illness	10%	10%	11%	10%
Recurring medical problem	27%	27%	11%	20%
Due to injury/accident	43%	30%	58%	46%
Family planning				
Illness reason	17%	30%	7%	16%
Other reason	3%	7%	11%	8%
Total	100%	100%	100%	100%

Note: The percentages do not add up to 100%, as more than one response could be given.

Although 85% of vendors, when asked, said they could not have made use of other primary health care facilities it is fair to assume that the 29% not registered with a GP would not believe they could have accessed anything else.

Accident and Emergency units are rated slightly worse than doctors in terms of performance. Seventeen percent of vendors rate them 'very poorly', whilst 12% rate them 'poorly.' Comments from vendors who rate them in this way included: "They treated me badly because I'm a junkie", They take the piss because I'm a drug user", "When they find that you're homeless they haven't got time for you", or "I was kept waiting for ten hours with thrombosis."

6.3. Vendors' admission to hospital

Well over a quarter (29%) of vendors have been admitted to hospital during the last year. This is most pronounced in Liverpool with 41% being admitted, compared to 22% in Manchester and 29% in Leeds.

A wide variety of Manchester and other Greater Manchester hospitals are used by vendors in that office, whilst in Liverpool they use either the Fazackerley or the Royal. In Leeds either the LGI is used or others across Yorkshire.

Whilst 17% of all vendors have been admitted only once, 14% were admitted at least twice. The main reasons for admission, as the table below shows, are quite varied, including illness problem; drugs related problem; and recurring medical problem.

Table 6.7. Reasons for being admitted to hospital in last 12 months by office

Reason for admission	Manchester	Liverpool	Leeds	Total
Drugs related	44%	30%	12%	26%
Alcohol related		5%	8%	5%
Depression/ mental illness	6%	20%	23%	18%
Recurring medical problem	19%	40%	12%	23%
Due to injury/accident	13%	5%	27%	16%
Family planning				
Illness reason	38%	20%	23%	26%
Other reason	6%	10%	15%	11%
Total	100%	100%	100%	100%

Note: The percentages do not add up to 100%, as more than one response could be given.

Vendors rate the service they receive as an inpatient in hospital better than that of GPs and A&Es. Only 11% rate their time in hospital as 'poor' or 'very poor.'

6.4. Vendors' use of opticians

Whilst 32% of vendors believe they have need for an optician only 16% have visited one in the last 12 months.

Table 6.8. Need for optician and visited in last 12 months by office

Need for optician	Manchester	Liverpool	Leeds	Total
Yes	36%	22%	33%	32%
No	51%	76%	63%	62%
Unsure	12%	2%	4%	7%
Visited in last 12 months				
Yes	16%	18%	13%	16%
No	84%	82%	87%	84%
Total	100%	100%	100%	100%

Of those visiting an optician since becoming homeless, most did so once or twice. This said, only 32% of these have an optician who they regularly use.

Although the majority of vendors rate their optician 'good' or 'very good,' 36% said they have not acted on their opticians advice when they had been to see them. The main two reasons for this is either a lack of money or not being bothered to act on it.

6.5. Vendors' use of chiropodist

As was the case with opticians, whilst 18% of vendors believe they need a chiropodist only 2% have visited one in the last year. It appears Leeds vendors are more in need of a chiropodist than those in the other two cities are.

Table 6.9. Need for chiropodist and visited in last 12 months by office

Need for chiropodist	Manchester	Liverpool	Leeds	Total
Yes	12%	16%	24%	18%
No	82%	82%	71%	77%
Unsure	5%	2%	6%	5%
Visited in last 12 months				
Yes	4%		1%	2%
No	96%	100%	99%	98%
Total	100%	100%	100%	100%

Only 12 of the 212 vendors have visited a chiropodist since becoming homeless and of these most did not have a chiropodist that they regularly use.

None of the vendors' rate the chiropodist they had used poorly and a majority acted on their advice.

6.6. Vendors' use of dentists

As was suggested in section three, a large proportion of vendors (73%) have need for a dentist. However, only 37% have visited one in the last 12 months. Manchester vendors appear to be in greatest need.

