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Comments on Tackling Social Exclusion: Taking stock and looking to the future: a response

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Abstract

This paper provides a response to Tackling Social Exclusion: Taking stock and looking to the future. The paper confines its attention to investigating the ways in which social exclusion is being tackled in a low-income estate in the North of England through analysis of the views of service providers. These providers were selected using a theoretical sample representing a continuum from formal through to informal delivery of services. Five themes are considered. First, the implications of pockets of deprivation within this low-income estate on the delivery of services. Second, high levels of demoralisation among socially excluded individuals and groups. Third, the likely outcomes of punitive and preventive approaches to addressing social exclusion. Fourth, the gap between professional and lay-perceptions and the implications of these for addressing social exclusion. Finally, we consider the implementation of creative methods with an explicit focus on empowerment to tackling social exclusion. From this investigation a series of recommendations flow which consider how sustainable strategies might be implemented to address social exclusion.

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Introduction

The UK government initiated a range of activities to address social exclusion since 1997. The Social Exclusion Unit has defined social exclusion as "*a shorthand term for what can happen when people or areas suffer form a combination of linked problems, such as unemployment, poor skills, low incomes, unfair discrimination, poor housing, bad health, and family breakdown*" (SEU 2004). As part of the on-going debate around the effectiveness of a raft of initiatives and calls for changes in the way services are delivered the Social Exclusion Unit published a discussion document 'Tackling Social Exclusion: taking stock and looking to the future in March 2004. As part of this document a number of questions were posed by the Social Exclusion Unit. This paper, based on investigation of methods of access to the socially excluded, seeks to address issues raised in the second of the these questions which asks 'Of all vulnerable groups who are the hardest to help and why? How can we make policy and delivery more effective for this group?' Inevitably, because this paper considers substantive issues around the perception among service providers of the experience of social exclusion and how this informs delivery, the observations raised here do address issues raised in the other questions posed by the Social Exclusion Unit.

Method

We have conducted the first year of a two year and nine month research programme to investigate methods for accessing the socially excluded[1]. The paper draws on 18 interviews with service providers accessed through the researchers' local knowledge (Emmel ND & Malby B 2000), and snowballing through key-informants (Gilchrist VJ & Williams RL 1999). Of these 18 interviews, six were selected using a theoretical sampling strategy (Patton MQ 1990) for further analysis. This strategy sought to identify providers of services from the formal through to the informal. Definitions of formal and informal are developed around the perceived role of the respondent in addressing social exclusion, and the extent and nature of multi-disciplinary working and community involvement (see Figure 1).

