

Disadvantage in neighbourhoods or ‘communities of place’

- Poor services in deprived neighbourhoods compound the misery of living on a low income. People who already have trouble making ends meet also face higher prices in shops, worse schools, fewer doctors and higher rates of crime. This can be particularly problematic for especially vulnerable groups including older people, lone parents, disabled people, and black and minority ethnic residents.
- Multiple deprivation often blocks the routes out of poverty. Having had a poor education or coming from an area with a bad reputation makes it harder to get a job. This deprives the economy of workers, customers, entrepreneurs and taxpayers. It costs society dear in terms of higher unemployment, poorer health and higher crime rates. Deprivation matters both to those who experience it directly and those who do not.
- The problem bears unequally on different groups in society. People from ethnic minorities and young people are disproportionately likely to live in deprived neighbourhoods.
- The social and economic changes that have affected neighbourhoods include:
 - mass joblessness as the result of several recessions, and the decline of manufacturing industry;
 - rising skill demands affecting future employment prospects
 - more family breakdown, with the majority of lone parents reliant on benefit;
 - declining popularity of social housing;
 - the increasing concentration of vulnerable people in deprived neighbourhoods; and
 - increasing availability of drugs and the growth of the drug economy.
- Any of these changes can start to reduce the resources and sustainability of a neighbourhood, and when they combine a vicious cycle can take hold.
For example:
 - areas with high unemployment rates also often have poor reputations, making it harder for people who live there to get jobs;
 - if you know few other people with jobs, you have less access to the networks that often help to find employment;
 - if a community is under pressure, its public services are put under strain too, just when they are most needed;
 - if the income of an area goes down, it is less likely to be able to sustain shops and banks. However, it has more need than ever of access to credit and good value shops; and
 - if people start to leave an area, high turnover can destabilise communities. If properties are not filled, desertion creates a deteriorating physical environment and more opportunity for crime.

Sources and more information: Social Exclusion Task Force

http://www.cabinetoffice.gov.uk/social_exclusion_task_force

<http://www.socialexclusionunit.gov.uk>

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Racism and Black and Minority Ethnic isolation

- Black and Minority Ethnic people account for 2.38% of the population of Exeter (5.28% if you include Irish and European people). The Black and Minority Ethnic population has doubled in the last 10 years. Exeter is becoming a cosmopolitan city, with half of the Black and Minority Ethnic population being born in the UK and half coming from around 50 different countries. The largest and most quickly growing group in this cosmopolitan picture are Mixed Heritage families.
- Over 50 languages are spoken in Devon. This makes it difficult to select key languages for translated materials (other than Chinese). Research has shown that communication and outreach issues are far better addressed by communication in person, especially if done through trained outreach workers or through community networks. It also highlights the need for investment in multi-ethnic community networks. The need to make interpretation services widely accessible remains a key need for 20% of the Black and Minority Ethnic population.
- 65% of Black and Minority Ethnic people in a recent survey by the Devon Racial Equality Council described experiences of racism. Most people do not report racism to agencies, as it is often subtle and difficult to prove. Many people have reason to fear that a complaint will not be handled well by the service providers involved. Fear of racism and unresolved experiences damage relationships with service providers, leading to detachment from services.

Sources and more information: Devon Racial Equality Council www.devonrec.org

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Disability

- Negative attitudes towards disabled people and low expectations of disabled people have devastating effects on their access to society.
- 20% of people have difficulty in accessing health service venues for an appointment; 16% have trouble accessing a post office or bank.
- A UK study found that 73% of disabled people with mobility and sensory impairments say they have difficulty physically accessing goods and services. The most problematic factors are steps, stairs, heavy doors, use of disabled parking by non-disabled people and no accessible toilet. Services that only address wheelchair access in their consideration of disability issues are addressing an important, but the smaller part of disabled service users needs. Other aspects of access problems include sign-posting and written information etc. illegible to people with visual impairments, speech that cannot be understood by people with hearing problems, lack of hearing loops, inadequate seating provision and counter heights, writing difficulties. People experience a wide range of disabilities, and knowing your client can help you respond appropriately.
- Inaccessible transport regularly excludes people from access to employment, training, healthcare, leisure and socialising with family and friends. Theoretical equality of access to services and opportunities becomes meaningless if people are unable, as a result of disability and inaccessible transport, to get to there.
- Studies in the UK have proved that fewer disabled than non-disabled people own their own homes. Fewer disabled people have substantial assets, rights to pension and other welfare benefits. Disabled people are less likely to have the level of provision that will adequately protect them from poverty in old age.
- Disabled people are two to three times more likely to be unemployed than non-disabled people.
- The enormous financial and emotional strain with which disabled people are confronted leads often to problematic personal relationships. There is a significantly higher divorce rate and separation rate among couples including a disabled partner than non-disabled couples.
- Do's and Don'ts: Don't make assumptions about disabled people; Be supportive but not overbearing; Attend disability equality training; Don't treat disabled people as a 'special case'; Ask disabled people if their needs are being met; Be aware of and allow flexible working for disabled employees; Encourage respect among workers; Make services accessible.

