

# What's The Big Issue? Homelessness and health in the South West

Written by Mary Shaw

## Homelessness: an everyday sight

*The Big Issue* vendors have become a common sight in various parts of Britain, and form part of the backdrop of everyday life for many people as they go about their busy lives. We may pass them on our way to work, as we go to the supermarket to do our weekly shopping, or as we rush to catch a train or bus. Occasionally we may stop to buy the magazine (and sometimes we even actually read it). From time to time we might for a moment think about what it is like to live like that, how the vendor came to be homeless and selling the magazine, or perhaps, more realistically, we are momentarily grateful that it's them standing outside in the cold and wet all day and not us. Some of us may wonder why in one of the richest countries of the world there is still a visible minority of people who live on the streets in such dire circumstances.

## Building an evidence base

But how often do we give more than a passing thought to the current circumstances and life histories of homeless people? Do we have any idea who they are, where they have come from and how they came to be homeless? And how does being homeless impact upon life more generally? We may have some general notions, or stereotypes, but until we have a solid empirical evidence base we can do no more than speculate. Once we start to build a sound foundation of knowledge, then from there we can move on to developing strategies aimed at effecting change and improving people's circumstances and expanding their opportunities.

This desire to base policies and strategies on sound evidence drove *The Big Issue South West's* involvement in two pieces of research which were



# LOCAL WORK

No 44 August 2002

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## Acknowledgements

This research was supported by ESRC Fellowship R000271045, the South West Public Health Observatory and The Big Issue South West.

Photographs courtesy of *The Big Issue South West*

*Local Work* is published by the Centre for Local Economic Strategies, Express Networks, 1 George Leigh Street, Manchester M4 5DL

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Email: [info@cles.org.uk](mailto:info@cles.org.uk)  
Web: [www.cles.org.uk](http://www.cles.org.uk)  
ISSN: 09503080

The views expressed in *Local Work* are not necessarily those of the Centre for Local Economic Strategies

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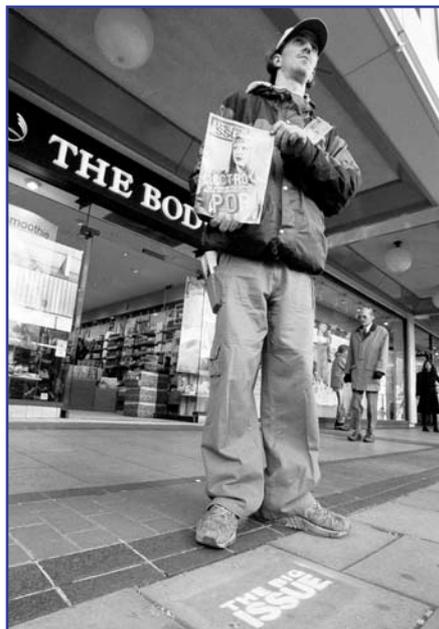
Printed by Russell Press, Nottingham

conducted in January 2002. *The Big Issue South West* was set up in 1994; it is a registered charity which gives homeless people the opportunity to make an income. Registered vendors, who receive training and sign a code of conduct, buy copies of *The Big Issue* magazine for 55 pence and sell them on for £1.20. Eight years after it was established there is still a seemingly endless influx of new vendors arriving at *The Big Issue* distribution centres, with more than 700 people turning to them for help every year. Increasingly, vendors turn to *The Big Issue* for help not only with finding accommodation but with a wide range of problems that are preventing them from moving on with their lives. Tackling drugs, bad health, poor education and mental health issues (and often combinations of these problems) are as important as finding housing in addressing vendors' homelessness.

