



Office of the
Deputy Prime Minister

Creating sustainable communities

The drivers of social exclusion

Review of the literature
for the Social Exclusion Unit
in the Breaking the Cycle series



Social
Exclusion
Unit



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the Social Exclusion Unit in the
Breaking the Cycle series

September 2004

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1. Introduction

1.1 The Commission

The Social Exclusion Unit commissioned this literature review to update its knowledge of the evidence about current and possible future drivers of social exclusion in England as part of the Impacts and Trends programme of work. The review was to have three objectives:

1. Identify the current drivers.
2. Identify emerging drivers that might have an impact on social exclusion in the future.
3. Assess the relative strength of the drivers.

1.2 Interpreting the brief

The Social Exclusion Unit has always adopted a flexible and pragmatic definition of social exclusion as 'what can happen when people or areas suffer from a combination of linked and mutually reinforcing problems'. For this project, we therefore accepted the Social Exclusion Unit's understanding of social exclusion and have avoided reviewing the academic debates on the subject. However, given the length and size of the project, we have had to set limits around the subject matter of the review, not least because the boundaries of the subject are still matters for debate. It was decided to focus on the domains of social exclusion that had been mentioned by the Social Exclusion Unit in the Call for Tenders. These are:

- income and poverty;
- employment;
- education and skills;
- health;
- housing;
- transport;
- crime and fear of crime;
- social support/social capital;
- the impact of the neighbourhood.

While this list covers the main topics generally associated with social exclusion, it does not explicitly include them all, examples of omissions being, exclusion from financial services, social services, leisure services, or civic and civil participation.

Evidence on the drivers of social exclusion could be cut in two ways: as a list of domains such as those above, or as processes affecting certain vulnerable groups, such as children, young people, women, people with disabilities, ethnic minority groups and carers. As the review is concerned with drivers, it was decided to approach the work from the domain perspective rather than from the vulnerable group perspective, although the review has attempted to assess the extent to which drivers may impact differently on different vulnerable groups.

Another important issue was what to do about policy. The Government has launched a host of policy initiatives, many of which aim to tackle social exclusion. These include:

- major tax and benefit policies, such as real improvements in Income Support, Minimum Income Guarantee, and Pension Credit and other out-of-work benefits and improvements in in-work benefits including Child Benefit, Child Tax Credit and Working Tax Credit;
- increased public spending on services – particularly transport, health and education;
- initiatives such as the Childcare Strategy, Sure Start, the Children’s Fund, Connexions, the New Deals and others, including those arising out of the work of the Social Exclusion Unit itself;
- a host of neighbourhood and regional strategies.

These measures form part of the UK Government’s *National Action Plan on Social Inclusion 2001–2003*.¹

It was beyond the scope of this review to provide an evaluation of the success or otherwise of these initiatives. Yet we could not completely ignore them if we were to make a judgement about the likely impact of drivers of social exclusion. We decided that the best approach would be to focus on the drivers and acknowledge where an announced policy may result in the social exclusion derived from that driver being mitigated. However, this review is more or less policy neutral.

The aim is to establish drivers. We understand drivers to mean the factors that cause or generate social exclusion. In social science, it is extremely difficult to establish cause. An association, relationship or correlation is often the best that can be demonstrated. Even then, there are problems in determining the direction of the relationship between the driver and social exclusion, or whether it is the driver itself or a factor associated with the driver that produces the exclusion. The essence of the Social Exclusion Unit’s definition of social exclusion is that it is linked and mutually reinforcing problems. In tackling the elements of social exclusion as domains, there is a danger that these links will be lost and we have attempted to draw attention to them where they arise.

We have decided to concentrate on serious degrees of deprivation rather than differentials in outcome; therefore a lack of social mobility, difference, variation and studies of stratification fall outside of the remit of this review. It was decided to limit the literature to British or comparative studies published in the last 10n years.

1 Department for Work and Pensions (DWP) (2001) *National Action Plan on Social Inclusion 2001–2003*.

1.3 Methods

The review is not intended to be a systematic review in the sense employed in health studies, but a narrative review that is both systematic and transparent in its methods. The review took as its starting point the authors' existing knowledge of social exclusion and social policy, in addition to the expertise of specialist informants in relevant fields, which served to inform and complement the more formal literature search conducted by the Centre for Reviews and Dissemination (CRD) at the University of York.

Search strategies were developed in conjunction with CRD for the domains to be included in the review and were conducted in the most appropriate of the following databases: ASSIA, EconLit, Medline, the Social Science Citation Index, SIGLE, SocAbs, ERIC, and the Criminal Justice Abstracts. These professional searches were supplemented with searches on BIDS, EPPI and on the catalogues of the Joseph Rowntree Foundation, Centre for Analysis of Social Exclusion (CASE), the Department for Education and Skills (DfES), the Department for Work and Pensions (DWP), the Social Exclusion Unit and the Institute for Fiscal Studies (IFS). In this way, we have endeavoured to cover all types of literature, including academic journals and books, grey and government literature, and publications by voluntary organisations.

The search strategies were specific to each area of the review, and were adapted according to the design and content of each database searched in order to obtain the maximum number of useful references. For those domains where large numbers of references were likely to be retrieved – income, employment, education, health and housing – detailed searches were developed, combining general terms with subject-specific keywords (see Table 1). The terms common to these domains related first to the broad concerns of the review ('social exclusion', 'social isolation', 'deprivation' etc.) and, secondly, to the processes associated with social exclusion ('trigger', 'risk factor', 'protective factor', 'cause' and 'driver'). The strategies required these terms to appear in conjunction with the keywords highlighted by the authors or their specialist informants. For domains drawing on a more limited literature – particularly the neighbourhood – the above 'processes' were connected to the broad domain heading alone in order to maximise results. All searches were limited to 1992 onwards, to literature presented in English about the United Kingdom, or to international studies which included the United Kingdom. Again, the neighbourhood, where much of the limited published literature relates to the United States, was the exception. Decisions to supplement the searches conducted in this way were made by the main author of each section of the review, on the basis of his or her knowledge of the field and how representative of the literature at large the references produced by the formal search appeared to be.

Given the nature of research into social exclusion, which tends to employ neither tightly controlled experiments using randomised controls, nor clearly defined notions of effectiveness, study design was not an appropriate criterion by which to include or exclude studies. Rather, the approach of Arksey *et al.* in their 2002 review for the NHS Service Delivery and Organisation Programme² was adopted, including all relevant studies and assessing the strength of the evidence by the quality of the research reviewed. The literature included in the review thus encompasses a wide range of studies, both qualitative and quantitative, many using multiple methods and most descriptive rather than explanatory.

To conclude the process, our named key informants were asked to comment on the completeness of the review and the interpretation of the evidence.

2 Arksey, H., O'Malley, L., Baldwin, S., Harris, J., Newbronner, L., Hare, P. and Mason, A. (2002) *Services to Support Carers of People with Mental Health Problems: Overview Report*, York: Social Policy Research Unit, University of York.

Table 1: Source of references

Domain	Databases searched	References retrieved	Referenced in final review
Income and poverty	EconLit	19	6
	Medline	91	
	SSCI	34	
	SocAbs	66	
	Other sources		
Employment	Medline	591	3
	SSCI	13	
	EconLit	29	
	SocAbs	32	
	Other sources		
Education and skills	Medline	28	4
	SSCI	56	
	ERIC	123	
	BEI	50	
	Other sources		
Health (inequalities)	ASSIA	778	25
	EconLit	211	
	Medline	1198	
	SocAbs	313	
	SSCI	599	
	SIGLE	43	
	Other sources		
Health (drugs)	ASSIA	207	11
	EconLit	93	
	Medline	18	
	SocAbs	68	
	SSCI	140	
	Other sources		
Housing	ASSIA	91	1
	EconLit	26	
	Medline	36	
	SSCI	18	
	SIGLE	5	
	SocAbs	63	
	Other sources		
Transport	ASSIA	59	10
	EconLit	686	
	Medline	353	
	SSCI	496	

Table 1: Source of references

Domain	Databases searched	References retrieved	Referenced in final review
Transport	SIGLE	32	
	SocAbs	803	
	Other sources		28
Crime and fear of crime	ASSIA	1378	41
	Criminal Justice Abstracts	1019	
	Medline	708	
	EconLit	27	
	SSCI	209	
	SIGLE	89	
	SocAbs	1509	
	Other sources		54
Social support/social capital	ASSIA	1850	25
	EconLit	93	
	Medline	1179	
	SSCI	129	
	SIGLE	13	
	SocAbs	373	
	Other sources		11
The impact of the neighbourhood	ASSIA	58	7
	EconLit	39	
	Medline	12	
	SSCI	27	
	SIGLE	26	
	SocAbs	25	
	Other sources		11

1.4 Macro drivers

In the rest of this review, we will be exploring the drivers of social exclusion in their parts and at a micro level. However, to put that into context it is worth reviewing the macro context. Poverty, inequality and social exclusion are driven upwards and downwards by three major contextual factors: demographic, labour market and social policy.

1.4.1 The demographic context

Social exclusion is in part a function of the demographic structure, and changes in social exclusion are a function of changes in the demographic structure. Some examples from the recent past include the following:

- **Youth unemployment** (and exclusion) rose rapidly in the early 1980s, as a large cohort of young people, children of the 1960s boomers, sought to enter the labour market at a time when employment was falling and women were also competing to enter.³ Youth and other unemployment fell in the late 1980s, despite the fact that employment was not growing because inter alia the size of the cohort fell as a result of sub-replacement fertility since the mid-1970s.
- **Ageing:** although on average the living standards of the elderly increased during the 1980s, the number of poor elderly also increased. This is because survival rates improved and the numbers of very elderly increased, particularly women. It is women and the very old who are likely to be most dependent on the basic retirement pension and not claiming their entitlement to Minimum Income Guarantee.
- **Lone parents:** although the rapid increase in divorce rates experienced in the 1960s and 1970s had begun to level off in the 1980s and then decline in the 1990s, there was a huge increase in lone parenthood. Lone parents (in Britain but not in all other European Union (EU) countries)⁴ found it difficult to get jobs and a very high proportion became dependent on Income Support. This increase in dependence was also partly driven by changes in the demographic characteristics of lone parents – younger women, with younger children, more single, more the result of cohabitation breakdown, fewer widows, fewer with skills or substantial experience of the world of work.

So what are the present and likely future demographic drivers of social exclusion?

- **Fertility:** this has been more or less stable for 30 years. With continuing disruption from relationship breakdown, the increased labour supply of women, improvements in contraceptive technology and trends towards later partnership formation and childbirth, fertility may well begin to decline again. The age-specific fertility rates of younger cohorts (including teenagers) are falling and of older cohorts are rising. This will continue the trend to smaller families and more childless families. All this should lead to a reduction in the numbers of children at risk of social exclusion.

However, there are two other factors to take into account. First, fertility has declined most rapidly for middle and upper socio-economic group women, and thus a growing proportion of children are being conceived by lower class women and single women. Second, the number of children is not just a function of the fertility rate but also the size of childbearing cohorts. Thus, the number of children in the UK has been rising since 1986 and is expected to be fairly stable up to 2030.

- **Ageing:** in general, both presently and for the next 20 years, ageing is not likely to be as much a driver of social exclusion as it has been in the past. The UK has passed through a period of rapid ageing and is (relative to the past and to other countries) on a plateau, especially in respect of the overall dependency ratio. An increasing proportion of the elderly are retiring with entitlement to occupational pensions (although there is a threat to their value) or State Earnings Related Pension Scheme (SERPS), and with savings and physical assets, such as the value of their dwellings. Older people are also fitter than in the past.

However, again there are other factors to take into account. The number of very old people is increasing faster than the numbers of old. An increasing proportion of women retire as divorcees, without access to their husbands' retirement assets (and there are more divorced men who are worse off, having shared their assets). Retirement is also lasting longer and

3 Ermisch, J. (1990) *Fewer Babies, Longer Lives*, York: Joseph Rowntree Foundation.

4 Bradshaw, J. and Finch, N. (2002) *A Comparison of Child Benefit Packages in 22 Countries*, DWP Research Report No. 174, Leeds: Corporate Document Services.

income and assets have to cover a longer period – people are retiring before retirement age and are living longer in retirement. The ethnic population is ageing and older ethnic women in particular are a comparatively deprived group.

- **Lone parents:** there is no sign of a diminution in the rate of increase in the proportion of families headed by a lone parent, despite the decline in divorce, and this trend is a substantial driver of social exclusion. The latest evidence⁵ is that over half (53%) of lone parents are income poor (income less than 60% of median equivalent income after housing costs excluding the self-employed) and using the same definition they make up 21% of all the poor. The risk of poverty among lone parents increased threefold in the 1980s, but in the 1990s it stabilised and there is evidence (subject to sampling errors) that it has started to decline. There are two reasons for this: first, the proportion of lone parents in employment has risen from 40% in the mid-1990s to over 50% today;⁶ and second, associated with this, there has been a change in the characteristics of lone parents – they have become older, their children have become older, and more of them have skills and experience of the labour market. Policy is also likely to have an impact on labour supply. The New Deal for Lone Parents has had a modest impact,⁷ the new Child Support scheme has been launched for new cases and increases the benefits of paid work, the Childcare Strategy will help lone mothers to work and Child Tax Credit will increase the in-work incomes of lone parents.

Iavocou and Berthoud⁸ found that, controlling for other things, non-working couples were more likely to split up if they were cohabiting, lived in an area of low unemployment, the woman was more highly educated, the woman had never had a job and they had three or more children. Non-working parents were more likely to find a partner if they were younger, they had a job for a few hours a week, they had previously been married and they were receiving maintenance payments. Nevertheless, relationship breakdown will continue to be a driver of social exclusion. An increasing proportion of the flow into lone parenthood is the result of cohabitation breakdown; furthermore, cohabiting couples tend, on average, to be poorer than married couples, even before the breakdown of their relationships.⁹ There is some evidence that the duration of lone motherhood is increasing, particularly for single lone mothers.¹⁰ The key to this driver is what will happen to the labour market (and policy).

There are other demographic trends to note that are having and will have an impact on social exclusion:

- **Household formation:** patterns have been changing. Young people are leaving home (and entering the labour market) later. Although an employed young person can be a financial benefit to a poor family, on balance this extended period of dependence on parents is probably a driver of social exclusion, reducing the parents' living standards. The inability to leave home and set up as an independent householder may be a form of social exclusion in itself. Delays in partnership formation and marriage are one of the drivers of the huge increase in single living (the others are ageing and relationship breakdown). Singles have twice the risk of living in poverty than couples without children and single pensioners have a higher risk than pensioners who are part of a couple.

5 Adihetty, S., Lunn, S., Pitt, W., Stanborough, J., Vigurs, C., Wilkie-Jones, C. (eds) (2003) *Households Below Average Income: An analysis of the income distribution from 1994/5–2001/02*, Leeds: Corporate Document Services.

6 Marsh, A. and Perry, J. (2003) *Family Change 1999–2001*, Leeds: Corporate Document Services.

7 Millar *et al.* (2000); Ridge, T. and Millar, J. (2001) *Families, Poverty, Work and Care: A review of the literature on lone parents and low-income couple families with children*, Leeds: Corporate Document Services; Hasluck, C. (2000) 'Early lessons from the evaluation of the New Deal programme', *Labour Market Trends*, 108, 8, 369–77.

8 Iavocou, M. and Berthoud, R. (2000) *Parents and Employment: An analysis of low-income families in the British Household Panel Survey*, Leeds: Corporate Document Services.

9 Kiernan, K. and Estaugh, V. (1993) *Cohabitation, Extramarital Childbearing And Social Policy*, York: Joseph Rowntree Foundation.

10 Millar, J. and Ridge, T. (2000) *op. cit.*

- Migration: since 1990, we have been experiencing an increase in net inward migration and there has been a fourfold increase of applications for asylum (22,370 in 1993 to 71,365 in 2001, not including dependants). Although, in general, immigrants tend to be skilled, young and self-supporting, asylum seekers are not allowed to be employed and subsist on incomes below-lincome Support levels. They also tend to suffer from other characteristics of exclusion – language, poor housing, and racism.

1.4.2 The labour market context

The state of labour demand drives social exclusion more than any other factor. The two periods in the last two decades when poverty increased coincided with declines in labour demand (increases in labour supply) and, as a result, unemployment exceeded 3 million in the early 1980s and the early 1990s. 'Absolute' poverty has been falling since 1995 because employment has been growing and unemployment falling. In the 1980s, work became concentrated – more two-earner households and more no-earner households. The risk of poverty for individuals in workless households is 75%.¹¹

However, unemployment is not the only labour market factor that drives poverty – 39% of individuals in poverty have someone in full-time employment. Changes that have taken place to the nature of work and to wages have driven social exclusion. These factors will be dealt with in more detail in the employment section, below. Meanwhile, however, during the 1980s and 1990s, social exclusion increased as a result of:

- an increase in low pay and in the dispersion of earnings; between the young and older workers, between skilled and less skilled workers, and between workers in the private and public sectors. There was actually a reduction in wage differentials between men and women (doing the same job);
- an increase in self-employment. Self-employment increased rapidly during the 1980s. Although self-employment is not inevitably associated with poverty (and there are problems measuring the incomes of the self-employed in survey research), the risks of poverty among the self-employed are higher than for the employed;
- there is no doubt that the labour market in the UK has become more flexible, episodic and insecure. We have the second highest proportion of part-time workers in the EU. In 2001, approximately 20% of full-time employees and 23% of part-time employees had some form of flexible working arrangement, with women in both cases being more likely than men to work flexible hours. Between 1995 and 2000, temporary work increased for both men and women, although it now appears to have stabilised. Fixed-term contracts increased in the 1990s. Contract working, including zero hours contracts, home working, agency working, and term-time working all increased.
- However, there is a tendency in the post-Fordist discourse to exaggerate these trends. Full-time jobs for both men and women have been increasing since the mid-1990s. The proportion of these that are self-employed is falling and the number of self-employed jobs has been falling in the 1990s. Temporary work has grown only very slightly and the growth of flexible work patterns has been partly generated by the demands of employees.

11 DWP (2003) *op. cit.*

1.4.3 Social policy context

Although we have highlighted the two most important drivers of social exclusion - demographic trends and the labour market – public policy is also critical. In the 1980s and 1990s, other countries experienced similar changes in their demographic patterns and labour market conditions, but the UK stands out as experiencing the sharpest increases in poverty and social exclusion; some countries actually had reductions in child poverty during a period when UK child poverty increased threefold.¹² The explanation for this lies in the policy arena. In particular:

- after 1980, benefits were updated only in line with prices, and the gap between the incomes of those with earnings and those dependent on benefits widened;
- some cash benefits were abolished, others were cut in real terms and entitlement to others was restricted;
- there was a reduction in direct taxation and it became much less progressive;
- there was a shift to indirect taxation, which became much more regressive;
- there were real cuts in expenditure on some service programmes. Housing expenditure was cut sharply and real rents increased;
- real increases in other service programmes – health and personal social services - were probably insufficient to meet growing need.

In general, policy either failed to protect against the impact of other social exclusionary drivers or actually exacerbated it.

This analysis of the importance of policy to social exclusion in the past underlines the importance and potential of social policy in the future. In the rest of this review, we are going to be exploring the non-policy drivers of social exclusion. However, they are not immune to policy. Social exclusion is not inevitable – policy can intervene, protect and prevent.

12 UNICEF (2000) *A League Table of Child Poverty in Rich Nations*, Innocenti Report Card 1, Florence: UNICEF Innocenti Research Centre; Bradshaw, J. (ed.) (2002) *The Well-Being of Children in the UK*, London: Save the Children.

2. Income

Using the Poverty and Social Exclusion (PSE) survey, Gordon *et al.*¹³ found that households with relative low income were more likely than others to be socially excluded on all dimensions except isolation and lack of support.^a Low income is associated with an inability to afford items and activities that are considered by the majority of the population to be necessities,¹⁴ although there is not an exact overlap between the two dimensions.¹⁵ Bradshaw¹⁶ reviewed the relationship between child poverty (and its proxies) and the outcomes for children. The reviews found clear evidence that poverty was associated with:

- increased post-neonatal and child mortality, especially starkly in the case of accidental deaths;
- low birth-weight;
- some congenital anomalies;
- most infectious diseases;
- poor dental health;
- obesity and poor diets;
- physical activity;
- physical abuse;
- teenage pregnancy;
- poor environment and housing conditions;
- homelessness;
- poor educational attainment;
- youth suicide; and
- mental illness.

See also a review by Roberts.¹⁷ Some (but certainly not all) of these outcomes have been getting worse in the last 20 years or so, or differentials have been widening.

13 Gordon, D., Adelman, L., Ashworth, K., Bradshaw, J., Levitas, R., Middleton, S., Pantazis, C., Patsios, D., Payne, S., Townsend, P. and Williams, J. (2000) *Poverty and Social Exclusion in Britain*, York: Joseph Rowntree Foundation.

a They suggested that the explanation for this was employment. 1 People without employment had lower incomes but more time to develop and sustain social relationships.

14 *Ibid.*

15 Bradshaw, J. and Finch, N. (forthcoming) 'Overlaps in dimensions of poverty', *Journal of Social Policy*.

16 Bradshaw, J. (2001) *Poverty: The outcomes for children*, London: Family Policy Studies Centre; Bradshaw, J. (ed.) (2002) *The Well-being of Children in the UK*, London: Save the Children.

17 Roberts, H. (1997) 'Socioeconomic determinants of health. Children, inequalities and health', *British Medical Journal*, 314, 7087, 1122–25.

Ermisch *et al.*¹⁸ used the British Household Panel Survey (BHPS) to explore the outcomes of children who experienced poverty during their adolescence. They found that adolescents who had experienced poverty had lower self-esteem, were more likely to choose not to marry, to believe that health is a matter of luck, to play truant and to expect to leave school at 16. Using the National Child Development Study (NCDS), Hobcraft and Kiernan¹⁹ found that the experience of childhood poverty is clearly associated with adverse outcomes in adulthood. Lewis *et al.*²⁰ found an independent association between low standard of living and the prevalence of neurotic psychiatric disorder. There are other studies that suggest that poverty leads to poverty of aspiration and that poverty among today's children may carry on for generations as a result.²¹

Some of these relationships will be examined in more detail later in this review. For the time being, this is evidence that income exclusion or poverty is important.

There is a wealth of qualitative evidence on how poverty affects living standards and how the effort of living on a low income has a whole raft of negative consequences (decreasing hope, optimism, aspirations etc., which leave people less equipped to act to improve their situation) and further drives social exclusion.²² A recent distinguished study of this kind by Ridge²³ actually asked children about their experience of poverty and found, *inter alia*, that they made efforts to protect their parents from knowing how poverty influenced their lives.

So what is it that drives poverty or income exclusion?

Normally in answering this question, one would be expected to engage in a discussion about the measurement of income poverty. While we acknowledge that there is no general agreement in Britain about which measure is best, this is not the place to engage in debate about it.^b In this section, we shall use whatever thresholds are used in the literature.

One approach to answering the question 'What drives poverty or income exclusion?' is to look at the characteristics of the income poor. The best source of data on low-income households in Britain is the Family Resources Survey (FRS) and the best analysis of that survey is the annual DWP series, *Households Below Average Income (HBAI)*. There is a mass of data on the characteristics (both their rate or risk and their composition) of those with low income in the FRS and in the HBAI analysis, which give insights as to the drivers of their condition. In Table 2, we review two particular drivers - economic status and family type, on the grounds that the data is available for these two important drivers. We see that both variables have an association with low income. The economic status groups with the highest risk of low income are the unemployed and the inactive (mainly lone parents). There is very low risk of low income in households with two workers. However, 17% of households with one full-time worker have low-income and over a third of all low-income households have someone working.

18 Ermisch, J., Francesconi, M. and Pevalin, D.J. (2001) *Outcomes for Children of Poverty*, DWP Research Report 158, Leeds: The Stationery Office.

19 Hobcraft, J. and Kiernan, K. (2001) 'Childhood poverty, early motherhood and adult social exclusion', *British Journal of Sociology*, 52, 3, 495-517.

20 Lewis, G., Bebbington, P., Brugha, T., Farrell, M., Gill, B., Jenkins, R. and Meltzer, H. (1998) 'Socioeconomic status, standard of living, and neurotic disorder', *Lancet*, 352, 9128, 605-9.

21 For example, Shropshire, J. and Middleton, S. (1999) *Small Expectations: Learning to be poor?*, York: Joseph Rowntree Foundation; Gregg, P., Harkness, S. and Machin, S. (1999) *Child Development and Family Income*, York: Joseph Rowntree Foundation.

22 For example Kempson, E. (1996) *Life on a Low-income*, York: Joseph Rowntree Foundation; Kempson, E., Bryson, A. and Rowlingson, K. (1994) *Hard Times: How poor families make ends meet*, London: PSI; Middleton, S., Ashworth, K. and Braithwaite, I. (1997) *Small Fortunes*, York: Joseph Rowntree Foundation; Morris, L. and Ritchie, J. (1994) *Income Maintenance and Living Standards*, London: DWP; Bradshaw, J. and Holmes, H. (1989) *Living on the Edge: A study of the living standards of families on benefit in Tyne and Wear*, London: Child Poverty Action Group.

23 Ridge, T. (2002) *Childhood, Poverty and Social Exclusion from a Child's Perspective*, Bristol: Policy Press.

c The DWP reviewed their measurement of child poverty to include a measurement of material deprivation in December 2003

Turning to family type, low-income rates are highest among single female pensioners and lone parents, and lowest for childless couples. However, the largest group of low-income households are couples with children and families with children, which constitute 51% of low-income households. Pensioners constitute 19% of low-income households.

Table 2: Low-income risk and composition, equivalent income below 60% of the median after housing costs and including the self-employed, 2001/02

	Low-income rate/risk	Composition of low-income groups
Economic status of adults in the family		
One or more full-time, self-employed	22	9
Single/couple, all in full-time work	3	4
Couple, one full-time, one part-time	5	4
Couple, one full-time, one not working	17	9
No full-time, one or more part-time work	33	13
Workless head or spouse aged 60+	26	21
Workless head or spouse unemployed	75	9
Workless other inactive	63	32
All	22	100
Family type		
Pensioner couple	22	12
Single pensioner, of which	22	7
Male	18	2
Female	24	6
Couple with children	20	32
Couple without children	11	9
Single with children	53	21
Single without children, of which	22	19
Male	22	12
Female	22	7
All	22	100

Source: DWP (2003) Tables 3.3 and 3.5.

Therefore, employment status and family type are drivers of low income. We also know from the HBAI analysis that disability, ethnicity, having three or more children, young children and being (or, in the case of children, having) a young mother, are all associated with higher rates of low income. The HBAI does not provide a very detailed analysis of gender and low income but Bradshaw *et al.*²⁴ have recently completed a review of gender and poverty for the Equal Opportunities Commission (EOC), including secondary analysis using the FRS and other data, and have shown that women (and girls) have a higher risk of poverty.

24 Bradshaw, J., Finch, N., Kemp, P., Mayhew, E. and Williams, J. (2003) *Gender and Poverty in Britain*, Working Paper Series No. 9, Manchester: Equal Opportunities Commission.

The variables which are associated with poverty (drive it) of course interact and although HBAI provides some limited data of these interactions, for example economic status and family type in relation to the risk of child poverty, we have to turn to other sources for explorations of these interactions.

Adelman and Bradshaw²⁵ and Adelman²⁶ have used logistic regression on FRS data to model the odds of children being poor. Gordon *et al.*²⁷ have modelled PSE data to model the odds of adults and children being poor (lacking socially perceived necessities rather than income). Bradshaw *et al.*²⁸ have used FRS data to model the odds of women being poor. It is difficult to summarise the results of this work (and there is scope for more up-to-date multivariate analysis) but having controlled for other factors they found that gender had an independent influence on the odds of being poor. Harkness *et al.*²⁹ found that women's earnings are important and growing components of family income that are playing an increasing part in keeping women out of poverty. Bradshaw and Adelman³⁰ found that, having controlled for these and other characteristics, the odds of children being in poverty were:

- x2 for lone parents;
- x5 for the unemployed;
- x2 for ethnic families;
- x1.5 for cohabiting parents;
- x1.5 with two or more children;
- x2 in local authority housing;
- x3 completed education under 16.

There does not appear to be similar multivariate analysis on older people. However, Ginn and Arber³¹ showed that older members of ethnic minorities, particularly women, are less likely to have private pensions. This ethnic disadvantage remained after taking account of other factors.

So far, we have reviewed cross-sectional evidence of income exclusion using poverty rates. It is also important to take account of trends in poverty, poverty gaps and episodes and spells.

25 Adelman, L. and Bradshaw, J. (1998) *Children in Poverty in Britain: An analysis of the Family Resources Survey 1994/95*, York: Social Policy Research Unit, University of York.

26 Adelman, L. (2000) 'Childhood poverty: How much or how many?', *Benefits*, 11, October.

27 Gordon *et al.* (2000) *op. cit.*

28 Bradshaw *et al.* (2003) *op. cit.*

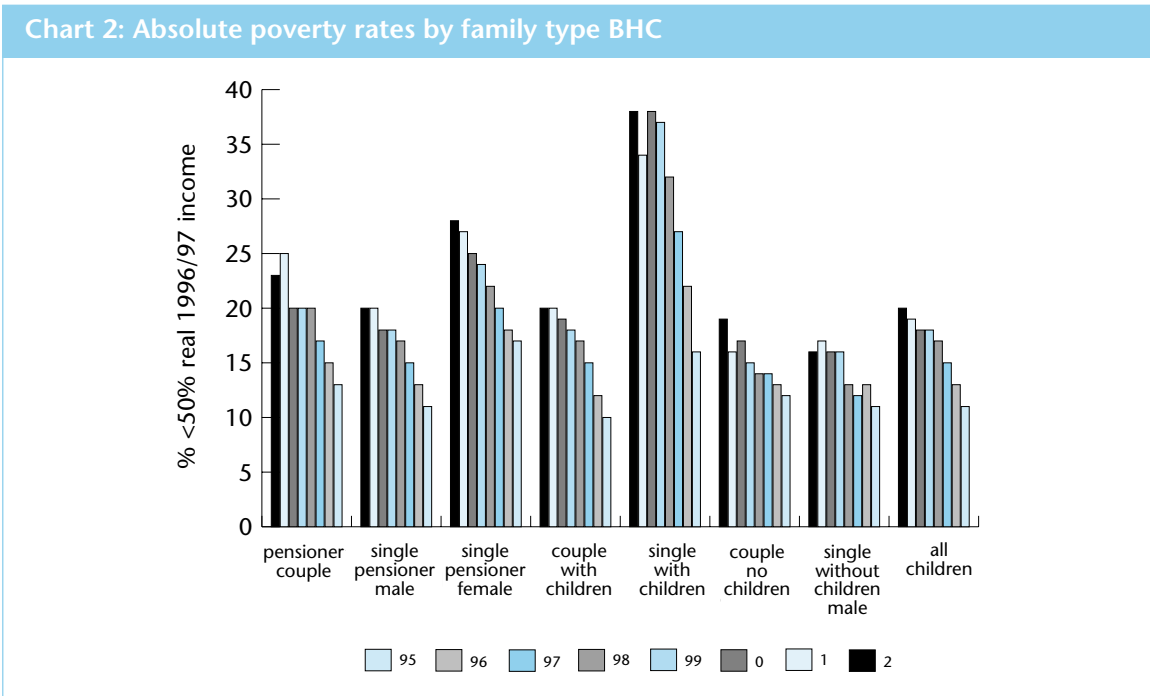
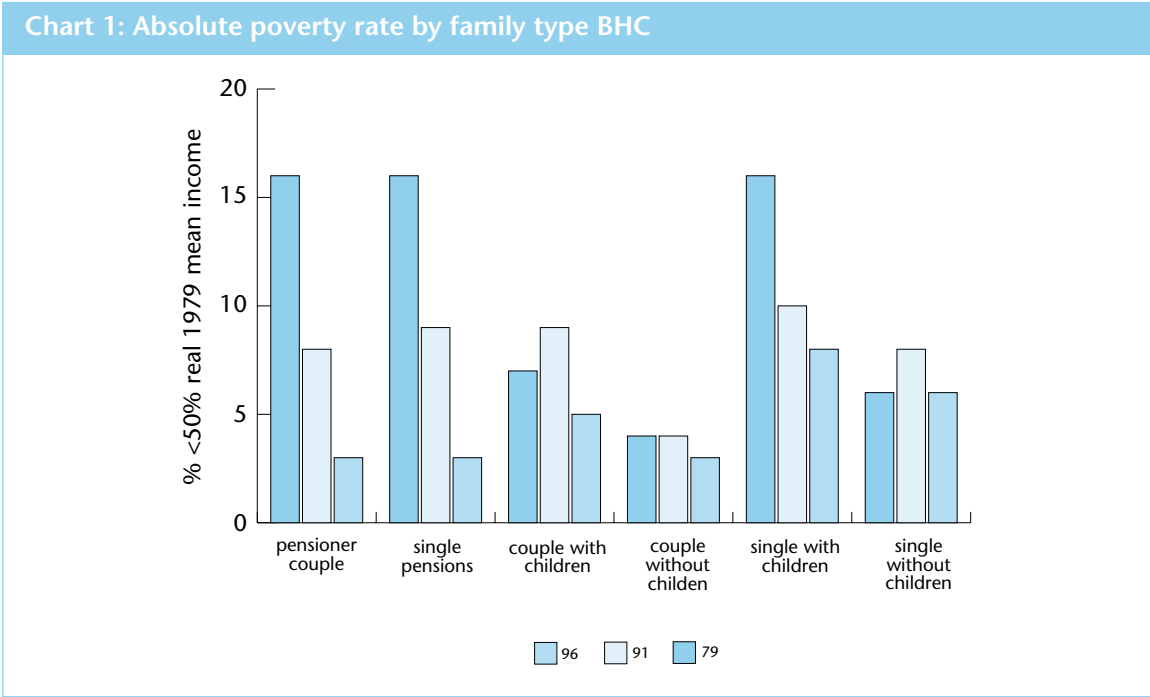
29 Harkness, S., Machin, S. and Waldfogel, J. (1997) 'Evaluating the pin money hypothesis: The relationship between women's labour market activity, family income and poverty in Britain', *Journal of Population Economics*, 10, 2, 137–58.

30 Adelman, L. and Bradshaw, J. (1998)

31 Ginn, J. and Arber, S. (2001) 'Pension prospects of minority ethnic groups: Inequalities by gender and ethnicity', *British Journal of Sociology*, 52, 3, 519–39.

2.1 Trends

First, in Charts 1 and 2, we consider how **absolute** poverty (using a real definition that does not move in comparison with income – all these charts are before housing costs(BHC)) has changed by family type. Chart 1 shows that the poverty rate for all family groups fell between 1979 and 1996 (the end of the HBAI consistent series) but it fell most for pensioners and least for singles and childless couples. It is extraordinary that there was the same proportion of singles living below a 1979 real threshold in 1996 as there was in 1979 – this was over a period when average income increased by 40%. Chart 2 brings the same analysis up-to-date. Since 1994–1995, families with children have had the largest reductions in their absolute poverty rate and the single and childless the smallest.



Using a **relative** definition of low income, Charts 3 and 4 show trends in low-income rates and the composition of the low-income groups by family type. Chart 3 shows the sharp increase in low-income rates during the 1980s for all groups, but particularly lone parents. Since 1986, there have been small fluctuations in low-income rates, with lone parents in 2001/02 showing the sharpest fall. In Chart 4, the composition of the bottom quintile is shown over time. Since 1979, there has been a reduction in the proportion of pensioners and couples with children in the bottom quintile, and an increase in the lone parents and singles and childless couples. Since 1996, there has been relatively little change in the composition of the bottom quintile: the proportion of couples with children has fallen somewhat and the proportion of single childless have increased.