Sources and more information: Leonard Cheshire www.leonard-cheshire.org Disability Rights Commission www.drc.org.uk and Joseph Rowntree Foundation www.jrf.org.uk Disability Unit www.disability.gov.uk Living Options Devon www.livingoptions.org

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Unemployment

- Many working age families in Britain experience combinations of disadvantage that mean that they are almost certain to have no work. One sixth of British adults aged 17 to 59 do not have either a job or a working partner.
- Those also at high risk of being without employment are:
 - single men and women (especially lone parents)
 - disabled people
 - those with low qualifications and skills
 - those in their 50s
 - those living in areas of weak labour demand
 - and members of certain ethnic groups.
- By contrast, only 4% of individuals who have none of the risk factors above, are without employment. The more of the above factors at play in a person's life, the greater the risk of unemployment: more than 90% of people with all six are unemployed.
- Evidence suggests that making a difference to just one of these aspects of disadvantage will yield dividends in terms of improving employment chances.
- Lack of work and income can have an impact on people's ability to participate in society and on personal wellbeing

Sources and more information: Joseph Rowntree Foundation www.jrf.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Youth exclusion

- Research on UK housing estates found that most of the young people who had been jobless since leaving school had had a troubled upbringing and an unstable family background. Most came from broken homes and had been brought up by multiple adults - usually one or other birth parent with a succession of partners.
- Early experiences of disadvantage can also influence a young person's self-esteem and future resilience to risk taking behaviour, such as continuing drug use from an early age.
- The way that young people engage with or disengage from formal systems of education and training is crucial to later experience in early adulthood. There is a strong relationship between young people becoming involved in regular truancy and being excluded (or excluding themselves) from school. The likelihood that they would become involved in drug use, delinquency and crime increases. Key life event encounters, however, with particular people (e.g. teachers, careers advisors, probation officers) can have a significant effect on the path young people take. So, early school truancy and delinquency do not necessarily mean permanent disengagement from education. Nor does it mean the development of a longer-term criminal career although these are common factors for those who develop such careers.
- Young people do not have the freedom of decision-making powers that are given to adults, or the ability to influence politicians through the vote. But they do have views on things that matter to them, and these need to be taken account of by providers of services that young people and their families use. The value of consultation applies to working with young people – including those seen as 'un-social' - as much as with anyone else.

Sources and more information: Joseph Rowntree Foundation www.jrf.org.uk , Connexions: www.connexions-cd.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Poverty

- People on a low income are more likely to die early from diseases linked to poor diet, such as coronary heart disease and stroke. Children from low income groups are 50% less likely to eat fruit and vegetables than their peers. Poor diet also means poor performance, for example at school and problems with sleep and energy and emotional health.
- Parents in families experiencing poverty *are less likely to*:
 - Be satisfied with the neighbourhood in which they live;
 - Be engaged in civic activity;
 - Be able to save or to save much;
 - Have high levels of emotional wellbeing.
- Young people in families experiencing poverty commonly:
 - Receive lower levels of pocket money than peers;
 - Are unlikely to have part time jobs and work fewer hours and for less money than peers; Are more likely to have strained relationships with their parents;
 - Are less likely to talk about things that matter with parents, or to be happy with their family;
 - Are unlikely to be happy with their appearance or with their life as a whole.
- Children experiencing poverty *are more likely to have*:
 - Been in a no-worker household for one year;
 - Lived in rented accommodation for five years;
 - Had adults in the household who were ill for between three and four years; Lived in a household with an average of three or more children;
 - Had parents who are not educated to degree level;
 - Lived in a household receiving Income Support or Jobseeker's Allowance;
 - Been bullied at school;
 - Been suspended from school
- The greater the severity of poverty, the greater the number of individual services/activities from which a child is excluded. The child is also likely to experience a greater the number of problems. Research shows that children in poverty are commonly excluded from participation in 'every-day' social activities such as hobbies and leisure activities, celebrations on special occasions, swimming, attending playgroup, holidaying away from home, school trips, having friends for tea.