Table 6.10. Need for dentist and visited in last 12 months by office

Need for dentist	Manchester	Liverpool	Leeds	Total
Yes	89%	65%	64%	73%
No	9%	31%	28%	22%
Unsure	1%	4%	8%	5%
Visited in last 12 months				
Yes	38%	35%	38%	37%
No	62%	65%	62%	63%
Total	100%	100%	100%	100%

Fifty three percent of vendors have not visited a dentist since becoming homeless and of those that have a majority had visited only once or twice. Of those that have visited a dentist 46% have a regular one.

A good majority of vendors rate their dentist as 'good' or 'very good', though 42% still fail to act on the advice given to them. The main reasons for this are quite varied, but include being to lazy, the dentist not letting them register, not trusting the advice they have received, and generally being frightened of dentists.

Of those vendors who have used a dentist, 28% said the dentist was not sympathetic to their other medical problems, 40% said they were sympathetic and 32% said they did not have any other relevant medical problems.

7. Vendors' views on improving primary health care

Vendors' were asked what health problems they faced, what use they made of services and how they rated services. They were also asked what medical provision would help the homeless, what made caring for their health difficult and what health services they would like to see provided in The Big Issue in the North offices. This section discusses these and other points.

7.1 Difficulties experienced in caring for health

Table 7.1. Problems faced by homeless in taking care of health by office

Problems faced...	Manchester	Liverpool	Leeds	Total
Lack of housing/ place to stay	9%	14%	10%	11%
Boredom/ lack of motivation	2%	1%	5%	3%
Hard to register with GP/health care	18%	18%	15%	15%
Drug abuse	10%	12%	11%	11%
No hope for future/ no self-respect	2%	2%	3%	2%
Not being able to get work	1%	3%	1%	2%
Lack of money	4%	6%	11%	3%
Police violence/ harassment	1%	1%		1%
Bad weather/ lack of warmth	5%	6%	6%	7%
Lack of nutritional food/no cooking	10%	7%	6%	8%
No housing that allows pets	1%			1%
No interest in looking after health	2%	2%	3%	2%
Always on the move, never settled	5%	2%	3%	3%
Hygiene/ nowhere to wash	7%	7%	5%	6%
Sleeping rough/ being homeless	7%	7%	7%	7%
People's/service's attitudes	6%	5%	6%	6%
Violence and intimidation	2%		1%	1%
Having nobody who cares	1%	2%	1%	1%
Alcohol abuse	4%	1%	1%	2%
Other	3%	1%	5%	4%
Total	100%	100%	100%	100%

Note: For the purposes of this table all possible responses with only 1 respondent has been given one percent.

When vendors were asked to name three things that make it difficult for homeless people to take good care of their health the main reasons given, in priority order, are difficulty registering with GP/health service, lack of housing/place to stay, and drug abuse. Whilst vendors in all three cities prioritise hard to register with GP/health service and drug abuse in their top three, in Manchester the other priority is lack of nutritional food/no cooking facilities. In Liverpool the other priority is lack of housing/place to stay and in Leeds it is lack of money.

Table 7.2. Things that would help vendors take better care of health by office

Things that would help...	Manchester	Liverpool	Leeds	Total
Housing/shelter	16%	23%	14%	17%
Good diet/ provision of food	15%	5%	7%	15%
Access to doctor	17%	11%	11%	13%
Access to chiropodist	2%	1%	1%	1%
Access to optician	1%			1%
Access to dentist	4%	4%	2%	6%
Drop in/flexible medical services	4%	12%	15%	12%
Hygiene/ washing facilities	10%	9%	9%	9%
Support workers	2%	1%	3%	2%
Decent clothing	2%		2%	1%
Improved motivation/ confidence	2%	4%	2%	3%
Stopping using drugs/ more safely	3%	5%	6%	7%
Mental health workers/ psychiatrist	2%			1%
Easier access to drugs workers	2%	5%	5%	4%
Employment support		4%	1%	1%
Friendly, helpful medical staff	3%	7%	7%	6%
Community of friends/ family support	1%	1%	1%	1%
More information on health issues	3%	2%	5%	4%
Stopping using alcohol	1%		1%	1%
Other	5%	7%	8%	7%
Total	100%	100%	100%	100%

Note: For the purposes of this table all possible responses with only 1 respondent has been given one percent.

Whilst table 7.1 gives an indication of vendors views on the problems faced by them in terms of taking care of their health, some of their quotes are much more illuminating. One said "I haven't got enough money for transport to get to services" and another said, "Many GPs are biased against drug users", whilst one stated "I've been put off going back for treatment by the attitudes of the staff."