Chart 3: Low income rates relative (BHC)

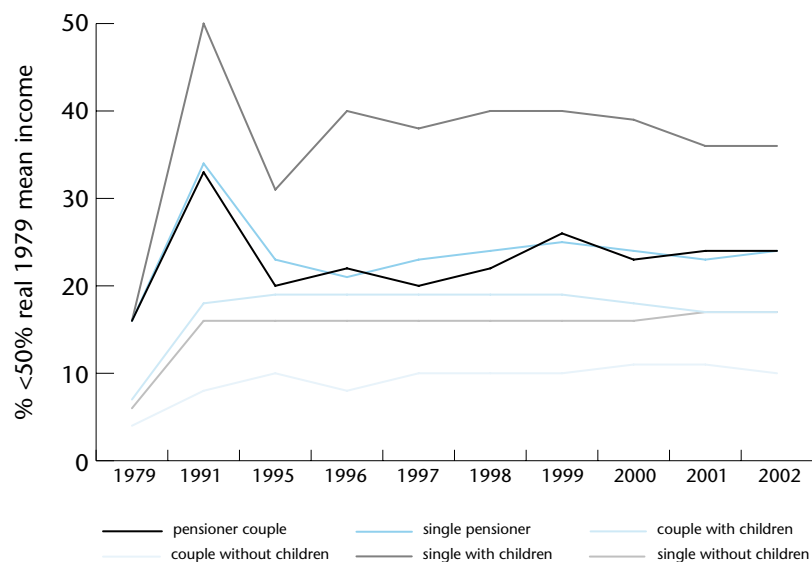
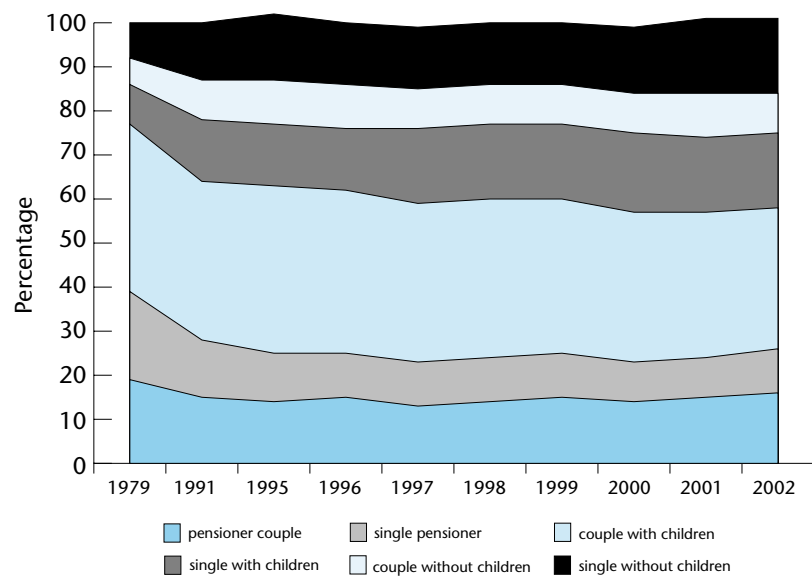


Chart 4: Family type composition—bottom quintile BHC



The same analysis is repeated for economic status. Chart 5 shows that there have been reductions in the real-terms poverty rate for all groups between 1979 and 1996, but it is still remarkable that, in 1996, 20% of the unemployed were living below the 1979 real threshold. Chart 6 shows that during the 1990s there have been falls in the 1995–1996 real poverty levels for all employment groups, but especially the inactive (who are mainly lone parents).

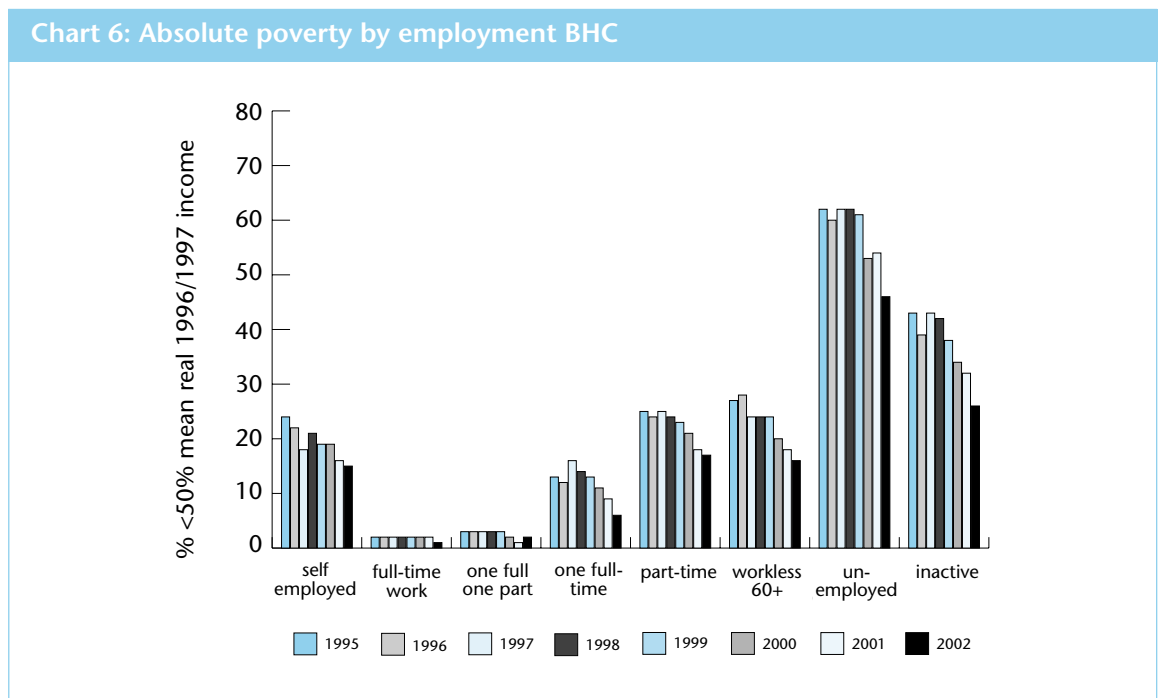
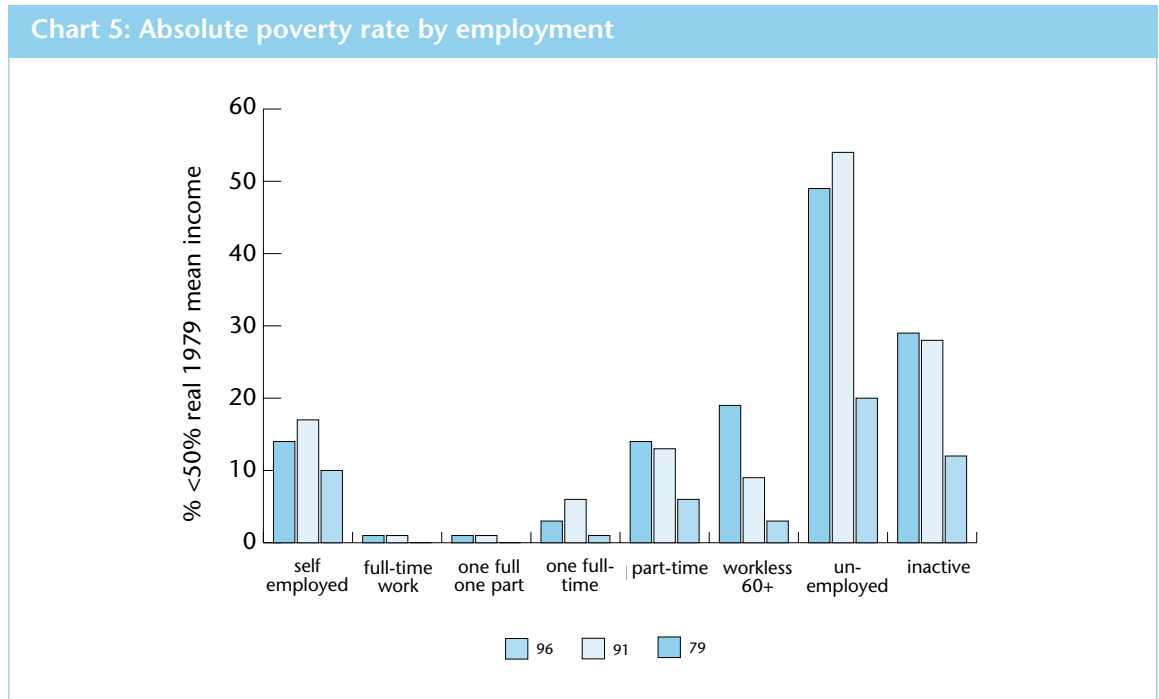


Chart 7 gives the relative low-income rates by employment status since 1979, and shows that the low-income rates of the unemployed and single earner families have fluctuated most. Chart 8 gives the composition of the relatively low-income groups during the same period. Since 1996, the composition has been stable except for a reduction in the proportion of people who are unemployed.

Chart 7: Relative low income rates by employment BHC

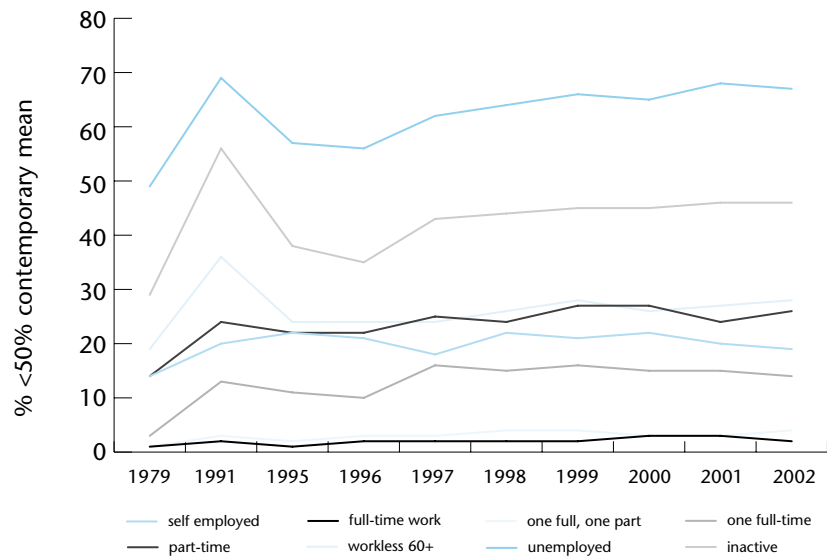
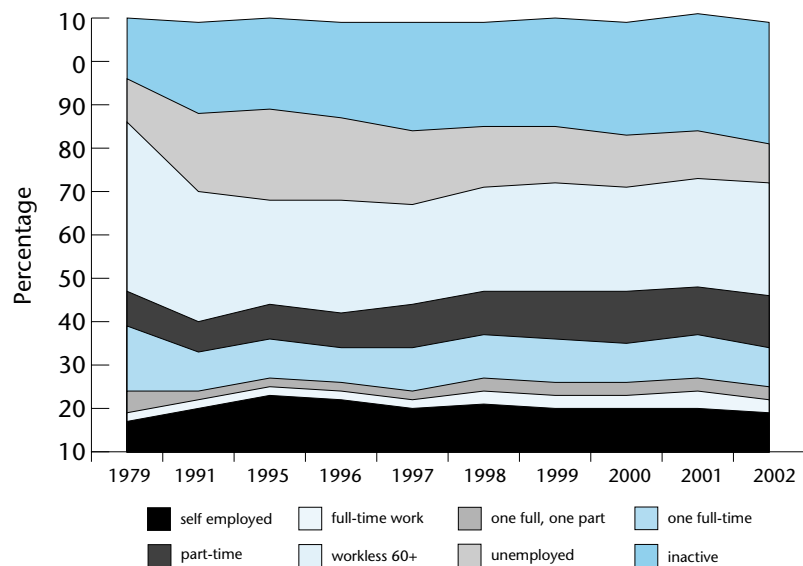


Chart 8: Employment composition of bottom quintile BHC



2.2 Poverty gaps

It is arguable that in considering social exclusion what matters more than the proportion of people below an arbitrary threshold is how far they are below the threshold – the so-called poverty gap. The HBAI analysis of the FRS does not estimate poverty gaps – no doubt because of the technical difficulties involved. Adelman and Bradshaw³² and Adelman³³ estimated poverty gaps for children and found that children living in families with the biggest poverty gaps were not identical to those with the highest poverty rates. Thus, larger families, white, married couples, private renters, self-employed and those with a full-time employed parent, tended to have the biggest poverty gaps.

32 Adelman, L. and Bradshaw, J. (1998) *op.cit.*

33 Adelman, L. (2000) *op.cit.*

Two groups would be expected a priori to have the largest poverty gaps:

- singles and childless couples on Job Seekers' Allowance Income Support JSA/IS - because their benefits have been uprated only in line with prices since 1980 and;
- families with children and pensioners who are entitled to benefits, but not claiming them.

There is a considerable literature on non-take-up.³⁴ The most up-to-date work is on Income Support/Minimum Income Guarantee³⁵ and Working Families Tax Credit.³⁶ Craig *et al.*,³⁷ in a review for the National Audit Office, found that some of the reasons pensioners did not claim Minimum Income Guarantee MIG are:

- it takes people a while to do so having become entitled, because so-called frictional non-take-up;
- because of the complicated nature of the claiming process;
- because of personal attitudes towards benefits.

Those pensioners least likely to be in receipt were those with the lowest entitlements, the very old, owner-occupiers and those who live in rural or affluent areas, perhaps with limited community experience or acceptance of claiming. Dornan,³⁸ also writing about pensioners and Income Support/Minimum income Guarantee, reinforces many of these conclusions, finding that lower entitlements are associated with lower take-up, as is older age and owner-occupation, but also finds that married pensioners and car-owners also tend to have lower than average likelihood of benefit receipt. Dornan also used the BHPS to analyse the flows into receipt of Income Support – what drives take-up – and suggests that the chances of a single pensioner not in receipt in one year claiming by the next were reduced with higher pension income, by having a previous history of reported benefit receipt, but increased by being a social renter.

For couples the predictors of take-up were somewhat different, with household change, most probably bereavement, having the greatest predictive value in explaining an individual coming into receipt of Income Support/Minimum Income Guarantee.

McKay,³⁹ writing about the way in which the comparatively new benefit Working Families Tax Credit has 'settled in', showed that the take-up rate has increased since its introduction in 1999, probably as understanding of the new benefit increases among the many brought into new entitlement by the reform. By analysing patterns of take-up, he reinforced many of the messages of previous studies and found that those least likely to be in receipt of Working Families' Tax Credit were those with the lowest entitlements, homeowners, and couples.

34 See Craig, P. (1991) 'Costs and Benefits: A review of research on take-up of income-related benefits', *Journal of Social Policy*, 20, 4, 537–65, Cambridge University Press; Corden, A. (1995) *Changing Perspectives on Benefit Take-up*, York: Social Policy Research Unit, University of York; Craig *et al.* (2002) for reviews.

35 Craig, G., Dornan, P., Bradshaw, J., Garbutt, R., Mumtaz, S., Syed, A. and Ward, A. (2002) *Underwriting Citizenship for Older People: The impact of additional benefit income for older people*, Working Paper in Social Sciences & Policy No. 9, London: National Audit Office; Dornan, P. (forthcoming) *A Failure to Claim Entitlements or to Deliver Rights? The means test and older people*, PhD thesis, University of York.

36 McKay, S. (2003) *Working Families' Tax Credit in 2001*, Department for Work and Pensions Research Report No 181, Leeds: Corporate Document Services.

37 Craig *et al.* (2002) *op. cit.*

38 Dornan, P. (forthcoming) *op. cit.*

39 McKay, S. (2003) Chapter 5, pp. 51–6.

The messages from this research suggest that the claiming process is both complex and uncomfortable for potential recipients. The process is poorly understood by some of the most vulnerable in society. Community experience and acceptance of the process is important; those living in communities (rural, affluent or largely homeowner) which lack this are much less likely to take up their benefit. Therefore, take-up is difficult and many may remain without their entitlement for long periods of time. Where it occurs, take-up tends to follow an event which itself is likely to have forced a re-examination of the personal financial situation, perhaps brought on by household change or by acute financial difficulties.

2.3 Poverty dynamics

Arguably, those who are at most risk of social exclusion are not those who are poor for a short time or rarely, but those who are poor for a long time and often.⁴⁰ Certainly, there is evidence that long-term income is more important for health than current income – persistent poverty is more harmful for health than occasional episodes.⁴¹ The best source of data on persistent poverty is derived from the BHPS and analysed especially by Iacovou and Berthoud,⁴² and Jenkins and Rigg.⁴³ The BHPS is also the main source of data on low-income dynamics presented in the HBAI.⁴⁴

What can we learn about drivers from this work? Women and children, and those living in lone parent and single pensioner families are most at risk of persistent low income. There is a very small risk for childless non-pensioners. Workless families are most at risk. Individuals without qualifications and living in social rented housing have a high risk. For working adults there was little change between 1991 and 1999 in persistent poverty, defined as spending three or more years out of four in a household with equivalent income below 60% of the median. However, there was a slight rise in persistent low income for pensioners and a slight fall for children. During the 1990s, the incidence of persistent low income fell for single-parent families and workless households, with a slight rise for pensioners.

Individuals who entered poverty tended to have shorter spells if there were fewer dependent children in the household, no child aged 1–5, more adults, a younger adult head, a better-qualified household head, a household head in paid work and at least one other person in the household. Jenkins and Rigg⁴⁵ found that changes in household earnings (half with changes in employment and half without) accounted for most entries into and exits from poverty for working-age households. Demographic events accounted for a smaller proportion – mainly entries. The exit rate of those who moved into married couple households was 64%. In contrast, becoming a lone parent was the most important entry event. For pensioners, changes in income from occupational pensions, investments and savings or private transfers were important in exits.

40 Burgess, S., Gardiner, K. and Propper, C. (2002) *Capital and the Determinants of Poverty and Social Exclusion*, London: Centre for Analysis of Social Exclusion.

41 Benzeval, M. and Judge, K. (2001) 'Income and health: The time dimension', *Social Science and Medicine*, 52, 9, 1371–90.

42 Iacovou, M. and Berthoud, R. (2000) *Parents and Employment: An analysis of low-income families in the British Household Panel Survey*, DWP Research Report 107, Leeds: The Stationery Office.

43 Jenkins, S. and Rigg, J. (2001) *The Dynamics of Low Poverty in Britain*, Colchester: University of Essex.

44 DWP (2003) *Households Below Average Income 1994/5–2001/2*, Leeds: Corporate Document Services.

45 Jenkins, S. and Rigg, J. (2001) *op. cit.*

Iacovou and Berthoud⁴⁶ found that in any one year, 27% of workless couples with children and 10% of workless lone parents moved into work. Those who stayed in work had consistently higher incomes than those who moved in or out. The Family and Children Survey (FACS) will be an increasingly valuable source of data on dynamics.⁴⁷

2.3.1 Financial exclusion⁴⁸

Despite government efforts in 2000/01 to encourage financial services for the poor, one in five households does not have any type of bank or building society account, and lone parents, the unemployed, Bangladeshi, Pakistani, and sick or disabled people are much more likely to be without a bank account.⁴⁹ There have been no improvements in coverage since 1994–1995. Half of all low-income households lack contents insurance – the same as five years ago – and households without insurance are much more likely to be burgled.⁵⁰

2.4 Outlook

There is a clear political commitment to abolish child poverty and tackle pensioner poverty. Targets have been set for child poverty and the *Opportunity for All* series is monitoring the extent to which those targets are being achieved. Although on most indicators progress is being made, the reduction in child poverty has been disappointing. Piachaud and Sutherland⁵¹ concluded that increased employment and changes in benefits and tax credits were responsible for reductions in child poverty relative to what it would have been. However, using a relative poverty measure, reductions in child rates have been small and further policy measures will be needed if the Government is to meet its target of reducing child poverty by 25% by 2004–2005. Despite the minimum wage (and its above inflation increases), low pay remains a problem. Take-up of some means-tested benefits may contribute to undermining the effectiveness of the safety net.

Clearly, the prospects for labour demand are also crucial given the high risk of poverty among the unemployed. Although unemployment is still below a million, 1.5 million people are still International Labour Organisation unemployed, in that they are actively seeking work, and 2.5 million are inactive but want paid work. The improvements that have been made in out-of-work benefits mean that if unemployment increases, families with children will be protected at a higher real income level than before. However, singles and couples have seen no real improvement in their out-of-work benefits.

46 Iacovou, M. and Berthoud, R. (2000) *op. cit.*

47 McKay, S. (2002) *Low/Moderate-Income Families in Britain: Work, Working Families' Tax Credit and Childcare in 2000*, DWP Research Report 161, Leeds: The Stationery Office

48 Studies of financial exclusion include Kempson, E. and Whyley, C. (1999) *Kept Out or Opted Out? Understanding and combating financial exclusion*, Bristol: Policy Press.

49 DWP (2002) *Households Below Average Income 1994/5–2000/1*, Leeds: Corporate Document Services.

50 Palmer, G., Rahman, M. and Kenway, P. (2002) *Monitoring Poverty and Social Exclusion 2002*, York: Joseph Rowntree Foundation.

51 Piachaud, D. and Sutherland, H. (2002) *Changing Poverty Post-1997*, London: Centre for Analysis of Social Exclusion.

3. Employment

By all accounts, the labour market is central to social exclusion. Most importantly, lack of participation in the labour market is an important **indicator** of social exclusion. However, it is also an important **driver** of other aspects of social exclusion, including poverty, homelessness, physical and mental ill-health, drug misuse, social capital and transport. For example, poor health can increase the risk of unemployment and economic inactivity, and vice versa. Likewise, unemployment increases the risk of homelessness, but homelessness is itself a barrier to finding and keeping a job. Some of these interactions are discussed below, as well as elsewhere in the report.

3.1 Trends in worklessness

During the 1980s and early 1990s, Britain had below average economic growth and very high inflation. It also suffered from the two deepest and longest recessions since the Second World War.⁵² The return of ‘mass unemployment’ cast a dark shadow over many aspects of social policy and contributed to the increasing concern about social exclusion. The ‘scarring effects’ of unemployment are not just immediate but also long term and can influence life chances even during subsequent periods of employment. It is likely that the long-term effects of Britain’s poor economic performance in the 1980s and early 1990s are still being felt.

A study of General Household Survey data for 1973 to 1993 found that the adverse economic trends most affected men in manual jobs with long-standing limiting illness.⁵³ The likelihood of unemployment was far less affected by illness in non-manual than in manual occupations. This effect increased as unemployment rose. In addition, men with chronic illness in manual occupations were not drawn back into the labour market during the economic recovery of the late 1980s. Similar results were found in an analysis of the General Household Survey for 1979 to 1995. The researchers concluded, “Our study shows that, among British men, the strong combined affect of low skills and ill-health on their exclusion from the labour market is particularly problematic; the social and economic consequences of that exclusion might aggravate their already poor state of health. The increasing socio-economic differential in economic inactivity rates in Britain may contribute to the widening [of] health inequalities through the mechanism of social and economic consequences of chronic illness.”⁵⁴

Analysis of the longitudinal data from the Office of National Statistics Longitudinal Study found that being unemployed in 1971 or 1981 was associated with an increased risk of having a limiting long-term illness in 1991, independent of social class. Moreover, being in a semi-skilled or unskilled social class in any of these three years was associated with illness in 1991, independent of employment history.⁵⁵ Thus, just as poor health may lead to unemployment, so unemployment may result in poor health, though cause and effect interactions are difficult to unravel.

52 HM Treasury and DWP (2001) *The Changing Welfare State: Employment Opportunity for All*, London: HM Treasury and DWP.

53 Bartley, M. and Owen, C. (1996) ‘Relation between socioeconomic status, employment, and health during economic change, 1973–93’, *British Medical Journal*, 313, 445–9.

54 Burstrom, B., Whitehead, M., Lindholm, C. and Diderichsen, F. (2000) ‘Inequality in the social consequences of illness: How well do people with long-term illness fare in the British and Swedish labour markets?’, *International Journal of Health Sciences*, 30, 435–51.

55 Bartley, M. and Plewis, I. (2002) ‘Accumulated labour market disadvantage and limiting long-term illness: Data from the 1971–1991 Office of National Statistics’ Longitudinal Study’, *International Journal of Epidemiology*, 31, 336–41.

Since the mid-1990s, there has been strong employment growth and falling unemployment. The ILO unemployment rate has fallen back to levels not seen since the 1970s and the employment rate is at a historically high level. Long-term unemployment has fallen by more than two-thirds and the number of young people out of work for six months or more has decreased by three-quarters.⁵⁶

Although employment has risen and unemployment fallen since the mid-1990s, economic inactivity among people of working-age has changed relatively little. This overall trend of stability masks an important gender divide, for while working-age economic inactivity has fallen among women, it has risen among men.⁵⁷

The increase in employment among women has tended to occur in households where their partner was already in work. Meanwhile, the rise in economic inactivity among men has been concentrated in single-person households and those where no one else is in employment. The result has been a shift towards more work in fewer households, and hence a polarisation between 'work rich' and 'work poor' or workless households.⁵⁸ The rise of the workless household partly reflects the shift towards more single-person households and particularly lone-parent households. But the "key factor behind the growth of the work-poor household is that the exit rate from non-employment into work fell substantially for households without earned income after 1979 and never recovered".⁵⁹ Although the proportion of households with no adults in work has fallen since the mid-1990s, it remains very high.

From the late 1970s to the mid-1990s, labour market inactivity increased among men over 50, lone parents, those with low skills, people who are disabled or have health problems, and in some disadvantaged localities. "People in these groups that have failed to hold or obtain jobs have tended to drift out of contact with the labour market and into economic inactivity."⁶⁰ Consequently, there was a sharp rise in the numbers of lone parents on Income Support and people claiming sickness and disability benefits.

In recent years, the number of lone parents in work has risen and the number claiming Income Support has fallen. Even so, about half of lone parents remain economically inactive. Meanwhile, the rate of increase on receipt of incapacity benefits has tailed off, but about three out of ten men over age 50 and over a third of people of all ages with no qualifications are economically inactive.⁶¹

3.2 The geography of worklessness

There is a distinct geography to unemployment and economic inactivity. Worklessness is concentrated in cities, industrial areas and former coalfields.⁶² There is a very strong correlation between unemployment and economic inactivity. Local authorities with very high levels of unemployment also have very high levels of economic inactivity. They also have very high levels of long-term unemployment.⁶³

56 HM Treasury and DWP (2001) *op. cit.*

57 *Ibid.*

58 Gregg, P. and Wadsworth, M. (1996) 'More work in fewer households?', in J. Hills (ed.), *New Inequalities: The Changing Distribution of Income and Wealth in the United Kingdom*, Cambridge: Cambridge University Press.

59 *Ibid.*, p. 204.

60 HM Treasury and DWP (2001) *op. cit.*

61 *Ibid.*

62 Green, A.E. and Owen, D. (1998) *Where are the Jobless? Changing unemployment and non-employment in cities and regions*, Bristol: The Policy Press.

63 Webster, D. (2000) 'The geographical concentration of labour-market disadvantage', *Oxford Review of Economic Policy*, 16, 114–28.

There is also a very strong correlation across local authority areas between male unemployment and the incidence of lone parenthood. Male unemployment is also very highly correlated with the proportion of households headed by a non-working lone parent.⁶⁴ The 1991 census shows, for example, that “The proportion of lone parents in work varied from three-fifths ... in booming South Cambridgeshire ... where male unemployment was only 4.7%, to one fifth or less ... in the declining areas of Knowsley, Glasgow and Liverpool, where male unemployment was over 20%.”⁶⁵

Areas with very high levels of worklessness also tend to have high levels of Incapacity Benefit claimants. This reflects the movement of unemployed people into sickness and early retirement.⁶⁶ Across local authority areas, there is a strong correlation between male unemployment and the proportion of the working-age population with a long-term illness.⁶⁷

The high rate of manufacturing job losses in Britain’s 20 largest cities over the past two decades (1981–1996) has led some experts to argue that they suffer from a ‘jobs gap’, that is, an imbalance between labour supply and demand.⁶⁸ More recent regional data (1999, 2000) using the Labour Force Survey show that a jobs deficit still exists, despite the fall in unemployment since the mid-1990s.⁶⁹ Whatever the reason, there remain pockets of very high unemployment and economic inactivity, with high levels of Incapacity Benefit receipt. The longer someone has been on Incapacity Benefits, the less likely they are to move back into work.⁷⁰

3.3 Low pay, no pay

Although the existence of a jobs gap is disputed, there is little doubt that there has been a fundamental shift in the demand for unskilled labour and a rise in the premium of qualifications. “A key economic driving force behind these trends [in worklessness] has been a striking shift in the employment and earnings prospects of workers with low skills.”⁷¹ The collapse in demand for unskilled workers is not confined to Britain, but is common across the industrialised world.

Analysis of data from the New Earnings Survey shows that the incidence of low pay has increased over the past quarter of a century.⁷² The growth in low pay reflects the increase in earnings inequality over the same period. The pay of people with no educational qualifications has fallen substantially relative to those with some educational qualifications.⁷³ However, analysis of the

64 *Ibid.*; Bradsaw, N., Bradshaw, J. and Burrows, R. (1996) ‘Area variations in the prevalence of lone parent families in England and Wales: A research note’, *Regional Studies*, 30, 811–15.

65 Webster, (2000) *op. cit.*, p. 120.

66 Beatty, C., Fothergill, S., Gore, T. and Herrington, A. (1997) *The Real Level of Unemployment*, Sheffield: CRESR, Sheffield Hallam University.

67 Webster, (2000) *op. cit.*

68 Turok, I. and Edge, N. (1999) *The Jobs Gap in Britain’s Cities: Employment loss and labour market consequences*, Bristol: The Policy Press.

69 Erdem, E. and Glyn, A. (2001) ‘Jobs deficit in UK regions’, in Dickens, R. Wadsworth, J. and Gregg, P. (eds), *The State of Working Britain: Update 2001*, York: York Publishing Services.

70 DUP (2002) *Helping People into Employment*, London: DUP.

71 HM Treasury/DWP (2001) *op. cit.*, p. 8.

72 McKnight, A. (2002) ‘Low-paid work: Drip-feeding the poor’, in Hills, J., Le Grand, J. and Piachaud, D. (eds), *Understanding Social Exclusion*, Oxford: Oxford University Press.

73 HM Treasury and DWP (2001) *op. cit.*

Family Expenditure Survey shows that wage inequality has also increased among male workers with low levels of education and skills. This suggests that the sharp increase in earnings inequalities since the late 1970s cannot be explained only by changes in the demand for skills.⁷⁴

Some people are more at risk of low pay than others.⁷⁵ In addition to people with low levels of qualifications, those most likely to be low paid are:

- women;
- young people;
- older male workers;
- long-term sick and disabled people;
- people from ethnic minorities; and
- people with little or no work experience.

Low-paid jobs tend to be more precarious than higher-paid jobs.⁷⁶ The low-paid are more likely than the higher paid to become unemployed in the next year. They are also more likely to be low paid on returning to work. Indeed, the evidence suggests that there is a “low pay, no pay cycle”.⁷⁷ For some people with low skills, periods of low pay are interspersed with periods of unemployment.

Unemployment has a negative impact on future earnings. Analysis of the British Household Panel Survey (BHPS) reveals that people taking up a job after an involuntary job loss earn 9% less than in their previous job on average. When compared with workers in continuous employment, the average wage loss of someone returning to work after an involuntary job loss is 14%. Wages among ‘entry jobs’ – that is, the kinds of jobs that tend to be taken up by those out of work – have declined since 1980.⁷⁸

74 Gosling, A., Machin, S. and Meghir, C. (1996) ‘What has happened to the wages of men since 1966?’, in Hills, J. (ed.), *New Inequalities: The Changing Distribution of Income and Wealth in the United Kingdom*, Cambridge: Cambridge University Press.

75 McKnight, (2002) *op. cit.*

76 *Ibid.*, p. 107.

77 Stewart, M.B. (1999) ‘Low pay in Britain’, in Gregg, P. and Wadsworth, J. (eds), *The State of Working Britain*, Manchester: Manchester University Press.

78 Gregg, P. (1998) ‘The impact of unemployment and job loss on future earnings’, in Hills, J. (ed.), *Persistent Poverty and Lifetime Inequality*, London: Centre for the Analysis of Social Exclusion, London School of Economics and HM Treasury.

Analysis of the BHPS shows that there is also considerable persistence in low pay from one year to the next. Low-paid workers tend to remain low paid. It appears, therefore, that “low paid jobs are more likely to act as blind alleys than as stepping stones to positions higher up the pay distribution”.⁷⁹

Analysis of data from the New Earnings Survey indicates that there is a high degree of wage immobility in Britain. Moreover, earnings mobility seems to have fallen since the late 1970s and, as noted above, earnings inequality increased significantly over the same period. Hence, “not only has the gap between the rich and the poor risen but the ability of the low-paid to close this gap has fallen considerably. Far from offsetting the increase in cross section wage inequality, changes in [earnings] mobility appears to have exacerbated this rise”.⁸⁰

The limited mobility in earnings (and in education) has been confirmed in research using the National Child Development Study.⁸¹ This research has also shown that the cognitive achievements of children aged five to eight are strongly related to the earnings of their parents, as well as to their parents’ maths and reading ability. Thus, one partial consequence of the persistence of low pay and limited earnings mobility is that economic success is transmitted across the generations.

3.4 Exclusion from paid work

One in six (17%) of adults in Britain are experiencing non-employment (defined as either not working at least 16 hours a week or not in full-time education, and not having a working partner). Some types of people are more likely to be non-employed than others. Analysis of Labour Force Survey data for 1992 to 2000⁸² found that those most at risk of non-employment are:

- men and women without partners, especially lone parents;
- disabled people;
- people with low qualifications and skills;
- people in their fifties;
- people living in areas of weak labour demand; and
- members of certain ethnic minority groups.

These risk factors are similar to the risk factors for being in low paid, rather than higher paid employment. This suggests that not only are people in these groups more likely to be without work; but if they are in work, they are more likely to be low paid.

79 Stewart, M.B. (1998) ‘Low pay, no pay dynamics’, in Hills, J. (ed.), *Persistent Poverty and Lifetime Inequality*, London: Centre for the Analysis of Social Exclusion, London School of Economics and HM Treasury, 73.

80 Dickens, R. (1998) ‘Wage mobility in Great Britain’, in Hills, J. (ed.), *Persistent Poverty and Lifetime Inequality*, London: Centre for the Analysis of Social Exclusion, London School of Economics and HM Treasury, p.80.

81 Machin, S. (1998) ‘Intergenerational transmissions of economic status’, in Hills, J. (ed.), *Persistent Poverty and Lifetime Inequality*, London: Centre for the Analysis of Social Exclusion, LSE and HM Treasury.

82 Berthoud, R. (2003) *Multiple Disadvantage in Employment: A Quantitative Analysis*, York: York Publishing Services.

Two-thirds of adults in Britain have at least one of these six disadvantages and about a tenth have at least three of them. Very few (1 in 5,000) have all six. The more of these disadvantages that people have, the greater their risk of being non-employed. Only 4% of adults (aged 17 to 59) with none of these six disadvantages are non-employed. Meanwhile, more than 90% of people with all six disadvantages are non-employed.⁸³

The risk of non-employment reflects the number of disadvantages that people have. However, the risk does not go up exponentially, rising faster and faster as the number of disadvantages increases. "This analysis largely justifies the common assumption that variations in the risk of non-employment can on the whole be explained by just by adding the effects of each disadvantage together."⁸⁴

A qualitative study of the employment difficulties of young people with multiple disadvantages, focused on those with experience of homelessness, disability, poor mental health, drug and alcohol problems, poor literacy and language skills, having been in care, early motherhood, and problems with the law. It was found that their disadvantages made it difficult for them to obtain employment in general and secure jobs in particular. Many of the young people interviewed said there was a lack of jobs in their area. More than two-thirds "had spent their working lives in and out of temporary, casual or part-time jobs".⁸⁵

People from ethnic minorities are disadvantaged in the labour market in at least four different respects: employment and unemployment rates, earnings levels, occupational attainment and progression in the workplace, and levels of self-employment.⁸⁶ However, it is important to note that there are significant differences between different ethnic minority groups in terms of income and employment.⁸⁷ For example, people of Indian or Chinese background have employment rates that are not far behind those of white people, whereas people of Caribbean, African, Pakistani or Bangladeshi backgrounds tend to have very high rates of unemployment. The drivers of these differences are multiple and complex. They include education and skills, the ability to gain access to employment opportunities, and discrimination in the workplace.⁸⁸

Many problem drug users are unemployed or not economically active. The chaotic lifestyles and poor health of opiate-dependent drug users make it difficult for them to get or to retain paid employment. Unemployment can be a risk factor for drugs use and, conversely, drug dependency may render some people unemployable.⁸⁹ A qualitative study of 200 drug users found that, among those who had ever been employed, many had lost their job as a direct result of their drug taking behaviour.⁹⁰ Analysis of the British Crime Survey found a highly significant, negative statistical relationship between hard drug use and unemployment. People using hard drugs were much more likely to be unemployed than those who were not.⁹¹ A large-scale study of drug users receiving treatment in Scotland reported very low levels of employment. Only 3% of

83 *Ibid.*

84 Berthoud, R. (2003) 'Multiple disadvantage in employment', *JRF Findings*, March, p. 1.

85 Lakey, J., Barnes, H. and Parry, J. (2001) *Getting a Chance: Employment support for young people with multiple disadvantages*, York: York Publishing Services.