Sources and more information: Centre for Research in Social Policy (Britain's Poorest Children) <http://www.crsp.ac.uk> Centrepont www.centrepont.org.uk , Child Poverty Action Group www.cpag.org.uk New Policy Institute www.poverty.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Mental health isolation

- At any one time, one adult in six experiences mental health problems of varying severity.
- Mental health problems can be seen as both a consequence and a cause of social exclusion.
- A range of risk factors influence the development of mental health problems. These include socio-economic disadvantage, neighbourhood violence and crime, unemployment, poor educational attainment, being a member of a minority group and being a lone parent or teenage mother. Rates of diagnosis of mental illness vary between groups - for example, they are high amongst some black and minority ethnic groups, particularly African-Caribbean men.
- Once mental health problems develop, they can often have a negative impact on employability, housing, and household income. They can also affect opportunities to access services and social networks – potentially leading to severe economic deprivation and social isolation. (Only approximately 13 per cent of people with mental health problems are in employment compared with about a third of all people with long-term health problems.)
- Adults with mental health problems experience a range of types of exclusion. They are *less likely to*: access everyday goods and basic services such as health and banking services; take part in leisure, arts and community activities; be living in appropriate or private housing; or have strong family networks - individuals with psychotic disorders are over three times more likely to be separated or divorced and over twice as likely to be living on their own as those without. People with poor mental health are four times less likely to have someone to talk to about their problems, compared to the general population.
- Adults with mental health problems may perceive the route between benefits and employment to be complex, confusing and intimidating. Individuals may lack the skills and resources, including personal networks, which could make it easier for them to secure and retain employment.

Sources and more information: MIND www.mind.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Homelessness

- Homelessness is linked to poverty, restricted benefit levels and the position of single people and childless couples on housing priority and waiting lists.
- Street homelessness should be considered as a process rather than the result of a single event. A mixture of factors intervenes to gradually restrict an individual's options and safety nets.
- Around 90% of people sleeping on the streets are male.
- Around 90% are white UK or Irish in ethnic origin
- About 25% are aged between 18 and 25. 6% are over 60.
- Mental illness can be both a cause and result of homelessness. Some studies have suggested that as many as 50% of the total homeless population may have some form of mental health problems. This can range from depression to severe mental health and personality disorders. Two thirds of *young* homeless people experience a range of mental health problems. In nearly 90% of cases, mental illness was present before a person became homeless.
- Street homeless people have an incidence of physical health problems two to three times higher than the general population.
- A study found that over half of homeless people have been bullied and the majority have been excluded from school. People sleeping on the street are disproportionately likely to have missed school and fewer have educational qualifications compared to the general population.
- At least 90% of street homeless people are unemployed
- Up to 25% of street homeless people have been in the armed forces at some stage, excluding national service.
- Between half and two thirds of homeless people studied in surveys have spent time in prison or a remand centre.
- People sleeping on the street often have a history of family and relationship breakdown or experience of abuse. Over 33% of people sleeping on the street have spent time as children being looked after by local authorities. Surveys have found that the main reasons young people give for becoming homeless are conflict within their family homes and leaving care without enough support. The majority of young people using drugs had had family disruption at a young age. Around 50% of street homeless people have alcohol problems. 20% have drug problems rising to 33% of street homeless people aged under 26.
- The majority of people sleeping on the streets have been victims of verbal abuse and many have also experienced physical attacks. Women who are homeless are especially vulnerable because of exposure to sexual harassment.
- It is very difficult for people sleeping on the street to access services. Shelter and Crisis found that 98% had not had contact with their local homeless persons unit, 88% had not had contact with social services and 70% had not used day centres.

Sources and more information: Centrepoin www.centrepoin.org.uk, Shelter www.shelter.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Learning disability

- Most people with learning disabilities do not find work and so must live on welfare benefits. Those who do work, tend to be in low-wage employment. Reasons for exclusion from the labour market are complex but include:
 - Low expectations on the part of many agencies and professionals of what people with learning disabilities can achieve
 - The interaction between social security benefit rules and employment can result in disincentives to work for some learning disabled people
- It is estimated that 60% of adults with learning disabilities live with their families. These people depend on the wellbeing of their family carers, who often provide the majority of support that an adult with disabilities needs.
- Over 40% of parents caring for a son or daughter with learning disabilities are over the age of 60. In many cases, the person with learning disabilities also takes on a caring role, but this is not generally recognised and they are often not properly supported.
- The onset of dementia is common at middle age for people with learning disabilities. With certain learning disabilities, especially Down's Syndrome, people tend to age faster because of changes in the brain. This can lead to some people developing Alzheimers Disease in their twenties or thirties.
- A person with a learning disability is likely to need particular and sensitive support at certain times, such as when a close relative or parent dies. Support is also required at times of transition, including entering, changing and leaving school, at puberty, on starting work or a new job, when setting up living arrangements and when having a child. Without special preparation and support and anticipation, people may become anxious or distressed and manifest confusing and difficult behaviour at these times.
- Sometimes, people with learning disabilities are excluded from services if they are found to be difficult to handle or present with challenging behaviour. This is a major cause of stress for carers who may be left unsupported to cope with their son or daughter at home. Decisions to exclude a person from a service should always be referred to the Learning Disability Partnership which will be responsible for provision of alternative services.
- In most cases, challenging behaviour occurs because the person with a learning disability is frustrated at his or her inability to make others understand what he or she needs.
- Challenging behaviour can also be linked to mental health problems such as depression. Cognitive behavioural approaches can be useful in treating anxiety, depression and anger.