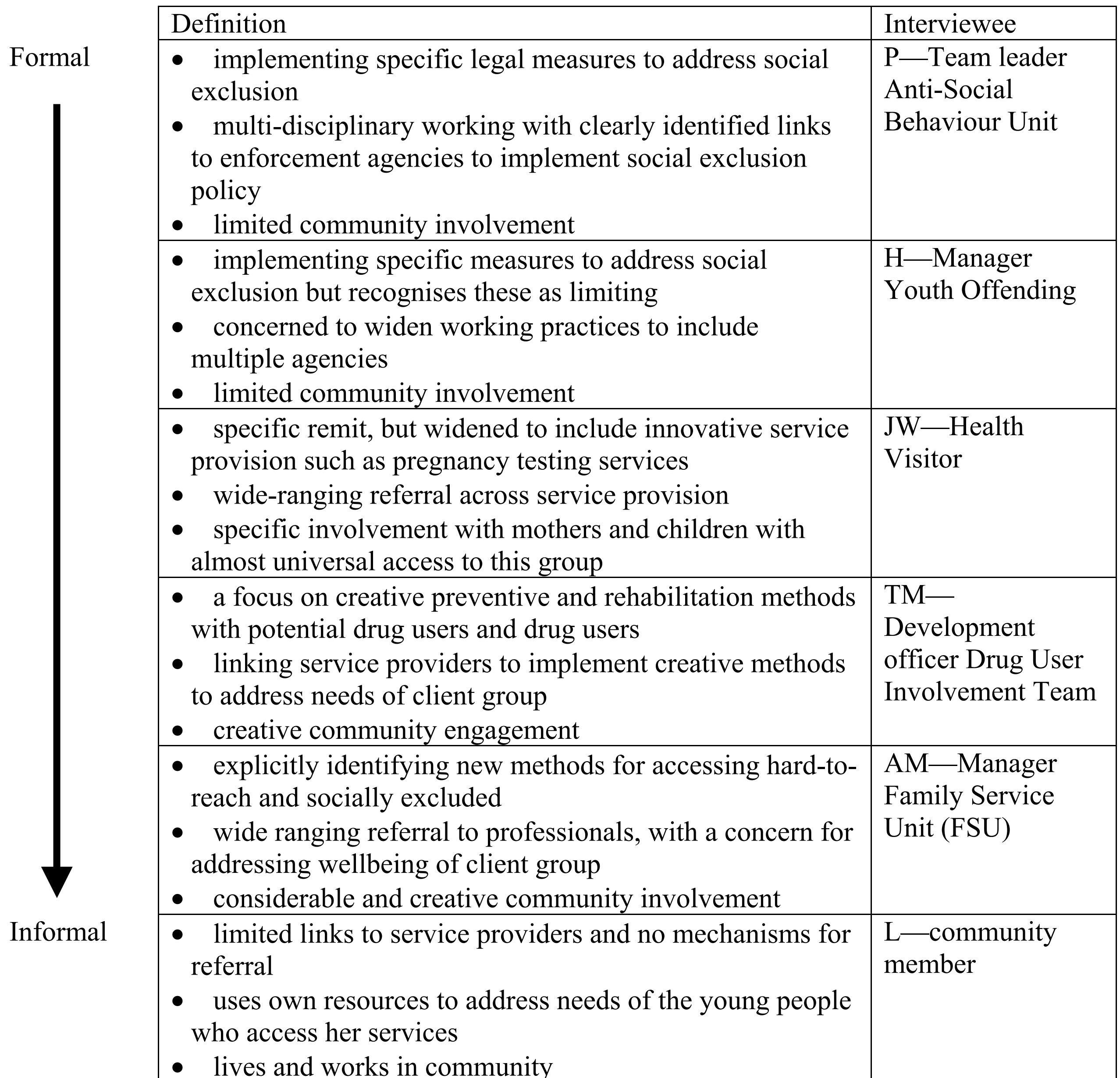
An informal route of questioning was applied in the interviews. The intention was to understand the approach of service providers to addressing social exclusion and the context within which they deliver services. We also sought to understand how each respondent accesses socially excluded groups. The focus was on who was accessed, how successful the strategy has been, and the perceived quality of access.

All but one of the interviews was tape-recorded. The respondents were made aware that recordings would be annonymised, transcribed, and used as part of research to identify methods for accessing the socially excluded. In addition we identified our interest in evaluating substantive issues about the nature of social exclusion in this research. Only one respondent (H) asked to see a copy of the transcript before allowing its use in the research. After review she gave permission for the transcript to be used in full.

One respondent (L) declined to be tape recorded, but allowed detailed notes to be taken in the interview. As far as possible verbatim quotes were written during the interview alongside observations. The reason given for not being interviewed was:

… one thing that I do hate doing is actually talking about them (the young people she works with) when they're not here,… because I think they've always got the right to know what anybody thinks or feels about them…, but I know I'm not going to say anything that's going to harm them, that's not what I'm here for (L para. 9)