7.2. Things that would help take good care of health

The things that vendors said would help them take better care of their health included provision of housing or shelter, a good diet or provision of food, and access to a GP. Whilst these are the top three priorities in Manchester, in Leeds and Liverpool they rated good diet/provision of food slightly less highly and focused more on drop in/flexible medical services. (See table 7.2)

Again, the vendors themselves best sum up the vendors' real priorities, in terms of things that will make it easier for them to take good care of themselves. One stated "Having somewhere warm and decent to live," whilst another said "Easier access [to services] and no need for address when registering" and one said, "provision of good cheap food."

7.3. Health provision by The Big Issue in the North

Vendors were asked if they would make use of health care provision if it were offered within The Big Issue in the North's offices. It should be borne in mind that the survey was conducted before such provision was offered in the Manchester office. Nearly one hundred percent (96% in Manchester, 98% in Liverpool and 97% in Leeds) confirmed that they would make use of such services.

When vendors were asked what time they would like to see such provision offered the responses are quite varied, with over a quarter suggesting anytime, just under a quarter stating in the afternoon and a fifth stating in the morning.

The type of service vendors would like to see on offer are mainly GP provision, a dentist and a drugs worker/counsellor. (See table 7.3)

Table 7.3. Health services to be provided in The Big Issue in the North premises by office

Provision should include...	Manchester	Liverpool	Leeds	Total
GP	26%	31%	21%	24%
Dentist	13%	25%	22%	19%
Drugs worker/counsellor	12%	12%	11%	11%
Herbal/alternative medicine/worker	1%		1%	1%
Prescriptions provided	1%		2%	1%
Drop in medical services	1%		1%	1%
Sexual health advice/ service	1%		1%	1%
Practice nurse	9%	1%	3%	5%
Physiotherapist	1%			1%
Opticians/eye tests	1%	2%	3%	2%
Mental health worker	3%	3%	1%	2%
Counsellor	7%	4%	2%	4%
Laundry	1%	1%		1%
Family planning	1%	1%	1%	1%
Showers	2%	2%		2%
General health service/ check ups	4%	4%	12%	7%
Drugs rehab/detox	1%		4%	2%
Needle exchange	1%	1%	3%	2%
Chiropodist	7%	6%	5%	6%
Toilets		1%	1%	1%
Dietary advice	1%	2%	1%	1%
Health advice and information	2%	1%	2%	2%
Methadone prescription	1%	1%	1%	1%
Washing/ cleaning facilities		1%		1%
Massage	1%		1%	1%
Other	3%	2%	6%	4%
Total	100%	100%	100%	100%

Note: For the purposes of this table all possible responses with only 1 respondent has been given one percent.

It is thought that some of the options listed above are not chosen because of a combination of giving them lower priority and because vendors are realistic about the type of provision that can be provided in The Big Issue in the North offices.

8. Making health matter

8.1. Why Research?

We researched this area for three reasons. Firstly to understand the extent of the health needs of our vendors. Secondly to ensure that Health Authorities and Trusts are fully aware of the needs of some of the most socially excluded people in the country. Thirdly to ensure that at all levels, from Central Government downwards; we are working to eliminate unfairness in health provision and working towards improving public health.

8.2 The Big Issues

Mental Health

Vendors have significant emotional and psychological problems that are not being met by current services. What does this mean?

- Emotional and psychological problems destroy your ability to cope but fall outside traditional mental health services.
- Social circumstances, such as experience of homelessness, appear to make emotional and psychological problems worse.
- Loneliness and alienation appear to be compounded by loss of family and support structures, including the loss of parenting responsibilities.
- Problems such as vulnerability to suicide to self-mutilation and to self-medication with drugs and alcohol create complex needs that require complex responses.

Drugs

Vendors drug use is higher than the comparable age group in the general population. What does this mean?

- Drug use increases with length of homelessness.
- Drug use is used as a coping mechanism.
- Unsafe practices are high and have implications for public health.
- Access to drug services indicates regional variations.
- More research findings are necessary to understand the implications of regional differences in drugs services.
- Heroin and cannabis, rather than alcohol, are the drugs of choice amongst this group.

From treating illness to promoting good health

Vendors are more unhealthy than the general population. What does this mean?