Sources and more information: MIND www.mind.org.uk Mencap www.mencap.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Gender inequality

- In the past, the impact of child bearing has had a tremendous effect on economic status and income over women's lifetimes. This is still generally the case, particularly for the low-skilled and poorly qualified.
- During the past 25 years, there has been an increase in the poverty of mothers, and lone mothers in particular. They are significantly more likely than mothers in couples to face ill health. Young lone mothers and those who are poor or not working are especially vulnerable, with nearly half of women in these categories reporting less than good health.
- The lower the level of a woman's qualifications, the younger she is likely to be when she first has children. For young women who drop out of school, there is a higher risk of teenage pregnancy.
- Teenage mothers tend to have a higher proportion of low birth-weight babies who also suffer from a higher infant mortality rate.
- Women between the ages of 45 and retirement age are more likely to have no qualifications than men (30% vs. 20%).
- At all age groups, men's average incomes are higher than women's, generally substantially so. The gap between incomes is far greater for the mid and low skilled than the highly skilled.
- There is an obvious link between income and poverty. Lone parents, who are primarily mothers, have the highest entry rate of any family type into poverty. This is in contrast to couples with children who have the lowest risk of entering poverty. In addition, lone parents and single pensioners (mainly women) have the lowest chance of escaping poverty.
- Women pensioners receive the lowest gross average weekly income in Britain.
- Young women and men today have similar levels of educational attainment, which are higher than their elders. But they still tend to make different career choices which have a serious impact on their earnings potential.

Sources and more information: Equal Opportunities Commission www.eoc.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Refugee isolation

- A report was produced on the basis of studying 40 organisations working with asylum seekers and refugees, which revealed that 85% experience hunger, 95% cannot afford to buy clothes or shoes and 80% are not able to maintain good health. The report reveals that many asylum seekers do not receive the basic support they may be entitled to. This is because service provider systems for dealing with refugees are badly designed, extremely bureaucratic and poorly run.
- Most refugees find they are unable to communicate with service providers in their own language and have to express themselves and make themselves understood in a foreign tongue. However good you are at speaking a second language, it is always tiring and always more difficult when you are under emotional stress. Stress exists for refugees because of the situation from which they have fled, the demands of living without your own resources in a foreign environment and experience of public hostility.
- Refugees and asylum seekers in Exeter often find that service providers are unable to deal with communication difficulties and are insensitive to the disorientation and confusion that results.
- The period during which a person's application for asylum is being processed is a very difficult one, with much insecurity. Asylum seekers are not allowed to claim mainstream welfare benefits. If they are destitute, the only option for some is to apply for support from the National Asylum Support Service (NASS), the Government department responsible for supporting destitute asylum applicants. NASS support is very basic indeed. A single adult has to survive on £37.77 a week - 30% below the poverty line. From 8th January the Government will withhold support from the majority of people who apply for asylum once inside the UK, rather than at a port. According to housing and welfare experts, this is likely to lead to chronic destitution and homelessness. The NASS support offered continues for only a very short time after Refugee Status with Indefinite Leave to Remain has been granted. People are then left to fend on their own and often have no choice but to rely on government benefits.
- Once leave to remain has been granted, accommodation becomes a real problem. It is costly, money is needed for rent deposits, and many landlords are unwilling to support refugees, especially those receiving benefits.
- The ability to find accommodation can also depend on the ability to find work and earn an income. It is easy for a low-income /poverty trap to establish itself. The short-term pressures of paying for food and shelter can take priority over the long-term need to improve earning possibilities. So studying English and getting UK accreditation for professional skills just may not happen.

Sources and more information: The Refugee Council www.refugeecouncil.org The Refugee Support Group Devon www.rsgdevon.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Criminal offending – especially among young people

- Sixteen years is the peak age of offending, and is much more common among males.
- Factors commonly experienced by young offenders include:
 - Low income and poor housing
 - Deteriorated inner city areas
 - High degrees of impulsiveness and hyperactivity
 - Low school attainment and poor literacy skills (up to 50%)
 - Truancy (70% of truants commit an offence) and exclusion from school (38%)
 - Poor parental supervision and harsh and erratic discipline
 - Parental conflict and broken families
 - Pre-existing mental health problems (up to 50%)
 - Long standing physical illness (up to 40%)
 - Drug and alcohol problems (33% of young offenders in Devon, with these problems directly relating to offending.) Initial research in Devon indicates that violence against the person offences are significantly alcohol related.
- People who have had prison sentences of over a year will receive some help once they have finished their term – for example help with housing. People who have had sentences of under a year are given a sum of around £40 to help tide them over while they apply for benefits.
- A criminal record makes it much harder for ex-offenders to find esteem-boosting work and break the cycle that often began with disadvantage and ends with offending.