Faced with helping people tackle increasingly serious and complex, multi-faceted problems, *The Big Issue* initiated the largest ever study of vendors in the South West in order to strengthen the services they offer and to identify where new services are needed. While it cannot be claimed that *The Big Issue* vendors are in any way representative of homeless people in the region – if indeed it would be possible to define and then sample such a diverse and dynamic population – the results of this research do give a unique insight into the lives of some of the worst off people in contemporary society. *The Big Issue* vendors include people living in a range of circumstances, from living rough on the streets, to hostels and night shelters, to living in rented accommodation. Thus their situations may be read as not representative but perhaps indicative of homeless and vulnerably housed people in the South West.

## **The Big Issue vendors: routes into homelessness**

One of the components of the research was coordinated by social research company Vision 21, which interviewed 50 vendors about their housing histories and their routes into and out of homelessness – why vendors had become homeless, what keeps them on the streets and what they need to move on.



Vendors were asked how old they were when they last had a permanent home, their own place with their own key. On average, vendors had last had a permanent home four years ago. The most likely reasons for vendors leaving their last permanent home were the breakdown of a relationship with a partner or some problem with a landlord (usually associated with rent). This is reasonably similar to the reasons given for being homeless by households which are accepted as homeless by local authorities. Other reasons cited for the loss of a permanent home included going to prison, falling out with parents, and problems with drugs or with neighbours. Only one person said that they did not want a permanent home (contrary to some stereotyped perceptions). The research found that vendors – like most people in Britain today – have an overwhelming desire for a place of their own.

The research by Vision 21 sought to identify factors that may have been triggers to homelessness, as these might be read as indicative of the future risk of homelessness. The findings indicated that before becoming homeless 78 per cent had been in trouble with the law, 60 per cent had suffered a bereavement, 64 per cent a breakdown of their relationship with their parents, 54 per cent had been in debt, 52 per cent had suffered domestic violence, 52 per cent a major partnership breakdown, 46 per cent had run away from home, 36 per cent had suffered child abuse and 34 per cent

had been in prison. Other background factors included experience of bullying, leaving care, racial harassment and leaving the armed services. Many of these factors were interrelated, for example, child abuse and running away from home were closely related. Clearly many of *The Big Issue* vendors had experienced a range of major negative life events, often at an early age. This signals potential for intervention – especially with those leaving institutional care – but further research is needed to elucidate how more support can be given to vulnerable people when life deals them a series of hard knocks.

## **Health inequalities and the health effects of homelessness**

A second arm of the research was conducted through the Department of Social Medicine at the University of Bristol and focused on health related issues and the use of health care services. A connection between health and socio-economic position has been reported for at least the past two centuries (*Davey Smith et al., 2001*) and, despite absolute improvements in living conditions and health outcomes, substantial health inequalities are still found in contemporary Britain (*Shaw et al., 1999*). If health inequalities are to be addressed, and the Government has repeatedly expressed its dedication to this end (*DoH, 1999*), then information on and the improvement of the health status of the most socially disadvantaged is vital. Previous research has shown that homeless people experience health problems at a much higher rate than the general housed population (*Bines, 1994*), and that they often experience problems in accessing care (*Fisher and Collins, 1993*).

The aim of this second survey was thus to collect information on key indicators of the health status of *The Big Issue* vendors, using measures that are particularly pertinent to the homeless population and which can be used to compare the health of the homeless with the general (housed) population. Questions on the use of health services were also included to establish patterns of use and any

problems with accessing services. All vendors arriving at the seven distribution centres in the South West region to buy copies of *The Big Issue* during a single week were invited to fill in a self-completion questionnaire on health and social issues (those with literacy problems were assisted by a member of staff). Vendors were assured that their responses would be held in the strictest confidence and that their answers would not be linked to their name. The vendors were thanked for their time with ten free copies of the magazine. A total of 164 questionnaires were suitable for use in the analysis.

## Characteristics of vendors

The average age of the respondents was 31.5, ranging between 16 and 57 years; 84 per cent were male. Four out of five were single (never married, divorced etc.). The women were much more likely to have a partner – 48 per cent of them reported having a partner compared to 15 per cent of the men. Forty three percent of the vendors had children; those who had children had an average of 2.2 each and between them these parents had a total of 153 children. The men were more likely to have children – 46 per cent of them compared to 30 per cent of the women had children, which is likely to reflect the fact that women with children are more likely to be successful in accessing social housing.