- Homelessness has a direct impact on vendors' health.
- A complex combination of emotional, psychological and practical factors reduce homeless people's capacity to care for themselves.
- Individual apathy meets obstructive and difficult services.
- It appears that vendors are not acting on preventative health messages.
- If vendors are aware of preventative messages such as the need for nutritional food, what stops them acting on the information?

8.3 What next?

This report is an indictment on current health services to one group of socially excluded people. It needs to be the beginning of a process, which pulls together agencies with the collective expertise and power to influence the development of policy and services.

We will aim to facilitate this process by convening conferences and working groups aimed at creating solutions.

APPENDIX 'A' – VENDOR CHARACTERISTICS

This section gives a brief synopsis of the main characteristics of the people who sell The Big Issue magazine from our offices in Manchester, Leeds, and Liverpool. Demographic information, such as gender, ethnicity, age and whether they have children is provided. Vendors' current housing situation and length of homelessness is also analysed.

It should be borne in mind that the findings from this survey are based on a sample survey. The Big Issue in the North/The Big Issue in the North Trust's 1997 Annual Survey of Vendors provides a more detailed analysis of these characteristics, as it is considered a survey of the whole current population.

1. Gender

As the table below shows the vast majority of vendors are male. This said, the 1997 Annual Survey of Vendors shows that between 1996 and 1997 there has been a growth in female vendors from 5% to 13%.

Table 1. Gender by office

Gender	Manchester	Liverpool	Leeds	Total
Male	81%	92%	89%	87%
Female	19%	8%	11%	13%
Total	100%	100%	100%	100%

2. Ethnicity

Nearly all Big Issue vendors describe their ethnicity as 'white'. In this survey between two and three percent describe their ethnicity as 'black', 'Indian' or of 'other' ethnic origin. As is the case in the 1997 Annual Survey, the largest ethnic minority grouping belongs to the Liverpool office.

The table below gives a more detailed breakdown of ethnicity by office.

Table 2. Ethnicity by office

Ethnicity	Manchester	Liverpool	Leeds	Total
White	96%	94%	99%	97%
Indian		2%		
Black Caribbean		2%		
Black other	3%	2%	1%	2%
Other	1%			
Total	100%	100%	100%	100%

3. Age of vendors

The age of vendors, as is shown in the 1997 Annual Survey of Vendors, is quite young, with a clear majority being under the age of 30. As the next table shows there are few significant differences between the age of vendors in each office.

Table 3. Age by office

Age group	Manchester	Liverpool	Leeds	Total
16-20	8%	12%	18%	13%
21-25	24%	20%	38%	29%
26-30	35%	31%	20%	28%
31-35	26%	14%	16%	19%
36-40	4%	8%	2%	4%
41-45	3%	8%	2%	4%
46-50		4%	3%	2%
Over 50		2%		
Total	100%	100%	100%	100%

4. Length of homelessness

Compared with the 1997 Annual Survey, this research is slightly skewed towards those that have been vendors who have been homeless for shorter periods of time. In the 1997 Annual Survey 22% had been homeless for 12 months or less and this compares to 35% in this survey. A majority of vendors, in all three cities, have been homeless for at least 12 months.

Table 4. Length of homelessness by office

Length homeless	Manchester	Liverpool	Leeds	Total
Less than 3 months	3%	4%	6%	4%
3-6 months	8%	4%	17%	11%
6-12 months	14%	28%	2%	20%
1-2 years	12%	9%	15%	13%
2-3 years	12%	35%	10%	16%
3-5 years	22%	11%	7%	13%
5-10 years	18%	4%	15%	14%
Over 10 years	11%	4%	9%	9%
Total	100%	100%	100%	100%

5. Current housing situation

Vendors' housing situation is broadly similar to that found in the 1997 Annual Survey. The only exceptions are that in this survey there are slightly fewer sleeping rough and slightly more in bed and breakfasts. There also appears to be slightly fewer vendors in Liverpool and Leeds sleeping rough than was the case in the Annual Survey. The reasons for these differences are, as stated earlier, because this survey is based on a sample and it has been conducted some months on from the Annual Survey. Some vendors have fairly transient life styles and it cannot be assumed that the same people are being interviewed twice. It will also be the case that vendors move from one type of accommodation to another quite regularly.

Following these qualifications, it is quite clear from the

table below that the vast majority of vendors are vulnerably housed (i.e. in temporary accommodation), rather than sleeping rough. It is likely that those who are resettled in a home have been assisted, through The Big Issue in the North Trust or another agency, and are continuing to sell the magazine for their remaining 12 months. It should be noted that Big Issue vendors, once re-housed, can only continue to sell for one year, unless they engage on a full resettlement programme with The Big Issue in the North Trust.