Sources and more information: Juvenile Offenders Unit www.homeoffice.gov.uk , Youth Justice Board www.yjb.gov.uk/en-gb, Prisoners' Learning and Skills Unit www.dfes.gov.uk/prisonerlearning , National Association for the Care and Resettlement of Offenders (NACRO) www.nacro.org.uk , Connexions Service: Working with us www.connexions.gov.uk/partnerships , Barnados www.barnados.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Gypsy and Traveller isolation

- Travellers face almost blanket exclusion from services that are geared to dealing with settled populations. These services are often unwilling to accommodate travelling people.
- The first point of exclusion is the difficulty in finding sites as bases or stopping points. Private sites provide an ideal solution to the accommodation issue; families are empowered to make their own provision with no cost to local authorities. This option provides many families with a long term, stable base. But despite Government Circulars "Good Practice Guidelines" attempting to "level the playing field", this is still a slow and costly process with most applications going to a Planning Inspectors Appeal. Some Councils are proactive in this field but most remain reluctant in their approach. Even when successful permissions may be given, they are often "time limited" or "named" so that the applicant may have to re-apply every five or ten years. This means they cannot pass their homes on to their children. This may result in families or their children being forced back on to the road after having been settled for years and having spent thousands of pounds on their site.
- Travellers who wish to settle permanently also experience problems including: The need to remain in an area for 6 months to go on the housing list and then to remain in the area for 2-3 yrs to be offered a house; Being unable to go on the housing list if you are, "of no fixed abode" or deemed to have been "intentionally homeless"; Experiences of prejudice from local people who sometimes try to influence planning decisions.
- Frequent evictions of travellers from sites mean that their attempts to engage with local providers of basic services are routinely cut off. Weak links with service providers also mean that health and special needs are often either not appraised or followed up. Even basic health care such as immunisation is inaccessible. Travellers experience higher rates of key ill-health indicators than the settled population. Inability to establish good sites also has health impacts for example because of lack of access to water or drainage.
- Government reports identify serious concern that traveller young people experience serious exclusion from access to early years education, secondary school, post school vocational training and further and higher education. In 2001 27% of Traveller children in Devon had had no educational provision beyond some contact with Devon Consortium Travellers Education Service.
- Consequent low literacy rates mean that usual methods of communicating information about services are often inappropriate.
- Since many of the traditional jobs have gone and Travellers often have a lack of information communication technologies skills, new employment and income challenges also face many Travellers.

Sources and more information: Connexions: www.connexions-cd.org.uk (Travellers Making Connexions) The Health Forum www.telematics.ex.ac.uk/health_forum (Traveller's Wellbeing). Both these sites and documents contain extensive information on Traveller issues in Devon.

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Discrimination and isolation for Lesbian, Gay, Bi-sexual and Trans* people

- Exclusion is felt by Lesbian, Gay, Bisexual and Trans * people when society and its legal frameworks act in prejudice against their sexual identity and relationships. Exclusion is experienced because of homophobia and the impact it has on a person's self-esteem. Homophobia also affects the ability to participate in social, work, religious and any other circles in which a person finds prejudice is active.
- For example, children at school who are working out their sexuality or who have lesbian, gay, bi-sexual or trans parents are vulnerable to homophobic bullying and to the consequences of portraying only heterosexuality as 'normal' within the curriculum. This has impact on children's ability to have an equally positive experience of education, and leaves young gay people feeling isolated and dismissed.
- Although a number of Lesbian, Gay, Bi-sexual and Trans (LGB and Trans) support groups exist in the Southwest, most people are isolated and not part of any LGB or Trans 'community'.
- Although Lesbian, Gay, Bi-sexual and Trans people have a legal right to keep their sexual orientation/ gender identity private, experience of prejudice is so common, that many Lesbian, Gay Bi-sexual and Trans people will be wary of service providers and of situations in which sexual status might be raised. The extent of prejudice in itself places a barrier between Lesbian, Gay, Bi-sexual and Trans people and services.
- Lesbian and Gay people can't get married, can experience problems getting mortgages with their partners, do not have the same pension, next-of-kin and employment rights as heterosexual people. (Visit the Intercom website to find out about current changes to civil law.)