86 Strategy Unit (2003) *Ethnic Minorities and the Labour Market*, London: Cabinet Office.

87 Bethoud, R. (2002) 'Poverty and prosperity among Britain's ethnic minorities', *Benefits*, 10, 1, 3–8.

88 Strategy Unit (2003) *op. cit.*

89 Peck, D.F. and Plant, M.A. (1986) 'Unemployment and illegal drug use', *British Medical Journal*, 293, 11 October, 929–32.

90 Neale, J. (2002a) *Drug Users in Society*, Basingstoke: Palgrave.

91 MacDonald, Z. and Pudney, S. (2000) 'Illicit drug use, unemployment, and occupational attainment', *Journal of Health Economics*, 19, 1089–15.

the 1,007 respondents had a job at the time of their interview (though 45% of all respondents were in prison). Within the previous six months, only 11% reported having had any legal, paid employment.⁹² A number of studies have reported an association between unemployment, drug use and poor mental health.⁹³

3.5 Conclusion

A lack of participation in the labour market is a fundamental aspect of social exclusion. It can act not only as a key driver of social exclusion, but also to reinforce it by causing or exacerbating other problems such as poor health. The evidence reviewed shows that some groups of people and some types of area have not benefited entirely from the rise in employment and fall in unemployment over the past decade. Economic inactivity remains at a high level and some groups of people face an especially high risk of non-employment and/or low pay. For those who are currently not working or who are in low-paid work, the 'scarring effects' are likely to persist from one year to the next; for those of child-rearing age, they are also likely to continue into the next generation.

92 Neale, J. (2002b) *Drug Outcome Research in Scotland (DORIS): An overview of study participants*, Glasgow: Centre for Drug Misuse Research, University of Glasgow.

93 Some of these studies are reviewed by Mitchell, D.P., Betts, A. and Epling, M. (2002) 'Youth employment, mental health and substance abuse: A challenge to mental health services', *Journal of Psychiatric and Mental Health Nursing*, 9, 191–8.

4. Education

Education is widely perceived as playing a pivotal role in the prevention of social exclusion. This section presents research evidence on the factors, and processes, which influence this. It also presents evidence, where available, on the relative strength of different factors and on emerging factors which might have an effect on the relationship between education and social exclusion in the medium term. Access to adult and continuing, lifelong education has the potential to reduce social exclusion, as do a wide range of community-based projects aimed at both school-leavers and adults. However, given the time available for this work we decided to focus mainly on education provided in establishments whose primary purpose is education (thus excluding, for example, youth work) and to restrict attention mainly to the period between the ages of 16 and 21.

Two caveats arise from a reading of the literature on education and social exclusion. One concerns how exclusion is captured. Social exclusion is typically defined as a process of long-term non-participation in “the economic, civic and social norms that integrate and govern the society in which an individual resides”.⁹⁴ Therefore, in theory, attempts to capture the ways in which education contributes to social exclusion should seek to capture the ability of different population sub-groups to participate in a number of key dimensions of social activity.

Bynner⁹⁵ talks of social exclusion as “a multi-faceted concept, embracing lack of, or limited, participation in all the domains of life – family formation, political participation, health and so on”. Burchardt *et al.*⁹⁶ similarly identify as the key dimensions of participation:

- production;
- consumption;
- wealth;
- political activity; and
- social life.

Strikingly, however, both the policy and the research literature on education and social exclusion focus almost exclusively on one dimension of exclusion – involvement in production via employment and/or training, which is seen as creating opportunities for consumption and the building of wealth. As Sparkes⁹⁷ points out, “much less is known of the role education plays in relation to the other spheres”.

94 Burchardt, T., Le Grand, J. and Piachaud, D. (1998) ‘Social Exclusion in Britain 1991–1995’, *Social Policy & Administration*, 33, 3, 227–44.

95 Bynner, J. (2001) ‘Childhood risks and protective factors in social exclusion’, *Children & Society*, 15, 285–301.

96 Burchardt, *et al.* (1998) *op. cit.* 227–44.

97 Sparkes, J. (1999) *Schools Education and Social Exclusion*, London: Centre for Analysis of Social Exclusion.

The justification argued for this emphasis is twofold.⁹⁸ First, while social exclusion's multi-faceted nature is accepted as self-evident, a central component is identified with the poverty associated with limited prospects for employment. Secondly, dissociation from – rejection by – the labour market is seen as greatly reducing both self-agency and self-esteem. This compounds even further the problem of securing employment.

On this reasoning, it is argued that exclusion for extended periods from employment or training is “one of the best indicators of potential social exclusion for young people”.⁹⁹ Accepting these justifications, it nevertheless remains true that the research literature has virtually nothing to say about how education differentially affects participation in the political and social life of communities. An exception to this is Parsons and Bynner's¹⁰⁰ study on behalf of the Basic Skills Agency.

4.1 The scale of social exclusion – the available evidence

The second caveat relates to the sources of evidence available for assessing the scale and dynamics of social exclusion and the role of education in this. Morris *et al.*,¹⁰¹ in a review of the scope of disadvantage among 16–17-year-olds and the effectiveness of strategies and solutions, draw attention to serious shortcomings in the statistical and research data available.¹⁰² Cohort studies such as the National Child Development Study (NCDS) and the British Household Panel Survey (BHPS) rectify these defects to some extent. However, they are beset by problems of non-response and attrition that are likely disproportionately to affect marginal, potentially excluded groups. Therefore, we lack reliable longitudinal data offering dependable evidence on the nature, causes and duration of social exclusion and the role of education in creating, or modifying it – though its broad parameters and the correlations between different contributory factors can be inferred from cohort studies and, to an extent, from routine statistics.

4.2 Education as a driver of social exclusion

It is clear from the literature that a number of macro-level factors strongly influence what schools and pupils can achieve in the domains of formal qualifications and generic skills. Among these factors, three are particularly salient:

- **Changing socio-demographic factors:** these changes notably increase the rates of family instability, sole parenthood, teenage pregnancy and motherhood, and of immigration, asylum-seeking and refugee settlement. Together, these create conditions in which children experience higher levels of mobility (and interrupted schooling) and greater insecurity than previously.¹⁰³

98 Bynner, J. (2001), *op. cit.*

99 *Ibid.*

100 Parsons, S. and Bynner, J. (2002) *Basic Skills and Social Exclusion*, London: The Basic Skills Agency.

101 Morris, M., Nelson, J. and Stoney, S. (1999) *Disadvantaged Youth: A critical review of the literature on scope, strategies and solutions*, Nottingham: DfEE.

102 Morris *et al.* (1999) – pp. 6-8. .

103 See for examples Ermisch, J. and Francesconi, M. (2001) 'Family structure and children's achievements', *Journal of Population Economics*, 14, 2, 249-70; Social Exclusion Unit (1999) *Teenage Pregnancy*, Cm 4342, London: The Stationery Office P63, para. 9.4–9.7; Sparkes, J. and Glennerster, H. (2002) 'Preventing social exclusion: Education's contribution', in Hills, J., Le Grand, J. and Piachaud, D. (eds), *Understanding Social Exclusion*, Oxford: Oxford University Press.

- **Changes in the structure of the labour market:** these affect demand for labour and young people's routes to independence and adulthood. A number of studies¹⁰⁴ identify fundamental changes in educational and employment structures which have taken place in the last 10 years or so that mean that the transition to work is lengthening, becoming more fragmentary and more dependent on the possession of qualifications. In 1986, 62% of jobs required qualifications; by 1997, the figure had increased to 69%.¹⁰⁵

Bynner¹⁰⁶ in particular draws on the comparison of data from two cohorts of people born in 1958 (NCDS) and 1970 (Birth Cohort Study 1970) to demonstrate the heightened significance of the possession of qualifications and numeracy skills as protection against unemployment. The employment of members of the earlier cohort "was more bound up with economic fluctuations and their effects on local labour market opportunities than the skills and qualifications potential employees possessed". By contrast, young people in the cohorts leaving school in the 1980s needed to offer much stronger evidence of qualifications and skills to gain employment than their counterparts had done only 12 years previously.¹⁰⁷ Bynner, like other commentators, sees these trends as likely to continue and intensify.

- **Policy tensions:** a number of studies and a larger number of commentaries point to the impact of policy changes geared to improving school performance and the increasing parental choice of schools in creating marked divergences in attainment between schools and between pupils of different ability levels. Recent trends show that there has been an aggregate improvement in attainment at all key stages, but also that a long tail of underachievement remains. Low attainment is particularly apparent among some ethnic minority groups and pupils on free school meals, especially boys.¹⁰⁸

4.3 Educational attainment

Educational attainment – in the form of qualifications and test scores – during compulsory schooling has been identified as "the most frequent and effective childhood predictor of adult outcomes", and of social exclusion by a number of studies using cohort data, notably Hobcraft's¹⁰⁹ analysis of NCDS data, Bynner and Parsons'¹¹⁰ analysis of Birth Cohort Study (BCS) data, and Robinson and Oppenheim's¹¹¹ analysis of Youth Cohort Study data. Work by Bynner and Parsons¹¹² also emphasises the impact on adult outcomes of poor basic skills, especially for individuals at high risk of social exclusion from other factors. This body of evidence indicates that "individuals who leave schools with low levels of [formal] educational attainment and poor basic skills are at a higher risk of experiencing social exclusion as adults, with those who lack basic literacy and numeracy skills at particular risk".¹¹³

104 Bynner, J., McKnight, A., Pan, H. and Pierre, G. (2002) *Young People's Changing Routes to Independence*, York: Joseph Rowntree Foundation; Bynner, J. and Parsons, S. (2002) 'Social exclusion and the transition from school to work: The case of young people not in education, employment or training (NEET)', *Journal of Vocational Behaviour*; Morris, M., Nelson, J. and Stoney, S. (1999) *Disadvantaged Youth: A critical review of the literature on scope, strategies and solutions*, Nottingham: DfEE.

105 Green *et al.* (1998) in Sparkes and Glennerster (2002).

106 Bynner, J. (2001) *op. cit.*

107 *Ibid.*

108 West, A. and Pennell, H. (2003) *Underachievement in Schools*, London: RoutledgeFalmer.

109 Hobcraft (1998) *Intergenerational and Life-course Transmission of Social Exclusion: Influences and childhood poverty, family disruption and contact with the police.*

110 Bynner, J. and Parsons, S. (1998) *Influences on Adults' Basic Skills*, London: The Basic Skills Agency.

111 Robinson and Oppenheim, C. (1998) *Social Exclusion Indicators*, London: Institute of Public Policy Research.

112 Parsons, S. and Bynner, J. (2002) *op. cit.*

113 Sparkes, (1999) *op. cit.*

Parsons and Bynner¹¹⁴ find that poor reading is predictive of adult social exclusion, with the presence of risk factors in childhood increasing its likelihood. For women in particular, poor reading is strongly associated with social exclusion, regardless of their childhood risk of exclusion. For men, other risk factors are more significant. Risk factors for poorly literate men thus include socio-economic variables, while protective factors may be parental interest in education, teacher attitudes and training opportunities. The study emphasises the circular relationship between poor skills and social exclusion. Sparkes and Glennerster¹¹⁵ support this. Only 2% of jobs are open to those with Basic Skills Agency 'entry-level skill', and only 50% of jobs to those with skill level one.

This review also reports evidence of strong associations between low attainment – particularly in numeracy and, to a lesser extent, literacy – and:

- poor access to the labour market in the early stages of working life;
- higher risks of spells of unemployment between 16 and 21;
- low earnings;
- housing tenure at age 37.

Hobcraft¹¹⁶ states that “educational qualifications show a clear and strong relationship to every single measure of adult disadvantage at ages 23 and 33 and both for men and women”, and that “this relationship emerges net of controls for a wide range of childhood factors”.¹¹⁷ Poor educational attainment has also been shown to be associated with other markers of social inclusion, such as:

- poorer reported general health;
- depression;¹¹⁸
- lower probability of voting in general elections.¹¹⁹

As noted above, recent work by Parsons and Bynner¹²⁰ demonstrates that those with poor basic skills show lower levels of community and civic participation. Samples of the 1958 and 1970 birth cohorts were used to analyse levels of political interest and political cynicism in terms of literacy and numeracy levels. The study showed that, in addition to declining interest in politics and voting levels and increasing political cynicism in the general population, those with poor skills were the least likely ever to have been a member of an organisation or to have participated in civic and community life, independent of qualifications and socio-economic factors. However, the disparity in levels of engagement between those with poor and those with average skills diminished in the later-born cohort.

114 Parsons, S. and Bynner, J. (2002) *op. cit.*

115 Sparkes, J. and Glennerster, H. (2002) 'Preventing social exclusion: Education's contribution', in Hills, J., Le Grand, J. and Piachaud, D. (eds), *Understanding Social Exclusion*, Oxford: Oxford University Press.

116 Hobcraft (2000) *The Roles of Schooling and Educational Qualifications in the Emergence of Adult Social Exclusion*, London: Centre for Analysis of Social Exclusion.

117 Hobcraft (2000) *op. cit.*

118 Whitty, G., Power, S., Gamarmikow, E., Aggleton, Tyrer, P. and Youdell, D. (1999) 'Health, housing and education', in Hayton, A. (ed.), *Tackling Disaffection and Social Exclusion*, London: Koogan Page.

119 Bynner, J. and Parsons, S. (1998) *op. cit.*

120 Parsons, S. and Bynner, J. (2002) *op. cit.*

Sparkes¹²¹ notes that the formal educational qualifications that confirm attainment play an important role in employers' judgements about employing individuals. In deciding whom to hire, they need "easily accessible and comparable data" and this is supplied by qualifications such as GCSEs, hence the link between attainment, labour market participation and earnings.¹²² Concern is therefore raised by the finding in recent research¹²³ that, while attainment at GCSE level has risen significantly in recent years, the gains may not have been shared by those at the lowest end of the attainment distribution. Recent policy initiatives focusing on more inclusive approaches to education may have helped to reverse this trend and there has been a small reduction in the proportion of pupils leaving with no GCSEs – from 7.7% in 1997 to 5.2% in 2003.

4.3.1 Generic skills

Generic skills have also been shown, in research on employers in the UK, to act as important criteria in recruiting employees. *The Employers Skills Survey 2002*¹²⁴ reports trends in skill demand by UK employers between 1999 and 2002, in relation to skill-shortage vacancies. It lists among generic skills: basic computer literacy, communication, customer handling, team working, problem solving, and attributes such as reliability and common sense.¹²⁵ The report shows that aside from the technical skills needed for a job, employers report that vacancies are due to shortages of generic skills: skills which are rarely supported by formal qualification. The trend over recent years sees consistent or increasing demand for these generic skills in the labour market, and growing demand is reported for skills such as literacy and numeracy. Demand for technical skills and advanced IT knowledge have reduced over the same time.¹²⁶

Generic skills – those transferable across occupations – and their value in the British labour market have been studied by Green¹²⁷ on behalf of the Skills Task Force. A representative sample of members of the British workforce aged 20–60 and in paid work was used to evaluate the use of 12 transferable skills. The skills were measured in two ways: the importance of the skill in performing the job, and whether individuals experience applying such skills at work.

The skills (verbal, manual, problem solving and checking, numerical, planning, client communication, horizontal communication and professional communication) were measured by the workers on a five-point scale, from 'Essential' (to their job) to 'Not important at all'.¹²⁸ Experience of employing skills at work was measured by self-reporting on the extent of computer use and complexity, the extent of supervision and autonomy, the variety of tasks undertaken and how often tasks in work were organised on the basis of teams.¹²⁹

The results show that skills such as basic computing, professional communication and problem solving are highly valued and provide pay premiums for those employing them in the labour market. To a lesser extent, team working and, particular to women, verbal skills are related to increased pay.¹³⁰ Furthermore, all of the transferable skills measured by Green's study – except

121 Sparkes, J. (1999) *op. cit.*

122 Sparkes, J. and Glennerster, H. (2002) *op. cit.*

123 West, A. and Pennell, H. (2003) *op. cit.*

124 Hillage, J., Regan, J., Dickson, J. and McLoughlin, K. (2002) *Employers Skill Survey 2002*, DFES Research Report RR372.

125 *Ibid.*, Table 2.16.

126 Green, F. (1999) *The Market Value of Generic Skills*, Skills Task Force Research Paper 8, DfES, p. 9.

127 *Ibid.*

128 *Ibid.*, p.7.

129 *Ibid.*

130 *Ibid.*, pp. 18–9.

manual skills (physical strength, physical stamina, dexterity and knowledge of tools) – are more often applied in the workplace by individuals from the higher education groups.¹³¹ The best-paid third of the sample consistently reported the highest mean skill level for each skill, again except manual, which showed an opposite trend.¹³²

4.4 What drives low educational attainment?

The research literature indicates that attainment is influenced by factors operating at the following levels:

- child and family;
- community and labour market;
- individual school;
- local education authority;
- central government.

While these can be, and are below, discussed separately, the clear consensus in the literature is that:

- these factor levels act in combination, and the cumulative impact of risk factors may be greater than the sum of single factors;¹³³
- associations can be demonstrated between factors operating at each level, and between levels. However, the direction of influence is often difficult to establish;
- causality – particularly in relation to non-school factors - has not yet been established;
- pathways and trajectories (with implications for the timing of interventions) have likewise to be identified clearly – though the value of identifying pupils with certain characteristics early, and of intervening and maintaining support for them at key stages, is widely promulgated in the literature.

It should be noted that studies of attainment very rarely gather data at all the levels mentioned above, or data on both structural and process variables. Cohort studies, for example, do not collect structural data on schools and local communities; or qualitative data on processes within schools by which pupils can fail to achieve, or become socially isolated. Equally, qualitative studies of these processes rarely collect socio-economic, structural or longitudinal data.

Both the formal and informal attainments generated via education are associated with later achievement. For a significant minority, under-achievement is associated with social exclusion.

131 *Ibid.*, pp. 13–4.

132 *Ibid.*, p. 14.

133 Sparkes, J. (1999) *op.cit.*

In the next parts of this section, we consider what research can tell us about the reasons for, or factors associated with, low educational achievement. In this discussion, 'school' and 'non-school' factors are discussed separately, although they clearly interact. The role of policy at the national and local levels, including the issue of financial resources, is not considered in this discussion, since these were beyond the scope of the present review.

4.5 'School' factors and social exclusion

The school effectiveness literature indicates, as might be expected, that schools can and do make a (varying) difference to children and young people's educational attainment and, ultimately, life chances. It also indicates that they do this, to greater and less degrees, in ways that can be described as either pedagogic (focusing on teaching and learning methods, and on curriculum content and structure) or social (reflecting the ethos, values, organisation and social life of the school and its relationship with families and the local community).

These categories are not watertight. Behaviour in one reflects and influences behaviour in the other. It is, however, a distinction that is useful in reflecting on the different forces that drive and sustain the poorer attainment of vulnerable students.

As noted at the beginning of this section, the evidence of recent years is that schools' GCSE results have significantly improved and there has been a more modest reduction in the proportion of pupils leaving with no GCSEs. Some commentators argue, however, that aspects of the education system, such as league tables and parental choice, are likely to exacerbate inequalities in attainment and are unlikely to greatly reduce social exclusion. In other words, some pedagogic and social processes may exclude and create disaffection among pupils at the lowest end of the spectrum of academic ability.^{134, 135}

Together, these factors are argued to have brought about a situation in which a large minority of troubled, disadvantaged and 'less academic' children and young people do not gain appropriate benefit from their education. They feel unhappy and unvalued by teachers, experience bullying and harassment by fellow pupils (and sometimes reciprocate this), become trapped in a cycle of low attainment and poor self-esteem, are excluded formally from school or self-exclude via truancy or frequent non-attendance.¹³⁶

134 For examples of studies see Plewis, I. (1998) 'Inequalities, targets and zones', *New Economy*, 5, 2, 104–8; Gerwitz, S., Ball, S.J. and Bowe, R. (1995) *Market, Choice and Equity*, Buckingham, Open University Press; Whitty, G., Power, S. and Halpin, D. (1998) *Devolution and Choice in Education: The school, the state and the market*, Buckingham: Open University Press; Donovan, N. (ed.) (1998) *Second Chances: Exclusion from School and Equality of Opportunity*, London: New Policy Institute, p. 15; Kleinman, M., West, A. and Sparkes, J. (1998) *op. cit.*

135 Plewis, I. (1998) 'Inequalities, targets and zones', *New Economy*, 5, 2, 104–8; Mortimore, P. and Whitty, G. (1999) 'School improvement: A remedy for social exclusion?', in Hayton, A. (ed.), *Tackling Disaffection and Social Exclusion*, London: Kogan Page.

136 See, for example, *Education Review*, Spring 2000, 13, 2 (special issue on education and social exclusion); Hayden, C. (1994) 'Primary age children excluded from school: A multi-agency focus for concern', *Children & Society*, 8, 3, 257–73; Imich, A.J. (1994) 'Exclusions from school: Current trends and issues', *Educational Research*, 36, 1, 3–11; Osler, A. (1997) *Exclusion from School and Racial Equality*, London: Commission for Racial Equality; Osler, A. *et al.* (2001); Parsons, C., Hayden, C., Godfrey, R., Howlett, K. and Martin, T. (2001) *Outcomes in Secondary Education for Children Excluded from Primary School*, Norwich: Stationery Office; Jordan, E. (2001) 'Exclusion of travellers in state schools', *Educational Research*, 43, 2, 117–32; Whitty, G. (2000) 'Education and social inclusion: Possibilities and limits', *Education Review*, 13, 2, 4–14; Munn, P., Cullen, M.A., Johnstone, M. and Lloyd, G. (2001) 'Exclusion from school: A view from Scotland of policy and practice', *Research Papers in Education*, 16, 1, 23–42.

Regular attendance at school is a fairly obvious condition for attaining qualifications and useful social skills. For children at risk of poor formal attainment and failure to acquire useful 'generic' skills, research tells us it is a condition that is frequently not met.

A good deal of research evidence has accumulated in recent years on school exclusion, and the related issues of truancy and frequent absence. Truancy appears to have an affect on adult outcomes that is distinct from socio-economic factors and even qualification levels. By age 23, truants have lower-status jobs, less stable careers and are twice as likely to be unemployed. When children in a household are accounted for, adults with a history of truancy from school are less well-off financially. Truancy is also linked with offending.¹³⁷ We are now more aware of the rising incidence of exclusion and the extent to which it falls disproportionately on boys in general, African-Caribbean boys in particular, children with statemented special needs, and children and young people in care.¹³⁸ Issues that have been slower in attracting attention include the exclusion of girls in different ways and for different reasons, including young motherhood, and the growing exclusion of children from special schools. The role of exclusion in primary schools and its longer-term outcomes in secondary education,¹³⁹ though also slow to emerge as a focus of concern, is now increasingly recognised.

A key conclusion from this body of research on absences from school is that, given the wide disparities that are found between schools in similar areas and with similar intakes, and between similar local education authorities, there is clearly scope for reducing both formal and informal exclusions and for improving attendance – and thus improving both formal and informal attainment. Strategies identified include both **pedagogy** - the development of a more inclusive, more flexible curriculum - and changes to the social ethos and organisation of schools, to enable students to feel more respected and valued, and thus more willing to attend.

Peer grouping as a school factor influencing achievement has been addressed by a number of studies. An early example from Henderson *et al.*¹⁴⁰ found that individual student achievement levels increased when added to a group where the mean level of achievement is higher. They also found that this peer-group effect was non-linear, showing a decrease in the incremental level of achievement as the class attainment average drops. The authors argue that the basic policy variable that will affect individual student attainment is the attainment level of the classmates and they advocate a uniform mixing of students by achievement levels.¹⁴¹ More recent evidence on the effect of peer grouping has been shown to have outcomes for student attainment after the age of 16. Regression analysis by Feinstein and Symons¹⁴² of NCDS and exam result data has shown that being in a class of pupils with similar characteristics is associated with higher attainment in all exam results, including English and Maths.¹⁴³

137 Hibbert and Fogelman (1990) in Sparkes, J. and Glennerster, H. (2002) *op. cit.*

138 Morris, M., Nelson, J. and Stoney, S. (1999) *Disadvantaged Youth: A critical review of the literature on scope, strategies and solutions*, Nottingham: DfEE; Sparkes (1999) *op.cit.*

139 Parsons, C., Hayden, C., Godfrey, R., Howlett, K. and Martin, T. (2001) *Outcomes in Secondary Education for Children Excluded from Primary School*, Norwich: Stationery Office; Hayden, C. (1997) *Children Excluded from Primary School*, Milton Keynes: Open University Press.

140 Henderson *et al.* (1978) 'Peer group effects and educational production functions', *Journal of Public Economics*, 10, 1, 97–106.

141 *Ibid.*, p.105.

142 Feinstein, L. and Symons, J. (1999) 'Attainment in secondary schools', *Oxford Economic Papers*, 51, 300–21.

143 *Ibid.*, pp. 309–10.

Another factor, which emerges as an important determinant of attainment, is the quality and behaviour of teachers in the classroom. From analysis of NCDS data, Dearden *et al.*¹⁴⁴ show that teacher experience (as reflected in salary level) has observable effects on pupils' earnings in later life, although not their attainment of formal qualifications. The explanation given is that more experienced teachers are more effective in helping pupils to attain the 'generic' skills favoured by employers. Other studies¹⁴⁵ support the view that better qualified and experienced teachers can reduce truancy, disaffection and behaviour problems – probably via better interaction and less obvious low expectations of pupils' behaviour and potential. These aspects of teacher behaviour are identified as particularly important in relation to African Caribbean young men. For example, Gipps and Gilbourne¹⁴⁶ conclude that some white teachers' perceptions and expectations "played an active though unintended role in the creation of conflict with African-Caribbean pupils, thereby reducing black young people's opportunity to achieve".

These views on the importance of teachers' attitudes and behaviour are supported by a large number of qualitative studies reporting students' views, and also by studies pointing to the positive impact of individual teachers' expectations and behaviour on successful outcomes for students at high risk of educational failure.

4.6 Non-school factors associated with low educational attainment

4.6.1 Child and family characteristics

The six key variables identified in the literature as associated with low educational attainment are as follows:

1. Child's personal characteristics and experience.
2. Socio-economic factors.
3. Parents' educational attainment.
4. Family structure.
5. Ethnicity/language.
6. Other: parental interest/involvement/practice; locally based factors.¹⁴⁷

1. Child's characteristics. The following have been shown to be strongly associated with low attainment: poor health, chronic illness, impairment; psychological, emotional and/or behaviour problems; gender (not strongly at GCSE level and below); and experience of institutional care.

144 Dearden, L., Ferrier, J. and Meghir, C. (1997) *The Effects of School Quality on Educational Attainment and Wages*, mimeo: Institute of Fiscal Studies.

145 Casey and Smith (1995) *Truancy and Youth Transitions*, Sheffield: DfEE; Gipps, D. and Gilborn (1996) *Recent Research on the Achievements of Ethnic Minority Pupils*, London: HMSO; Blatchford, P., Burke, J., Farquhan, C., Plewis, I. and Tizard, B. (1989) 'Teachers' expectations in infant schools: Associations with attainment, progress, curriculum coverage and classroom interaction', *British Journal of Educational Psychology*, 59, 19–30.

146 Gipps, D. and Gilborn (1996) quoted in Sparkes (1999), *op. cit.* p. 30.

147 Sparkes (1999) *op. cit.*; Sparkes, J. and Glennerster, H. (2002) 'Preventing social exclusion: Education's contribution', in Hills, J., Le Grand, J. and Piachaud, D. (eds), *Understanding Social Exclusion*, Oxford: Oxford University Press.

However, the personal characteristic reported as explaining the highest proportion of variance in attainment (up to 59% of total variance in academic test scores) is prior attainment. This has not been found to be the result of innate variations in genetic intelligence, the relative significance of which remains contentious, especially as environmental factors may have an impact on cognition even before birth.¹⁴⁸ It has, however, been shown to be strongly associated with socio-economic variables and is thus amenable to interventions. Hence the broad consensus found in the literature on the potential of early years interventions for improving later attainment.¹⁴⁹

2. Socio-economic characteristics of families. The association between poor or unstable family circumstances and children's educational attainment is long established, although the strength and duration of the impact later in life, and the relative importance of the different elements that constitute 'disadvantage', has not been shown. The recent analyses of cohort data, notably those of Hobcraft; Bynner and Parsons; and Ermisch and Francesconi¹⁵⁰ have provided robust evidence of the powerful role of socio-economic factors in creating social exclusion – though it should be noted that in most of these studies social exclusion is measured via a set of single indicators rather than a composite definition. In the few instances where an attempt is made at constructing a composite variable defining social exclusion,¹⁵¹ this is done simply by creating an additive scale combining single aspects of disadvantage. Sparkes¹⁵² has reviewed the literature up to 1999 in some detail, concluding that "combinations of social disadvantage powerfully affect school performance with up to 75% of school variation in 16 year old attainment at GCSE associated with pupil intake factors".¹⁵³

The key elements of families' socio-economic position contributing to a child's poor attainment (via, for example, poor health, absence and truancy) identified by Sparkes¹⁵⁴ and reiterated by Sparkes and Glennerster¹⁵⁵ are:

- low-income;
- parental (un)employment;
- housing tenure and condition;
- parents' educational attainment (qualifications and basic skills);
- family structure (size and lone-parent status and disruption, including time spent by children in institutional care);
- ethnic background and fluency in English.

148 Rutter and Madge (1976) in Sparke, J. and Glennerster, H. (2002) *op. cit.*

149 Bynner, J. (2001) 'Childhood risks and protective factors in social exclusion', *Children & Society*, 15, 285–301; Danziger, S. and Waldfogel (2000) *Investing in Children: What do we know? What should we do?*, London: Centre for Analysis of Social Exclusion.

150 Hobcraft (2000) *op. cit.*; Bynner, J. and Parsons, S. (2001) 'Qualifications, basic skills and accelerating social exclusion', *Journal of Education & Work*, 14, 3, 279–91; Ermsich, J. and Francesconi, M. (2000) 'Family structure and children's achievements', *Journal of Population Economics*.

151 For example, Hobcraft (2000) *op. cit.*

152 Sparkes (1999) *op. cit.*

153 Thomas and Mortimer (1996) quoted in Sparkes (1999) *op. cit.*

154 Sparkes (1999) *op. cit.*

155 Sparkes, J. and Glennerster, H. (2002) 'Preventing social exclusion: Education's contribution', in Hills, J., Le Grand, J. and Piachaud, D. (eds), *Understanding Social Exclusion*, Oxford: Oxford University Press.

- parental involvement and interest in the child's schooling; and
- living in disadvantaged localities.

Inevitably, there is a great deal of association between these difficult-to-measure factors. However, low-income/poverty emerges as having a strong and independent affect on attainment. Research by West *et al.*,¹⁵⁶ suggested that dependence on Income Support accounted for approximately 66% of variation in educational attainment at a local authority level. Moreover, "the strong correlation between low-income and GCSE attainment is re-iterated in analysis undertaken at school level".¹⁵⁷ At an individual level, those pupils on free school meals fare worse than other pupils – with only 22% of white children on free school meals gaining five or more GCSEs, compared to 56% of those not on free school meals from the same ethnic group.¹⁵⁸

Hobcraft's¹⁵⁹ analysis of NCDS data, which focused specifically on the roles of schooling and educational qualifications in the emergence of adulthood exclusion, confirms the key role of childhood poverty in predicting 'negative adult outcomes' and social exclusion – largely via low attainment. While associations are found between all of the elements of disadvantage noted above and persistent disadvantage at ages 23 and 33, "the childhood precursor that most frequently remains a clear predictor of negative adult outcomes, net of all the other factors considered" is childhood poverty.

Analysis by Ermisch *et al.*¹⁶⁰ over nine waves of the BHPS (1991–1999) shows that the likelihood of poor young men (in poor families) to have attained "[qualifications] less than GCSE" or "no qualifications" is 10% more than for a random sample of young men.¹⁶¹ When this is applied to attaining 'A' level or higher qualifications, the difference is reduced to 7.5%. Patterns for women are similar, but less pronounced. The results for men hold up for the measure of persistent poverty.¹⁶² Individuals brought up in workless households are found to be 5% less likely to hold 'A' level qualifications than those in working households.¹⁶³

3. Parents' educational attainment. The authors also found that high parental educational attainment significantly increases the chances of higher educational achievement for their children and lowers the chances of each child being economically inactive. This finding is applicable to both genders.¹⁶⁴ They conclude that a lack of resources at the beginning of a school life (aged six to ten) is "... not only likely to affect school performance and expectations but also subsequent attainment".¹⁶⁵

A notable omission from Sparkes' key elements of families' socio-economic position is that of social class. Gillborn and Mirza¹⁶⁶ note that children from higher social classes have on average higher attainment levels. They report the Department for Education and Employment (DfEE) produced figures from the Youth Cohort Study 1997 showing that children from the most

156 West, A., Pennell, H., West, R. and Travers, T. (1999) *The Financing of School Based Education – End of award report to the ESRC: Main findings*, London: Centre for Educational Research.

157 Levacic and Hardman (1999) quoted in Sparkes (1999) *op. cit.*, p.14.

158 National pupil data base, version 2.

159 Hobcraft (2000) *op. cit.*

160 Ermisch, J., Francesconi, M. and Pevalin, D. (2001) *Outcomes for Children of Poverty*, DWP Research Report No. 158.

161 See Jenkins, S.P. *et al.* (2001) *Dynamics of Poverty in Britain*, DWP Research Report No. 157, p. 24.

162 Ermisch, J., (2001) *op. cit.*, p. 67.

163 *Ibid.*

164 *Ibid.*, p.77.

165 *Ibid.*, p.68.

166 Gillborn, D. and Mirza, H. (2000) *Educational Inequality: Mapping race, class and gender. A synthesis of research evidence*, London: OFSTED.

advantaged backgrounds (managerial/ professional group) were more than three times more likely to obtain five A*–C grades at GCSE than those from the least advantaged (unskilled manual). Though subject to variances within groups, and increases by both on average, the inequality between these social-class groups had grown from 40% (attainers of five A*–Cs) in 1988, to 49% by 1997. The 2002 figures indicate that 32% of students with fathers in routine occupations gained five or more GCSEs, compared with 77% of those with fathers in professional occupations, suggesting that the gap is still large but has reduced slightly.¹⁶⁷

Ermisch and Francesconi's¹⁶⁸ analysis of BHPS data draws attention to the negative impact of spending time in a lone-parent family during childhood (using BHPS data) on outcomes for young adults. These authors find that such experiences are linked to: poorer educational attainment, inferior economic activity, early childbearing, distress and smoking. This analysis suggests that, "for most outcomes, the adverse family structure affect persists even after controlling for the economic conditions of the family of origin".¹⁶⁹

Since these analyses are based on different data sources and use different definitions and variables, it is not possible to reconcile the apparent differences in their conclusions.

What is clear, however, is that socio-economic disadvantage plays a large part in producing poor educational attainment and persistent disadvantage in later life – and that a very strong role is played by poverty.

4. Family structure. Experience of family disruption, particularly early experience of life in a lone-parent family or in a re-constituted family before the age of five, families disrupted by death or divorce (and the gender of the resident parent) all seem to have a significance.

Traumatic and chaotic histories reflected in the family lives of children such as those in institutional care are also likely to affect children's attainment. More than 75% of 'looked-after' children leave school without qualifications and 80% of care-leavers remain unemployed 2½ years after leaving school compared with 9–16% of the general population. The effect is greater on children experiencing multiple care placements. Family size and birth order may also tell in attainment levels, especially for children from working-class backgrounds.¹⁷⁰ Nevertheless, Hobcraft's analysis, which is concerned with elucidating inter-generational and life-course pathways to social exclusion, concludes that it is not possible at present to understand "the interplays among different elements of disadvantage, stratification or social exclusion ... through the generation and the life course".¹⁷¹

5. Ethnicity/language. Gillborn and Mirza¹⁷² have explored the role of ethnicity in educational attainment, through analysing changes in higher GCSE pass rates (five A*–C grades) among ethnic minority groups between 1988 and 1997. At the start of this period, higher GCSE attainment was lowest among Bangladeshi and black groups, at 13% and 17% respectively, with Pakistani, Indian and white peers performing better in that order. By 1997, Indian pupils' high pass rates had surpassed their white peers, and Bangladeshi pupils had increased their pass rates

167 Youth Cohort Study (2002) *The Activities and Experiences of 16 year olds England and Wales 2002*, London: DFES.

168 Ermisch, J. and Francesconi, M. (2000) 'Family structure and children's achievements', *Journal of Population Economics*.

169 *Ibid.*, p.1.

170 Sparkes, J. and Glennerster, H. (2002) 'Preventing social exclusion: Education's contribution', in Hills, J., LeGrand, J. and Piachaud, D. (eds), *Understanding Social Exclusion*, Oxford: Oxford University Press.

171 *op. cit.*, p.45.