Table 5. Current housing by office

Current housing	Manchester	Liverpool	Leeds	Total
Sleeping rough	19%	14%	4%	12%
Squatting	8%	6%	4%	6%
Night shelter			1%	
Bed & Breakfast	28%	18%	1%	15%
Hostel	14%	35%	22%	22%
Friends floor	9%	18%	27%	19%
Resettled in home	18%	6%	35%	22%
Other housing	4%	2%	4%	4%
Total	100%	100%	100%	100%

6. Children

Just over half (51%) of all vendors are the parent of at least one child, though three quarters (74%) of these never have any responsibility for them. Eighteen percent of vendors who are parents have occasional responsibility and eight percent now have full responsibility for their children.

There are differences between the vendors from each office, with Leeds vendors being the least likely to be parents and Liverpool vendors the least likely to have full responsibility, but the most likely to have occasional responsibility.

Table 6. Parent of child and responsibility for them by office

Parent	Manchester	Liverpool	Leeds	Total
Yes	59%	61%	39%	51%
No	41%	39%	61%	49%
Total	100%	100%	100%	100%
Responsibility for children				
Yes	9%	3%	11%	8%
No	89%	38%	83%	74%
Occasionally	2%	59%	6%	18%
Total	100%	100%	100%	100%

APPENDIX 'B' – METHODOLOGY

Set out below is a description of how the research was planned, developed and conducted.

1. Planning

The first stage in the research process was to produce a draft methodology, which clearly set out the aims and objectives of the research. This draft was circulated amongst The Big Issue in the North and The Big Issue in the North Trust staff and to staff at the Health Authorities who had been asked to endorse the study. These Health Authorities included: Manchester, Salford and Trafford, Liverpool and Leeds. Feedback from all the staff was then incorporated into a final methodology.

2. Sample

The aim of the study was to interview a representative sample of vendors in the three cities where there are Big Issue in the North offices. This was broadly achieved with 212 vendors taking part, 74 in Manchester, 49 in Liverpool, and 89 in Leeds. Approximately nine additional questionnaires had to be discarded because vendors had been interviewed twice.

Based on the assumption that there are approximately 295 vendors at anyone time selling the magazine, the survey provides a robust sample of plus or minus four percentage points at a 95% confidence level. Analysis by office provides a sample of between plus or minus six to seven percentage points at a 95% confidence level. In terms of gender the confidence level is plus or minus four percentage points for males and plus or minus ten percentage points for females. As regards age the confidence level varied, with more younger vendors being interviewed – though the rate never fell below ten percentage points.

3. Questionnaire design

A draft questionnaire was designed to include both open and closed questions. The main aim was to design a questionnaire which focused on the health problems experienced by vendors, their use of services and how they thought services could be improved.

Following comment on the draft questionnaire from both Health Authority staff and staff within The Big Issue in the North and The Big Issue in the North Trust a semi-final version was produced. This was then piloted with ten vendors and slight amendments were made. The aim had been to produce a questionnaire, which took no longer than 25-30 minutes to administer.

As some of the questions were of a very personal nature it was decided to allow the last section of the questionnaire, which dealt with sexual behaviour and psychological problems, to be self-completion, where vendors preferred this. The majority of the questionnaire was designed to be administered by caseworkers. The questionnaire did not ask for name, so as to ensure confidentiality, though a unique identifier was used, including name initials, date of birth and gender, thus

allowing one to check on whether vendors had been interviewed twice.

4. Fieldwork

An interviewer briefing paper was produced to assist caseworkers in understanding the questionnaire. Discussion also took place between the research co-ordinator and caseworkers with regard to how best to administer the questionnaire.

Once the interviewers were comfortable with the questionnaire, posters were placed in each distribution office advertising the nature of the study and urging vendors to take part. An incentive of ten magazines was made available to vendors who agreed to be interviewed. All interviews were conducted in a separate room and confidentiality was assured at all times.

All the interviews were conducted during December 1997 and February 1998.

5. Data preparation

Completed questionnaires were input into SPSS, the statistical computer package, by the research co-ordinator. Direct inputting minimised any possible inaccuracies, ensured confidentiality and allowed some of the open-ended questions to be coded up, so that they could be statistically analysed.