* Trans is a short-hand term that is variously used to cover the different issues of transgender, transsexual, transvestite

Sources and more information: The Intercom Trust www.intercomtrust.org.uk (provides more information through training courses locally), Stonewall www.stonewall.org.uk , Dads UK www.dads-uk.co.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Low literacy skills and social exclusion

- 7 million adults in England cannot read and write at the level of an 11 year old.
- 1 in 5 adults cannot locate 'Plumbers' in an alphabetical index (e.g. the Yellow Pages)
- 1 in 16 adults cannot say where this concert is being held:

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7.30pm

Tickets:
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- One in 3 adults cannot calculate the area of a room that is 21 x 14 feet (even with the aid of a calculator)
- Adult Basic Skills literacy needs are experienced by 30% of the population in a high deprivation ward in Exeter.
- People with poor basic skills are:
 - More likely to be unemployed or out of the labour market
 - More likely to live in a low income household
 - More likely to have children with poor literacy/ numeracy skills
 - Less likely to be in good health
 - Less likely to be involved in public life, a community organisation, or to vote.

Sources and more information: Exeter College. Contact Adult Essential Skills for *free* training on issues affecting adult learners. 01392 205222 Also, www.basic-skills.co.uk , Literacy Trust www.literacytrust.org.uk , Gingerbread www.gingerbread.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Single- and young-parenting

- There is still widespread prejudice about single parents, even though single parents come from all walks of life.
- The isolating and socially excluding factors in single-parenting include:
 - Difficulties in going out to meet other people and to get emotional support
 - Low income and the need to cover whole household family needs from one pocket
 - Inability to share the parenting stress load and the impact of a stressful atmosphere on children when there is no relief valve
 - Frequent grouping of single parents in social housing, leading to social stigma
 - Difficulty in establishing new permanent relationships and a new family unit, with children experiencing confusion about relationship security
 - Difficulty in budgeting and making tough financial decisions without anyone to discuss things through with. Difficulty in finding time to manage finances.
 - Financial exclusion from social, employment, and voluntary activities and services
- Many single parents, teenage single parents in particular – have low levels of education and will need one-to-one help in dealing with form filling and bureaucracy.
- Access to services is heavily affected by the level of myth surrounding a service and its agenda – for example the notion that social services' agenda is not to support families under stress but to remove children from vulnerable parents.
- Lack of access to ad hoc childcare / creches is a major barrier to accessing services. Other barriers include lack of affordable public transport and the difficulty of coping with public transport with small children. Services that are in pram pushing range and provide creches are much more accessible to families.

Sources and more information: Buddle Lane Family Centre, Exeter

www.devon.gov.uk/index/socialcare/children-and-families/family-support/buddle_lane_fcs.htm

Gingerbread www.gingerbread.org.uk , National Council for

one parent families www.oneparentfamilies.org.uk Shared Parenting Information Group

(SPIG) UK www.spig.clara.net, Dads UK www.dads-uk.co.uk , Single mothers on a mission

www.singlemoms.org , Home office www.everychildmatters.gov.uk/teenagepregnancy, Barnados

www.barnados.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Looked-after children leaving care

- The experience and emotional impact of having been a child in care is often carried into adulthood, where its effects linger on.
- Children who enter the system do so because they've experienced damage. When young adults leave the system and face new challenges, this is often a time when the damage is expressed.
- Many people will have had difficulty in developing a sense of identity with the knock on effects on self esteem and confidence. This is especially acute for Black and Minority Ethnic looked after children. Identity issues can have impact on mental health.
- Factors that often impact on looked after children's later experience of social exclusion include:
 - The lack of family to draw support from
 - Difficulty in forming relationships and in trusting others
 - Pessimism about services and the attitude service providers will have towards them. Defensive attitudes exist in some cases due to poor past experiences of services.
 - Difficulty in adjusting to emotionally positive and supportive environments
 - The need to establish a sense of belonging, often making people vulnerable to falling in with anti-social groups of peers.
 - The lack of parental encouragement towards careers
 - Close, dependent relationship with the benefits system
 - Poor levels of educational attainment
- Care leavers are at increased risk of becoming homeless or living in sub-standard accommodation. There is also increased risk in involvement in the criminal justice system and difficulty in finding employment.