172 Gillborn, D. and Mirza, H. (2000) *op. cit.*

to overtake both Pakistani and black pupils, while overall, the gap between the lowest performers and the best performers – as both groups continue to improve – had widened. When considering the differences between the 1995 and 1997 results, the percentage improvement for all ethnic minority groups was greater than that of their white peers. The results suggest that what was a wide gap is showing some evidence of closing.¹⁷³ West and Penell also conclude that the achievement of pupils from some ethnic groups is improving steadily over time.¹⁷⁴

Evidence shows that members of ethnic groups are more likely to remain in education after the age of 16.¹⁷⁵ This motivation to succeed in the education system – to improve labour market opportunities – is argued to be an example of ethnic minority attempts to use qualifications to circumvent possible discrimination in the labour market.¹⁷⁶ However, the complications surrounding the measurement of attainment of ethnic minority groups are many. Often, such groups have their attainment scores aggregated and assessed as though the driving characteristic of each individual was ethnicity. The influence of gender and socio-economic background within ethnic minority groups provide added dimensions to outcomes of educational attainment.

Although it is clear that ethnic background and fluency in English play a role in attainment, there has been, until very recently, a lack of national data on the attainment of pupils from different ethnic groups. Even so, attainment differs between both different groups and different local education authorities. The roles played in this by parental involvement in schooling and by the experience of living in disadvantaged communities are discussed below, together with other ‘non-school factors’. Before that, we consider the contribution schools can make.

4.6.2 Parental involvement in education – relationships between schools and parents

A large number of studies identify parental involvement as one of the factors most strongly related to educational attainment and adult outcomes.¹⁷⁷ This is, however, a heterogeneous body of research, covering a wide range of ways in which parents are, or can be, involved, and findings on the efficacy of parental involvement “are somewhat mixed”.¹⁷⁸ Parents are variously characterised as consumers and decision makers, as educators or facilitators of learning, as role models and as providers of access to useful social networks and cultural capital.

Many studies appear to treat parental involvement in a child’s education as a ‘non-school’ variable – initiated and provided largely in isolation from school. At this level, it will clearly be difficult for parents from disadvantaged circumstances – poor or non-English speaking – to offer high levels of support, apart from active encouragement. Lareau,¹⁷⁹ for example, suggests that the level of parental education, time, disposable income, childcare, transportation and workplace flexibility are important factors affecting parents’ participation in their child’s education.

173 *Ibid.*

174 West, A. and Pennell, H. (2003) *Underachievement in Schools*, London: RoutledgeFalmer

175 See Modood, T. *et al.* (1997) *Ethnic Minorities in Britain*, London: Policy Studies Institute; Pearce, N. and Hillman, J. (1998) *Wasted Youth: Raising achievement and tackling social exclusion*, London: IPPR.

176 Modood, T. (1998) ‘Ethnic minorities drive for qualifications’, in Modood, T. and Ackland, T. (1998) *Race and Higher Education*, London: Policy Studies Institute.

177 For example, Feinstaein, L. and Symons, J. (1997) *Attainment in Secondary Schools*, London: Centre for Economic Performance; Hobcraft (1998).

178 Sparkes, *op. cit.*, (1999), p.20.

179 Lareau (1997) ‘Social class differences in family school relationships: The importance of cultural capital’, in Halsey, A.H., Lauder, H., Brown, P. and Wells, A. (eds), *Education, Culture, Economy and Society*, Oxford: Oxford University Press.

One small strand in this body of research recognises these issues, treating the school's commitment to reaching out to parents as a reflection of its strategy for improving children's attainment. "High levels of contact and trust between parents and the school are associated with beneficial outcomes in the school improvement literature."¹⁸⁰

A review by Dyson¹⁸¹ of research on inclusive practices in education identifies the engagement of schools with families and communities as an important, but problematic, factor in improving attainment. "The broad outlines of the evidence are clear. Many schools seek to involve the families of their students and when they are successful in doing so there is a positive impact on attitudes and attainments. However, engagement with families and communities tends to be dominated by the interests of the school and takes place very much on its terms ... Moreover, students who are already vulnerable to exclusion are more likely to come from families and communities whom schools find it difficult to engage."¹⁸²

A recent study by Milbourne¹⁸³ confirms the difficulties of parents, particularly those from marginalised groups such as refugees, asylum seekers and travellers, both in understanding how schools work and in talking to teachers about their children. "Many parents felt excluded and alienated from their child's schooling. This inevitably affects outcomes and values for their children."¹⁸⁴

After an extensive review of the literature, Desforges and Abouchar¹⁸⁵ conclude that the ways in which parental involvement is stimulated – by the parent (spontaneous) or by outside parties (intervention based) – is important to understanding how effective parental involvement is on achievement.

Spontaneous parental involvement takes place through a number of key activities:¹⁸⁶

- pre-school preparation, in the forms of providing security, intellectual stimulation and a good self-concept;
- 'at home' development of clear and enduring aspirations for the child, in both the social and educational spheres;
- contact with teachers regarding school rules and procedures;
- visiting the school to discuss issues and concerns;
- participation in school events;

180 Mortimer, P., Sammons, P., Stoll, L., Lewis, D. and Ecob, R. (1988) *School Matters – The Junior Years*, London: Open Books.

181 Dyson, A. (2002) 'Inclusive education', in McNeish, D., Newman, T. and Roberts, H. (eds), *What Works for Children? Effective Services for Children and Families*, Buckingham: Open University Press.

182 *Ibid.*

183 Milbourne, L. (2002) 'Unspoken exclusion: Experiences of continued marginalisation from education among hard to reach groups of adults and children in the UK', *British Journal of Sociology of Education*, 23, 2, 287-305.

184 *Ibid.*

185 Desforges and Abouchar (2003) *The Impact of Parental Involvement Parental Support and Family Education on Pupil Achievement and Adjustment: A Literature Review*, DfES Report No. 433.

186 *Ibid.*, p. 85.

- support work in the school, in supervisory or preparatory roles, or school promotion in the community; and
- taking part in school management and governance.

Research on spontaneous involvement has found a significant relationship between increased parental involvement and child achievement; this continues to be the case after social class, maternal education and poverty have been controlled for. At primary level, such involvement has a greater affect on achievement than measures associated with the school factors. And though parental involvement diminishes as a child gets older, it continues to have a significant affect on staying-on rates and educational aspirations. The form of parental involvement which has the greatest affect on school outcomes is social and educational aspiration-setting in the home.¹⁸⁷

Levels of spontaneous parental involvement are neither universal nor constant. Indicators of the extent of spontaneous parental involvement include:¹⁸⁸

- family's social class;
- mother's level of education;
- material deprivation, maternal psycho-social ill-health, and lone-parenthood;
- age of the child;
- child's attainment;
- child's mediatory skills; and
- ethnic culture of the family.

The types of intervention-based parental involvement discussed by Desforges and Abouchar include parent training programmes, home-school link initiatives, and family and community education programmes. While warning about the subjective properties of research on intervention initiatives, Desforges and Abouchar suggest that there is demand for provision, and evidence of increasing effectiveness in engaging parents suffering from barriers such as poor health and poverty. The effects of these programmes on key stages through education are however, impossible to gauge appropriately due to methodological limitations.¹⁸⁹

Two key points can be drawn from the review: the first is that greater attention should be put on effectively evaluating intervention-based initiatives, and the second is that research evidence broadly points to the conclusion that if parents provide home environments conducive to learning and social behaviour, this is more important in the formative years than school effectiveness initiatives.

187 *Ibid.*, p. 86.

188 *Ibid.*, p. 85.

189 *Ibid.*, p. 87.

4.6.3 Locality factors and relationships between schools and local communities

There are suggestions in the literature that “local factors such as limited work opportunities in the local labour market, racial tensions and local violence may impact negatively upon educational attainment and outcomes”.¹⁹⁰ It is further suggested that schools can play a part in mitigating the impact of such factors by engaging proactively with community organisations, local employers and local statutory organisations such as police and social services. The evidence for such assertions is not strong, however, and, in some cases, runs counter to these suggestions. There is, for example, evidence¹⁹¹ that truancy is highest in high-wage and manufacturing areas.

Against this, there is some evidence that examination performance is associated with locality factors and is potentially responsive to interventions by school-community partnerships. There is also a small body of evidence from qualitative studies and evaluations of local projects¹⁹² that school involvement in local multi-agency projects is associated with reductions in school exclusions and absences. Dyson’s¹⁹³ review of inclusive practices in education also draws attention to the need for schools to engage with particular local ‘communities’ vulnerable to exclusion – such as refugees, asylum seekers, groups known to have poor knowledge of English among parents, travellers and so on. “It may be that a closer alignment of schools with particular communities and a formalisation of the responsibilities of such groups for all children and families in their communities might go some way to addressing these difficulties.”¹⁹⁴

Area deprivation is a locality factor shown to have a significant affect on low educational attainment. Analysis by Lupton¹⁹⁵ of Office for Standards in Education (OFSTED) inspection data relating to the periods 1996–1997 and 2000–2001 found a clear relationship between areas of deprivation and poor school quality. In her examination of 11 London Education Authorities (LEAs) and 314 schools, Lupton used composites derived from 12 variables, and these are as follows:¹⁹⁶

School climate

- Attitudes to school, behaviour and incidences of exclusion, personal development, attendance, provision for personal and SMSC (spiritual, moral, social and cultural values) development, and procedures for child protection.

Standards achieved

- How well pupils achieve or progress.

Quality of education

- Teaching and curriculum.

190 Sparkes, J. and Glennerster, H. (2002) ‘Preventing social exclusion: Education’s contribution’, in Hills, J., Le Grand, J. and Piachaud, D. (eds), *Understanding Social Exclusion*, Oxford: Oxford University Press.

191 Bosworth, D. (1994) ‘Truancy and pupil performance’, *Education Economics*, 2, 3, 243-63.

192 Reported in Morris, M., Nelson, J. and Stoney, S. (1999) *Disadvantaged Youth: A critical review of the literature on scope, strategies and solutions*, Nottingham: DfEE; and, for example, Milbourne, L. (2000) ‘Life at the margin: Education of young people, social policy and the meanings of social exclusion’, *International Journal of Inclusive Education*.

193 Dyson, A. (2002) *op. cit.*

194 *Ibid.*

195 Lupton, R. (2002) *School Quality, Free School Meals and Area Deprivation: Reading Between The Lines*. Paper Presented at the LSE Research Laboratory All-Centre Event, 3 July 2002.

196 *Ibid.*, p. 4.

Management and efficiency

- Leadership and management of key staff, monitoring school performance and taking action, and value for money provided by the schools.

The results show that schools from deprived areas – measured using Free School Meal eligibility rates – received the worst inspection scores; a result which held a significant association¹⁹⁷ for each composite. The more deprived the area in which a school is located, the poorer the school quality is likely to be. Deprived schools did particularly badly with ‘school climate’ and to a lesser extent ‘standards achieved’. The broad conclusion drawn from this research is that area deprivation has an affect on school quality.¹⁹⁸

4.7 Is education important in reducing social exclusion?

This overview of the literature has found strong evidence that education acts as a driver of social exclusion and indicates strategies by which it could be effective in reducing the extent of exclusion and disadvantage. However, it is also clear that, as Sparkes notes,¹⁹⁹ “the role of education in the process of social exclusion has yet to be fully elucidated”. The dominant view that education increases human capital, and thus employability and earnings, is challenged by an opposing view that education simply identifies underlying ability (screens the more from the less able) and will thus “have no affect on the overall distribution of income and employment rates”.²⁰⁰ On balance, it seems that the weight of the evidence favours the view that education and training do have a role to play in reducing social exclusion – a view supported by new economic theory,²⁰¹ and by analyses of the NCDS cohort data by Gregg and Machin, Feinstein, and Hobcraft.²⁰² Large questions nevertheless remain, for example about the effectiveness of education at different times in an individual’s life, and how far it can counteract other elements of disadvantage.

Overall, however, these analyses point to the importance of what goes on in the compulsory years of education. “They support rather than undermine the importance of education attainment achieved during the compulsory years of schooling. Getting education right the first time around appears to be important for all, and crucial for some groups of individuals.”²⁰³

To an extent, the schooling process can be attributed with properties that can begin to counter social exclusion and its precursors. Educational institutions are places where social activity can take place, and long-term bonds can be developed. In reference to attainment, evidence has been offered to support the role of committed teaching staff in bucking trends seen in areas of disadvantage. Mortimore and Whitty²⁰⁴ introduce a study²⁰⁵ that has investigated ‘disadvantaged’ schools that are successful, and produce aggregated findings that emphasise “the importance of:

197 *Ibid.*, p. 13.

198 *Ibid.*, p. 2.

199 Sparkes, J. (1999) *op. cit.*

200 *Ibid.*

201 Glennerster, Noden and Power (1998), quoted in Sparkes, (1999) *op. cit.*, p. 34.

202 Gregg, P. and Machin, S. (1997) ‘Blighted lives’, *Centre Piece*, London: London School of Economics, Centre of Economic Performance, pp. 5–17; Feinstein (1998) *Pre-School Education Inequality: British children in the 1970 cohort*, London: London School of Economics, Centre of Economic Performance; Hobcraft (2000) *op. cit.*

203 Sparkes (1999) *op. cit.*

204 Mortimore and Whitty (2000) *2nd ed Can School Improvement Overcome the Effects of Disadvantage?*, 2nd edn, London: Institute of Education.

205 National Commission on Education (1996) *Success Against the Odds: Effective schools in disadvantaged areas*, London: Routledge.

a leadership stance which builds on and develops a team approach; a vision of success which includes a view of how a school can improve; the careful use of targets; the improvement of the physical environment; common expectations about pupil's behaviour and success; and an investment in good relations with parents and the community".²⁰⁶ Importantly, however, they note such efforts are down to "outstanding individuals working in exceptional circumstances".²⁰⁷

Mortimore²⁰⁸ does raise questions regarding the potential for school intervention, when arguing that school effectiveness research demonstrates that 85% of attainment differences are accounted for by individual, home and background factors, not by school inputs. Essentially the argument is that school factors in this field are overplayed.

It is apparent from the research literature that education alone cannot reduce social exclusion significantly. Childhood poverty, poor health or family instability all play a part in the creation of multiple disadvantages later in life. So, too, the literature suggests, does the behaviour of employers. "Procedures which discriminate on the basis of address, age, gender and race prevent individuals with the necessary education and skills from gaining positions in which they can utilise their human capital."²⁰⁹ Evidence of such discrimination can be found in a number of studies²¹⁰ and suggests that if educational strategies to reduce social exclusion are to succeed they must be complemented by labour market and workplace strategies.

4.8 Emerging drivers?

A reading of the literature suggests three emergent drivers that might have an impact on the role of school education in creating, or reducing, social exclusion in later life:

- The growing consensus found in the research literature on the importance of early identification of children at risk of failing to obtain benefit from education, and of early and sustained intervention with this group – particularly at key transition stages.
- The emergence of a large measure of agreement on the value of developing inclusive education practices as a strategy for reducing alienation, disaffection, absence, truancy and exclusion (and thus increasing educational attainment and generic skills) – and of a striking consensus on the meaning and dimensions of inclusive education.
- In the opposite direction, however, is the perceived emergence, in a strong form, of 'credentialism', or credential inflation among employers. It is argued that, as the possession of qualifications among young people increases, employers will respond simply by raising the level of qualifications they require, as a way of screening out large numbers of applicants for jobs.

It is tempting, finally, to identify the current raft of education policies as a new force driving down exclusion and disadvantage. However, it will be some time before their effectiveness in dealing with the long-entrenched problems discussed in this section can be ascertained – not least since rigorous methods for evaluating complex policy interventions are not well established.

206 Maden and Hillman (1996) 'Lessons in success', in National Commission on Education (1996) *op. cit.*

207 Mortimore and Whitty (2000) *op. cit.*, p. 15.

208 Mortimore (1998) in Lupton, R. (2002) *op. cit.*, p. 2.

209 Kleinman, M., West, A. and Sparkes, J. (1998) *Investing in Employability: The role of business and government in the transition to work*, London: BT/LSE.

210 Rolfe, H., Bryson, A. and Metcalf, H. (1996) *The Effectiveness of TECs in Achieving Jobs and Qualifications for Disadvantaged Groups*, London: DfEE.

5. Health Drivers

“Tackling health inequalities is a top priority for this Government.”²¹¹ The Acheson Report (1998) provided a mass of evidence about the nature and scale of health inequalities (see also the review by Gordon *et al.*).²¹² The NHS Plan gave priority to tackling those inequalities and a cross-cutting review has been published to provide the basis of a long-term strategy to tackle health inequalities.

There is a huge evidence base on the causes, risk factors and impact of differences in health status. The initial search undertaken using carefully selected key words for the health domain generated literally thousands of references. We therefore decided to select six sub-domains in order to explore the health drivers of social exclusion:

- drugs;
- alcohol;
- poor mental health;
- teenage pregnancy;
- child accidental deaths; and
- premature deaths of adult men.

Drugs, alcohol, poor mental health and teenage pregnancy drive social exclusion as well as being the result of social exclusion. Accidents are the main cause of premature death in childhood and differentials in accidental deaths are associated with poverty – thus they are a key health outcome of social exclusion. So is the premature death of adult men and there is concern that class differentials have been widening. Of course, selecting these drivers leaves out other very important topics, which could be the subject of future review.

The findings of this literature review are inherently very complex. The classic hypotheses about the relationships between deprivation and health were set out in the Black Report (1980). They identified four types of explanation for inequalities in health:

- statistical artefact;
- behaviour and life-style;
- genetics and biology; and
- structural factors.

211 Department of Health (2002) *Tackling Health Inequalities: 2002 cross-cutting review*.

212 See also the review by Gordon *et al.* (1999) Gordon, D., Shaw, M., Dorling, D. and Davey-Smith, G. (1999) *Inequalities in Health: The evidence presented to the independent inquiry into inequalities in health, chaired by Donald Acheson*, Bristol: The Policy Press.

Health inequalities range across a number of dimensions: by socio-economic class and by geographical area, by ethnicity, age and gender. These risks of early death and poor health have different impacts at different stages of the life course and appear to be clustered in some geographical areas and around individuals in identifiable groups. Furthermore, health inequalities cross the generations, significantly affecting the life chances and quality of life, not only for individuals, but for their children and grandchildren.²¹³

5.1 Problem drug use

Problem drug use can have very serious negative consequences for physical and mental health, as well as for a range of other facets of disadvantage and exclusion. Drug users “experience high levels of ill-health and are therefore in many ways socially disadvantaged and potentially socially excluded”.²¹⁴ The discussion here focuses on problem drug use,²¹⁵ including the consumption of addictive drugs such as crack cocaine, opiates such as heroin and methadone, and the abuse of anti-depressants such as temazepam.

Problem drug use reflects, causes and reinforces social exclusion. Although there is relatively little literature explicitly on drugs and social exclusion, there is much research evidence on the relationship between drug use and key indicators of social exclusion, such as poor physical and mental health, homelessness, unemployment, crime and neighbourhood decline. In addition, research indicates that drug use is associated with social deprivation more generally. Thus, problem drug use is related not just to poor health, but also to many of the other aspects of social exclusion considered in this review.

5.1.1 Risk factors

There is a growing body of evidence focused on the risk factors associated with drug use. As noted in the Housing section, risk factors are the characteristics, circumstances and contexts that increase the probability of drug use or the transition in the level of involvement in drugs.²¹⁶ The drug research literature largely focuses on risk factors for adolescent drug use, since that is the stage in the life cycle when drug use generally begins. Another reason for the focus on adolescents is that there is also evidence that people ‘mature out’ of drugs as they grow older.

However, for the purposes of the current review, research on risk factors has several important limitations. First, much of it is American and therefore the findings may not always be applicable to England, where circumstances are very different. Secondly, much of this literature examines the risk factors associated with drugs, alcohol and smoking; it does not always separately identify the risk factors associated with drugs, which may be different from use the of these other substances. Thirdly, much of the research on risk factors associated with drugs does not separately distinguish problem from the non-problem use of drugs, or ‘soft drugs’ (such as cannabis) from ‘hard drugs’ (such as heroin). Despite this, “American research suggests that the aetiology of problem drug use is distinct from the aetiology of experimental use”.²¹⁷

213 Acheson, D. (1998) *Independent Inquiry into Inequalities of Health*, London: The Stationery Office.

214 Neale, J. (2002a) *Drug Users in Society*, Basingstoke: Palgrave.

215 The Advisory Council on the Misuse of Drugs (1988) defines problem drug use as people who experience social, physical, psychological or legal problems as a result of regular use of illicit drugs, or who share injecting equipment. It has been estimated that about 3% of people reporting illicit drug use within the previous 12 months are likely to be problem drug users.

216 Clayton, R.R. (1992) ‘Transitions in drug use: Risk and protective factors’, in Glantz, M.D. and Pickens, R.W. (eds), *Vulnerability to Drug Abuse*, Washington DC: American Psychological Association.

217 Lloyd, C. (1998) ‘Risk factors for problem drug use: Identifying vulnerable groups’, *Drugs: Education, Prevention and Policy*, 5, 3, 217.

A review of the literature on problem drug use by Lloyd identified the following risk factors:²¹⁸

- having parents or siblings with problem drug use;
- family disruption and poor attachment to, or communication with, parents;
- childhood abuse;
- childhood conduct disorder;
- low school grades, truancy and exclusion from school;
- early age onset of drug use;
- poor mental health, especially depression and suicidal behaviour;
- crime; and
- social deprivation.

It is important to note that these risk factors are statistical associations rather than causal pathways. Methodologically, it is very difficult to identify cause and effect. Indeed, while some of these risk factors may precede the onset of drug use, others may be a consequence of it, or both. For example, the risk factors associated with drug use are very similar to those associated with homelessness. In some cases, problem drug use leads to homelessness. In other cases, homelessness precipitates or exacerbates drug use. Together, homelessness and drug use may result in, or make more intractable, other problems or disadvantages, thereby exacerbating social exclusion.²¹⁹ Thus, risk factors “are highly interconnected and best viewed as an interactive ‘web of causation’”.²²⁰

5.1.2 Drugs and ill-health

The use of needles, especially the sharing of needles, is an important reason why problem drug users tend to suffer ill-health. As well as HIV/AIDS, it can lead to hepatitis, a potentially fatal illness. Injecting can also result in scar tissue formation, thrombosis and pulmonary embolism.²²¹

In addition to these risks, opiate users face the risk of drug overdose, including fatal overdose. A review of the literature on drug overdose identified three main types of risk factors: drug-related risks, user-related risks, and situational risks.²²² Drug-related risks include the type and combination of drugs taken. User-related risks include age, gender and length of the drug-taking career. Situational risks include where the drugs were taken, how they were taken, and why they were taken. Drug overdose fatalities tend to result from intravenous injection and multi-drug use, especially among older, heroin-dependent men, and people who have died alone or without an

218 *Ibid.*, 217–32.

219 Hutson, S. and Lidiard, M. (1994) *Youth Homelessness*, Basingstoke: Macmillan; Neale, J. (2001), *op. cit.*

220 *Ibid.*, p. 217.

221 Neale (2002a) *op. cit.*

222 Neale, J. and McKeganey, N. (1997) *Overdose Amongst Drug Users: A Review of the Literature*, Glasgow: Centre for Drug Misuse Research, University of Glasgow.

ambulance having been called.²²³ A longitudinal study of mortality trends among teenage addicts found that they were 12 times more likely to die before the age of 20 as non-addicts of the same age. Excess mortality among teenage addicts was about twice as high in females than in males.²²⁴

Aside from these effects, it is known that problem drug users suffer from very poor physical health. As one qualitative study reported, apart from life-threatening illnesses, “drug users report a wide range of less dramatic, more mundane health problems. These relate to their diet and weight, sleeping patterns, teeth, hair and general levels of fitness”. Although many drug users worried about their poor health and felt it was related to their drug-taking behaviour, this concern was often not sufficient to make them change their lifestyle.²²⁵

Research has also demonstrated a strong association between drug use and poor mental health. Mentally ill people are disproportionately likely to be problem drug users.²²⁶ Meanwhile, problem drug users are disproportionately likely to have poor mental health.²²⁷ However, the causes of this co-morbidity remain unclear.

5.1.3 Prisoners, drugs and health

As discussed in the section on Crime, there is a strong association between crime and problem drug use. One consequence of this high level of criminal behaviour is that many drug users end up in prison. For example, a qualitative study of 200 problem drug users found that eight out of ten had spent time in custody. One in ten could not remember exactly how often they had been in prison, but thought that it had definitely been more than 20 times.²²⁸ Research indicates that a large proportion of the prison population are addicted to drugs. This is partly because many new inmates are taking drugs prior to their incarceration, but also because some prisoners take up drugs once they are inside.

The proportion of women being imprisoned for drug-related offences has increased over the past decade. By the end of March 1999, more than one-third of sentenced female prisoners in England and Wales were detained for drug offences.²²⁹ One in five new inmates to Corntonvale – the one women-only prison in Scotland – admitted to drug misuse in the previous six months. By far the most frequently used pre-imprisonment drugs among these 616 women prisoners were temazepam (61%), temgesic (46%) and heroin (46%).²³⁰ Subsequent research in the same prison found that nine out of ten inmates had experience of taking illicit drugs, and half felt their drug use was problematic.²³¹

223 *Ibid.*, pp. 170–71.

224 Oyefeso, A., Godse, H., Clancy, C., Corkery, J. and Goldfinch, R. (1999) ‘Drug abuse-related mortality: A study of teenage addicts over a 20-year period’, *Social Psychiatry and Psychiatric Epidemiology*, 34, 437–41.

225 *Ibid.*, p. 184.

226 Menezes, P.R., Johnson, S., Thornicroft, G., Marshall, J., Prosser, D., Bebbington, P. and Kuipers, E. (1996) ‘Drug and alcohol problems among individuals with severe mental illness in South London’, *British Journal of Psychiatry*, 168, 612–19; Mitchell, D.P., Betts, A. and Epling, M. (2002) ‘Youth employment, mental health and substance abuse: A challenge to mental health services’, *Journal of Psychiatric and Mental Health Nursing*, 9, 191–8.

227 Department of Health (1999) *National Service Framework for Mental Health*, London: HMSO.

228 Neale, J. (2002b) *Drug Outcome Research in Scotland (DORIS): An overview of study participants*, Glasgow: Centre for Drug Misuse Research, University of Glasgow.

229 Home Office data cited in Malloch, M. (2000) ‘Caring for drug users? The experiences of women prisoners’, *The Howard Journal*, 39, 354–68.

230 Stuart, A.B., O’Rourke, S. and Power, K.G. (1997) ‘Regional variations in pre-imprisonment drug use among female inmates of a Scottish prison’, *Addiction Research*, 5, 83–94.

231 Cited in Malloch (2000) *op. cit.*

The sharing and use of non-sterile needles among injecting drug users in prison increases the risk that prisoners will become infected with hepatitis and HIV. A study of Glenochil prison in Scotland found that 27% of male prisoners were injecting drug-users. A quarter of them had begun injecting only once they were in a prison, and between a quarter and a third of them had become infected with HIV while in prison.²³² One of the problems for drug users being discharged from prison is the high risk of having an accidental overdose (and hence, potentially, death) as a result of the greater availability of drugs outside prison and reduced tolerance while inside.²³³

5.2 Alcohol misuse and social exclusion

Recent data on alcohol consumption in the UK indicates a growing trend towards more hazardous drinking and increased drinking among particular groups – particularly teenagers and young people.²³⁴ The health consequences associated with alcohol misuse are well documented and include; injury, suicide and assault, as well as illnesses such as hypertension, stroke, cirrhosis and pancreatitis. Alcohol is a contributory factor in 20–30% of all accidents.²³⁵

Evidence suggests that alcohol misuse is both a consequence of experiencing social exclusion and a causal factor in contributing to social exclusion, often compounding other difficulties among groups facing multiple disadvantages. For example, alcohol misuse is particularly prevalent among homeless people, especially rough sleepers²³⁶ and among prisoners/those on probation.²³⁷ Certain groups of young people are at increased risk of developing alcohol-related problems including children in care, those excluded from school and young offenders.²³⁸

Excess drinking is strongly associated with crime and fear, most notably violent street crime, domestic violence and anti social behaviour. This extends the social exclusion consequences of problem drinking beyond individual risk to the drinker to include other household members (carers and dependants) and to the wider community.²³⁹ There is particular concern, for example, about children who have one or both parents who are problem drinkers. Alcohol is also a causal factor implicated in unintended conceptions among teenagers.²⁴⁰

Early alcohol use has been shown to increase the likelihood of a young person becoming dependent on drugs such as heroin and crack-cocaine, further exacerbating pathways to social exclusion among those at risk.

232 Gore, S., Bird, A.G., Burns, S.M., Goldberg, D.J., Ross, A.J. and Macgregor, J. (1995) 'Drug injection and HIV prevalence in inmates of Glenochil prison', *British Medical Journal*, 310, 293–6.

233 Neale, J. (2002a) *op. cit.*

234 Social Exclusion Unit (2002) *Reducing Re-offending among Ex-prisoners*, London: Social Exclusion Unit.

235 Youth Justice Board (2000).

236 Alcohol Concern (1999) *Proposals for a National Strategy for England*, London.

237 Social Exclusion Unit (1999) *Teenage Pregnancy*, London: Social Exclusion Unit.

238 Dunn, S. (1999) *Creating Accepting Communities: Report of the Mind Inquiry into social exclusion and mental health problems*, Mind.

239 Office for National Statistics (2000) *Survey of Psychiatric Morbidity Among Adults Living in Private Households*.

240 British Society Rehabilitation Medicine (BSRM) (2001) *Vocational Rehabilitation: The Way Forward*, London, BSRM.

5.3 Mental health

There is little disagreement about the significance of mental ill-health as a factor that drives social exclusion. People with mental health problems have been said to be among the most excluded people in Britain.²⁴¹ Experiencing poor mental health can be both a cause and consequence of social exclusion. At any one time, one adult in six suffers from mental health problems of varying severity.²⁴² Moreover, the prevalence of poor mental health appears to be increasing. A third of all people coming onto Incapacity Benefit cite mental health problems as their main disability. In contrast to other health problems, the number of Incapacity Benefit claimants with mental health problems has increased in the last six years.²⁴³

5.3.1 Risk factors for poor mental health

While all sections of society are at risk, disadvantaged groups are particularly vulnerable to poor mental health. Socio-economic position has been shown to influence rates of psychotic illness, with those in poorer economic positions appearing to have a higher risk.²⁴⁴ Poor education and employment are the most consistent predictors of mental health problems.²⁴⁵ People who live in rented housing are more likely to experience common mental disorders than those who own their own homes.²⁴⁶ These patterns are also repeated at the local level. Deprived areas have higher concentrations of adults with severe mental illness. Health authorities with the highest morbidity rates have twice the level of mental illness requiring primary care services, and between 2.5 and four times the level of illness requiring secondary care.²⁴⁷

Causal factors associated with poor mental health include socio-economic disadvantage, neighbourhood violence and crime, unemployment and poor educational attainment. Experiences that are often associated with social exclusion, such as low-income and debt, low self-esteem and isolation, have also been linked to mental ill-health.²⁴⁸ For example, research into the circumstances and experiences of people in debt has consistently found that this experience generates measurably high levels of stress anxiety and depression, which can contribute to poor mental health.²⁴⁹

241 Nazroo, J. and King, M. 'Psychosis – symptoms and estimated rates' EMPIRIC Report – April 2002. [Http://www.doh.gov.uk/public/empiric/chapter3.htm#3.8](http://www.doh.gov.uk/public/empiric/chapter3.htm#3.8)

242 Meltzer, D., Fryers, T. and Jenkins, R. (2002) *Social Inequalities and the Distribution of Common Mental Disorders*, Cambridge: Institute of Public Health.

243 Office for National Statistics (2000) *op. cit.*

244 Thornicroft, G. (1991) 'Social deprivation and rates of treated mental disorder: Developing statistical models to predict psychiatric service utilisation', *The British Journal of Psychiatry*, 158, 475–84.

245 Department of Health, *Making it Happen – a guide to delivering mental health provision*, 2001/ or ref SEU MH scoping note? p. 1.

246 Berthoud, R. and Kempson, E. (1992) *Credit and Debt: The PSI report*, London: PSI; see also, Grant, L. (1995) *Debt and Disability: The experiences of disabled people in debt*, York: Joseph Rowntree Foundation.

247 Howarth, C., Kenway, P., Palmer, G. and Street, C. (1998) *Monitoring Poverty and Social Exclusion: Labour's inheritance*, York: Joseph Rowntree Foundation.

248 Peck, D. and Kirkwood, K (2001) 'Changing the vicious cycle: A review of the links between unemployment and mental health problems', *Mental Health Care*, 4, 5, 154–7.

249 Fenton, S. and Karlsen, S. (2002) 'Explaining mental distress: Narratives of cause', in O'Connor, W. and Nazroo, J. (eds), *Ethnic Differences in the Context and Experience of Psychiatric Illness: A qualitative study*.

The experience of unemployment, as noted in section 3, can affect mental health and reinforce exclusion from the labour market.²⁵⁰ Long-term unemployment is associated with worsening mental health.²⁵¹ Conversely, negative experiences while in employment, such as being over worked, feeling undervalued and underachievement at work can also drive mental distress. A qualitative study which found these experiences to be recurrent among ethnic minority groups has suggested that this might be linked to the fact that, in migrant communities, it is common for people to work 'below their qualifications.'²⁵²

Experiencing prejudice, intolerance or racism has been found to have statistical associations with a variety of physical and mental health indicators.²⁵³ This relationship is further illustrated by qualitative research, which has shown that the effects of racism on respondents' mental and physical health can be profound.²⁵⁴ The link between experiences of racism and mental distress has been cited as an explanation for the higher treatment rates for mental disorders, such as psychosis, among black Caribbean people. However, others have questioned the idea of higher occurrence of illness among these groups, arguing it is simply treatment rates which are higher.²⁵⁵

The lack of access to social support is also a factor in explaining poor mental health. People with poor mental health have been found to be four times less likely to have someone to talk to about their problems, compared to the general population.²⁵⁶ Nearly half (46%) of a sample of people with psychotic illness were classified as having a lack of social support.²⁵⁷ Declining social networks are, however, also a consequence of poor mental health, which can cause a decline in personal networks and social capital – people with mental health problems often describe the fear of making contact with other people.²⁵⁸

5.3.2 How mental health drives social exclusion

Poor mental health itself is a significant 'driver' of other types of social exclusion and has been shown to have significant consequences for employability, housing, income, and access to services and social networks. The impact of poor mental health on employment is particularly severe. The most recent Labour Force Survey shows that only 21% of adults with mental health problems are employed. This is the lowest rate for any disabled group.²⁵⁹ The Mental Health Foundation (2002) identified that many people feel employers discriminate against applicants with mental illness.

250 Krieger, N. (2000) 'Discrimination and health', in Berkman, L. and Kawachi, I. (eds), *Social Epidemiology*, Oxford: Oxford University Press.

251 Fenton, S. and Karlsen, S. 'Explaining mental distress: Narratives of cause' in O'Connor, W. and Nazroo, J. (eds), *Ethnic Differences in the Context and Experience of Psychiatric Illness: A qualitative study*.

252 Illey, K. and Nazroo, J. (2001) 'Ethnic inequalities in mental health: A critical examination of the evidence', in Culley, L. and Dyson, S. (eds), *Sociology, Ethnicity and Nursing Practice*, Basingstoke: Palgrave, pp. 67–89.

253 Dunn, S. (1999) *op. cit.*

254 Office for National Statistics (2000) *Adults with Psychotic Disorder Living in Private Households*, London: The Stationery Office.

255 Ritchie, J., Morrisey, C. and Ward, K. (1988) *Keeping in Touch with the Talking: The community care needs of people with mental illness*, London: Social and Community Planning Research.

256 Labour Force Survey (2002).

257 Fenton, S. and Karlsen, S. (2002) 'Explaining mental distress: Narratives of cause', in O'Connor, W. and Nazroo, J. (eds), *Ethnic Differences in the Context and Experience of Psychiatric Illness: A qualitative study*.