A check was made by using the 'unique identifier' and nine questionnaires were discarded, as vendors had been interviewed twice.

6. Data analysis

Frequency tables were produced to provide some initial results and these were followed by the production of cross tabulations, which focused on: gender; age; city; housing situation; GP registered; length of homelessness; and use of drugs.

The tables produced in SPSS were rounded to the nearest percentage figure. For example, any percentage figure which was less than 0.5% was rounded to 0% and any figure over 0.5% was rounded to 1%.

Whilst most open-ended questions were coded up, some were analysed manually, with specific quotes being used in the text of the report.

7. Report writing

A draft report was produced for relevant staff to comment upon. Following feedback a final report was produced.

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APPENDIX 'D' – QUESTIONNAIRE

DATE: OFFICE: COMPLETED BY:

1. Background

1.1 What are your initials? _____ What is your first name?_____ and last name?_____

1.2 Are you Male? ☐ Female? ☐

1.3 What is your date of birth? _____

1.4 How long have you been homeless or experienced unsettled housing? _____

1.5 What is your current housing?

☐ Sleeping rough ☐ Bed & breakfast ☐ Resettled in home
☐ Squatting ☐ Hostel ☐ other, please state
☐ Night shelter ☐ Friends floor _____

1.6 How would you describe yourself?

☐ White ☐ Black Carribean ☐ Black African ☐ Black other ☐ Indian
☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Asian other ☐ Other (please state)
_____

1.7 Do you have any children? Yes ☐ No ☐ (go to q2.1)

1.8 Do you have day to day responsibility for any children? Yes ☐ No ☐ Occasionally ☐

2. General Health

2.1 Do you have any long-term illness, health problem or handicap which limits your daily activities or the work you can do? Yes ☐ Yes, drugs related ☐ No ☐

2.2 Do you have any of the following health problems, what are they, are you receiving treatment for them and where are you receiving the treatment (e.g. GP, hospital, dentist, etc)? Tick all that apply.

HEALTH PROBLEM	HAVE PROBLEM	WHAT PROBLEM	RECEIVING TREATMENT
Chest/respiratory problems (e.g. bad chest)			
Muscular/skeletal problems (e.g. arthritis)			
Foot problems			
Skin problems			
Eye problems			
Dental/teeth problems			
Nutritional/dietary problems			
Blood/circulatory problems (e.g. abscesses, etc)			
Heart problems			
Cancer			
Diabetes			
Epilepsy			
HIV			
Hepatitis A			
Hepatitis B			
Hepatitis C			
TB			
Sexually transmitted disease			
Backache			
Headaches			
Diarrhoea & vomiting			
Other, please state _____			
Other, please state _____			

3. Addiction issues

Do you use any drugs that are not prescribed? Yes ☐ No ☐ (go to q3.8)

3.2 Which of these drugs do you use (answer all that apply)?

☐ Heroin	☐ Valium	☐ Methadone	☐ Temazapam	☐ Crack cocaine
☐ Nitrazepam	☐ Cocaine powder	☐ L.S.D	☐ Cannabis	☐ Amphetamines
☐ DF118	☐ Ecstasy	☐ Other (please state) _____		

3.3 Do you ever inject any of these drugs? Yes ☐ No ☐ (go to q3.5)

3.4 Do you ever share injecting equipment with anyone? Yes ☐ No ☐

3.5 Are you receiving any treatment for this drug use? Yes ☐ No ☐ (go to q3.8)

3.6 Does this treatment involve methadone maintenance? Yes ☐ No ☐

3.7 From where do you receive drug treatment?

_____

3.8 Does your use of alcohol have any negative effects on your life?

Yes ☐ No ☐ (go to q4.1) Don't drink ☐ (go to q4.1)

3.9 Do you get any treatment for your use of alcohol? Yes ☐ No ☐ (go to q4.1)

3.10 From where do you receive your alcohol treatment?

_____

4. General Practice

4.1 Are you currently registered with a GP? Yes ☐ No ☐ (go to q4.5)

4.2 What is the name of you GP? _____

4.3 What is the name of the medical centre/clinic you use? _____

4.4 How did you gain access to this GP? _____

Go to question 4.10

4.5 Why are you not registered with a GP? _____

4.6 Have you seen any GP during the last 12 months? Yes ☐ No ☐ (go to q4.15)

4.7 How did you gain access to this GP? _____

4.8 What is the name of the GP you used? _____

4.9 What is the name of the medical centre/clinic you used? _____

4.10 How often have you visited a GP in the last 12 months? _____

4.11 or what reasons have you visited a GP during the last 12 months (tick all that apply)?