Sources and more information: Buddle Lane Family Centre – Exeter
www.devon.gov.uk/index/socialcare/children-and-families/family-support/buddle_lane_fcs.htm
Barnados www.barnados.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Age

- 70% of older people in *deprived areas* are vulnerable to, or experience at least some form of social exclusion. 30% of older people overall are 'vulnerable' and experience at least some form of 'exclusion'. 40% report 'multiple exclusions'. For people in the latter category, this might mean going without basic necessities of life such as heating, new clothing, food and holidays, and being less involved in community life.
- In 2001 18.4% of the UK population were over pensionable age. The proportion of Black and Minority Ethnic people aged over 65 is much less than the general population. Figures for 1999, show that only 7% of people over 65 belonged to a minority ethnic group.
- In 2000-01 single pensioners received, on average, £160 net income per week. Pensioner couples received £301 per week on average during the same period. Older pensioner households have lower incomes. In 2000-01 pensioner couples where the man was aged over 75 received £276 net income per week on average, compared with £313 net income per week for those aged under 75.
- In 2000-01, 69% of pensioner households depended on state benefits for at least 50% of their income.
- In 2000-01, one-adult retired households mainly dependent on state pensions spent £23.60 per week on food, compared with £32.00 for single non-retired households.
- In 2000, the likelihood of living alone increased with age, with 50% of those aged 75 and over living alone, compared with 12% of those aged 25-44.
- In 2000, 57% of people aged 65-74 and 64% of people aged 75 and over reported a long-standing illness. Of those aged between 65 and 74, 37% and, of those aged over 75, 47%, said that they had a long-standing illness which limited their life style.
- The chances of having Alzheimers disease rises sharply with age: 1 in 20 people aged over 65, and 1 in 5 people aged over 80, will develop dementia.
- In 1996, in England, 18.7% of single older people (over 60) lived in poor housing. Of people aged 75 and over, 19.9% of households lived in poor housing. The homes of 365,000 (12%) older lone persons (over 60) required essential modernisation, compared to a figure of 6% for all households.

Sources and more information: Economic and Social Research Council (ESRC's) *Growing Older .Programme* website: www.shef.ac.uk/uni/projects/gop/index , Age Concern: www.ageconcern.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Caring for adult and incapacitated dependants

- An estimated 15 per cent of adults over the age of 16 provide unpaid care to an elderly, ill or disabled person who cannot manage without assistance.
- Some 5% of carers are unemployed, while 20% are economically inactive. This is either because of their caring responsibilities or their own disability. Forty-one per cent of carers are between the ages of 45 and 64. This is the period when losing a job makes people most susceptible to long term unemployment. The additional risk of isolation and social exclusion where carers lose touch with the world of work completely is obvious.
- Although many carers give up work to care, many are struggling to keep their job. Nearly 20% of carers working full-time care for more than 20 hours per week and 4% of carers working full-time provide care for more than 50 hours per week.
- In 1997, about half of carers providing more than 35 hours of care a week were living on £50 a week or less before benefits.
- Carers may also bear some of the costs incurred by the disabled person; two-thirds of carers surveyed by Carers UK attributed their financial difficulties to the additional costs of disability, especially older carers. One in four carers (about one million) are over the age of 65.
- The Carers UK survey, *Caring on the Breadline*, found that:
 - one in five carers were cutting back on food;
 - almost one in three had trouble paying household bills and had experienced debt;
 - nearly four out of five found the level of charges for services caused financial difficulties;
 - more than two in three carers worried most, or all, of the time about their finances;
 - two in three carers believed that this worry affected their health.
- Some carers can be particularly vulnerable to social exclusion, such as: carers living on benefit for long periods; those caring full time or living in the same household as the disabled person; those in poor health; those who have not had a break; carers from minority ethnic groups.
- Over three-quarters of carers told Carers UK they gave up holidays, leisure pursuits, or family celebrations because of their caring responsibilities
- Many carers are children and young people. A study of carers aged between 16 and 25 found that half were living in lone-parent families, most families were out of work and living on benefit.

Sources and more information: Department of Health www.carers.gov.uk , Child Poverty Action Group and Carers UK www.cpag.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Domestic violence

- 1 in 4 women experience domestic violence at some stage during their lives.
- Domestic violence incidents also made up nearly 22% of all violent incidents reported by participants in the British Crime Survey (2002). 81% of domestic violence victims were women and 19% are men. Approximately 47,124 women in Devon are likely to experience domestic violence in any one year. On average, in England and Wales, 1 woman is killed every 3 days by a violent partner, or ex-partner.
- Domestic violence can occur at any time in a relationship, but common trigger points for physical abuse are marriage or the beginning of a cohabiting relationship, pregnancy, or the birth of a child.
- Violence against women has serious consequences for their physical and mental health. Abused women are more likely to suffer from depression, anxiety, psychosomatic symptoms, eating problems and sexual dysfunction. Violence may also affect their reproductive health. Domestic violence is associated with increase in rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Abused women are more likely to have internal injuries than victims of accidents.
- The psychological impact of domestic violence has been found to have parallels with the impact of torture and imprisonment on hostages.
- Domestic violence is a factor in 1 in 4 suicide attempts by women.
- 60% of women mental health services users have experienced domestic violence, either currently or in the past.
- 98% of children's refuge workers felt that children experienced problems and difficulties as a direct result of living with domestic violence.
- In Devon in one year there were 1,893 incidents of domestic violence reported to the police where children were known to be present (this excludes figures for Torbay and Plymouth)
- A study of children on a Child Protection Register indicated that at least one third of the mothers were experiencing domestic violence.
- Domestic violence also has multiple other effects on children's emotional wellbeing. Educational impact includes poor educational attainment and higher incidence of truancy.
- In a study by Shelter, 40% of all homeless women stated that domestic violence was a contributor to their homelessness. Domestic violence was found to be "the single most quoted reason for becoming homeless".