258 Office for National Statistics (2000).

259 Crane, M. and Warnes, A. (2000) 'Evictions and prolonged homelessness', *Housing Studies*, 15, 5, 757–73.

This lack of employment opportunities underpins the low incomes and financial difficulties reported by people with poor mental health. Qualitative research has found financial worries and stress related to a lack of employment and trying to live on benefits to be a recurrent theme among people with mental health problems.²⁶⁰

Poor mental health can also severely affect housing security. As mentioned in section 6.1.2, people with poor mental or physical health are more likely to become homeless. A survey of adults living in private accommodation found that 12% of people with a mental disorder had doubts about the security of their accommodation, compared to 6% of the overall sample.²⁶¹ Reasons for this insecurity include failure to pay rent or mortgage, disruptive behaviour and difficulties in living independently and maintaining accommodation in an acceptable state.²⁶² For example, adults with mental health problems have been found to be more likely to fall behind with bill payments (24% compared to 9% without mental health problems).²⁶³ A recent report from Shelter found that one in four tenants with a mental health problem had serious rent arrears, putting them at risk of losing their home.²⁶⁴ In addition, people suffering mental health problems are also more likely to have difficulties with the activities of daily living. Over half of a sample of people with psychotic disorders reported difficulties with one or more of the activities of daily living, such as preparing meals.²⁶⁵

Adults with mental health problems are reported to be less likely to use goods and services; access to mental health services is particularly important. Some ethnic minority groups have been found to be reluctant to use statutory services and have reported that these do not always meet their needs, and that voluntary sector and other alternative sources are more accessible.²⁶⁶ In addition, a diagnosis of mental illness has also been shown to affect access to financial services and can result in stigma and discrimination in relation to finance institutions. A 1996 survey of mental health service users found that 25% had been turned down by a finance or insurance company. The 1999 MIND inquiry concludes on the basis of such evidence, that lack of access to banking services is a common problem for mental health service users and a key determinant in social exclusion.²⁶⁷

The current Social Exclusion Unit project on mental health is considering what more can be done to enable adults with mental health problems to gain and retain work and increase access to services and opportunities for social participation.

260 National Statistics, Department of Health 2002 quoted in Kennard, J. and Lopez, B. (2003) *Mental Health and Healthy Living: A review of the literature, unpublished paper prepared for the Social Exclusion Unit.*

261 Shelter (2003) *House-keeping: Preventing homelessness through tackling rent arrears in social housing*, London: Shelter.

262 Office for national Statistics (2000) *Adults with Psychotic Disorder Living in Private Households*, London: The Stationery Office.

263 Secker, J. and Harding, C. (2002) 'African and African Caribbean users' perceptions of in-patient services', *Journal of Psychiatric & Mental Health Nursing*, 9, 2, 161–8.

264 Dunn, S. (1999) *op. cit.*

5.4 Teenage conceptions

Teenage pregnancy was the subject of one of the earliest reports of the Social Exclusion Unit.²⁶⁸ The UK has the highest teenage pregnancy rate in Europe,²⁶⁹ with more than 90,000 teenagers becoming pregnant each year in England and nearly 8,000 under 16,²⁷⁰ and 37% of conceptions among people under 20 end in an abortion.

There is a great deal of evidence that teenage births are associated with very poor outcomes, both for the mother and the child. Teenage mothers are likely to be dependent on the state, have high rates of postnatal depression and low take-up of breast feeding, are less likely to finish their education or training, less likely to find employment, and are more likely to end up as a lone parent, bringing up their children in poverty.²⁷¹ Children from teenage parents have a much greater risk of poor health, including: lower birth weights, increased risk of infant mortality and an increased risk of some congenital anomalies.²⁷² Hobcraft and Kiernan²⁷³ found that there were clear associations for adult outcomes at 33 with age at first birth even after controlling for childhood poverty and other factors. In a recent review, Cunnington²⁷⁴ cited the medical consequences of teenage pregnancy as anaemia, pregnancy-induced hypertension, low birth weight, prematurity, intra-uterine growth retardation and neonatal mortality.

In the 1970s, the UK had similar teenage birth rates to other European countries. In the 1980s and 1990s, European countries achieved reductions in their teenage birth rates, yet the UK rates stayed the same. According to the Social Exclusion Unit,²⁷⁵ there are three main reasons for teenage pregnancy rates being so high in the UK: low expectations, ignorance and mixed messages.

5.4.1 Low expectations

Teenage pregnancy is more common among young people who have been deprived in childhood and have poor expectations of education or the job market.²⁷⁶ Research by the Office for National Statistics (ONS) using the Longitudinal Study has shown that the risk of becoming a teenage mother is almost 10 times higher for a girl whose family is in social class V (unskilled and manual work), than those in social class I (professional work).²⁷⁷ Children in care or leaving care

268 Social Exclusion Unit (1999) *Teenage Pregnancy*, London: The Stationery Office.

269 UNICEF (2001) *A League Table of Teenage Births in Rich Nations*, Florence: UNICEF Innocenti Research Centre.

270 Office for National Statistics (2000) *Mortality Statistics: Childhood, infant and perinatal. Review of the Registrar General on deaths in England and Wales, 1999*, Series DH3 No. 31, London: The Stationery Office.

271 Kiernan, K. (1995) *Transition to Parenthood: Young mothers, young fathers – associated factors and later life experiences*, WSP Discussion Paper 113, Welfare State Programme Suntory-Toyota International Centre for Economics and Related Disciplines, London: LSE; Champion, J.M. (1995) *Who's Fit to be a Parent*, London: Routledge.

272 Office of National Statistics (2001) *Mortality Statistics: Childhood, infant and perinatal. Review of the Registrar General on deaths in England and Wales, 2000*, Series DH3 No. 32, London: The Stationery Office; Chambers, R., Wakley, G. and Chambers, S. (2001) *Tackling Teenage Pregnancy: Sex, culture and needs*, Oxon: Radcliffe Medical Press.

273 Hobcraft, J. and Kiernan, K. (2001) 'Childhood poverty, early motherhood and adult social exclusion', *British Journal of Sociology*, 52, 3, 495–517.

274 Cunnington, A.J. (2001) 'What's so bad about teenage pregnancy?', *Journal of Family Planning & Reproductive Health Care*, 27, 1, 36–41.

275 Social Exclusion Unit (1999) *op. cit.*

276 Kiernan (1995) *op. cit.*; Tabberer, S., Hall, C., Prendergast, S. and Webster, A. (2000) *Teenage Pregnancy and Choice, Abortion or Motherhood: Influences on the decision*, York: Joseph Rowntree Foundation; Phoenix (1991), Allen (1998); Berthoud, R. and Robson, K. (2001) 'The outcomes of teenage motherhood in Europe', EPAG Working Paper 22, University of Essex.

277 Botting, B., Rosato, M. and Wood, R. (1998) 'Teenage mothers and the health of their children', *Population Trends* 93, Office for National Statistics, London: The Stationery Office.

have a higher chance of becoming a teenage mother; one survey by Biehal *et al.*²⁷⁸ has shown that a quarter of care leavers have had a child by the age of 16, and nearly half were mothers within 18 to 24 months after leaving care. Kiernan²⁷⁹ found that the daughter of a teenage mother is one and a half times more likely to become one herself than the daughter of an older mother. Boys and girls who have low educational achievement are more likely to become teenage parents; they were also likely to have had emotional problems while growing up. The main finding from Kiernan's²⁸⁰ study was that educational attainment was essentially the important 'background' factor linked to teenage parenthood. "Young parents disproportionately come from the educationally disadvantaged with all that implies for subsequent occupational careers and financial remuneration."

Phoenix²⁸¹ also found that teenage mothers came from large families, were poorly educated and experienced high rates of unemployment before they became pregnant. If they were employed, it was usually in poorly paid jobs, which required low levels of skills. Most of these women were single when they gave birth, over half the women lived with one or both of their parents in late pregnancy. Nearly half had left school with no qualification, and only a fifth had at least one GCSE. Four-fifths had experienced at least one period of unemployment and more than a third had never been employed, despite the fact that only 17% were still at school or college when they became pregnant.

Allen and Dowling²⁸² found that half of these teenage mothers said that their mother had been a teenager at the birth of her first child, and a quarter of the sample had a brother or sister who was a teenage parent. They came from larger than average families, and only half of them said that their parents were still married to each other. Nearly one-fifth said that they had left school when they were 15 and under, and 46% had left school at 16. The younger they were when they left school, the less likely they were to have educational qualifications. Only a quarter of this sample had planned their pregnancy; a quarter were shocked and surprised that they were pregnant and a further quarter were scared and horrified. This study found that when women were making the decision to continue with the pregnancy, most of them decided to keep their baby due to discussions with others.

There is also a link between teenage parenthood and not being in education, training or work, for 16- and 17- year old women. One study by Bynner and Parsons²⁸³ has suggested that about a third had become pregnant while not being in education, training or work. There has also been evidence by Newborn and Mair²⁸⁴ to show that there is a link with crime and teenage parenthood. In this study, it was estimated that 25% of 11,000 prisoners in young offenders' institutions are fathers.

278 Biehal, N., Clayden, J., Stein, M. and Wade, J. (1995) *Moving On: Young people and leaving care schemes*, London: HMSO.

279 Kiernan, K. (1995) *op. cit.*

280 *Ibid.*

281 Phoenix, A. (1991) *Young Mothers?*, Oxford: Blackwell.

282 Allen, I. and Dowling, S.B. (1998) *Teenage Mothers' Decisions and Outcomes*, Report 856, London: Policy Studies Institute.

283 Bynner, J. and Parsons, S. (2002) *op. cit.*

284 Newborn, T. and Mair, G. (1996) *Working with Men*, Russell House.

There is a body of evidence on the spatial concentration of teenage pregnancies in areas of high deprivation.²⁸⁵ Smith²⁸⁶ found that the poorest areas in the UK have teenage pregnancy and birth rates up to six times higher than the most affluent areas.²⁸⁷ However, Bradshaw and Finch²⁸⁸ found that not all of the area variation in conception and births rates could be explained by deprivation, and that residual variation might be explained by variations in services – sex education, family planning and access to abortion. The proportion of teenage conceptions that end in abortion is lower in the most deprived areas. Tabberer *et al.*²⁸⁹ have shown that young people in more deprived areas seem more reluctant to seek an abortion (they “often fall back upon their own values and those of the community in which they live in making a decision, a community in which, teenage pregnancy is highly visible and abortion invisible”). Families, especially mothers can “Prove decisive in the integration of a teenage pregnancy into a family and its subsequent normalisation.”²⁹⁰

5.4.2 Ignorance

Young people do not have enough information about contraception, sexually transmitted diseases, what to expect in relationships, and what it is like to bring up a child alone on a low income. Teenagers do not know how easy it is to get pregnant and how hard it is to be a teenage parent. Again, there is empirical evidence to support this, including the study by Burghes and Brown.²⁹¹

In the UK, the use of contraception is low compared to other European countries.²⁹² The use of contraception among young people increases with age. Of 16–17 year-old women in Great Britain, 29% were using contraception compared to 72% of 20–24 year-olds.²⁹³ The rationales young people give for not using contraception include ignorance about contraception, lack of access, lack of confidence in discussing it with a partner, and lack of information about contraception usage and emergency²⁹⁴

5.4.3 Mixed messages

One part of the UK’s adult world allows teenagers to think that sex is the norm. The other part, which includes parents and schools, is embarrassed, and stays silent about sex, hoping that if sex is not talked about, it will not happen. This does not result in preventing young people from having sex, but merely less protected sex. Forty years ago, the average age at first sex was 20 for males and 21 for females; today it is 17 for both sexes. Among under 16s, the proportion that

285 Sloggett, A. and Joshi, H. (1998) ‘Deprivation indicators as predictors of life events 1981–1992 based on the UK ONS Longitudinal Study’, *Journal of Epidemiology & Community Health*, 52, 4, 228–33; Clement, S., Stone, N. and Diamond, I. (1998) ‘Modelling the spatial distribution of teenage conception rates within Wessex’, *The British Journal of Family Planning*, 24, 61–71; Bradshaw, J. and Finch, N. (2002) *op.cit.*

286 Smith, T. (1993) ‘Influence of socio-economic factors on attaining targets for reducing teenage pregnancies’, *British Medical Journal*, 306, 1232–35.

287 Smith, T. *op. cit.*

288 Bradshaw, J. and Finch, N. (2002) *op. cit.*

289 Tabberer, S., Hall, C., Prendergast, S. and Webster, A. (2000) *Teenage Pregnancy and Choice, Abortion or Motherhood: Influences on the decision*, York: Joseph Rowntree Foundation.

290 *Ibid.*,

291 Burghes, L. with Brown, M. (1995) *Single Lone Mothers: Problems, prospects and policies*, London: Family Policy Studies Centre.

292 UNICEF (2001) *op. cit.*

293 Coleman, J. (1997) ‘Mental health’, in Coleman, J. (ed.), *Key Data on Adolescence, Brighton: Trust for the Study of Adolescence*.

294 Social Exclusion Unit (1999) *op. cit.*

report having had sex has doubled in a generation to 30% for males and 20% for females.²⁹⁵ Other recent statistics suggest that the number of girls having under-age sex (below 16) has doubled in the last 10 years, and that nearly 40% of 15-year-old girls have had full sexual intercourse.²⁹⁶

Several northern European countries have achieved low teenage birth rates by relying on high levels of abortion. For example, in Denmark, two-thirds of teenage pregnancies are terminated.²⁹⁷ However, the Netherlands have managed to have one of the lowest teenage birth rates in Europe and also one of the lowest teenage abortion rates in the developed world. The Netherlands has experienced the same socio-sexual transformation as other advanced Western economies, but has managed to reduce teenage births by 72% in 30 years.²⁹⁸

As well as these drivers, Berthoud²⁹⁹ found that teenage motherhood is more common among Caribbean, Pakistani and especially Bangladeshi women than among white women. However, the phenomenon is declining more rapidly among the non-white ethnic groups.

The Government has a commitment to halve teenage conceptions in England by 2010 and conceptions have been falling slowly since 1998. Every local authority has appointed a teenage pregnancy coordinator with responsibility to develop partnerships, to improve, encourage and enable pregnant young mothers to stay in education and training, improve sex education in schools and elsewhere, and to improve access to contraception and advice. The impact of these strategies is being evaluated by a programme of research funded by the Department of Health. However, the evidence suggests that the key structural driver is early school leaving and the lack of opportunity for young women, particularly in areas of high unemployment. Tackling this social exclusion will have an impact on the exclusionary results of teenage pregnancy.

5.5 Child accidental deaths

The UK has a comparatively low accidental death rate among children³⁰⁰ and it has been declining (although not as fast as other causes of child deaths). There is anxiety that both the level and decline may be the results of children being overprotected at home,³⁰¹ with harmful consequences for child independence and mobility and the detriment to health caused by the lack of exercise. However, accidents are the most common cause of childhood deaths of boys over one and girls over four. For every child death from an accident, there are 160 admissions to hospital and 2,000 Accident and Emergency department visits.³⁰² Accidents are also the health event in children that appears to have the steepest class gradient and the closest relationship with deprivation.³⁰³ There is evidence that class differentials in accidental deaths have widened

295 *op. cit.*

296 *Ibid.*

297 *Ibid.*

298 *Ibid.*

299 Berthoud, R. (2001) 'Teenage births to ethnic minority women', *Population Trends 104*, London: The Stationery Office.

300 UNICEF (2001) *op.cit.*

301 Department of Transport (1995); Hillman, M., Adams, J. and Whitelegg, J. (1990) *One False Move: A study of children's independent mobility*, London: Policy Studies Institute.

302 UNICEF (2000).

303 Erskine, T. (1996) 'The burden of risk: Who dies because of cars?', *Social Policy & Administration*, 30, 2, 143–57.

over the last 40 years,³⁰⁴ though they may now be diminishing.³⁰⁵ Child deaths and serious accidents are clearly excluding, indeed devastating, for all concerned – and they may have been avoidable or preventable. A number of reviews have been conducted of the evidence on accidents³⁰⁶ and the effectiveness³⁰⁷ of the ways of preventing them.³⁰⁸

Traffic accidents are the most common cause of injury-related child deaths in the UK followed, outside the home, by drowning and, inside the home, by thermal injuries, suffocating, drowning, falls and poisoning.³⁰⁹ The most common form of road accident is to pedestrians, and children from 12–15 have the highest rates of serious injuries in the population as a whole. The decline in fatal accidents has been much less for the manual social classes, and children in the lowest social groups are four times more likely to be killed as pedestrians than children in higher social groups.³¹⁰

House fires have the steepest socio-economic gradient – children in social class V are 16 times more likely to be killed in fires than those in social class I.³¹¹ The risk of house fire is related to poor housing, including poor repair, temporary accommodation and multiple-occupancy. Pre-school children are at the most risk of burns and scalds.

Boys are consistently (in all age groups) more likely to die from unintentional injuries than girls. This is likely to be associated with gender differentials in risk-taking and perhaps with differential participation in sports.

Turning from mortality to morbidity, Prescott-Clarke and Primatesta³¹² found no relationship between minor and major accident rates and social class – if anything, accident rates appeared to be higher for males in social class I and V. Williams *et al.*³¹³ came up with similar findings in Scotland, but observed marked differences in the type and location of accidents: with poorer children injured on the roads and in parks, and better-off children in schools and as a result of sports. High material wealth was associated with being injured as a passenger and lower family affluence was predictive of being knocked down by a car.

304 Quilgars, D. (2001) 'Childhood accidents', in Bradshaw, J. (ed.), *Poverty: The outcomes for children*, London: Family Policy Studies Centre.

305 Palmer, G., Mohibur, R. and Kenway, P. (2002) *Monitoring Poverty and Social Exclusion 2002*, York: Joseph Rowntree Foundation.

306 Quilgars, D. (2001) *op. cit.*; Croucher, K. (2002) 'Unintentional injuries', in Bradshaw, J. (ed.), *The Well-being of Children in the UK*, London: Save the Children; Roberts, H. (1996) 'Child accidents at home, school and play', in Gillham, B. and Thomson, J.A. (eds), *Child Safety: Problems and prevention from preschool to adolescence*, London: Routledge; Jarvis, S., Towner, E. and Walsh, S. (1995) 'Accidents', in Botting, B. (ed.), *The Health of our Children. Decennial supplement*, London: HMSO; Kemp, A. and Sibert, J. (1997) 'Childhood accidents: Epidemiology, trends and prevention', *Journal of Accident & Emergency Medicine*, 14, 5, 316–20.

307 NHSCR (1996).

308 Towner, E. and Ward, H. (1998) 'Prevention of injuries to children and young people: The way ahead for the UK', *Injury Prevention*, 4 (suppl.), 517–25.

309 Roberts (1996) *op.cit.*

310 White, D., Raeside, R. and Barker, D. (2000) *Road Accidents and Children Living in Disadvantaged Areas: A literature review*, Scottish Executive Central Research Unit.

311 Roberts, I. and Power, C. (1996) 'Does the decline in child injury mortality vary by social class? A comparison of class specific mortality in 1981 and 1991', *British Medical Journal*, 313, 784–6.

312 Prescott-Clarke and Primatesta (eds) (1998) *The Health of Young People 1995–97*, 2 vols. Vol 1 Findings, Health Survey for England, London: HMSO.

313 Williams, J.M., Currie, C.E., Wright, P., Elton, R.A. and Beattie, T.F. (1997) 'Socioeconomic status and adolescent injuries', *Social Science and Medicine*, 44, 12, 1881–91.

“The precise causes of childhood accidents rates and the high class gradient remain, to a large degree, unknown. A number of possible causes have been discussed but the complexity and interrelationship of the different risk factors makes interpretations difficult.”³¹⁴

The social class gradient in injury-related deaths and the spatial association between injury deaths and deprivation is likely to be the result of the following:

- **Supervision:** children of single parents have injury rates twice those of two parent families³¹⁵ and their risk of pedestrian injury is 50% higher. There is also evidence that they are at greater risk of burns.³¹⁶ Squires and Busuttil³¹⁷ blame fires on parental lack of responsibility and also alcohol-related behaviour. Hapgood *et al.*³¹⁸ found that, although unsafe childcare practices were common, most of the variation in safety practices could not be explained by socio-demographic factors.
- The immediate **home environment:** poor-quality housing, overcrowding, no smoke alarm, lack of day care.³¹⁹
- Greater **exposure to hazard:** lack of access to a car doubles the risk of injury as a pedestrian.
- Living in an **urban environment:** children in the lowest income quarter, cross 50% more roads than children in the upper income quarter.³²⁰ Children in homes without play areas are five times more at risk of accidents than children with play areas. Traffic speed is very important – introducing a 20 mph zone leads to, on average, a 67% drop in child pedestrian and cyclist casualties (DETR 1997).
- **Ethnicity:** There is little data on accidents and ethnicity but White *et al.* (320) found higher traffic accident rates among ethnic minorities.

The majority of child accidents are due to traffic, and increased traffic flows might be expected to drive accident rates upwards. However, a combination of restrictions on children’s freedom to roam and traffic-calming measures (and other safety measures) seem to have resulted in a long-term decline in fatal accidents to children. DiGuseppi *et al.*³²¹ concluded that the Government’s target to reduce child mortality from injury by a third by 2005 will be achieved, but at the expense of reducing children’s walking and cycling, which may exact a price in term of future health. However, differentials between classes and between areas may have been widening, and for that trend to be reversed, as the recent Social Exclusion Unit report on transport³²² concluded, there is a need for action in the homes, and in the urban environment of the most deprived.

314 Quilgars, D. (2001) *op. cit.*

315 Roberts, I. and Pless, B. (1995) ‘Social policy as a cause of childhood accidents: The children of lone mothers’, *British Medical Journal*, 311, 925–8.

316 Bradshaw, J. and Lawton, D. (1985) ‘75,000 seriously disabled children’, *Developmental Medicine and Child Neurology*, 27, 1, 253–2.

317 Squires, T. and Busuttil, A. (1995) ‘Child fatalities in Scottish house fires 1980–1990: A case of child neglect?’, *Child Abuse & Neglect*, 19, 7, 865–73.

318 Hapgood, R., Kendrick, D. and Marsh, P. (2000) ‘How well do socio-demographic characteristics explain variation in childhood safety practices?’, *Journal of Public Health Medicine*, 22, 3, 307–11.

319 Roberts (1996) *op.cit.*

320 White *et al.* (2000) *op. cit.*

321 DiGuseppi, C., Roberts, I. and Li, L. (1997) ‘Influence on changing travel patterns on child death rates from injury: Trend analysis’, *British Medical Journal*, 314, 7082, 710–13.

322 Social Exclusion Unit (2003) *Making the Connections: Transport and Social Exclusion*, London: The Social Exclusion Unit.

5.6 Premature deaths

Perhaps the most worrying socially excluding health trend has been the increase in class differentials in the premature mortality of adult men. While overall there has been a fall in male mortality rates between 1970–1972 and 1991–1993, the mortality rates of social class V rose during the 1980s. Although it has since fallen, it is still higher than in the early 1970s and over the period there has been a relative widening of the gap – mortality for social class V is three times that for social class I, and even larger gaps exist for strokes, lung cancers and suicides.³²³ Davey Smith *et al.*³²⁴ found that the standardised mortality rates continued to widen during the 1990s by decile of poverty and relative index of inequality. Between 1931 and 1991, there was a larger reduction in regional variation in the mortality of younger men than in older men.³²⁵ Dorling³²⁶ found that, since the 1950s, the gap in mortality between people living in different areas has been widening.

5.6.1 Inequality

The Whitehall studies³²⁷ found that the social gradient of mortality of civil servants was due to neither health selection nor differences in lifestyle, but relative deprivation and the accumulation of socially patterned exposures over the life course. There is a substantial literature stating that premature mortality is not merely associated with income or social status but to degrees of difference in income and status, i.e. inequality (see Wilkinson for a review).³²⁸ Wilkinson's³²⁹ thesis is that inequality is more important than absolute material circumstances, and the factor that mediates between inequality and health is social cohesion. Societies that are more equal are more cohesive, less stressful and healthier.

Other evidence in support of the inequality thesis includes Whitley *et al.*³³⁰ who found that suicide rates were more closely related to social fragmentation than to poverty at constituency level. Based on the British Household Panel Survey (BHPS), Weich *et al.*³³¹ found that area income inequality was associated with worse mental health among the most affluent individuals, but in a later study Weich *et al.*³³² found limited evidence of an association between income inequality

323 Drever, F. and Whitehead, M (eds) (1997) *Health Inequalities Series DS No. 15*, London: The Stationery Office.

324 Davey Smith, G., Dorling, D., Mitchell, R. and Shaw, M. (2002) 'Health inequalities in Britain: Continuing increases up to the end of the 20th century', *Journal of Epidemiology & Community Health*, 56, 6, 434–5.

325 Ecob, R., Robertson, C. and Watt, G. (1997) 'Has regional variation in mortality rates declined since 1931, in all age groups, in Britain? A re-analysis using formal statistical modelling', *Journal of Epidemiology & Community Health*, 51, 2, 502–9.

326 Dorling, D. (1997) *Death in Britain: How local mortality rates have changed: 1950s to 1990s*, York: Joseph Rowntree Foundation.

327 See Marmot, M. and Smith, G.D. (1997) 'Socio-economic differentials in health: The contribution of the Whitehall studies', *Journal of Health Psychology* for a review.

328 Wilkinson, R.G. (1999) 'Income inequality, social cohesion and health: Clarifying the theory - a reply to Muntaner and Lynch', *International Journal of Health Studies*, 29, 3, 525–43.

329 Discussed in Lister, R. (1997) 'Poverty', *Research Matters*, 3, 66–7.

330 Whitley, E., Gunnell, D. and Davey-Smith, G. (1999) 'Ecological study of social fragmentation', *British Medical Journal*, 319, 7216, 1034–7.

331 Weich, S., Lewis, G. and Jenkins, S.P. (2001) 'Income inequality and the prevalence of common mental disorders in Britain', *British Journal of Psychiatry*, 178, 222–27.

332 Weich, S., Lewis, G. and Jenkins, S.P. (2002) 'Income inequality and self-rated health in Britain', *Journal of Epidemiology & Community Health*, 56, 6, 436–41.

and worse self-rated health. Yngwe *et al.*³³³ found that the magnitude of social inequalities in self-rated health was similar in Sweden and Britain. However, income explained more of these differences in Britain than in Sweden, perhaps the result of differential exposure to low income and poverty or inequality. Stanistreet *et al.*³³⁴ in an ecological study found that income inequality and mean income were independently associated with adult mortality.

Deaton has been one of the most influential critics of the inequality hypothesis.³³⁵ He argues that, while redistribution of income may be a good thing in itself, it may not be the most effective attack on health inequalities.

5.6.2 Lifestyle

There is evidence that if the inequality effects are true they are moderated by behavioural or lifestyle factors. For example, Law and Morris³³⁶ found that about 85% of the overall excess mortality (between rich and poor areas) due to deprivation could be explained by heavier smoking and 6% by heavier alcohol consumption; diet varied little. Marmot found that smoking accounts for about 25% of class differences in coronary heart disease mortality.

5.6.3 Other socio-economic drivers

Morris *et al.*³³⁷ found that the loss of employment has a non-specific association with an increased risk of mortality even after adjustment. Crawford and Prince³³⁸ found that the smallest changes for the period 1981–1991 in age-adjusted suicide rates for men aged 15–44 were in areas with the smallest increase in the proportion of people living alone, the greatest increase in unemployment and the highest levels of social deprivation.

In a comparison of young people in the 1958 and 1970 cohorts, Bynner *et al.*³³⁹ found a significant decline in mental well-being between the cohorts which was associated with the length of a spell of unemployment, lower qualifications, lower earnings, not having a working mother at 16 and having an older mother. Ecob and Smith³⁴⁰ found that morbidity is linearly related to income, except for very high and very low incomes, and that the effect of income is as strong as other socio-economic variables in combination.

333 Yngwe, M.A., Diderichsen, F., Whitehead, M., Holland, P. and Burstrom, B. (2001) 'The role of income differences in explaining social inequalities in self rated health in Sweden and Britain', *Journal of Epidemiology & Community Health*, 55, 8, 556–61.

334 Stanistreet, D., Scott-Samuel, A. and Bellis, M.A. (1999) 'Income inequality and mortality in England', *Journal of Public Health Medicine*, 21, 2, 205–7.

335 See for example Deaton (2002).

336 Law, M.R. and Morris, J.K. (1998) 'Why is mortality higher in poorer areas and more northern areas of England and Wales?', *Journal of Epidemiology and Community Health*, 52, 6, 344.

337 Morris, J.K., Cook, D.G. and Shaper, A.G. (1994) 'Loss of employment and mortality', *British Medical Journal*, 308, 6937, 1135.

338 Crawford, M.J. and Prince, M. (1999) 'Increasing rates of suicide in young men in England during the 1980s: The importance of social context', *Social Science and Medicine*, 49, 10, 1419–23.

339 Bynner *et al.* (2002) *op. cit.*

340 Ecob, R. and Smith, G.D. (1999) 'Income and health: What is the nature of the relationship?', *Social Science and Medicine*, 48, 5, 693–705.

Pincus *et al.*³⁴¹ conclude that socio-economic status is a better predictor of premature death than access to health care, including job classification and formal education level. Robinson *et al.*³⁴² found that social deprivation (being unemployed and less educated) contributed to the mortality of adults with diabetes, over and above the diabetic health status itself. Wannamethee and Shaper³⁴³ found that variations in the mortality of men aged 40–59 are greater than indicated by just social class based on occupation alone, and that men with greater material assets had lower rates of mortality, having controlled for a wide range of lifestyle and biological factors.

Using the General Household Survey (GHS), White *et al.*³⁴⁴ found that self-reported health is more closely associated with deprivation than education level, but that educational attainment nevertheless has an impact on self-assessed health in adulthood independent of deprivation, perhaps particularly for men. Bhopal *et al.*³⁴⁵ conclude that the European pattern of inequalities in coronary heart disease and diabetes is becoming established in men and women of south Asian origin.

5.6.4 Long-term influences

There is evidence that health risks are accumulated over a very long period. Power and Matthews³⁴⁶ and Power *et al.*³⁴⁷ in a study based on the National Child Development Study (NCDS), concluded that an individual's chances of encountering multiple health risks throughout life are influenced by social position, and that these probabilities do not emerge exclusively in mid-life, but accumulate over decades. Power *et al.*³⁴⁸ also found the same for psychological distress. Bartley and Plewis³⁴⁹ have similarly found, using the ONS Longitudinal study 1971–1991, that experiences of disadvantaged social class or unemployment at any time contributed independently to an increased risk of limiting illness up to 20 years later.

Davey Smith *et al.*³⁵⁰ found that the risk of mortality from stroke and stomach cancer in adulthood is influenced by deprivation in childhood and not by adult circumstances. Deprivation in childhood also influences coronary heart disease and respiratory disease in adulthood, but is influenced by experience in adulthood. Mortality from lung cancer, other cancer accidents and violence are predominantly influenced by circumstances in adulthood.

- 341 Pincus, T., Esther, R., DeWatt, D.A. and Callahan, L.F. (1998) 'Social conditions and self-management are more powerful determinants of health than access to care', *Annals of Internal Medicine*, 129, 5, 406–11.
- 342 Robinson, N., Lloyd, C.E. and Stevens, L.K. (1998) 'Social deprivation and mortality in adults with diabetes mellitus', *Diabetic Medicine*, 15, 3, 205–12.
- 343 Wannamethee, S.G. and Shaper, A.G. (1997) 'Socio-economic status within social class and mortality: A prospective study in middle-aged British men', *International Journal of Epidemiology*, 26, 3, 532–41.
- 344 White, I.R., Blane, D., Morris, J.N. and Mouranga, P. (1999) 'Educational attainment, deprivation-affluence and self-reported health in Britain: A cross sectional study', *Journal of Epidemiology and Community Health*, 53, 9, 535–41.
- 345 Hayes, L., White, M., Unwin, N., Bhopal, R., Fischbacher, C., Harland, J. and Alberti, K.G.M.M. (2002) 'Patterns of physical activity and relationship with risk markers for cardiovascular disease and diabetes in Indian, Pakistani, Bangladeshi and European adults in a UK population', *Journal of Public Health Medicine*, 24, 3, 170–8.
- 346 Power, C. and Matthews, S. (1997) 'Origins of health inequalities in a national population sample', *Lancet*, 350, 9091, 1584–89.
- 347 Power, C., Matthews, S., Manor, O. (1998) 'Inequalities in self rated health: Explanations from different stages of life', *Lancet*, 351, 9108, 1009–14.
- 348 Power, C., Stansfield, S.A. Matthews, S., Manor, O. and Hope, S. (2002) 'Childhood and adulthood risk factors for socio-economic differentials in psychological distress: Evidence from the 1958 British birth cohort', *Social Science and Medicine*, 55, 11, 1989–2004.
- 349 Bartley, M. and Plewis, I. (2002) 'Accumulated labour market disadvantage and limiting long-term illness: Data from the 1971–1991 Office for National Statistics Longitudinal Study', *International Journal of Epidemiology*, 31, 2, 336–41.
- 350 Davey-Smith, G., Hart, C., Blane, D. and Hole, D. (1998) 'Adverse socio-economic conditions in childhood and cause specific adult mortality: Prospective observational study', *British Medical Journal*, 316, 7145, 1631–5.

Dorling *et al.*³⁵¹ found that contemporary mortality from diseases associated with deprivation in early life in London is predicted more strongly by the distribution of poverty in 1886 than that in 1991. Using the 1946 birth cohort, Kuh *et al.*³⁵² found that living in the worst housing, having, at the age of four, a father with a manual occupation, and poor care in childhood led to double the death rate during adulthood (26–54) of those living in the best socio-economic conditions. Manual origins and poor care remained associated with worse outcomes, even after adjusting for social class in adulthood and home ownership. Kuh *et al.* conclude that socio-economic conditions in childhood, as well as early adulthood, have strongly influenced the survival of British people born in the immediate post-war era. Breeze *et al.*³⁵³ found that socio-economic status in middle age and retirement age is associated with morbidity at old age.

There is evidence here that inequality, poverty, low educational attainment, and unemployment all drive the premature death of men. Mitchell *et al.*³⁵⁴ were impressed enough with this evidence to estimate that:

- 7,500 deaths per year under 65 could be prevented if inequalities narrowed to their 1983 level;
- 2,500 deaths per year under 65 could be prevented if full employment were achieved;
- 1,400 deaths per year under 65 could be saved if child poverty were abolished.

However, given the nature of their long-term affects and the association with behavioural patterns, it may be that these estimates are optimistic, at least in the short term.

- 351 Dorling, D., Mitchell, R., Shaw, M., Orford, G. and Davey-Smith, S. (2000) 'The ghost of Christmas past: Health effects of poverty in London in 1896 and 1991', *British Medical Journal*, 321, 7276, 1547–51.
- 352 Kuh, D., Hardy, R., Langenberg, C., Richards, M. and Wadsworth, M.E. (2002) 'Mortality in adults aged 26–54 years related to socio-economic conditions in childhood and adulthood: Post war cohort study', *British Medical Journal*, 325, 7372, 1076–80.
- 353 Breeze, E., Fletcher, A.E., Leon, D.A., Marmot, M.G., Clarke, R.J. and Shipley, M.J. (2001) 'Do socio-economic disadvantages persist into old age? Self-reported morbidity in a 29-year follow-up of the Whitehall study', *American Journal of Public Health*, 91, 2, 271–83.
- 354 Mitchell, R., Shaw, M. and Dorling, D. (2000) *Inequalities in Life and Death: What if Britain were more equal?*, Bristol: The Policy Press.

6. Housing

There is a wide range of circumstances in which people may be regarded as socially excluded in housing. This may include people whose property is unfit or in serious disrepair, who are trapped in rundown housing estates, or who are suffering from domestic violence or anti social neighbours. However, the main focus of this section is on homelessness, which may fairly be regarded as the most extreme form of social exclusion in housing.

For the purpose of this section, homelessness is taken to mean situations where people are sleeping rough or staying in temporary and insecure forms of accommodation, such as night shelters, hostels, and boarding houses (B&Bs). In addition to homelessness, this discussion of social exclusion in housing also considers people with no choice but to live in bedsits. Like B&Bs, bedsits are a form of house in multiple occupation that is often in very poor condition and badly managed. Whereas people sleeping rough have no shelter at all, socially excluded people staying in temporary accommodation or living in bedsits may be described as living on 'the margins of the housing market'.

It is important to note that, although homelessness is itself a form of social exclusion, the experience of homelessness may itself be a driver of other forms of social exclusion. Being homeless may cause or exacerbate physical or poor mental health, prevent people from obtaining or retaining paid employment, and make it difficult for them to obtain or exercise social rights that other people take for granted, such as voting at elections. Equally, people who suffer from social exclusion – for example, because they are mentally ill, have a drug dependency, or have been in prison – are more likely to become homeless than those who are not. Thus, there are important and complex interactions between homelessness and other forms of extreme social exclusion.

6.1 The drivers of homelessness

The drivers or causes of social exclusion are very complex and highly contested. The causes of homelessness in particular have been much debated. In summary, explanations tend to focus on structural causes (such as shortage of affordable housing) or individual failings (such as drug dependency). This dichotomy between structural and individual causes is over-simplistic, for reality is more complex than that and it is becoming increasingly recognised that both sets of factors may be at work in causing homelessness.³⁵⁵

In discussing the drivers of homelessness, it is helpful to distinguish between the drivers of the overall level of homelessness and those that cause particular individuals to be homeless.³⁵⁶ Making this distinction, we can separate the drivers of homelessness into three types:

- structural causes;
- risk factors; and
- triggers.