Drugs related	☐	Alcohol related	☐	Depression/mental illness	☐
Recurring medical problem	☐	Due to injury/accident	☐	Family planning	☐
Illness	☐	Other (please state)	☐	_____	

4.12 How easy would you say it has been gaining access to a GP (tick one only)?

Very easy ☐ Easy ☐ Average ☐ Difficult ☐ Very difficult ☐

4.13 How would you rate the service you have received from the GP (tick one only)?

Very good ☐ Good ☐ Average ☐ Poor ☐ Very poor ☐

4.14 Why have you rated the GP service in the way that you have at q4.13?

_____

Why haven't you visited a GP in the last 12 month (tick one only)?

Difficulty gaining access	☐	Not aware of how to gain access	☐
Had no need for GP	☐	Made use of other medical facilities (please state)	_____

Other (please state) _____

5. Accident and Emergency

5.1 Have you visited an Accident & Emergency Unit over the last 12 months? Yes ☐ No ☐ (go to q5.8)

5.2 How often have you visited an Accident & Emergency Unit during the last 12 months? _____

5.3 Which Accident & Emergency Units have you used during the last 12 months?

_____

_____

5.4 For what reasons have you visited A&E during the last 12 months (tick all that apply)?

Drugs related	☐	Alcohol related	☐	Depression/mental illness	☐
Recurring medical problem	☐	Due to injury/accident	☐	Family planning	☐
Illness	☐	Other (please state)	☐	_____	

5.5 Could you have made use of a GPs or other primary health facility instead of the A&E unit?

Yes ☐ No ☐ Don't know ☐

5.6 How would you rate the service you have received from Accident & Emergency units (tick one only)?

Very good ☐ Good ☐ Average ☐ Poor ☐ Very poor ☐

5.7 Why have you rated the Accident & Emergency service in the way that you have at q5.6?

_____

_____

Go to question 6.1

5.8 Why haven't you visited an Accident & Emergency Unit in the last 12 month (tick one only)?

Difficulty gaining access	☐	Not aware of how to gain access	☐	Had no need for GP	☐

Made use of other medical facilities (please state) ☐ _____

Other (please state) ☐ _____

6. Hospital admissions

6.1 Have you been admitted into hospital during the last 12 months? Yes ☐ No ☐ (go to q7.1)

6.2 How often have you been admitted into hospital during the last 12 months? _____

6.3 To which hospitals have you been admitted during the last 12 months?

_____

_____

6.4 For what reasons have you been admitted to hospital during the last 12 months (tick all that apply)?

Drugs related	☐	Alcohol related	☐	Depression/mental illness	☐
Recurring medical problem	☐	Due to injury/accident	☐	Family planning	☐
Illness	☐	Other (please state)	☐	_____	