Looking at educational qualifications, over half the respondents had O levels or GCSEs, one in ten had A levels and six individuals had a degree. Nationally, for the 25–34 year old age group, 26 per cent of males and 18 per cent of females had A levels, and 22 per cent of males and 20 per cent of females had degrees (*Social Trends, 2002*). A quarter of the vendors had 'other' qualifications, most of which were vocational and included such things as City & Guilds courses (for example, carpentry, motor mechanics), RSA qualifications and HNDs/BTECs. However, 30 per cent reported having no qualifications. Nationally, for the 25–34 age-group, 9 per cent of males and 10 per cent of females have no qualifications (*Social Trends, 2002*). The mean income of the vendors was £105 per week.

**Table 1: Where did vendors sleep last night? (n=160)**

Location	%	(n)
On the streets	18	(29)
In own home	9	(14)
Hostel	14	(23)
Night shelter	16	(25)
Bed & breakfast	5	(8)
Squatting	3	(5)
Friends' floor	20	(32)
Other	15	(24)

Vendors were asked where they had slept the night before the survey (see Table 1). One fifth of the vendors had slept rough, during what was a very wet week in January, but one tenth had been in their own home. A similar proportion of vendors had slept rough on Christmas night, the night of the year when we might expect rough sleeping to be at its lowest level, due to the added availability of hostel places and visits to family and friends. Only 2 per cent of vendors reported that they had never slept rough, 82 per cent have slept rough more than 10 times. Contrary to expectations, given that the phenomenon of rough sleeping in the countryside is often dismissed as very rare, almost as many vendors reported having frequently slept rough in rural areas as in urban areas.

Vendors were asked if they had ever lived in any of the institutions listed in Table 2. Over a third of the vendors have been in prison – 22 per cent of the women and 39 per cent of the men. Perhaps rather surprisingly, only seven vendors have been in the army. Twenty-two vendors have lived in a children's home and 13 in foster care – seven of these people have lived in both. Significantly, more than half of all vendors, 53 per cent, have previously lived in an institution of some kind.

**Table 2: Have you ever lived in these institutions? (n=164)**

Institution	%	(n)
Prison	37	(60)
Children's home	13	(22)
Young offenders	13	(21)
Psychiatric hospital	9	(14)
Foster care	8	(13)
Army	4	(7)

## The health and wellbeing of vendors

Vendors were asked to indicate what health problems they had had in the last six months. The rates of asthma, backache, chest/breathing problems, dental/teeth problems, foot problems, headaches, skin problems, diarrhoea and vomiting were all above 20 per cent; 17 per cent of vendors report having Hepatitis C. Thirty five per cent of vendors were currently being prescribed medicine by a doctor (24 per cent of women and 37 per cent of men).

On mental health indicators, 46 per cent reported experiencing depression, 37 per cent stress, 7 per cent schizophrenia and 15 per cent other mental health problems. Perhaps most worrying of all, however, was that 20 per cent reported a suicide attempt in the last 12 months. This was confirmed by a question on the presence of suicidal thoughts in the past few weeks – 46 per cent of vendors reported that the idea of taking their own life has crossed their mind or definitely come into their head in the past few weeks. Not surprisingly, suicidal thoughts were most common among those who report having attempted suicide in the past six months. Suicidal thoughts were found across all accommodation groups, and were equally common in men and women.