355 Neale, J. (1997) 'Homelessness and theory reconsidered', *Housing Studies*, 12, 1, 47–61; Fitzpatrick, S., Kemp, P.A. and Klinker, S. (2000) *Single Homelessness: An Overview of Research in Britain*, Bristol: The Policy Press.

356 Kemp, P.A., Lynch, E. and Mackay, D. (2001) *Structural Trends and Homelessness: A Quantitative Analysis*, Edinburgh: Scottish Executive.

It is also important to consider not just routes into homelessness, but structural and behavioural barriers that prevent people from being able to take pathways out of it.

6.1.1 Structural factors

Structural causes are contextual factors that drive the aggregate level of homelessness. They may include socio-economic factors such as housing market shortages, unemployment, and inequality, demographic trends like the growth in relationship breakdown, and policy developments such as the closure of long-stay psychiatric hospitals. The growth of homelessness during the 1980s and 1990s has been ascribed to a variety of structural forces including rising unemployment (up to the mid-1990s), social security benefit cutbacks, rising house prices, labour market restructuring, the sale of council houses, increasing inequality, the decline of private renting, and the growth in relationship breakdown and rise in step-parenting.³⁵⁷

While numerous reports have discussed the impact of various structural causes on the growth of homelessness, there have been few studies that have investigated the relationship in a rigorous way. Instead, untested claims have been made, usually with little attempt to demonstrate the link between the alleged structural causes and changes in the number of homeless people.

One study examined the number of people accepted for re-housing by local authorities in England on the grounds of homelessness under the Housing Act – ('statutory homelessness'), using data for 1981–1982, 1986–1987 and 1990–1991.³⁵⁸ Although not couched in terms of the structural causes of homelessness, the research did uncover factors that were associated with variations in homelessness between local authorities. The most important factors explaining homelessness were socio-economic variables such as the number of lone parents, low income, the supply of social housing tenancies, the size of the privately rented housing sector, rural/urban differences, and the homelessness policy stance of the local authority. Comparing results for the three years over the 10-year period, economic factors became more important, while the supply of social housing, private renting and rural/urban differences became less important.

A more recent study investigated structural trends in statutory homelessness in Scotland.³⁵⁹ It examined whether the growth of homelessness in Scotland during the 1980s and 1990s was associated with structural trends such as the decline in the supply of social housing, rising rents and the rise in unemployment. The study found that there was a long-run statistical relationship between homelessness in Scotland from 1980 to 1998 and a number of structural factors: right to buy sales, the number of public sector housing lettings, the number of tenants in rent arrears, unemployment, the level of manufacturing employment, and the number of recorded crimes. The study also examined variations in statutory homelessness between the local authorities in Scotland in 1981, 1991, and the years from 1996 to 1999. Although the results were not wholly consistent, there was a statistical relationship between homelessness and a variety of indicators of the state of the housing market, housing affordability, unemployment, and what the researchers termed 'de-institutionalisation' (to represent factors such as psychiatric hospital inpatient discharges).

In other words, macro-levels factors such as unemployment and the affordability of housing were found to be the most important drivers of the overall level of homelessness. It follows that changes in unemployment or in housing affordability will drive future levels of homelessness and these macro-factors are likely to remain the most important drivers of homelessness in the future.

357 See Fitzpatrick *et al.* (2000) *op. cit.* Chapter 5; Greve, J. (1990) *Homelessness in Britain*, York: Joseph Rowntree Foundation; Third, H. and Yaneta, A. (2000) *Homelessness in Scotland: A Summary of Research Evidence*, Edinburgh: Scottish Homes.

358 Bramley, G. (1993) 'Explaining the incidence of statutory homelessness in England', *Housing Studies*, 8, 128-47.

359 Kemp *et al.* (2001) *op. cit.*

6.1.2 Risk factors

Risk factors are the circumstances that are highly correlated with homelessness and other forms of social exclusion. They do not, by themselves, tell us why particular individuals become homeless, rather they indicate the probability or risk that someone having particular characteristics will become homeless. Some risk factors render people particularly vulnerable to homelessness, such as having spent time in local authority care or prison, having been the victim of sexual abuse, or having a drug dependency.³⁶⁰

It is possible to divide homelessness risk factors into several types:³⁶¹ family background, institutional history, socio-economic characteristics, and health characteristics:

- **Family background:** risk factors include experience of physical or sexual abuse, family breakdown or disputes, being in reconstituted families, premature death of parents or step-parents, previous experience of homelessness, especially in childhood or adolescence, and having parents or step-parents with drug or alcohol problems.
- **Institutional history:** risk factors include having spent time in local authority care, having been in the armed forces, having had a long stay in a hospital, having been a psychiatric hospital in-patient, having been excluded from school, and having been in prison, on remand or in a youth detention centre.
- **Socio-economic:** risk factors include rent and mortgage arrears or other debts, unemployment, low-income, and a lack of qualifications.
- **Health:** risk factors are poor physical health, mental health problems including mental illness and personality disorders, and drug or alcohol abuse.

Although having any of these characteristics increases the likelihood that someone may become homeless, being homeless can also increase the likelihood that someone will have these characteristics. For example, while people with poor mental or physical health show a greater propensity to become homeless, research has also found that the experience of homelessness can exacerbate or even cause both physical and poor mental health.³⁶² In addition, research has demonstrated that homeless people face difficulties in gaining access to health care.³⁶³ People sleeping rough are much less likely to be registered with a GP and are more likely to make inappropriate use of hospital Accident and Emergency departments.³⁶⁴

A study carried out by the Centre for Housing Policy at the University of Yor, examined the socio-economic characteristics of heads of household who told interviewers from the Survey of English Housing in 1994-1995 that they had experienced homelessness during the previous 10 years.³⁶⁵

360 Fitzpatrick *et al.* (2000) *op. cit.*

361 Anderson, I. and Tulloch, D. (2000) *Pathways Through Homelessness: A Review of the Research Evidence*, Edinburgh: Scottish Homes; Fitzpatrick *et al.* (2000) *op. cit.*; Randall, G. (1998) *Rough Sleeping: A Review of Research*, London: Department of the Environment, Transport and the Regions.

362 Bines, W. (1994) *The Health of Single Homeless People*, York: Centre for Housing Policy, University of York; Bines, W. (1997) 'The health of single homeless people' in Burrows, R. *et al.* (eds), *Homelessness and Social Policy*, London: Routledge; Connolly, J. and Crown, J. (1994) *Homelessness and Ill-health: Report of Working Party of the Royal College of Physicians*, London: Royal College of Physicians; Gill, B., Meltzer, H., Hinds, K. and Pettigrew, M. (1996) *Psychiatric Morbidity Among Homeless People*, London: HMSO.

363 Anderson, I., Kemp, P.A. and Quilgars, D. (1993) *Single Homeless People*, London: HMSO; Pleace, N. and Quilgars, D. (1996) *Health and Homelessness in London: A Review*, London: Kings Fund; Pleace, N. and Quilgars, D. (1997) in Burrows, R. *et al.* (eds), *Homelessness and Social Policy*, London: Routledge.

364 North, C., Moore, H. and Owens, C. (1996) *Go Home and Rest? The Use of an Accident and Emergency Department by Homeless People*, London: Shelter.

In total, 4.3% of respondents indicated that they had been homeless, of whom 58% had been accepted for re-housing on the grounds of homelessness by their local authority (2.5% of all households).

The research confirmed that the risk of homelessness is not evenly distributed across the population, but varies according to the socio-economic circumstances of households. It was concluded that, “The combination of characteristics which produced the highest odds of experiencing homelessness were: being young; living in the South West; living in an urban settlement; being divorced or separated; living in housing association accommodation; and being a single male who is currently economically inactive. At the other extreme, the combination of characteristics which produced the lowest odds of experiencing homelessness were: being old; living in the provinces (but outside the South West); living in a rural area; being married; living in owner-occupation; being employed full-time; and living in a couple without dependent children”.³⁶⁶

These were the characteristics of people who had been homeless in the past and do not necessarily describe their circumstances immediately prior to, or during, their spell of homelessness. The research was unable to include many of the risk factors listed above, such as experience of local authority care homes, having been in prison, and suffering from poor mental health. However, these are precisely the kinds of circumstances that involve a particularly high risk of homelessness.

People from black and ethnic minority groups are also disproportionately likely to be homeless. The Survey of English Housing analysis, cited above, found that 13.4% of heads of household identifying themselves as ‘black’ said they had experienced homelessness, which was three times the rate for people describing themselves as ‘white’. Members of black and ethnic minority groups account for one in five households accepted by local authorities as unintentionally homeless and in priority need.³⁶⁷ A large-scale survey of single homeless people found that people from black and other ethnic minority groups were under-represented among rough sleepers, but over-represented among those in hostels and B&Bs. Women from ethnic minority groups were especially over-represented, accounting for about half of all women in hostels and B&Bs.³⁶⁸

6.1.3 Triggers

Risk factors indicate the propensity of people in different circumstances to become homeless, but they do not explain why any particular person loses their home and is unable to find another. For example, although economically inactive, young single men have a much higher risk of losing their home than married middle-aged men in work, only a minority of them actually do become homeless.

365 Burrows, R. (1997) ‘The social distribution of the experience of homelessness’, in Burrows, R. *et al.* (eds), *Homelessness and Social Policy*, London: Routledge.

366 *Ibid.*, p. 66.

367 Harrison, M. and Phillips, D. (2003) *Housing and Black and Minority Ethnic Communities*, London: Office of the Deputy Prime Minister.

368 Anderson *et al.* (1993) *op. cit.*

Triggers are the events that precipitate a homeless episode.³⁶⁹ They often constitute the immediate or 'presenting' causes of homelessness,³⁷⁰ as distinct from the underlying structural causes. They may be one-off crises, such as running away from home, or the end result of a succession or combination of events and circumstances that ultimately lead to loss of the home and inability to obtain another one in the short term.

Research on homelessness has identified a range of events that can trigger an episode of homelessness.³⁷¹ These include:

- leaving local authority care homes;
- leaving prison;
- discharge from the armed forces;
- leaving the parental or marital home, especially if associated with violence or abuse;
- eviction from own home;
- financial crisis;
- widowhood;
- deterioration in mental health; and
- increase in drug dependency.

These events or crises may result in the loss of the home and may also prevent or make it difficult for the person experiencing them to find a new home. In some cases, however, the circumstances that prevent people from finding somewhere else to live may be different from the events that precipitated the loss of the original home. Either way, the result of both losing the home and being able to find another one is a period of homelessness.

6.2 Pathways out of homelessness

Substantially more is known about routes into homelessness than pathways out of it. This is partly because much of the research on homelessness has been cross-sectional, rather than tracking homeless people over time.³⁷² Longitudinal studies of homeless people are methodologically difficult to conduct and can be costly to undertake.³⁷³ One review of the

369 Anderson, I. and Tulloch, D. (2000) *Pathways Through Homelessness: A Review of the Research Evidence*, Edinburgh: Scottish Homes; Fitzpatrick *et al.* (2000) *op. cit.*; Randall, G. (1998) *op. cit.*

370 Fitzpatrick *et al.* (2000) *op. cit.*

371 See for example: Anderson *et al.* (1993) *op. cit.*; Blackman, S. (ed.) (1998) *Youth and Policy*, no.59, special issue on youth and homelessness; Bruegel, I. and Smith, J. (1999) *Taking Risks: An analysis of the risks of homelessness for young people in London*, London: Safe in the City; Crane, M. (1999) *Understanding Older Homeless People*, Buckingham: Open University Press; Fitzpatrick, S. (2000) *Young Homeless People*, Basingstoke: Macmillan; Kemp, P.A. (1997) 'The characteristics of single homeless people in England', in Burrows, R. *et al.* (eds), *Homelessness and Social Policy*, London: Routledge; Smith, J. *et al.* (1998) *The Family Background of Homeless Young People*, London: Family Policy Studies Centre.

372 Anderson, I. and Tulloch, D. (2000) *Pathways Through Homelessness: A Review of the Research Evidence*, Edinburgh: Scottish Homes; Fitzpatrick *et al.* (2000) *op. cit.*

373 Pickering, K., Fitzpatrick, S., Hinds, K. and Lynn, P. (2003) *Tracking Homelessness: A Feasibility Study*, Edinburgh: Scottish Executive.

literature identified three age-related pathways into homelessness – a youth pathway, an adult pathway and a later-life pathway – with overlapping, but substantially distinct life cycle risks and triggers.³⁷⁴ The evidence indicates that the availability of affordable housing is the most important factor affecting people's ability to escape from homelessness.

Routes out of homelessness "are strongly mediated by the statutory homelessness duties of local housing authorities".³⁷⁵ The homelessness legislation requires local authorities to provide accommodation for people in 'priority need' who are unintentionally homeless and have a local connection. The category of priority need is restricted mainly to families with children, pregnant women, and people who are 'vulnerable' (for example, due to old age or young age and risk of sexual exploitation). The legislation has thereby bifurcated the homeless population into the 'statutory homeless', who have a right to be re-housed, and the rest, the majority of whom are single homeless people. Consequently, single homeless people tend to end up sleeping rough or staying in temporary forms of accommodation, such as night shelters, hostels and B&Bs. This raises the question of why they gain access to more permanent forms of accommodation such as bedsits or rented flats.

6.3 Barriers to access in housing

Single homeless people face a number of obstacles in seeking to gain access to accommodation, which at a micro-level may be regarded as drivers of social exclusion among the existing homeless population.

Research has shown that the majority of single homeless people are unemployed or economically inactive, on low incomes, have few if any qualifications, and suffer from poor physical and mental health. Many of them would require initial, and in some cases continuing, support to maintain a tenancy if they were offered one.³⁷⁶ Drug or alcohol dependency may prevent them from staying in their own home and, in more extreme cases, from staying in hostels or B&Bs.³⁷⁷ These problems interact and, at the same time, each of them may be both a cause and a consequence of homelessness. The Rough Sleepers Initiative and other policies are tackling these more deeply entrenched problems of social exclusion.³⁷⁸

However, even homeless people who are ready to move into their own accommodation and sustain a tenancy may find it difficult to do so. In a survey of single homeless people carried out for the Department of the Environment, one in eight rough sleepers and hostel users described themselves as long-term sick and disabled. A substantial minority of them (two-fifths of those who were sleeping rough and one-fifth who were staying in a hostel or B&B) had applied to the local authority for re-housing in the previous 12 months, apparently without success.³⁷⁹ Meanwhile, young, single people are often a low priority for social housing landlords and thus, in many cases, excluded from social housing.³⁸⁰

374 *Ibid.*

375 *Ibid.*

376 Pleace, N. (2000) 'The new consensus, the old consensus and the provision of services for people sleeping rough', *Housing Studies*, 15, 581–94.

377 Anderson *et al.* (1993) *op. cit.*; Kemp, P.A. (1997), *op. cit.* See also Robinson, D. (1998) 'Health selection in the housing system: Access to council housing for homeless people with health problems', *Housing Studies*, 13, 1, 23–41.

378 Randall, G. and Brown, S. (1993) *The Rough Sleepers Initiative: An evaluation*, London: HMSO; Randall, G. and Brown, S. (1996) *From Street to Home: An Evaluation of Phase 2 of the Rough Sleepers Initiative*, London: The Stationery Office.

379 Anderson *et al.* (1993) *op. cit.*; Kemp, P.A. (1997), *op. cit.*

380 Anderson, I. (1999) 'Young single people and access to social housing', in Rugg, J. (ed.), *Young People, Housing and Social Policy*, London: Routledge.

For 'accommodation-ready' homeless people who are unable to gain access to social housing, the alternative is privately rented accommodation. However, gaining access to the private rental market can be difficult for people on a low income and particularly for homeless people. Results from the Survey of English Housing show that the majority of private tenants are required by private landlords or letting agents to pay a deposit (bond) and/or rent in advance.³⁸¹ A survey of private tenants in six local authority areas found that substantial numbers of low-income tenants find it difficult to afford these up-front costs and some have to turn down suitable places for this reason, despite being able to afford the regular rent payments.³⁸² The fact that Housing Benefit is paid in arrears makes the problem even more difficult for homeless people who are unable to pay their rent in advance. The widespread and often lengthy delays in the processing of Housing Benefit claims add further to the problem.

Thus, low incomes, lack of savings and the way that the Housing Benefit scheme is administered act to inhibit access to the bottom end of the privately rented sector. The Office of the Deputy Prime Minister (ODPM) funds a large number of 'access schemes' that help homeless people to get around these problems.³⁸³ A qualitative study in six local authority areas found that the introduction of the single-room rent restriction in the Housing Benefit scheme had made it more difficult for access schemes to secure rental accommodation for people under 25.³⁸⁴

Landlord letting preferences can also act as a barrier. Homeless people seeking to gain access to the private rental market will invariably rely on Housing Benefit to afford the rent, but many landlords prefer to let their accommodation to tenants paying out of their own pocket; a small minority refuse to let to people they know to be benefit claimants. In addition, some landlords are unwilling or reluctant to let accommodation to homeless people. Again, access schemes can help in this respect as well. A national survey of the landlords and agents of a representative sample of privately rented addresses found that unemployed and young single people are their two least favoured groups of tenants.³⁸⁵ Hence, single homeless people are often excluded from private rental accommodation as well as from social housing.

6.4 Bedsits

People who have gained access to the private rental housing market may be better off than their homeless counterparts, but may nonetheless be excluded from an adequate standard of accommodation if they are resident in a bedsit. Like board and lodging accommodation (B&Bs), bedsits are a form of house in multiple occupation or HMO. In practice, the boundary between residential and commercial use is not fixed, but may depend upon the vagaries of the benefit system or the state of the local housing and tourist accommodation markets.³⁸⁶ For example, in resorts where tourist demand for B&B accommodation has fallen, proprietors may convert their

381 Green, H. *et al.* (1998) *Housing in England 1996/97*, London: TSO.

382 Kemp, P.A. and McLaverty, P. (1995) *Private Tenants and Restrictions in Rent for Housing Benefit*, York: Centre for Housing Policy, University of York.

383 Randall, G. and Brown, S. (1994) *Private Renting for Single People: An evaluation of a pilot rent deposit fund*, London: HMSO; Rugg, J. (1996) *Opening Doors: Helping people on low-income secure private rented accommodation*, York: Centre for Housing Policy, University of York.

384 Rugg, J. (1997) *Closing Doors? Access Schemes and the Recent Housing Changes*, York: Centre for Housing Policy, University of York.

385 Crook, A.D.H. and Kemp, P.A. (1996) *Private Landlords in England*, London: HMSO.

386 Conway, J. and Kemp, P.A. (1985) *Bed and Breakfast: Slum housing of the eighties*, London: SHAC. See also Kemp and Rhodes, *op.cit.*

properties to the bedsit market. In areas of high housing demand, bedsit owners have more incentive to convert their property to self-contained flats if they can obtain complete vacant possession and it is suitable for the purpose. These drivers interact with the demand for low-rent accommodation to influence the number, quality and price of bedsit accommodation. Future drivers include changes in the rules governing Housing Benefit and the implementation of HMO licensing. The latter may raise the quality of bedsits but at the expense of the price and, at least in the short term, the available supply. A reduction in the supply of bedsits may in turn act as a driver of homelessness.

Bedsits – sometimes referred to as ‘traditional HMOs’ to distinguish them from other types of shared accommodation – may be seen as the bottom end of the private rental housing market. The most recent government estimates indicate that there are approximately 56,000 traditional HMOs, containing about 220,000 bedsitting rooms in England. They accommodate about 165,000 households or 267,000 people: an average of 3.3 households or 5.3 people per building.³⁸⁷

Traditional HMOs exhibit relatively high levels of disrepair and unfitness for human habitation. Only about a quarter of traditional HMOs have food preparation facilities that are exclusive to the individual bedsits contained within them and fewer still have exclusive use of washing facilities. A substantial proportion of bedsit accommodation has inadequate fire precautions and means of escape, which is reflected in high rates of fire fatality. Almost two-thirds are unfit for use as multiple occupancy dwellings.³⁸⁸

The poor quality of most bedsits reflects a range of factors, including the age of the stock (much of which was constructed before 1919), the impact of public policies such as rent control and restrictions in eligible rents for Housing Benefit, poor management practices by private landlords, and the low incomes of the residents.

The occupants of bedsits tend to be men in low-paid employment, a relatively high proportion of whom are in part-time work. About half of bedsit residents are reliant on Housing Benefit to help them pay their rent. A quarter of bedsit residents are dissatisfied with their home or with the state of repair of the dwelling – a much higher figure than for residents of other types of HMO, the privately rented sector as a whole, or those living in social housing or the owner-occupied sector. Bedsit tenants are much less likely than other HMO or privately renting tenants to have lived in their bedsit for a short time, and yet are much more likely to want to move.³⁸⁹ This suggests that a substantial minority of bedsit residents are trapped within this low-quality, poorly managed and badly maintained sub-sector; and consequently are excluded from self-contained accommodation in social housing or elsewhere in the private rental market.

387 DETR (1999) *English House Condition Survey 1996: Houses in Multiple Occupation in the Private Rented Sector*, London: Department of the Environment, Transport and the Regions.

388 *Ibid.*

389 *Ibid.* See also Kemp and Rhodes (1994) *op. cit.*

6.5 Conclusion

People sleeping rough or living on the margins of the housing market are trapped by their social exclusion. They are excluded not just because they are unemployed or economically inactive, have a low income, few or no qualifications, and suffer from long-term physical and mental health problems, but they are also excluded from decent, self-contained accommodation by the limited availability of affordable rented housing and by the letting policies and priorities of social and private housing landlords. Bedsits provide accommodation one step up the ladder from temporary forms of accommodation, such as hostels and B&Bs, but they are often poorly managed and in very poor condition. However, for those experiencing the most severe disadvantage, particularly people sleeping rough, the other problems from which they suffer (such as drug and alcohol dependency or mental illness) mean that they are not in any case ready to live in accommodation of their own. To that extent, homelessness may be regarded as one manifestation of a more complex problem of entrenched social exclusion.³⁹⁰

390 Pleace, N. (1998) 'Single homelessness as social exclusion', *Social Policy and Administration*, 32, 46–59.

7. Neighbourhoods and networks

In this next section we cover three drivers of social exclusion associated with neighbourhoods and networks – transport, social capital and neighbourhoods.

7.1 Transport

Kenyon *et al.*³⁹¹ have defined mobility exclusion as “The process by which people are prevented from participating in the economic, political and social life of the community because of reduced accessibility to opportunities, services and social networks, due in whole or in part to insufficient mobility in a society and environment built around the assumption of high mobility”.

The Prime Minister referred to transport as a cause of social exclusion at the launch of the Social Exclusion Unit in 1997. The link between transport and social exclusion has recently been the subject of an excellent Social Exclusion Unit report, which included a review of the evidence.³⁹² There is also a literature review, *Transport and social exclusion*, from the University of Oxford Transport Studies Unit.³⁹³ “Transport has escaped from the narrow, mechanistic world of highway infrastructure and economic development arguments that dominated discussions in the 70s and 80s and is now recognised as a key component of sustainable development and poverty eradication.”³⁹⁴

It is the people in the most vulnerable groups who are hit hardest by the air and noise pollution, accidents and community fragmentation caused by the increasing growth in road transport.³⁹⁵ At the same time, a lack of adequate means of transport contributes to the social exclusion of these same groups. The former Department for the Environment, Transport and the Regions (DETR)³⁹⁶ reported that in New Deal for Communities areas, transport and social exclusion were most marked for unemployed people, families with young children, young people, older people, and those with benefit-level incomes. The Transport Research Institute for the Scottish Executive³⁹⁷ reached similar conclusions. The Commission for Integrated Transport³⁹⁸ introduced the notion of transport exclusion in a survey of 5,280 people and found that 12% of the transport-excluded had declined offers of a job due to lack of suitable transport. Nearly half (47%) of the transport-excluded were older than 65, and 77% were women.

391 Kenyon, S., Lyons, G. and Rafferty, J. (2002) ‘Transport and social exclusion: Investigating the possibility of promoting inclusion through virtual mobility’, *Journal of Transport Geography*, 10, 3, 207–19.

392 Social Exclusion Unit (2003) *Making the Connections: Final report on transport and social exclusion*. London: ODPM.

393 Raje, F., Holvad, T., Preston, J., Grieve, M. and Hine, J. (2002) *Impacts of Road User Charging/Workplace Parking Levy on Social Inclusion/Exclusion: Gender, ethnicity and lifestyle issues*, Oxford: University of Oxford.

394 Whitelegg, J., Williams, N. and Basu, J. (2003) ‘Westernising travel policy’, in Root, A. (ed.), *Delivering Sustainable Transport*, Oxford: Pergamon.

395 Acheson (1998) *Independent Inquiry into Inequalities in Health*, London: The Stationery Office; Friends of the Earth (2001) *Environmental Justice: Mapping transport and social exclusion in Bradford*.

396 DETR (2000) *Social Exclusion and the Provision and Availability of Public Transport*, <http://www.mobility-unit.aft.gov.uk>

397 Transport Research Institute for the Scottish Executive (2003) *The Role of Transport in Social Exclusion in Urban Scotland*, http://www.scotland.gov.uk/cru/kd01/blue/rfseuc_03.htm

398 Commission for Integrated Transport (2002) in Social Exclusion Unit (2003) *op. cit.*

The lack of affordable, reliable and safe transport can restrict people's lives by making it difficult or expensive to access the following:

- **Work:** 38% of jobseekers say that their job search has been limited by the costs and that transport is the main expense.³⁹⁹ New Deal leavers with driving licences and vehicle access are twice as likely to find work as those without, and 14% of unemployed lone parents say that they cannot afford the cost of transport to work.⁴⁰⁰ A further 10% say that travel to work would be difficult. A study by Monk *et al.*⁴⁰¹ explored similar problems in getting access to work in rural areas.
- **Education and training:** 47% of 16–18 year-old students say that transport costs are hard to meet. These costs represent the highest proportion of spending for students and more than 20% have considered dropping out because of financial problems.⁴⁰² Similar findings relate to young people in Scotland.⁴⁰³
- **Hospitals:** 20% of people say getting to hospital is difficult.⁴⁰⁴ Shipman *et al.*⁴⁰⁵ even found that lack of transport was a barrier to getting to primary care centres. Broader inequalities in health are also related to transport.⁴⁰⁶
- **Food:** because of the stranglehold of the supermarkets, it is difficult to get access to affordable, healthy food. Robinson *et al.*⁴⁰⁷ undertook a baseline survey of low-income groups for the Social Exclusion Unit Policy Action Team (PAT) on the access to shops⁴⁰⁸ and there is an Economic Social Research Council (ESRC)/Sainsbury programme of work on food deserts and the part transport plays in creating them.⁴⁰⁹
- **Social, cultural and sporting activities:** it is difficult to participate more generally in these activities if access to transport is limited.

People without a car have to rely mainly on walking and buses. Cycling is still very much a minority form of transport, although Elster⁴¹⁰ has shown that local cycling projects can play an important role in tackling social exclusion. Walking is often not safe or takes too long. Buses are too infrequent, unreliable or expensive. Yet, if low-income households have to rely on a car, motoring costs can be a major drain on the domestic budget. The Social Exclusion Unit⁴¹¹ noted, "A large minority are therefore stuck in a vicious cycle. They experience poor transport as a consequence of social

399 Audit Commission (1999) *A Life's Work: Local Authorities' Economic Development and Regeneration*, London: The Stationery Office.

400 Green, A. *et al.* (2000) *First Effects of ONE*, DSS Research Report 126, London: The Stationery Office.

401 Monk, S., Dunn, J., Fitzgerald, M. and Hodge, I. (1999) *Finding Work in Rural Areas: Barriers and bridges to work*, York: Joseph Rowntree Foundation.

402 Callender, C. (1999) *The Hardship of Learning*, London: South Bank University.

403 Pavis, S., Platt, S. and Hubbard, G. (2000) *Young People in Rural Scotland: Pathways to Social Inclusion and Exclusion*, York: Joseph Rowntree Foundation.

404 Rushton, D. (2002) *Difficulty in Accessing Key Services*, London: Office for National Statistics.

405 Shipman, C., Payne, F., Dale, J. and Jessop, L. (2001) 'Patient perceived benefits and barriers to using out of hours primary care centres', *Family Practice*, 18, 2, 149–55.

406 See MacGibbon (1999) for a review – MacGibbon, B. (1999) 'Inequalities in health related to transport', in Gordon, D., Shaw, M., Dorling, D. and Davey-Smith, G. (eds), *Inequalities in Health: The evidence*, Bristol: Policy Press.

407 Robinson, N., Caraher, M. and Lang, T. (2000) 'Access to shops: The views of low-income shoppers', *Health Education Journal*, 59, 2, 121–36.

408 See also Caraher, M., Dixon, P., Lang, T. and Carr-Hill, R. (1998) 'Access to healthy foods: Part I. Barriers to accessing healthy foods: Differentials by gender, social class, income and mode of transport', *Health Education Journal*, 57, 3, 191–200; Lang and Caraher (1998).

409 Whelan, A., Wrigley, N., Warm, D. and Cannings, E. (2002) 'Life in a food desert', *Urban Studies*, 39, 11, 2083–2100.

410 Elster, J. (2000) *Cycling and Social Exclusion*, London: CASE.

411 Social Exclusion Unit (2003), *op. cit.* para 10.

exclusion: they cannot afford the costs of motoring or public transport fares, or they cannot drive because of age or disability. And poor transport reinforces this exclusion by cutting people off from work, learning and health care opportunities”.

So what are the drivers of this transport exclusion?

7.1.1 Growth of the car culture

Clearly, the increased organisation of life around the car has been a key factor in peoples lives.⁴¹² People are travelling further, partly because the car enables them to do so and partly because a host of activities, institutions and policy changes have meant that longer and more frequent journeys are necessary for reaching services and goods. The population has drifted to the periphery of towns and cities, while work has remained concentrated in the centres. Consequently, average distances travelled to work have increased.⁴¹³ Shopping facilities, particularly large supermarkets selling food at the most competitive prices, have moved out of towns and cities to sites more accessible to the car. Local shops and other services in local communities have been unable to compete.⁴¹⁴ Hospital care has become concentrated in large district general hospitals and hospitals serving local communities have closed. Parental choice has resulted in many children travelling longer distances to school, on routes not covered by school bus services or commercial bus routes. Cars have become increasingly necessary to reach work, shops, health services and schools, especially for parents, usually mothers, whose journeys are complicated by the need to co-ordinate demands of work and childcare.

For car owners, able to travel further and faster, these developments may have been a blessing. However, for the third of the population that does not have access to a car, they have contributed to an exclusionary process. Households without access to a car are more likely to have low incomes (65% of households in the bottom quintile do not have access to a car) and the individuals affected are more likely to be women, older people or young people.⁴¹⁵

Lucas *et al.*⁴¹⁶ in focus groups in low-income communities found that transport exclusion involved: low availability and affordability of local services, low mobility aspirations, high cost of fares, unreliable and infrequent services, poor vehicular access, problems of personal safety, policy ignorance of the car as a basic need for some people and the knock-on effects of inadequate transport. Hine and Mitchell⁴¹⁷ devised a very similar list. Lucas *et al.*⁴¹⁸ concluded that policies that make car ownership and use unaffordable without first improving local public transport are likely to increase social exclusion.

7.1.2 Limitations of public transport

It is the very people least able to afford the costs of running a car who are hardest hit by the rising costs of public transport. Households in the lowest quintile with a car spend 24% of their expenditure on motoring, compared to 15% for all households.⁴¹⁹ While the costs of motoring

412 Simpson, B. (2002) 'Issues in integrating land use and transport policy: Evidence from South-west Birmingham', *Geography*, 87, 355–66; Jain, J. and Guiver, J. (2001) 'Turning the car inside out: Transport, equity and environment', *Social Policy and Administration*, 35, 5, 569–86.

413 Transport Statistics Great Britain (2001).

414 Department of Health (1999) *Improving Shopping Access for People in Deprived Neighbourhoods*, Policy Action Team 13.

415 National Travel Survey 1998/2000; Rushton, D. (2002) *op. cit.*

416 Lucas, K., Grosevnor, T. and Simpson, R. (2001) *Transport, the Environment and Social Exclusion*, York: Joseph Rowntree Foundation.

417 Hine, J. and Mitchell, F. (2001) 'Better for everyone? Travel experiences and transport exclusion', *Urban Studies*, 38, 2, 319–32.

418 Lucas *et al.* (2001) *op. cit.*

419 *Ibid.*

have remained fairly stable over the last 20 years, the cost of bus fares has risen by more than 30%.⁴²⁰ Public transport in the UK is one of the most expensive in the EU. Dargay and Hanley⁴²¹ find that bus patronage is relatively fare-sensitive with wide variations in elasticity.

People without access to a car rely mainly on buses, walking, taxis and lifts from friends and relatives. Low-income people are much more likely than others to use buses and, despite the costs, they are also much more likely to use taxis. Planning policies have exacerbated the problems for people using buses by permitting out of town developments and lower density housing. This has undermined the viability of cycling and walking,⁴²³ and has made it more difficult for bus services to be run viably to scattered destinations.

People living in low-income households are also more likely to have physical problems accessing buses.⁴²³ They are more likely to be physically disabled, or to have children with buggies, and only 20% of buses meet the statutory accessibility requirements. Disabled women have particular problems.⁴²⁴ Crime and the fear of crime can deter people from using buses, particularly women and older people. A study by Jones *et al.*⁴²⁵ found that young people in high-density urban areas were much less likely to travel alone than young people in suburban and rural areas. There is evidence that Asian respondents have a high rate of car use, perhaps because they are anxious about racial abuse experienced when using public transport.⁴²⁶

Some people have no bus service at all, especially in rural areas where 29% of settlements have no service. Others have minimal services that fail to meet their needs in terms of timing, routes or reliability. This can be a particular problem for women trying to balance work and childcare in different locations.⁴²⁷

Pavis *et al.*⁴²⁸ have reviewed the additional problems faced by people living in rural areas. Public transport has declined, the costs of running a car are higher there, and rural areas have lost shops, post offices and other local service within easy reach of people's homes. Dargay⁴²⁹ finds that for rural households, car ownership is far less sensitive to motoring costs than for their urban counterparts, and that increases in the costs of car transport could pose a considerable economic burden for rural households. Phimister *et al.*⁴³⁰ blamed lower exits from low pay in rural areas on mobility problems. Storey and Brannen⁴³¹ found that young people in rural areas had particular problems in getting to education and in maintaining a social life.

420 Grayling, T. (ed.) (2001) *Any More Fares? Delivering better bus services*, London: IPPR.

421 Dargay, J. and Hanley, M. (2002) 'The demand for local bus services in England', *Journal of Transport Economics and Policy*, 36, 73–91.

422 Bostock, L. (2001) 'Pathways of disadvantage? Walking as a model of transport among low-income mothers', *Health & Social Care in the Community*, 9, 1, 11–18.

423 Church, A., Frost, M. and Sullivan, K. (2000) 'Transport and social exclusion in London', *Transport Policy*, 7, 195–205.

424 Ellis, B. (1995) *The Experiences of Disabled Women*, Joseph Rowntree Foundation Findings, <http://www.jrf.org.uk/knowledge/findings/socialpolicy/sp81.asp>

425 Jones, Davis, A. and Evers, T. (2000) 'Young people, transport and risk: Comparing access and independent mobility in urban, suburban and rural environments', *Health Education Journal*, 59, 4, 315–28.

426 Rajee, F., Holvad, T., Preston, J., Griece, M. and Hine, J. (2002) *Impacts of Road User Charging/Workplace Parking Levy on Social Inclusion/Exclusion: Gender, ethnicity and lifestyle issues*, Oxford: University of Oxford.

427 Hamilton, K. and Jenkins, L. (2000) 'A gender audit for public transport: A new policy tool for tackling social exclusion', *Urban Studies*, 37, 10, 1793–1800; Skinner, C. (2003) *Running Round in Circles: Coordinating childcare and educational needs with employment arrangements*, Bristol: Policy Press.

428 Pavis, S., Platt, S. and Hubbard, G. (2000) *Young People in Rural Scotland: Pathways to social inclusion and exclusion*, York: Joseph Rowntree Foundation.

429 Dargay, J. (2002) 'Determinants of car ownership in rural and urban areas: A pseudo-panel analysis', *Transportation Research Part E – Logistics and Transportation Review*, 38, 5, 351–66.

430 Phimister, E., Shucksmith, M., Vera-Tassano, E. (2000) 'The dynamics of low pay in rural households', *Journal of Agricultural Economics*, 51, 61–76.