6.5 How would you rate the service you have received from the hospital?

Very good ☐ Good ☐ Average ☐ Poor ☐ Very poor ☐

6.6 Why have you rated the hospital service in the way that you have at q6.5?

_____

_____

7. Opticians

7.1 Do you think you have a need for an optician? Yes ☐ Unsure ☐ No ☐

7.2 Have you visited an optician in the last 12 months? Yes ☐ No ☐

7.3 How many times have you visited an optician since becoming homeless? _____ (if none go to q8.1)

7.4 Do you have an optician that you regularly use? Yes ☐ No ☐

7.5 If used optician since becoming homeless how would you rate the service you received?

Very good ☐ Good ☐ Average ☐ Poor ☐ Very poor ☐

7.6 Why have you rated the optician's service in the way that you have at q7.5?

_____

7.7 Did you act on the advice given to you by the optician? Yes ☐ No ☐

7.7a If didn't act on advice, why not? _____

8. Chiropodists

8.1 Do you think you have a need for a chiropodist? Yes ☐ Unsure ☐ No ☐

8.2 Have you visited a chiropodist in the last 12 months? Yes ☐ No ☐

8.3 How many times have you visited a chiropodist since becoming homeless? ____ (if none go to q9.1)

8.4 Do you have a chiropodist that you regularly use? Yes ☐ No ☐

8.5 If used chiropodist since becoming homeless how would you rate the service you received?

Very good ☐ Good ☐ Average ☐ Poor ☐ Very poor ☐

8.6 Why have you rated the chiropodist's service in the way that you have at q8.5?

_____

8.7 Did you act on the advice given to you by the chiropodist? Yes ☐ No ☐

8.7a If didn't act on advice, why not? _____

9. Dentists

9.1 Do you think you have need for a dentist? Yes ☐ Unsure ☐ No ☐

9.2 Have you visited a dentist in the last 12 months? Yes ☐ No ☐

9.3 How many times have you visited a dentist since becoming homeless? _____ (if none go to q10.1)

9.4 Do you have a dentist that you regularly use? Yes ☐ No ☐

9.5 If used dentist since becoming homeless how would you rate the service you received?

Very good ☐ Good ☐ Average ☐ Poor ☐ Very poor ☐

9.6 Why have you rated the dentist's service in the way that you have at q9.5?

_____

9.7 Did you act on the advice given to you by the dentist? Yes ☐ No ☐

9.7a If didn't act on advice, why not? _____

9.8 Do you think the dentist has sympathy with other medical problems you might have (e.g. methadone maintenance, alcohol problems, etc)?

Have no other problems ☐ Yes, has sympathy ☐ No, isn't sympathetic ☐

10. General health provision

10.1 What three things would help homeless people take good care of their health?

1. _____
2. _____
3. _____

10.2 What three things make it difficult for homeless people to take good care of their health?

1. _____
2. _____
3. _____

10.3 Would you make use of health services provided in The Big Issue building? Yes ☐ No ☐

10.4 If health services were provided by The Big Issue at what time would be most appropriate?

☐ Morning ☐ Dinner time ☐ Afternoon ☐ Early evening
☐ Evening ☐ Any time ☐ Don't know

What type of health services would you like The Big Issue to provide?

1. _____

2. _____

3. _____

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11. Other health related issues

11.1 Have you had a casual sexual partner in the last 12 months? Yes ☐ No ☐ (go to q11.3)

11.2 Did you use condoms when with the casual sexual partner? Always ☐ Sometimes ☐ Never ☐

11.3 Do you ever experience... (tick one only for each question)

	Regularly	Occasionally	Never
Loneliness	☐	☐	☐
Isolation	☐	☐	☐
Aggression	☐	☐	☐
Paranoia	☐	☐	☐
Panic attacks	☐	☐	☐
Anxiety	☐	☐	☐
Suicidal feelings	☐	☐	☐
Self harming	☐	☐	☐
Depression	☐	☐	☐

11.4 Have you ever attempted suicide? Yes ☐ No ☐ (go to q11.6)

11.5 What help did you seek and or receive after this happened?

_____

_____

11.6 Do you currently receive help for depression? Yes ☐ No ☐ (go to q11.10)

11.7 From where do you receive help for your depression? _____

11.8 Do you currently receive medication for depression? Yes ☐ No ☐ (go to q11.10)

11.9 Do you regularly take the medication? Yes ☐ No ☐

11.10 Have you ever suffered from mental illness? Yes ☐ No ☐ (go to q11.15)

11.11 Do you currently suffer from mental illness? Yes ☐ No ☐

11.12 What is the condition you suffer from? _____

11.13 Do you currently receive medication for mental illness? Yes ☐ No ☐

11.14 Do you regularly take the medication? Yes ☐ No ☐

11.15 Have you ever been under the care of a psychiatrist? Yes ☐ No ☐

11.16 If applicable, what medication are you on for depression or mental illness?

_____

THANK YOU FOR TAKING THE TIME TO HELP COMPLETE THIS QUESTIONNAIRE

This report is sponsored by the European Social Fund, the Nuffield Trust and Kellogg's.

The Big Issue in the North magazine was set up in 1992 to give homeless people the chance to make an income.
It campaigns on behalf of homeless people and highlights the major social issues of the day.
It allows homeless people to voice their views and opinions.

The Big Issue in the North Trust is a registered charity and is independent of The Big Issue in the North Ltd.
The Big Issue in the North Trust exists to provide vendors of The Big Issue in the North with realistic and achievable options
to move on from selling the magazine and away from homelessness. It concentrates on five key areas,
which are housing, employment and training, financial services, drugs and alcohol, and health.
This work involves caseworkers using the best service providers to help vendors move
from the streets, to a home, and into a job.