Sources and more information: Womens Aid www.womensaid.org.uk Devon Domestic Violence Strategy www.devon.gov.uk/domesticviolence/

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Alcohol and drug addiction and social exclusion

- 20% of pupils excluded from school were suspended for drinking alcohol at school and drink alcohol 3 to 4 times a week, compared to 3% of non-excluded pupils
- After drinking alcohol, one in seven 16 to 24 year olds have had unprotected sex. 1 in 10 have been unable to remember if they had sex the night before. 40% believe they are more likely to have casual sex after drinking. 40% of 13 and 14 year olds were "drunk or stoned" when they experienced first sexual intercourse.
- 50% of the rough sleeper population are alcohol reliant.
- 10,000 people a day are attending alcohol services for help with their alcohol problem - of these 66% are men, 36% are unemployed, and 18% are either homeless or in temporary accommodation. The majority (85%) have problems solely with alcohol and do not use any illegal drugs.
- Over half of male prisoners (58% of remand and 63% of sentenced prisoners) and over one third of female prisoners (36% of remand and 39% of sentenced prisoners) engaged in hazardous drinking in the year prior to going to prison.
- There is a clear link between hazardous drinking and re-offending particularly among female prisoners. 81% of hazardous drinkers on remand have had previous convictions compared to 58% of non-hazardous drinkers with a previous conviction.
- An estimated 920,000 children are currently living in a home where one or both parents misuse alcohol; 6.2% of adults grew up in a family where one or both of their parents drank excessively.
- At age 15, young people who have a parent with an alcohol problem have a 2.2 to 3.9 times higher risk of psychiatric disorder. Heavy drinkers themselves are twice as likely to have had a parent with an alcohol problem than the population in general.
- There is double the risk of divorce in marriages where one or both partners drink heavily.
- Drug addiction is closely allied with some of the underlying causes and socially excluding effects of homelessness/rough sleeping, mental health and emotional problems (see references above).

Sources and more information Alcohol Concern www.alcoholconcern.org.uk , Social Exclusion Unit www.socialexclusionunit.gov.uk , Centrepoin www.centrepoin.org.uk , Shelter www.shelter.org.uk

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

Living with HIV/ AIDS

HIV stands for the Human Immunodeficiency Virus. HIV attacks the body's immune system, the body's defence against disease, so that it can no longer fight off certain infections.

AIDS stands for Acquired Immune Deficiency Syndrome. Positive Action South West describes a person's HIV condition as AIDS when their immune system has become so weak that it can no longer fight off a whole range of diseases with which it would normally cope.

HIV is the fastest growing serious health condition in the UK. It is estimated that 60,000 people are living with HIV, of whom 27% are undiagnosed.

HIV can be passed on through: unprotected sex; from mother to child during pregnancy, birth or breastfeeding; blood traces on shared needles and other shared drug injecting equipment; unscreened and infected blood products.

Since 1999 heterosexual sex has been the most common route of new HIV infections in the UK. With the rise in the numbers of those who acquired infection heterosexually there has been an increase in the number of women diagnosed. Women are now the fastest growing group of people who are newly diagnosed with HIV.

Whilst there is still no cure for HIV, early diagnosis and developments in HIV treatments have dramatically increased the life expectancy of those living with the virus. HIV is still a potentially life threatening and stigmatising illness. Many other factors can add to the isolation and social exclusion often experienced by women living with HIV.

Because of its association with some behaviours that may be considered socially unacceptable, HIV infection is widely stigmatised. People living with the virus are frequently subject to discrimination and human rights abuses: many have been thrown out of jobs and homes and rejected by family and friends. Stigma and discrimination constitute the greatest barriers to dealing effectively with the epidemic. They deter individuals from finding out about their HIV status, and in some cases, stigma inhibits those who know they are infected from sharing their diagnosis and seeking treatment and care for themselves.

Sources and more information: Positive Action South West www.pasw.org.uk , Positively Women www.positivelywomen.org.uk/ukfactsandfigures.html , UNAIDS www.unaids.org/en/Issues/Prevention_treatment/stigma.asp

Your thoughts and comments on improving your outreach and inclusion, arising from the above:

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