431 Storey, P. and Brannen, J. (2000) *Young People and Transport in Rural Areas*, York: Joseph Rowntree Foundation.

7.1.3 Transport policy

Transport policy in the 1980s and 1990s was based on the principle of 'predict and provide', accommodating the growth in private car use through building more and bigger roads. People have been encouraged to switch to the car as a result of the changes in the relative prices of public and car transport. At the same time, increasing volumes of traffic and the fear of crime have made walking and cycling less attractive. Above all, perhaps, the deregulation of the bus services created a less stable, more fragmented public transport network. Local authorities have found it much more difficult to play a social role in subsidising fares or routes and, through local transport planning, to ensure that people can get to work, to education or to services. Following deregulation, fares rose, services were withdrawn, bus use fell and services became even more concentrated on the most commercially viable routes. Spending on bus route subsidies has fallen by two-thirds since 1985. Overall transport spending is highly regressive, with better-off road and rail users receiving much more of the benefit of subsidies than worse-off bus users. The Social Exclusion Unit report (2003) estimates that the lowest income quintile will gain 12% of the total spend of the 10 Year Transport Plan, while the highest quintile will gain 38%.

7.1.4 Future prospects

The prospects are not good. Bus use is still falling in the UK while it is rising in most EU countries. UK bus fares are the highest in Europe. Car use is growing. The Social Exclusion Unit report (2003) argues that the underlying problem is that the social costs of poor public transport are not considered. There is no clear responsibility, nationally or locally, for accessibility planning. Regulatory barriers impede effective solutions and there is a lack of institutional skills. Public funding is fragmented and inequitable, and the £1 billion transport budget is coming under increasing pressures as private operators concentrate on profitable transport routes, leaving local authorities to support more services. Incorporating goals of social inclusion into the agenda of transport planners will require some innovative shifts in thinking.⁴³²

While Kenyon *et al.*⁴³³ welcome any measure to improve the provision of public transport for people who are socially excluded, they argue that the primary function of mobility is to give access and they speculate that virtual mobility through the Internet might be an alternative way of increasing accessibility. This notion is expanded by Root⁴³⁴ in explorations of the effect of mobility on social relationships and political vision. The idea of accessibility is central to the Social Exclusion Unit report. Tackling the contribution made by a lack of transport to social exclusion need not simply imply the provision of more transport. Accessibility to the kinds of places and services that promote social inclusion can also be achieved through improvements in the affordability, reliability and safety of existing public transport and through the provision of better coherent information to help people make well-informed travel decisions.

Crucially, better accessibility planning needs to involve a wide range of cross-government agencies in innovative forms of partnership. The challenge is to improve accessibility and reduce social exclusion without exacerbating the social and environmental problems caused by increasing motor traffic. As the Social Exclusion Unit report points out, solving accessibility problems may be about transport but it is also about locating key activities and delivering services in ways that help people reach them.

432 Solomon, J. (2003) 'What is transport social exclusion?' in Root, A. (ed.), *Delivering Sustainable Transport*, Oxford: Pergamon.

433 Kenyon, S., Lyons, G. and Rafferty, J. (2002) 'Transport and social exclusion: Investigating the possibility of promoting inclusion through virtual mobility', *Journal of Transport Geography*, 10, 3, 207–19.

434 Root, A. (2003) (ed.) *op. cit.*

7.2 Social capital

In line with the Organisation for Economic Co-operation and Development (OECD), the cross-government Social Capital Working Group has agreed an operational definition of social capital as “networks, together with shared norms, values and understandings, that facilitate co-operation within or among groups”.⁴³⁵ The presumption is that greater interaction between people generates a greater sense of community spirit. Associated with social capital are citizenship, neighbourliness, social networks and civic participation. Lloyd⁴³⁶ after Putnam⁴³⁷ mentions three types of social capital:

- bonding between people who are alike – good for ‘getting by’;
- bridging between people who are not alike – good for ‘getting ahead’;
- linking social capital – relationships of power.

There is still a good deal of confusion about the meaning of social capital, its measurement and how it relates to social exclusion. As Field *et al.*⁴³⁸ and Piachaud⁴³⁹ point out, some bonding social capital may actually increase social exclusion. For example, Campbell and Maclean⁴⁴⁰ found that ethnic identity reduced people’s participation in local community networks. A strong and positive Afro-Caribbean identity existed, but this was centred on and around the private and personal spheres of friends and families, rather than on the more public spheres of local community, work and politics. Halpern and Nazroo⁴⁴¹ found that ethnic group concentration is associated with lower psychiatric symptoms, except for among Pakistanis. Reduced exposure to direct prejudice and increased social support is likely to be a cause of the effect. Germarnikow and Green⁴⁴² argue in relation to Educational Action Zones (EAZs), that encouraging a civil society of trust and opportunity through building social networks will not be successful unless economic polarisation and social inequality are addressed. EAZ policy involves a potentially repressive agenda of social and cultural deficit thinking.

Research on social capital is at an early stage. There is quite a large American literature on social support, but much of the UK writing on social capital is theoretical.⁴⁴³ We could find very little empirical work that had been done on drivers of social capital. Morrow⁴⁴⁴ concludes that social

435 Cote and Healy (2001) in Lloyd, M. (ed.), ‘Capital idea!’, *Horizon*, 24, 22–3.

436 Lloyd, M. (2003) *op. cit.*

437 Putnam, R. (2000) *Bowling Alone*, New York: Simon & Schuster.

438 Field, J., Schuller, T. and Baron, S. (2000) *Social Capital: Critical Perspectives*, Oxford: Oxford University Press.

439 Piachaud, D. (2002) *Capital and the Determinants of Poverty and Social Exclusion*, London: CASE.

440 Campbell, C. and McClean, C. (2002) ‘Representations of ethnicity in people’s accounts of local community participation in a multi-ethnic community in England’, *Journal of Community and Applied Social Psychology*, 12, 1, 13–29.

441 Halpern, D. and Nazroo, J. (2000) ‘The ethnic density effect: Results from a national community survey of England and Wales’, *International Journal of Social Psychiatry*, 46, 1, 34–45.

442 Germarnikow, E. and Green, A. (1999) ‘The third way and social capital: Education action zones and a new agenda for education, parents and community?’, *International Studies in Sociology of Education*.

443 See for example Pennington, M. and Rydin, Y. (2000) ‘Researching social capital in local environmental policy contexts’, *Policy & Politics*; Muntaner, C., Lynch, J. and Smith, G.D. (2000) ‘Social capital and the third way in public health’, *Critical Public Health*; Muntaner, C., Lynch, J., Smith, G.D. (2001) ‘Social capital, disorganized communities, and the third way: Understanding the retreat from structural inequalities in epidemiology and public health’, *International Journal of Health Services*; Lowndes, V. (2000) ‘Women and social capital: A comment on Hall’s “social capital in Britain”’, *British Journal of Political Science*, 30, 533–7; Grix, J. (2001) ‘Social capital as a concept in the social sciences: The current state of the debate’, *Democratization*; Forrest, R. and Kearns, A. (2001) ‘Social capital cohesion, social capital and the neighbourhood’, *Urban Studies*, 38, 2125–43.

444 Morrow, V. (1999) ‘Conceptualising social capital in relation to the well-being of children and young people: A critical review’, *The Sociological Review*.

capital is an elusive and inherently problematic concept. Wade and Tampubolon,⁴⁴⁵ in an analysis of the British Household Panel Survey (BHPS) on individual consumption in relation to associational involvement, concluded that social capital is a flawed concept and that greater appreciation of the complexity and diversity of network ties is required to understand how personal connections influence consumption.

Piachaud,⁴⁴⁶ in a theoretical paper, mentions the following that might act to boost social capital, “policies which promote involvement, a sense of ownership, control and stability in relation to schools, housing and public service”. At a community level, he argues, “this needs voice and loyalty which in turn require continuity, representation and participation ... what can destroy social capital at a community level are central direction, management restructuring and boundary changes – features common in British public services in the past few decades”. He also mentions inequality as inimical to social capital; migration also undermines it, and the promotion of more mixed communities. “Efforts to do this [promote social capital] at community and national level are rarely tried and usually ridiculed. If social capital is important, relying on its unplanned emergence and continuance may be unduly optimistic.”

Cattell⁴⁴⁷ emphasises the importance of poverty. Three factors influence social networks and social capital; neighbourhood characteristics and perceptions, poverty and social exclusion, and social consciousness. Perceptions of inequality could be a source of social capital as well as demoralisation. Different network structures were involved in the creation of social capital. Despite the capacity of social capital to buffer the harsher effects of poverty, the concept is not wholly adequate for explaining poverty’s deleterious effects on health and well-being.

Jack and Jordan⁴⁴⁸ argue that growing child poverty has been associated with negative effects on parenting capacity and developmental outcomes for children. The social capital of communities, which consists of cultural resources and interpersonal relations between members, is also eroded by inequality and social exclusion. Children’s welfare and family functioning are dependent on the social support available within communities. Building social capital in poor communities is a more effective way of promoting children’s welfare than the present emphasis on formal child protection, family support services and efforts to increase parenting skills and responsibilities.

In the Poverty and Social Exclusion Survey, Gordon *et al.*⁴⁴⁹ explored isolation and lack of support as elements of social exclusion:

- Isolation was examined by assessing the frequency with which respondents spoke to family members or friends outside their household. More than half the population (59%) have at least one non-household member to whom they speak on a daily basis and 91% have someone to whom they speak on a weekly basis. Daily contact was higher for the 55–64 age group, for women and for those living in jobless or not in paid work households. It is interesting that those in paid work were least likely to have contacts, indicating that time is an important dimension in sustaining relationships. Only 13% have neither a family member nor a friend outside their household with whom they are in contact on a daily basis. Only 3% had no such contact on a weekly basis. Those most likely to be without daily contact were those over 65 and those living as couples.

445 Wade, A. and Tampubolon, G. (2002) ‘Social capital, networks and leisure consumption’, *The Sociological Review*.

446 Piachaud, D. (2002) *Capital and the determinants of poverty and social exclusion*, London: CASE, pp. 17, 18.

447 Cattell, V. (2001) ‘Poor people, poor places, and poor health: The mediating role of social networks and social capital’, *Social Science and Medicine*, 52, 10, 1501–16.

448 Jack, G. and Jordan, B. (1999) ‘Social capital and child welfare’, *Children & Society*, 13, 4, 242–56.

449 Gordon *et al.* (2000) *op. cit.*

- Lack of practical and emotional support is an indicator of the absence of social relationships and networks. Lack of support was measured using seven situations. Over half the population (54%) were able to call on support in all seven categories. Those lacking support in four or more situations, a quarter of the population, are more likely to be men, the unemployed or inactive, and retired people.

Phillips *et al.*⁴⁵⁰ found that older people do not mobilise the whole of their social network when looking for support. Instead, they mainly draw on family members and locally available friends for complementary support. Krause and Shaw⁴⁵¹ found that older men received less social support from others, were more dissatisfied with the assistance they got and encountered more negative interaction from informal social network members (i.e. family and friends).

Stansfeld *et al.*⁴⁵² found that work characteristics, including skill discretion and decision authority, explain most of the socio-economic status gradient in well-being and depression in middle-aged British civil servants. Social support explained about one-third of the gradient, life events and material circumstances less than a third.

Myers⁴⁵³, in an international review, concludes that age, gender and income bear little relationship to an individual's happiness. An individual's traits, the quality of his or her work and leisure experiences, the availability of a supporting network of close relationships and a faith that encompasses social support, purpose and hope are more accurate predictors of happiness.

Shams⁴⁵⁴ and Shams and Jackson⁴⁵⁵ found that family support, specifically support immediately after the loss of a job, was found to have positive effects on the psychological health of unemployed Asian men in a northern city. Roberts *et al.*⁴⁵⁶ found that the unemployed in Trent reported poorer quality of social support in three areas – practical support, emotional support and help with solving problems. Unemployment and lack of social support had independent deleterious effects on perceptions of general health and mental health.

Matthews *et al.*⁴⁵⁷ used the National Child Development Study (NCDS) and found that men had less social support than women, and that social classes IV and V had less than I and II. Gender differences were larger than class differences. Fuhrer and Stansfeld,⁴⁵⁸ using the Whitehall II study, found that women report more close persons in their primary networks and are less likely to nominate their spouse as their closest person. Women have a wider range of sources for emotional support, although men have larger social networks.

450 Phillips, J., Bernard, M., Phillipson, C. and Ogg, J. (2000) 'Social support in later life: A study of three areas', *British Journal of Social Work*, 30, 6, 837–53.

451 Krause, M. and Shaw, B.A. (2002) 'Welfare participation and social support in later life', *Psychology and Aging*, 17, 2, 260–70.

452 Stansfeld, S.A., Fuhrer, R. and Shipley, M.J. (1998) 'Types of social support as predictors of psychiatric morbidity in a cohort of British civil servants (Whitehall II study)', *Psychological Medicine*, 28, 4, 881–92.

453 Myers, D.G. (2000) 'The funds, friends and faith of happy people', *American Psychologist*, 55, 1, 56–67.

454 Shams, M. (1993) 'Social support and psychological well-being among unemployed British Asian men', *Social Behavior & Personality*, 21, 3, 175–86.

455 Shams, M. and Jackson, P.R. (1994) 'The impact of unemployment on the psychological well-being of British Asians', *Psychological Medicine*, 24, 2, 347–55.

456 Roberts, H., Parsons, J.C.G., Madeley, R.J., Hanford, S. and Magowan, R. (1997) 'Unemployment and health: The quality of social support among residents in the Trent region of England', *Journal of Epidemiological & Community Health*, 51, 1, 41–5.

457 Matthews, S., Stansfeld, S. and Power, C. (1999) 'Social support at age 33: The influence of gender, employment status and social class', *Social Science and Medicine*, 49, 1, 133–42.

458 Fuhrer, R. and Stansfeld, S.A. (2002) 'How gender affects patterns of social relations and their impact on health: A comparison of one or multiple sources of support from "close persons"', *Social Science and Medicine*, 54, 5, 811–25.

Maloney *et al.*⁴⁵⁹ argue that the Putnam school of social capital research has neglected the role played by public authorities in the creation of social capital and that the implications for governance cannot be simply read off from associational activity. In studies of social capital, Campbell and Gillies⁴⁶⁰ argue that far more notice needs to be taken of the role played by informal networks of friends and neighbours in the construction of local community life. Putnam's conceptualisation fails to capture the fluidity of local norms and networks, and fails to do justice to the extent to which age, gender, ethnicity and tenure constrain the way in which people create, sustain and access social capital.

Hope *et al.*⁴⁶¹ used the NCDS and found that the elevated psychological distress of lone mothers appeared to be related to financial hardship, while other explanations, including social support and selection, had a more modest impact.

Hibbitt *et al.*⁴⁶² reviewed the role of social capital in the Objective One EU Program on Merseyside. Social capital is formed through the scaling-up of local associational relationships, networks and institutions to wider power structures and relations. The development of trust and social relationships needs to be central to the process of urban regeneration. Foster⁴⁶³ studied tenant experiences of community and neighbourhood in a deprived estate in London. Despite an adverse physical design and changing tenant profile, individuals had established community networks. Docherty *et al.*⁴⁶⁴ found that, although the prospects for citizen participation were likely to be less propitious in poor neighbourhoods, these factors can be mitigated by political mobilisation and the encouragement of participation.

7.3 Neighbourhoods

The Social Exclusion Unit's working definition of social exclusion refers both to people and to places. It is a phenomenon that can affect not just individuals but also the neighbourhoods in which they live.

This emphasis on neighbourhood partly reflects the fact that there are spatial concentrations of poverty and disadvantage (the 'worst estates'); and these have become more pronounced in the last two decades. It also reflects an implicit assumption that it is worse to be poor in a deprived neighbourhood than it is to be poor elsewhere. It also implicitly assumes that living in a deprived neighbourhood can influence whether or not someone is likely to suffer from the adverse outcomes typically associated with the term social exclusion. As Atkinson and Kintrea have pointed out, "The current emphasis on social exclusion suggests that the neighbourhood is an important location that profoundly affects such outcomes as education, employment and health."⁴⁶⁵

459 Maloney, W., Smith, G. and Stoker, G. (2000) 'Social capital and urban governance: Adding a more contextualised "top-down" perspective', *Political Studies*.

460 Campbell, C. and Gillies, P. (2001) 'Conceptualizing "social capital" for health promotion in small local communities: A micro-qualitative study', *Journal of Community & Applied Social Psychology*, 11, 5, 329–46.

461 Hope, S., Power, C. and Rodgers, B. (1999) 'Does financial hardship account for elevated psychological distress in lone mothers?', *Social Science and Medicine*, 49, 12, 1637–49.

462 Hibbitt, K., Jones, P. and Meegan, R. (2001) 'Tackling social exclusion: The role of social capital in urban regeneration on Merseyside – from mistrust to trust?', *European Planning Studies*.

463 Foster, J. (1997) 'Challenging perceptions: "Community" and neighbourliness on a difficult-to-let estate', in Jewson, J. and MacGregor, S. (eds), *Transforming Cities: Contested governance and new spatial divisions*, London: Routledge.

464 Docherty, I., Goodlad, R. and Paddison, R. (2001) 'Civic culture, community and citizen participation in contrasting neighbourhoods', *Urban Studies*, 38, 2225–50.

465 Atkinson, R. and Kintrea, K. (2001) 'Disentangling area effects: Evidence from deprived and non-deprived neighbourhoods', *Urban Studies*, 38, 2277–98.

7.3.1 Does place affect social exclusion?

While there is little debate about the existence of spatial concentrations of disadvantage, there is much argument about what the effects of these deprived neighbourhoods are on the people who live in them. A critical question for policy is whether the neighbourhood is itself a cause of social exclusion. Put differently, "is an individual with identical personal characteristics other than area of residence likely to have worse life-chances in a more deprived area?"⁴⁶⁶

If the answer to this question is 'yes', then that implies that policy interventions should include some that are area-based. If the answer is 'no', that does not mean that area-based policies are unnecessary, for there may be other reasons – such as territorial equity – for focusing resources in the most deprived neighbourhoods. But the existence of 'neighbourhood effects' (sometimes referred to as 'area effects') would reinforce the need for area-based policies to complement nationwide interventions to tackle social exclusion.

Much of the recent interest in the affect of neighbourhoods on life chances stems from the publication of *The Truly Disadvantaged* by W.J Wilson.⁴⁶⁷ Although this book was based on research on the inner city in the USA, it has prompted considerable interest in neighbourhood research on both sides of the Atlantic. Since then, there has been a growing body of research that has sought to identify and measure the existence of neighbourhood effects.⁴⁶⁸ Although most of this research has been conducted in the USA and may not necessarily be applicable to England, there has been some research on the subject in Great Britain.

7.3.2 Measuring neighbourhood effects on social exclusion

Neighbourhood effects have been defined as 'the net change in the contribution to life-chances made by living in one area rather than another'. In seeking to identify the impact of neighbourhoods on social exclusion, it is important to distinguish between neighbourhood, or contextual effects, and individual characteristics, or compositional effects. Clearly, the socio-economic and demographic composition of a neighbourhood will affect the incidence of poverty and other indicators of social exclusion. For example, if the population in an area contains a relatively large number of people who are disabled and long-term sick, or lone parents, then one would expect the rate of economic inactivity to be relatively high too. A neighbourhood effect may be said to exist when the rate of inactivity is high even once the composition of the area has been taken into account.

However, there are a number of important conceptual and methodological challenges involved in identifying and measuring neighbourhood effects:

- Neighbourhood effects are difficult to identify and measure because the processes that generate them are almost certainly inter-related and circuitous.⁴⁶⁹
- It is unclear at what level of concentration of social deprivation these neighbourhood effects operate.⁴⁷⁰
- Because of data limitations, studies of neighbourhood effects are usually constrained to use administrative units (such as electoral wards) rather than seeking to analyse spatial units that are related to the social processes that are believed to generate these effects.

466 Buck, N. (2001) 'Identifying neighbourhood effects on social exclusion', *Urban Studies*, 38, 2251–75.

467 Wilson, W.J. (1987) *The Truly Disadvantaged*, Chicago: University of Chicago Press.

468 Gibbons, S. (2002) *Neighbourhood Effects on Educational Achievement: Evidence from the Census and National Child Development Study*, London: Centre for the Economics of Education, LSE.

469 Buck, N. (2001) *op. cit.*

470 Galster, G., Quercia, R. and Cortes, A. (2000) 'Identifying neighbourhood thresholds: An empirical exploration', *Housing Policy Debate*, 11, 701–32.

- There is also the problem of sample selection bias, which is the possibility that the differences in outcomes that are identified may stem, not from neighbourhood effects, but from differential selection of socially excluded residents into certain neighbourhoods.⁴⁷¹
- The differences in outcomes may be the result of individual factors that are unobserved (and hence not included in the analysis) rather than genuine neighbourhood effects. This is called 'omitted variable bias'.⁴⁷²

These challenges are not merely of academic interest, for they raise questions about whether neighbourhood effects actually exist and how important they are relative to other factors. They therefore have considerable implications for policy. One practical example of this is the Moving to Opportunity project in five US cities. It uses housing vouchers to help poor households to move from deprived to affluent areas, on the assumption that doing so will significantly improve their life chances.⁴⁷³ It is predicated upon the belief that poor neighbourhoods act to harm life chances while better off areas help to enhance them.

Even if neighbourhood effects can be measured in terms of their relative impact, it is unclear what exactly the processes are that may be generating them.⁴⁷⁴ Why is it that the neighbourhood makes a difference to life chances? If we do not know what it is about neighbourhoods that influences outcomes, it will be that much more difficult to devise policy interventions aimed at obviating or ameliorating them in the case of negative area effects and fostering them in the case of positive area effects.

7.3.3 What do we know about neighbourhood effects?

Until relatively recently, there has been little research on neighbourhood effects. Most of the research that has been conducted was undertaken in the USA, although there is a small but growing body of work on neighbourhood effects in Britain.

Recent in-depth reviews of the evidence that is available on neighbourhood effects have concluded that they exist and are significant. In other words, the research carried out to date has generally found that there is an association between deprived neighbourhoods and a variety of social problems, which cannot be explained by individual or household characteristics or macro-economic factors. While these neighbourhood effects may be less important than other factors, they are measurable and significant.⁴⁷⁵

A systematic review of the impact of neighbourhood effects on health found that all but two of the 25 studies reviewed reported a statistically significant association between at least one measure of social environment and a health outcome, after controlling for individual level socio-economic status. These contextual effects were generally small and less important than individual level socio-economic characteristics.⁴⁷⁶ Nine of the 25 studies included in this review were conducted in Great Britain.

471 Sampson, R.J., Morenoff, J.D. and Gannon-Rowley, T. (2002) 'Assessing "neighbourhood effects": Social processes and new directions in research', *Annual Review of Sociology*, 28, 443–78.

472 Gregg, P. (2002) 'Neighbourhood effects: Causes and consequences', *Bulletin of the Centre for Market and Public Organisation*, Issue 7, June, 3–8.

473 Galster, G. and Zobel, A. (1998) 'Will dispersed housing programmes reduce social problems in the US?', *Housing Studies*, 13, 605–22.

474 See Lupton, R. and Power, A. (2002) 'Social exclusion and neighbourhoods' in Hills, J., Le Grand, J. and Piachaud, D. (eds), *Understanding Social Exclusion*, Oxford: Oxford University Press.

475 Ellen, I. and Turner, M. (1997) 'Does neighbourhood matter? Assessing recent evidence', *Housing Policy Debate*, 8, 833–66.

476 Pickett, K.E. and Pearl, M. (2001) 'Multilevel analyses of neighbourhood socio-economic context and health outcomes: A critical review', *Journal of Epidemiology and Community Health*, 55, 111–22.

In Britain, most studies of neighbourhood effects have focused on health outcomes. For example, it has been shown that the degree of de-industrialisation that an area experienced in Britain in the 1980s had a significant statistical association with health outcomes, which was independent of the type of people living there.⁴⁷⁷ Similarly, research based on the Health and Lifestyle Survey found that neighbourhood deprivation has an association with the incidence of smoking independent of the individual characteristics of residents.⁴⁷⁸ Likewise, a study using census data and records from a hospital Accident and Emergency department over a two-year period was able to demonstrate an association between neighbourhood deprivation and accidents to pre-school children. It was found that accidental injury rates were much higher in deprived urban neighbourhoods than in affluent ones, after adjusting for individual characteristics. However, neighbourhood deprivation was less important statistically than individual level characteristics – such as gender, maternal age, number of siblings and distance from the hospital – in explaining variance in accidental injury rates.⁴⁷⁹

Research has also identified neighbourhood effects on educational attainment. Thus, a study based on census data and the NCDS examined whether neighbourhoods make a difference to the final educational qualifications obtained by teenagers. It was found that neighbourhoods do influence educational outcomes irrespective of family resources. However, neighbourhoods accounted for only a small proportion of the variation in educational outcomes and family background was more important. But while the family mattered more, the research indicated that ‘a child brought up in a neighbourhood ranked at the bottom of the educational hierarchy would need parents educated to something like degree level to give him or her the same educational opportunities as another from an average background’.⁴⁸⁰

The National Child Development Study was also used in a study of the impact of neighbourhood on the cognitive ability of children.⁴⁸¹ One of the important aspects of this study was that it investigated whether the neighbourhood effects change as children move through childhood and then adolescence. The researchers examined three developmental stages, each of which involves at least one major transition (such as starting school). These were: early childhood (4–5 years), middle childhood (6–9 years), and late childhood and adolescence (10–18 years). The researchers concluded that, allowing for family characteristics, concentrated poverty in the neighbourhood was statistically associated with poor child outcomes for children between the ages of 4 and 5 years, but not for children aged 6 to 9 and not for the most part for those aged 10 to 18 years. Neighbourhood effects were significant but modest and much less important than family-level characteristics. These results are similar to the findings of a major US study on child development. Both concluded that neighbourhood conditions are significant predictors of developmental outcomes around the time of transition to school.⁴⁸²

Early results from the evaluation of the US experimental ‘Moving to Opportunity’ program suggest that moves to less deprived neighbourhoods reduce crime and delinquency and improve health, but have no impact on employment. This has led some experts in Britain to conclude that neighbourhood concentration of deprivation has little impact on economic behaviour and that

477 Mitchell, R., Gleave, S., Bartley, M., Wiggins, D. and Joshi, H. (2000) ‘Do attitude and area influence health? A multilevel approach to health inequalities’, *Health and Place*, 6, 67–79.

478 Duncan, C., Jones, K. and Moon, G. (1998) ‘Smoking and deprivation: Are there neighbourhood effects?’, *Social Science and Medicine*, 48, 497–505.

479 Reading, R., Langford, I.H., Haynes, R. and Lovett, A. (1999) ‘Accidents to preschool children: Comparing family and neighbourhood risk factors’, *Social Science and Medicine*, 48, 321–30.

480 Gibbons, S. (2002) *Neighbourhood Effects on Educational Achievement: Evidence from the Census and National Child Development Study*, London: Centre for the Economics of Education, LSE.

481 McCulloch, A. and Joshi, H.E. (2001) ‘Neighbourhood and family influences on the cognitive ability of children in the British National Child Development Study’, *Social Science and Medicine*, 53, 579–91.

482 *Ibid.*, p. 588; Brooks-Gunn, J., Duncan, G. and Aber, J.L. (eds) (1997) *Neighbourhood Poverty: Context and Consequences for Development*, New York: Russell Sage Foundation.

changing the residential location of the poor will not affect their chances of getting employment. Similarly, with the possible exception of deprived estates on the urban periphery and former coalfield areas, bringing jobs closer to the poor will not affect their employment rates.⁴⁸³

However, analysis of the BHPS has found that neighbourhood does have a significant affect on poverty and unemployment. The research found that, controlling for individual characteristics, people's expectations of starting a job, and their actual probability of starting a job, were lower in deprived areas than in more affluent neighbourhoods. Likewise, the chances of exiting poverty are lower, and the probability of re-entering poverty higher, in deprived than in non-deprived areas. Even so, these neighbourhood effects on unemployment and poverty are relatively modest. The overall conclusion of the study was that, "Area is an important influence, but there are other equally and more important influences at the individual and household levels."⁴⁸⁴

7.4 Conclusion

The existence and strength of neighbourhood effects on social exclusion is a subject of considerable debate. The small but growing body of evidence suggests that neighbourhoods have a significant but modest impact on important outcomes in health, child development, educational attainment, poverty and unemployment. However, this is an area where further research is required to confirm and extend these findings and to uncover the mechanisms and causal pathways that may be creating these effects.

483 Gregg, P. (2002) *op. cit.*, p. 6.

484 Buck, N. (2001) 'Identifying neighbourhood effects on social exclusion', *Urban Studies*, 38, 2251–75.

8. Crime and the fear of crime

According to the Social Exclusion Unit, “Crime can be a self-handicapping characteristic that inhibits a person’s ability to integrate into society. Crime disintegrates communities. It reduces the opportunity to participate in mainstream society and it undermines the forces of inclusion”.⁴⁸⁵

In this section, we shall review literature on crime and the fear of crime, and examine the consequences of both as drivers of social exclusion.

Specifically, it will examine the link between crime and community deprivation, unemployment, homelessness, poor health, family patterns, school exclusion and individual risk factors, such as drugs and alcohol misuse. In addition, we shall examine the nature and extent of the fear of crime and the impact on the exclusion of people living in high crime neighbourhoods.

8.1 Crime

8.1.1 Area/community level drivers

Crime is a measure of the quality of the social environment. Although causal links, if any, between criminality and community deprivation are yet to be proven, several authors have reported an association between crime and living in deprived areas. Estimates derived from the British Crime Survey suggest that more than half of all survey-recorded property crimes, and more than a third of all property crime victims, are likely to be found in just a fifth of the communities in England and Wales.⁴⁸⁶

Quality of life is generally poorer in areas with high crime rates. Residents of areas with high levels of crime generally lack economic resources and they live in social or rental housing.⁴⁸⁷ Communities with the highest crime rates also have a higher concentration of poor young families, an increasing concentration of children and teenagers, poor young black and Asian families, lone parents, ex-prisoners and political asylum seekers.⁴⁸⁸ Farrington⁴⁸⁹ found that the risks of becoming criminally involved are higher for young people raised in such deprived communities. In a study in Merseyside, Hirschfield *et al*⁴⁹⁰ also found that disadvantaged areas not only had high rates of burglary, but that there was a clear tendency for victims from disadvantaged areas to be assaulted nearer their own homes. Deprivation has also been found to

485 Social Exclusion Unit (1998) *Bringing Britain Together: A National strategy for Neighbourhood Renewal*, London Social Exclusion Unit; www.cabinetoffice.gov.uk/seu/bbt/nrhome.htm; Young, J. (1988) ‘From inclusive to exclusive society: Nightmares in the European dream’, in Ruggiero, V., South, N. and Taylor, I. (eds), *The New European Criminology*, London: Routledge, pp. 64-91; Young, J. (2002) ‘Crime and social exclusion’, in Maguire, M., Morgan, R. and Reiner, R. (eds), *The Oxford Handbook of Criminology*, Oxford: Oxford University Press.

486 Hope, T. (1996) ‘Communities, crime and inequality in England and Wales’, in Bennett, T. (ed.), *Preventing Crime and Disorder: Targeting strategies and responsibilities*, Cambridge: Cambridge Institute of Criminology.

487 Osborne, D.R., Trickett, A., and Elder, R. (1992) ‘Area characteristics and regional varieties as determinants of area property crime levels’, *Journal of Quantitative Criminology*, 8, 265–85; Osborne, D.R. and Tseloni, A. (1995) *The Distribution of Household Property Crimes*, Manchester School of Economic Studies Discussion Paper No. 9530, Manchester: University of Manchester.

488 Osborne, D.R., Trickett, A. and Elder, R. (1992) ‘Area characteristics and regional varieties as determinants of area property crime levels’ *Journal of Quantitative Criminology*, 8, 265–85; Osborne, D.R. and Tseloni, A. (1995) *op. cit.*

489 Farrington, D.P. (1996) *Understanding and Preventing Youth Crime*, Social Policy Research 93, York: Joseph Rowntree Foundation.

490 Hirschfield, A., Bowers, K. and Brown, P.J.B. (1995) ‘Exploring relations between crime and disadvantage on Merseyside’, *European Journal on Crime Policy and Research*, 3, 3, 93–112.

be linked to repeat victimisation.⁴⁹¹ With regard to ethnic minority people, Bowling⁴⁹² argued that the risk of racist crime increases with social exclusion and low income: people living in poorer areas tend to be more at risk than people living in more affluent areas.⁴⁹³

Young⁴⁹⁴ argued that crime further marginalises such communities and increases their social exclusion. However, Hirschfield and Bowers⁴⁹⁵ found levels of crime in Merseyside to be significantly lower than expected in disadvantaged areas with high levels of social cohesion. Socially cohesive areas were defined as areas with relatively high levels of interaction between residents and a strong sense of community. Levels of burglary and assaults were found to be significantly higher in areas of low cohesion and lower in high cohesion areas. The authors concluded that the more a disadvantaged area pulls together as a community, the greater its capacity to control crime.⁴⁹⁶

8.1.2 Structural drivers

- **Unemployment:** the relationship between unemployment and crime has been the focus of much research by economists and criminologists in recent years. Research findings support a two-way relationship, whereby unemployment is believed to be a cause of crime, and having a criminal record a cause of unemployment.

Studies have shown that areas with high crime rates are also areas with a lack of access to job markets, especially for the local youth.⁴⁹⁷ Witt *et al.*⁴⁹⁸ found that crime rates between 1986 and 1996 were associated with an increase in male unemployment, growth in the amount of property liable to be stolen, and high wage inequality.⁴⁹⁹ Using Home Office crime statistics and Labour Force Survey data, Carmichael and Ward⁵⁰⁰ found a positive relationship between burglary rates and male unemployment, regardless of age. Youth unemployment was found to be positively related to criminal damage and robbery rates, and adult male unemployment to theft. In another study, Carmichael and Ward⁵⁰¹ concluded that there is a systematic relationship between most crimes and male unemployment regardless of age. The link between female unemployment and crime is currently under-researched. Theories about the criminal tendencies of persons excluded from the workforce have developed mainly from male figures.

491 Ellingworth, D., Osborne, D.R., Trickett, A. and Pease, K. (1995) *Prior Victimisation and Crime Risk*, Manchester: University of Manchester; Quantitative Criminology Group, Osborne, D.R., Ellingworth, D., Hope, T. and Trickett, A. (1996) 'Are repeatedly victimised households different?', *Journal of Quantitative Criminology*, 12, 223–45; Farrell, G., Ellingworth, D. and Pearce, K. (1966) 'High crime rates, repeat victimisation and routine activities', in Bennett, T. (ed.), *Preventing Crime and Disorder: Tackling Strategies and Responsibilities*, Cambridge: Cropwood Series.

492 Bowling, B. (1998) *Violent Racism: Victimisation, policing and social context*, Oxford: Clarendon Press.

493 See also Gray, P. (2000) 'Repeat victimisation in the Asian community: A study of domestic burglary', *Crime Prevention and Community Safety: An international journal*, 2, 2, 53–65.

494 Young, J. (2002) 'Crime and social exclusion', in Maguire, M., Morgan, R. and Reiner, R. (eds), *The Oxford Handbook of Criminology*, Oxford: Oxford University Press.

495 Hirschfield, A. and Bowers, K.J. (1997) 'The effects of social cohesion on levels of recorded crime in disadvantages areas', *Urban Studies*, 34, 8, 1275–95.

496 See also Pitts, J. and Hope, T. (1997) 'The local politics of inclusion: The state and community safety', *Social Policy and Administration*, 31, 5, 37–58.

497 Joseph Rowntree Foundation (1995) *Joseph Rowntree Foundation Inquiry into Income Wealth*, vols. 1 and 2, York: Joseph Rowntree Foundation.

498 Witt, R., Clarke, A. and Fielding, N. (1999) 'Crime and economic activity', *British Journal of Criminology*, 39, 3, 391–400.

499 See also Reilly, B. and Witt, R. (1996) 'Crime deterrence and unemployment in England and Wales: An empirical analysis', *Bulletin of Economic Research*, 48, 137–59.

500 Carmichael, F. and Ward, R. (2000) 'Youth unemployment and crime in the English regions and Wales', *Applied Economics*, 32, 5, 559–71.

501 Carmichael, F. and Ward, R. (2001) 'Male unemployment and crime in England and Wales', *Economics Letters*, 73, 1, 111–15.