**Table 3: Factors affecting health in a bad way (n=164)**

In order of importance	%	(n)
Cold weather	62	(102)
Drug use	52	(86)
Poor eating	49	(80)
Poor housing	37	(61)
Alcohol use	34	(56)
Keeping clean	25	(41)
Problems getting medical care	22	(36)
Violence	15	(24)

Respondents were asked to indicate if they thought any of the factors listed in Table 3 were affecting their health in a bad way. Over 60 per cent said that they thought the cold weather affected their health in a bad way (one respondent wrote on the questionnaire that they thought that wet weather was actually worse than cold weather). Three quarters of rough

sleepers thought cold weather was a problem, but 65 per cent of those in their own home also saw this as a problem – this could reflect not just the condition of the accommodation where people live but also that they are working outside.



Interestingly, more vendors identify drugs as a problem affecting their health than alcohol. A substantial number of vendors think that basic things – not eating properly and not keeping clean – affect their health in a bad way. It was not the case that those in secure accommodation thought these were less important factors affecting their health. Whatever their current circumstances, across all accommodation groups, at least four out of ten saw poor eating as a problem. However, for keeping clean there was more variation – only 15 per cent of people in hostels/night shelters saw this as a problem compared to 42 per cent of rough sleepers. Twenty-four vendors thought violence was affecting their health in a bad way – all of these were men. Violence was more likely to be identified as a problem by those who also identified drugs as a problem.

## Use of health services

Sixty-five percent of vendors are registered with a GP, but only 17 per cent registered with a dentist. Most of those registered with a dentist were also registered with a GP. Those in their own home were more likely to be registered with a GP (10 out of

14) but half of the rough sleepers (16 of 31) were registered with a GP. Vendors were asked which health services they have used in the last 12 months (see Table 4). The most commonly used health service was a GP at a surgery, although Accident & Emergency care at a hospital had been used by half of the vendors. Forty-five percent have used drug and alcohol services in the past year. Those who were registered with a GP or dentist were far more likely to have used those services.

**Table 4: Use of health services in the last 12 months (n=164)**

Service used	%	(n)
GP at surgery	65	(106)
A&E	48	(79)
Drug/alcohol services	45	(74)
Health care at a hostel	29	(47)
Dentist	24	(40)
Walk-in centre	15	(25)
Mental health/psychiatric	14	(23)
Optician	13	(21)
NHS direct	5	(8)
Sexual health	3	(5)
Other	3	(5)

Interestingly, being registered with a GP does *not* mean those vendors are any less likely to have used A&E in the last year. Fifty four percent of those registered with a GP have used A&E in the last year, compared to 40 per cent of those not registered with a GP. This might suggest that vendors are not using A&E departments instead of attending a GP, but in addition to consulting a GP. This may reflect true health needs, rather than patterns of preference, as has been suggested in the past.

The first NHS walk-in centres have been open since January 2000, they provide treatment for minor injuries and illnesses seven days a week. Appointments are not necessary and patients are seen by an experienced NHS nurse. Fifteen percent of vendors report having used walk-in centres in the last year. Not surprisingly, the use of walk-in centres is dependent upon area and availability – 19 per cent of those currently vending in a city with a walk-in centre (Bristol, Bath, Exeter) have used them compared to only 7 per cent vending in areas where there are currently no walk-in centres.

## Moving forward

Many of these findings confirm the results of other small-scale studies of homeless people and their health profiles, but the research also challenges a few commonly held perceptions about this vulnerable group. Conducting empirical research is vital if we are to understand the lives and needs of these people that we see selling magazines on our streets but know little of. The research also suggests that despite the efforts of voluntary agencies and recent changes to government policies there is still a significant amount of unmet need in this group – we are still failing to support some of the most vulnerable people in Britain. If we are to successfully tackle inequalities, then we surely have a moral obligation to aid those in greatest need.

The Homelessness Act 2002 makes it mandatory for each local authority to draw up a strategy to tackle homelessness. *The Big Issue South West* will use the results of this and future research to develop the services they already provide and plan new initiatives, as well as working with councils across the region to ensure that their strategies are as effective as possible. They hope that sooner rather than later they will successfully work themselves out of existence.

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