Although the perceived causal link between unemployment and criminality is debatable, research indicates a strong link between past offending and the likelihood of being unemployed. Available statistics indicate that the extent of unemployment among ex-offenders in the UK is quite significant. Of the approximately 100,000 people who leave prison each year in the UK, 90% are unemployed.⁵⁰² It is not simply a question of being unemployed, the length of time spent being unemployed is also significant. A survey undertaken by the National Association of Probation Officers (NAPO) in 1993, involving a sample of 1,331 people under probation supervision, found that 55% of them had been unemployed for more than a year. The percentage of long-term unemployment rose depending on where the supervision was undertaken. For example, the percentage of those classed as long-term unemployed rose to 80% in Newcastle, Birmingham and Liverpool.⁵⁰³

The main causes of ex-offender unemployment include poor skills and employment record, employer discrimination, ongoing personal, behavioural or health problems, and low self-esteem or lack of confidence.⁵⁰⁴

Ex-offender unemployment is positively linked to re-offending.^c There is a link between ex-offenders gaining employment and their desistance from re-offending.⁵⁰⁵ Apart from ex-prisoners, ex-probationers are also more likely to re-offend if they are not in regular employment.⁵⁰⁶ Reconviction prediction scores calculated from the Cambridge study in Delinquency Development^d show that offenders who have had a reasonably stable record of employment are less likely to re-offend than those who have not.⁵⁰⁷

- **Homelessness:** statistics and research studies have established the impact of housing on crime. People who are homeless are more likely to drift into crime and ex-offenders are more likely to re-offend if, after completing their sentence, they had no homes to go to.⁵⁰⁸
- **Poor health:** in a study of the relationship between crime and public health, Kawachi *et al.*⁵⁰⁹ found that crime and population health share the same social origins. Areas with high crime rates tend also to exhibit higher mortality rates. The authors concluded that the same social

502 Department of Employment (1994) *Offenders into training; Guidelines on Training for Offenders*, Sheffield: Department of Employment.

503 National Association of Probation Officers (1993) *Probation Caseload: Income and employment. A study of the financial circumstances of 1 331 offenders on probation supervision*, London: NAPO.

504 Fletcher, D.R., Woodhill, D. and Herrington, A. (1998) *Building Bridges into Employment and Training for Ex-Offenders*, York: Joseph Rowntree Foundation.

c See Social Exclusion Unit (2002) *op. cit.* for a review of the nine key factors that can influence re-offending.

505 Goldblatt, P. and Lewis, C. (eds) (1998) *Reducing Offending: An assessment of research evidence on ways of dealing with offending behaviour*, Research Study No 187 London: Home Office.

506 Association of Chief Officers of Probation (1994) *Advice on Employment, Training and Education Issues*, London: ACOP; Davis, G., Caddick, B., Lyon, K., Doling, L., Hasler, J., Webster, A., Reed, M. and Ford, K. (1997) *Addressing the Literacy Needs of Offenders under Probation*, Home Office Research Study No. 169, London: Home Office.

d The Cambridge study in Delinquent Development is a longitudinal survey of 411 south London males from 397 families, followed up from age 8 to 32 by interviewers and from age 10 to 40 by records.

507 Farrington, D.P. (1995b) 'The development of offending and antisocial behaviour from childhood: Key findings from the Cambridge Study in delinquent development', *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 36, 6, September, 929–64.

508 Carlisle, J. (1996) *The Housing Needs of Ex-Prisoners*, York: Centre for Housing Policy, University of York; NACRO (1999) *Going Straight Home*, London: NACRO; National Housing Federation (2000) *All You Ever Wanted to Know about Housing*, London: National Housing Federation; Wardhaugh J. (2000) *Sub-City: Young People, Homelessness and Crime*, Aldershot: Ashgate.

509 Kawachi, I., Kennedy, B.P. and Wilkinson, R.G. (1999) 'Crime: Social disorganization and relative deprivation', *Social Science and Medicine*, 48, 6, 719–31.

environmental factors that predict geographical variations in crime rates might also be relevant in explaining community variations in health and well-being. However, this is an area where more research is needed.

8.1.3 Family drivers

Several studies have reported an association between youth crime and parenting styles or growing up in 'inadequate' or dysfunctional families.⁵¹⁰

Results derived from the Cambridge Study emphasised that the most important childhood predictors of delinquency are:

- prenatal and perinatal factors;
- personality;
- intelligence and attainment (low school performance);
- poor parental supervision and discipline (persistent lack of family supervision);
- disrupted families resulting from parental conflict, separation or divorce;
- less attachment to families;
- family criminality;
- socio-economic status (economic deprivation or family poverty);
- delinquent friends (friends involved in criminal activity);
- school influences, such as bullying; and
- community influences, such as living in deprived inner city areas.⁵¹¹

Early childbearing, substance misuse during pregnancy and perinatal complications have been found to increase the risks of low school attainment, childhood behaviour problems, substance misuse, later delinquency and criminality.⁵¹²

- 510 Graham, J. and Bowling, B. (1995) *Young People and Crime*, Home Office Research Study No. 145, London: HMSO; Flood-Page, C., Campbell, S., Harrington, V. and Miller, J. (2000) *Youth Crime: Findings from the 1998/99 Youth Lifestyle Survey*, Home office Research Study No. 209, London: Home Office Crime and Criminal Justice Unit; Chambers, J., Power, K., Louks, N. and Swanson, V. (2001) 'The interaction of perceived maternal and paternal parenting styles and their relations with the psychological distress and offending characteristics of incarcerated young offenders', *Journal of Adolescence*, 24, 2, 209–27; Beinart, S., Anderson, B., Lee, S. and Utting, D. (2002) *Youth at Risk? A national survey of risk factors, protective factors and problem behaviour among young people in England, Scotland and Wales*, London: Communities that Care/Joseph Rowntree Foundation.
- 511 Farrington, D.P. (1994) 'Early developmental prevention of juvenile delinquency', *Criminal Behaviour and Mental Health*, 4, 3, 209–27; Farrington, D.P. (1995b) 'The development of offending and antisocial behaviour from childhood: Key findings from the Cambridge Study in Delinquent Development', *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 36, 6, September, 929–64; Farrington, D.P. (1996) *Understanding and Preventing Youth Crime*, Social Policy Research 93, York: Joseph Rowntree Foundation; Farrington, D.P. and West, D.J. (1993) 'Criminal, penal and life histories of chronic offenders: Risk and protective factors and early identification', *Criminal Behaviour and Mental Health*, 3, 4, 492–523; Shepherd, J.P. and Farrington, D.P. (1995) 'Preventing crime and violence', *British Medical Journal*, 310, 6975, 4 February, 271–2.
- 512 Farrington, D. (1995a) 'Intensive health visiting and the prevention of juvenile crime', *Health Visitor*, 68, 3, March, 100–2; Farrington, D.P. (1996) *Understanding and Preventing Youth Crime*, Social Policy Research 93, York: Joseph Rowntree Foundation.

Delinquency rates have also been found to be higher among boys who live in disruptive and intact but high conflict families. Disruptions caused by parental conflicts and separations were found to be more damaging than disruptions caused by parental death. Boys who lost their mothers were more likely to be delinquent than boys who lost their fathers.⁵¹³ Another significant precursor of delinquency was coming from a large family, but this was uniquely associated with being poorer.⁵¹⁴ Furthermore, it was found that delinquent children are more likely to be reared in criminal families. Boys with convicted parents or relatives are more likely to become antisocial or criminal at a later age.⁵¹⁵ Although offending seems to be strongly concentrated in some families and tends to be transmitted from one generation to the next, the mechanism of this transmission is, however, not clear-cut.⁵¹⁶

Young people who commit crime from an early age are especially likely to become habitual offenders with long criminal careers.⁵¹⁷ They are more likely to be trapped in the cycle of offending, social exclusion (for example, as a result of unemployment) and re-offending. Results of reconviction studies have shown that reconviction rates are often higher for offenders with an early age of first conviction.⁵¹⁸

8.1.4 School drivers

Involvement in criminal behaviour while at school is one of the main causes of truancy, school dropout rates and school exclusions.⁵¹⁹ Berridge *et al.*⁵²⁰ explored the effects of exclusion from school on the offending careers of 263 young people. The authors found that permanent exclusion tended to trigger a complex chain of events that served to loosen the youth's affiliation and commitment to a conventional way of life. While there is no proven causal link between exclusion from school and youth offending or re-offending, it is reasonable to suppose that being in an unstructured environment increases the likelihood of being involved in crime.⁵²¹ Permanent school exclusion can only mean low educational attainment, which, in addition to a criminal career, could lead to unemployment, social exclusion and re-offending.

- 513 Juby, H. and Farrington, D.P. (2001) 'Disentangling the link between disrupted families and delinquency', *British Journal of Criminology*, 41, 1, Winter, 22–40.
- 514 Farrington, D.P. (2000) 'Psychosocial predictors of adult antisocial personality and adult convictions', *Behavioural Sciences and the Law*, 18, 5, 605–22; Nagin, D.S. and Pogarski, G. (1997) 'Adolescent mothers and the criminal behaviour of their children', *Law and Society Review*, 31, 1, 137–62.
- 515 Farrington, D.P. (2000) 'Psychosocial predictors of adult antisocial personality and adult convictions', *Behavioural Sciences and the Law*, 18, 5, 605–22; Farrington, D.P. and Jolliffe, D. (2001) 'The concentration of offenders in families, and family criminality in the prediction of boy's delinquency', *Journal of Adolescence*, 24, 5, October, 579–96; Farrington, D.P. and Lambert, S. (1998) 'Criminal careers of two generations of family members in the Cambridge Study in Delinquent Development', *Studies on Crime and Crime Prevention*, 7, 1, 85–106.
- 516 Farrington, D.P. and Barnes, G.C. (1996) 'The concentration of offending in families', *Legal and Criminological Psychology*, 1, 1, February, 47–63.
- 517 Farrington, D.P. (1996) *Understanding and Preventing Youth Crime*, Social Policy Research 93, York: Joseph Rowntree Foundation.
- 518 Lloyd, C., Mair, G. and Hough, M. (1994) *Explaining Reconviction Rates: A critical analysis*, Home Office Research Study No. 136, London: Home Office; Oldfield, M. (1996) *The Kent Reconviction Survey*, Kent: Kent Probation Service; Kershaw, C. (1997) *Reconviction of those commencing community penalties in 1993, England and Wales*, Home Office Statistical Bulletin 6/97, London: Home Office Research and Statistics Directorate; Kershaw, C. (1999) *Reconviction of offenders sentenced or released from prison in 1994*, Home Office Research Findings No. 90, London: Home Office Research and Statistics Department; Cole, B., Brown, K. and Brooks, G. (2000) *Evaluation of the Lincolnshire Probation Service and the Lincolnshire Training and Enterprise Council's Employment Keyskills Programme for Offenders and Ex-Offenders*, Lincoln: University of Lincolnshire and Humberside.
- 519 Social Exclusion Unit (1998) *Bringing Britain Together: A national strategy for neighbourhood renewal*, London: Social Exclusion Unit: www.cabinetoffice.gov.uk/seu/bbt/nrhome.htm.
- 520 Berridge, D., Brodie, I., Pitts, J. *et al.* (2001) *The Independent Effects of Permanent Exclusion from School on the Offending Careers of Young People*, London: Home Office.
- 521 Social Exclusion Unit (1998) *op. cit.*

8.1.5 Individual risk factors

Research has demonstrated a strong association between problem drug use and crime. Moreover, “the combination of substance use with offending may increase the risk of developing substance dependence and/or becoming a persistent offender”.⁵²²

Whether drug-taking causes crime, or crime results in drug-taking, is the subject of debate. Nevertheless, there is a widespread belief that addiction to hard drugs is the cause of a significant amount of acquisitive crime.⁵²³ What is clear is that many people addicted to hard drugs such as heroin engage in criminal activity.

Both because of their lack of employability and their need to generate large amounts of income to feed their addiction, many drug users resort to crime. The DORIS study found a high incidence of criminal methods of financial support. In the previous six months, 48% of respondents had gained income from burglary or theft, 37% admitted handling stolen goods, 34% had sold drugs, 24% had engaged in fraud or forgery, and 4% had raised money from prostitution.⁵²⁴ A study of crime and opiate use among 58 drug users in Scotland found that only a tenth of income was derived from legitimate sources. Meanwhile, a third of income came from criminal activity and half from selling drugs.⁵²⁵ These proportions are similar to the findings of a survey of 465 drug users in Oslo.⁵²⁶

In a study of the impact of social exclusion on young people moving into adulthood in one disadvantaged neighbourhood in Teesside, Johnston *et al.*⁵²⁷ found that young people who are involved in criminal careers share common characteristics. They are more likely than other young people to have disengaged from school by the age of 12 or 13, participated with their peers in street drinking, drug use and petty crime from an early age, and in later life to have progressed to drug use and more serious crime.

Drug misuse is much higher in deprived areas.⁵²⁸ Parker *et al.*⁵²⁹ found that heroin use among young people was most prevalent in Britain’s deprived areas. Young⁵³⁰ argued that it is the endemic use of illegal drugs in these areas that permit and sustain crime. While there is no conclusive evidence of a causal link between drug use and criminality,⁵³¹ research has shown that there is a link between prolonged and regular multi-drug use and levels of offending and

522 Hammersley, R., Marsland, L. and Reid, M. (2003) *Substance Use by Young Offenders*, London: Home Office Findings 172, p.1.

523 Seddon, T. (2000) ‘Explaining the drug-crime link: Theoretical, policy and research issues’, *Journal of Social Policy*, 29, 95–107.

524 Neale, J. (2002) *op.cit.*

525 Hammersley, R., Forsyth, A. and Morrison, V. (1989) ‘The relationship between crime and opioid use’, *British Journal of Addiction*, 84, 1029–43.

526 Bretteville-Jensen, A.L. and Sutton, M. (1996) ‘The income-generating behaviour of injecting drug-users in Oslo’, *Addiction*, 91, 63–79.

527 Johnston, L., MacDonald, R., Mason, P., Ridley, L. and Webster, C. (2000) *Snakes and Ladders: Young people, transition and social exclusion*, Bristol: Policy Press/Joseph Rowntree Foundation.

528 Advisory Council on the Misuse of Drugs (1998) *Drug Misuse and the Environment*, London: Stationery Office; Foster, J. (2000) ‘Social exclusion, crime and drugs’, *Drugs: Education, prevention and policy*, 7, 4, 317–30.

529 Parker, H., Bury, C. and Eggington, R. (1998) *New Heroin Outbreak Among Young People in England and Wales*, Police Research Group, Crime Prevention and Detection Series Paper 92, London: HMSO.

530 Young, J. (2002) ‘Crime and social exclusion’, in Maguire, M., Morgan, R. and Reiner, R. (eds), *The Oxford Handbook of Criminology*, Oxford: Oxford University Press.

531 Parker, H. (1996) ‘Young adult offenders, alcohol and criminal cul-de-sacs’, *British Journal of Criminology*, 36, 2, 282–98; Seddon, T. (2000) ‘Explaining the drug-crime link: Theoretical, policy and research issues’, *Journal of Social Policy*, 29, 95–107.

re-offending.⁵³² Drug users have higher levels of self-reported crime than non-users.⁵³³ The report of the first year of the National Treatment Outcomes Research, based on 1,070 clients participating in treatment programmes within England, showed that 61% of the sample committed 70,728 offences during the three-month period before intake.⁵³⁴

There has been growing concern in recent years with regard to alcohol abuse amongst young people and youth crime.⁵³⁵ Results of the 1998-1999 Youth Lifestyle Survey (YLS) and similar Home Office qualitative research into youth drinking habits indicate that alcohol misuse among young people is directly or indirectly linked to antisocial, disorderly and criminal behaviour amongst young people.⁵³⁶ From in-depth interviews with 66 persistent offenders, most of whom were also heavy drinkers, Parker⁵³⁷ showed that a primary focus on alcohol as a key variable in youth offending can be misguided, if the consumption of other psychoactive drugs is ignored. More importantly, Parker⁵³⁸ concluded that while acquisitive crime, violence, alcohol and drug use may well be connected in the lives of young offenders, the nature of the linkage is complex and difficult to describe fully.

However, prolonged or chronic multi-drug misuse (and heavy drinking) can place heavy financial burden on young users, which can lead to further offending to feed the habit,⁵³⁹ and can also contribute to their economic marginalisation and social exclusion.

8.2 Fear of crime

Evidence from the British Crime Survey 2000⁵⁴⁰ indicates that the fear of crime is still high, in spite of an apparent reduction in national crime rates. Crime has surpassed unemployment and health as the most widespread source of neighbourhood dissatisfaction.⁵⁴¹

- 532 Parker, H. and Bottomley, T. (1996) *Crack Cocaine and Drug-Crime Careers*, London: Home Office; Edmunds, M., Hough, M., Turbull, P. and May, T. (1999) *Doing Justice to Treatment: Referring offenders to drug services*, London: Home Office; Bennett, T.H. (1998) *Drugs and Crime: The results of research on drug testing and interviewing arrestees*, Home Office Research Study 183, London: Home Office; Bennett, T.H. (2000) *Drugs and Crime: The results of the second development stage of the NEW-ADAM programme*, Home Office Research Study 205, London: Home Office Research and Statistics Directorate.
- 533 Bennett, T.H. (2000) *op. cit.*
- 534 Gossop, M., Marsden, J. and Stewart, D. (1998) *NTORS at One Year: Changes in substance use, health and criminal behaviour one year after intake*, London: Department of Health.
- 535 Murgraff, V., Parrott, A. and Bennett, P. (1999) 'Risky single-occasion drinking amongst young people – definition, correlates, policy and intervention: A broad overview of research findings', *Alcohol and Alcoholism*, 34, 1, 3–14.
- 536 Parker, H. (1996) 'Young adult offenders, alcohol and criminal cul-de-sacs', *British Journal of Criminology*, 36, 2, 282–98; Flood-Page, C., Campbell, S., Harrington, V. and Miller, J. (2000) *Youth Crime: Findings from the 1998/99 Youth Lifestyle Survey*, Home Office Research Study 209, London: Home Office Crime and Criminal Justice Unit; Engineer, R., Phillips, A., Thompson, J. and Nicholls, J. (2003) *Drunk and Disorderly: A qualitative study of binge drinking among 18–24 year olds*, Home Office Research Study No. 262, London: Home Office; Richardson, A. and Budd, T. (2003) *Alcohol, Crime and Disorder: A study of young adults*, Home Office Research Study No. 263, London: Home Office.
- 537 Parker, H. (1996) *op. cit.* 282-98.
- 538 Parker, H. *Ibid.*, 282-98.
- 539 Bennett, T.H. (1998) *op. cit.*
- 540 Kershaw, C., Budd, T., Kinshott, G., Mattinson, J., Mayhew, P. and Myhill, A. (2000) *The 2000 British Crime Survey*, London: Home Office.
- 541 Burrows, R. and Rhodes, D. (1998) *Unpopular Places? Area disadvantage and the geography of misery in England*, Bristol: The Policy Press/Joseph Rowntree Foundation.

The fear of crime is not uniform throughout society. It varies from place to place and between different social groups.⁵⁴² Age, gender and 'race' are strongly related to feelings about safety.⁵⁴³

The fear of crime and perceptions of safety have also been linked to the nature of the physical environment,⁵⁴⁴ the types of neighbourhood that people inhabit and the extent of neighbourhood 'incivilities'.⁵⁴⁵ High crime areas are most likely to be areas in which expressed fear of crime is high.⁵⁴⁶

However, the fear of crime surpasses the reality of being victimised. The fear of crime is often believed to be largely media generated.⁵⁴⁷ There is a discrepancy between subjective fear and objective risk.⁵⁴⁸ Although older adults are less likely to be victims, they report a higher fear of crime than younger adults.⁵⁴⁹ From research in a northern locality with high crime rates, Walklate⁵⁵⁰ concluded that actions arising from fear are not based on calculating competing risks and choosing a course of action 'on the balance of probabilities'; they are derived from local knowledge embedded in social relationships.

Although physical ability, or lack of it, to defend or protect oneself is a major cause of fear of crime, social and economic positions are also related to a fear of crime. People who are poor feel less safe than others.⁵⁵¹ People in poor health and ethnic minority people are also more likely to believe that they would be victimised.⁵⁵²

From an analysis of data from the 1994 British Crime Survey, Pantazis⁵⁵³ concluded that perceptions of safety or the fear of crime among people living in poverty should not be seen in isolation from other insecurities that they experience as a result of job loss, debts and mortgage repossession which may be connected to local, national and international processes. Based on

542 See Hale, C. (1996) 'Fear of crime: A review of the literature', *International Review of Victimology*, 4, 79–150, for a review of the literature.

543 Pain, R.H. (1997a) 'Old age and ageism in urban research: The case of fear of crime', *International Journal of Urban and Regional Research*, 21/1, 117–28; Pain, R.H. (1997b) 'Social geographies of women's fear of crime', *Transactions of the Institute of British Geographers*, 22, 584–98; Pain, R.H. (2001) 'Gender, age and fear in the city', *Urban Studies*, 38, 5–6, 899–913; Tulloch, M. (2000) 'The meaning of age differences in the fear of crime', *British Journal of Criminology*, 40, 3, 451–67.

544 Pain, R.H. (2000) 'Place, social relations and the fear of crime: A review', *Progress in Human Geography*, 24, 3, 365–88.

545 O'Mahony, D. and Quinn, K. (1999) 'Fear of crime and locale: The impact of community related factors upon fear of crime', *International Review of Victimology*, 6, 3, 231–51; Mirrlees-Black, C. and Allen, J. (1998) *Concern about Crime: Findings from the 1998 British Crime Survey*, Research Findings 83, London: Home Office Research, Development and Statistics Directorate.

546 Kershaw, C., Budd, T., Kinshott, G., Mattinson, J., Mayhew, P. and Myhill, A. (2000) *The 2000 British Crime Survey*, London: Home Office; Walklate, S. (2001) 'Fearful communities', *Urban Studies*, 38, 5–6, 929–39.

547 Williams, P. and Dickenson, J. (1993) 'Fear of crime: Read all about it? The relationship between newspaper crime reporting and fear of crime', *British Journal of Criminology*, 33, 1, Winter, 33–56.

548 Kershaw, C., Budd, T., Kinshott, G., Mattinson, J., Mayhew, P. and Myhill, A. (2000) *op. cit.*

549 Hough, T. (1995) *Anxiety about Crime: Findings from the 1994 British Crime Survey*. A Home Office Research and Planning Report, London: Home Office; Pain, R.H. (1995) 'Elderly women and fear of violent crime: The least likely victims? A reconsideration of the extent and nature of risk', *British Journal of Criminology*, 35, 584–98.

550 Walklate, S. (1998) 'Crime and community: fear or trust?', *British Journal of Sociology*, 37, 35–45.

551 Pantazis, C. and Gordon, D. (1997) 'Poverty and crime', in Gordon, D. and Pantazis, C. (eds), *Breadline Britain in the 1990s*, Aldershot: Avebury; Borooh, V. and Garcach, C. (1997) 'Crime and fear', *British Journal of Criminology*, 37, 4, 635–57; Pantazis, C. and Gordon, D. (1998) 'Do poor people experience more crime than the rich?', in Dorling, D. and Simpson, L. (eds), *Statistics in Society*, London: Arnold.

552 Kershaw, C., Budd, T., Kinshott, G., Mattinson, J., Mayhew, P. and Myhill, A. (2000) *op. cit.*

553 Pantazis, C. (2000) 'Fear of crime. Vulnerability and Poverty: Evidence from the British Crime Survey', *British Journal of Criminology*, 40, 3, 414–36.

an analysis of findings from a study in Macclesfield, Girling *et al.*⁵⁵⁴ concluded that talk about crime is also a local “device for registering and making sense of a variety of troubles: economic and social change and its attendant insecurities; stressed social relations of various kinds, especially between generations”.⁵⁵⁵

Crime shapes the lives of people who live in Britain’s most affected areas. The fear of crime is a constraint to full participation in community life. According to Pain,⁵⁵⁶ the fear of crime can create and reinforce exclusion from social life and from particular urban spaces in a number of ways. For example, property crimes can make poor people poorer and violence increases the subordination of already marginalised groups. Fears about personal safety can confine people in their own home or reduce their level of ability to participate in social and leisure activities that others take for granted, and can also impact upon freedom of expression.⁵⁵⁷

In a sample survey of 407 adults living in 21 tower blocks in Liverpool, Green *et al.*⁵⁵⁸ found that the fear of crime erodes the quality of life and is associated with poorer health. Using data from the British Crime Survey, Chandola⁵⁵⁹ also found the fear of crime to be related to self-reported health after controlling for other factors.

Fear undermines a sense of belonging and inhibits social harmony. Apart from psychological and physical withdrawal from community life, the fear of crime can also affect local businesses with accompanying loss of jobs, resulting in further neighbourhood decline.⁵⁶⁰

People may also be excluded through being constructed and feared as a threat, people who themselves may be at risk of victimisation, for example, young people, ethnic minority groups, people with mental health problems and ‘strangers’ such as asylum seekers.⁵⁶¹

8.3 Conclusion

Crime is a product of the moral and social decay of society. Crime is also an indicator of the social and spatial divisions produced through the re-structuring of the post-war economy. Criminality is not exclusively self-imposed, neither is it entirely rooted in the pathology of individuals and individual families. Highlighting family and individual risk factors undermines the fact that people, by and large, do not choose crime; they are propelled into it.⁵⁶² The most powerful drivers with regard to crime are community deprivation and income inequalities

554 Girling, E., Loader, I. and Sparks, R. (1998) ‘A telling tale: A case of vigilantism and its aftermath in an English town’, *British Journal of Sociology*, 49, 474–90.

555 *Ibid.*, p. 475; see also Sparks, R. Girling, E. and Loader, I. (2001) ‘Fear and everyday urban lives’, *Urban Studies*, 38, 5–6, 885–98.

556 Pain, R.H. (2001) *op. cit.* 5–6, 899–913.

557 Acheson, D. (1998) *Independent Inquiry into Inequalities of Health*, London: The Stationery Office; Pain, R.H. (1997a) *op. cit.* 117–28.

558 Green, G., Gilbertson, J.M. and Grimsby, M.F.J. (2002) ‘Health determinants: Fear of crime and health in residential tower blocks. A case study in Liverpool, UK’, *European Journal of Public Health*, 12, 1, March, 10–15.

559 Chandola, T. (2001) ‘The fear of crime and area differences in health’, *Health & Place*, 7, 2, 105–16.

560 Kawachi, I., Kennedy, B.P. and Wilkinson, R.G. (1999) ‘Crime: Social disorganization and relative deprivation’, *Social Science & Medicine*, 48, 6, 719–31.

561 Sibley, D. (1995) *Geographies of Exclusion*, London: Routledge.

562 Young, J. (1998) ‘From inclusive to exclusive society: Nightmares in the European dream’, in Ruggiero, V., South, N. and Taylor, I. (eds), *The New European Criminology*, pp. 64–91, London: Routledge; Young, J. (2002) ‘Crime and social exclusion’, in Maguire, M., Morgan, R. and Reiner, R. (eds), *The Oxford Handbook of Criminology*, Oxford: Oxford University Press.

resulting particularly from unemployment. However, the emerging consumerist culture and the “new individualism”⁵⁶³ cannot be ignored in future debates about crime and social exclusion, especially in relation to youth crime. This is an area where research is still lacking.

Community safety policies are not sufficient to tackle the fear of crime. As Davis⁵⁶⁴ argued, planning tactics to create safer places can also lead, ironically, to greater fear, isolation and social exclusion. Tackling the fear of crime demands an understanding of local social and economic issues other than crime itself.

Based on the statistical fact that by the time they reach the age of 30, a third of men in the UK would have had a criminal record, Fletcher *et al.*⁵⁶⁵ have argued that the introduction of basic disclosures by the 1997 Police Act will heighten discrimination against offenders in the labour market with potential consequences for offending and re-offending. Home Office prison population projections for England and Wales up to 2008 have also indicated that the number of male young offenders in prison establishments is likely to rise significantly by 2008.⁵⁶⁶ Thus, crime is set to continue to be an important driver of social exclusion for years to come.

563 Young, J. (1998) ‘From inclusive to exclusive society: Nightmares in the European dream’, in Ruggiero, V., South, N. and Taylor, I. (eds), *The New European Criminology*, pp. 64–91, London: Routledge.

564 Davis, M. (1992) *Beyond Blade Runner: Urban control – the ecology of fear*, Westfield NJ: Open Magazine Pamphlet Series.

565 Fletcher, D.R., Taylor, A., Hughes, S. and Breeze, J. (2001) *Recruiting and Employing Offenders: The impact of the Police Act*, York: Joseph Rowntree Foundation.

566 Gray, C. and Elkins, M. (2001) *Projections of Long Term Trends in the Prison Population*, London: Home Office Research, Development and Statistics Directorate.

9. Conclusion

This review is a contribution to knowledge about the drivers of social exclusion. It explores the evidence from a domain perspective and does not attempt to evaluate the impact of government policies on these domains. By drivers, we mean the factors that cause social exclusion. However, it is clear from the evidence that the association between drivers and social exclusion is not a simple one. There are problems in understanding the direction of the relationship; drivers interact and overlap, and there are problems in determining the underlying driver. We have decided to concentrate on serious degrees of deprivation rather than differentials in outcome.

This work was a review of existing evidence, a search and evaluation of the UK literature over the last 10 years or so. We had to be selective in both the domains we covered and the evidence within the domains.

Past drivers of social exclusion

Social exclusion has been driven in the recent past by demographic, labour market and policy factors.

- The key **demographic factors** have been large youth cohorts, ageing and increased dependency ratios and family change, particularly the increase in lone parent families. We think that prospects are much better: the decline in fertility entails that there are diminishing cohorts competing for jobs; we are on a relative ageing plateau; and though there is no diminution in lone parenthood, the lone parents and their circumstances are changing in ways that may help to protect them from social exclusion. There are other possibly socially excluding demographic trends – inward migration, single living and cohabitation.
- The key **labour market factors** have been unemployment, flexibility in the labour market, the dispersion of earnings and the concentration of work. We believe that these trends have run their course. Unemployment is much reduced, employment is growing and policy is now better placed than in the past to cope with the risks in the labour market.
- Social exclusion was also driven by failure of **policy** – particularly the failure to up-rate benefits in line with the growth of earnings, the abolition of some benefits, a more regressive tax system and cuts in expenditure on some services. Policy is critical and, in the past, it failed to protect against social exclusion. Now, policy is being driven by the social exclusion agenda, with targets and monitoring. The findings on drivers that follow must be placed in a policy context.

Current drivers of social exclusion

- **Low-income** is without doubt a key driver of social exclusion today. It is associated with a range of poor outcomes; many of these are long-term. Income poverty is mainly driven by/associated with family type and employment circumstances, and in the recent past there has been a decline in pensioner poverty and an increase in child poverty and poverty in childless households. Those most at risk of social exclusion are the persistently poor – women and children, those living in lone parent or single pensioner households. The Government is committed to the abolition of child poverty and to tackling pensioner poverty. Despite the minimum wage, low wages, the non take-up of some means tested benefits, such as Minimum Income Guarantee (now Pension Credit), and housing costs undermine the effectiveness of the improvements made to the safety net. That said, probably the most important fact is employment.

- The inability to participate in the labour market due to **unemployment** is generally considered a key indicator of social exclusion. Meanwhile, unemployment can be caused by other drivers of social exclusion such as ill-health, low educational attainment and a lack of skills. Unemployment has been and, at the time of writing, still is falling, and employment both of men and women has been increasing. The proportion of lone parents in employment has been rising. The proportion of households without a person in employment is also falling, although it remains high. However, unemployment is spatially very concentrated and there are still areas with a considerable 'jobs gap'. There has been an increase in pay differentials with more low pay and the risk of low pay affecting in particular certain groups – women, young people, older males, the long-term sick and disabled, and ethnic minorities. The low-paid are also more likely to experience unemployment. Unemployment has knock-on effects in other dimensions of social exclusion, including homelessness, health, crime, and drug and alcohol problems.
- **Education** has a pivotal role in the generation of social exclusion. This is largely concerned with success in the labour market, rather than other elements of participation, including the political and social life of the community. Education takes place in the context of increased family instability, a changing labour market and policy change. In general, attainment has been rising but a significant proportion still leave school without attaining qualifications and basic skills, and the attainment gap may be growing. There is clear evidence that attainment is a predictor of adult outcomes in work and earnings, and probably has effects on health, depression and civic participation, interaction skills and motivation. A number of factors drive educational attainment, including child and family characteristics, school factors, the relationships between parents and school, and locality factors. On balance, the evidence suggests that education can reduce social exclusion.
- **Ill-health** is associated with social exclusion in a variety of ways. Health status is a determinant of social position. Unhealthy behaviour can drive social exclusion, and social exclusion itself and the other drivers of it can result in poor health. We considered several sub-domains under health – problem drug use, alcohol misuse, mental health and teenage conceptions, child accidental deaths and the premature deaths of men – as illustrators of these relationships:
 - The risk of problem **drug use** is higher in persons who have been or are already socially excluded. It causes ill-health, homelessness, unemployment and crime. Thus, drugs reflect, cause and reinforce social exclusion.
 - **Alcohol** misuse is strongly associated with crime, antisocial behaviour and domestic violence.
 - **Mental health** problems lead to poor outcomes, particularly in employment, which greatly increase the risk of social exclusion associated with mental illness.
 - **Teenage conceptions** are particularly high in the UK and there is a great deal of evidence that they are associated with poverty in childhood, poor expectations in education and the job market, and are spatially concentrated in deprived neighbourhoods. Teenage mothers are more likely to be poor and socially excluded, and children born to teenagers have poorer outcomes in education and employment, in forming families themselves and a higher risk of teenage pregnancy themselves.
 - **Child accidental death** rates are low compared to other countries and are falling, but each death is nevertheless devastating to all involved. Accidents are the main cause of child deaths and have a very sharp class differential. This class gradient is likely to be a factor of supervision, the home environment, exposure to hazards and the urban environment.

- There has been an increase in the class differentials in the **premature mortality** of adult men. No doubt, lifestyle plays a part, but unemployment, poverty, relative deprivation and socially patterned exposure to risk over the life course appear to be the main reasons for this. Social conditions in childhood may have a long-lasting impact on adult health.
- **Housing** has been approached by treating as socially excluded those people who are sleeping rough or staying in temporary and insecure forms of accommodation. Explanations for homelessness tend to be either structural or behavioural. We discussed them under three headings:
 - **structural factors**, such as housing shortages, unemployment and inequality, relationship breakdown and the closure of long-stay hospitals were found to be important;
 - **risk factors**, including family background, institutional history socio-economic and health characteristics where there is a relationship in both directions - they increase the risk of homelessness but also homelessness increases their risk;
 - **Triggers**, which are the events which precipitate homelessness, such as leaving prison or local authority care. People living at the margins of the housing market are trapped by their social exclusion, are economically weak, unable to access decent housing and many not ready to live in accommodation of their own.
- **Transport** problems include the lack of affordable, reliable and safe transport which can restrict access to work, education, services, food shopping and socio-cultural activities. The growth of the car culture has in many ways exacerbated the problems of those without access to a car. Those without access to a car have to rely mainly on buses which are often expensive, inconvenient, unreliable and unsafe. Public expenditure on transport is highly regressive and is still dominated by the car, and for transport exclusion to be overcome it will require innovative shifts in thinking and a new priority given to the poorest.
- **Social capital** is a concept about which there is still a degree of confusion and most of the UK writing on the subject is theoretical. What empirical work has been done suggests that social capital is lower in poverty areas, though there is some evidence that employment may inhibit the development of relationships and networks that enhance social capital at home.
- **Neighbourhood** provokes debate in the literature about whether there indeed are purely neighbourhood effects. Poverty has become more spatially concentrated but it is much more difficult to investigate and to conclude that neighbourhood per se impacts on social exclusion. Most studies focus on health outcomes and find a positive relationship between poor neighbourhoods and ill-health, independent of the characteristics of the population. However, we found that neighbourhood factors were less important than individual characteristics. Similar results have been found on educational outcomes and child development.
- **Crime's** most powerful drivers are community deprivation and income inequalities resulting from unemployment. Crime is spatially concentrated and associated with homelessness, poor health, parenting factors, drugs and alcohol misuse, school exclusion, leaving care and prison. A criminal record is itself likely to lead to exclusion, in particular having an impact on the chances of obtaining employment.

- **The fear of crime** varies by neighbourhood and individual characteristics, with a strong association with age, gender and ethnicity. However, poor people are more likely to fear crime. The fear of crime is not related to objective risk, but it is a severely restricting phenomenon, which probably cannot be tackled only by community safety policies.

In summary, social exclusion is driven by a complex interplay of demographic, economic, social and behavioural factors that are linked and mutually reinforcing. It is cumulative and often intergenerational. The risks of social exclusion are not evenly shared but concentrated in the poorest individuals and communities. A combination of a healthy labour market, reduced demographic pressures and policy developments have begun to have an impact on social exclusion.

This report presents a review of the literature of the drivers of social exclusion.

The report examines the main factors that put people at risk of social exclusion. The Social Policy Research Unit (SPRU) at the University of York carried out this research.

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