Figure 1: Defining formal to informal service providers



	Definition	Interviewee
Formal	• implementing specific legal measures to address social exclusion • multi-disciplinary working with clearly identified links to enforcement agencies to implement social exclusion policy • limited community involvement	P—Team leader Anti-Social Behaviour Unit
	• implementing specific measures to address social exclusion but recognises these as limiting • concerned to widen working practices to include multiple agencies • limited community involvement	H—Manager Youth Offending
	• specific remit, but widened to include innovative service provision such as pregnancy testing services • wide-ranging referral across service provision • specific involvement with mothers and children with almost universal access to this group	JW—Health Visitor
	• a focus on creative preventive and rehabilitation methods with potential drug users and drug users • linking service providers to implement creative methods to address needs of client group • creative community engagement	TM—Development officer Drug User Involvement Team
	• explicitly identifying new methods for accessing hard-to-reach and socially excluded • wide ranging referral to professionals, with a concern for addressing wellbeing of client group • considerable and creative community involvement	AM—Manager Family Service Unit (FSU)
Informal	• limited links to service providers and no mechanisms for referral • uses own resources to address needs of the young people who access her services • lives and works in community	L—community member

Analysis included a review of all 18 of the transcripts using the criteria described above for inclusion in this preliminary investigation. Six transcripts were identified for detailed analysis. Analysis was conducted in N-Vivo (Version 1.3.146 QSR International Pty Ltd 2001). Three strategies were applied to analysis. First, immersion in the data (Borkan J 1999). Second, thematic coding (Crabtree BF & Miller WL 1999) of definitions of social exclusion, methods of access, and community involvement. Case studies were generated around low-aspirations of clients, professional and lay-perceptions of social exclusion, perceptions of space

among clients, the social world and social exclusion, and reporting and addressing crime. Third, a realist approach was applied to analysis (Pawson 2001) in which relationships were developed between context—as identified by the respondents and from interpretation of epidemiological, social, and census data (Emmel ND & Malby B2000), and social policy analysis. Regularities and mechanisms were identified by the respondents.

Context

Gipton is a low-income estate lying within clearly demarcated geographical and transport boundaries about two miles from the centre of Leeds. The estate was a slum-rehabilitation site built in the 1930s. A large part of the population of Gipton can be characterised as impoverished. Over two-thirds of households in the area live in council accommodation; about one-third of households with dependant children are headed by a single adult. The proportion of the population in receipt of council administered benefits is in excess of 65 per cent (DCPR 2000). There are high levels of unemployment, particularly among young men. This is compounded by large sections of the potentially economically active workforce who are either permanently sick or classified as 'other inactive'. Other indicators, such as the level of car ownership, are characteristic of a low income population. This is an unhealthy population. Infant mortality is higher than the average for Leeds, and considerably higher than the national average. Premature mortality, particularly those younger than 64, is a feature of the area; as is excessive deaths from lung cancer and heart disease. The rates of many chronic diseases are also high and the level of permanent disability is much higher than the average rate for Leeds (Lister H, Simpkin M, & Jones M 1994).

The population of Gipton is approximately 17 000 people. The ethnic population is calculated to be 2 per cent (Emmel ND & Malby B2000). Gipton is divided by two administrative ward boundaries, Burmantofts and Harehills. These wards are among the most deprived wards in Leeds. Both have a Jarman Scores greater than 30 and therefore receive additional government grants to combat degradation. Leeds is ranked as the 49th most materially deprived, and the 82nd (out of 366) most socially deprived district in the United Kingdom according to estimations made using Townsend's deprivation indices (Lister H, Simpkin M, & Jones M1994).

Despite this level of deprivation service provision in Gipton is poor. The estate first came the researchers' attention when the only general practitioners' clinic within the estate was threatened with closure (Emmel ND & Malby B2000). This clinic was closed and recommendations for establishing a one-stop health and social care centre on the estate were not followed up. A common theme of all the interviews conducted in this on-going research is the lack of service provision on the estate.

While Gipton is administratively divided into two parts—Gipton North and Gipton South, the people of Gipton recognise much smaller spaces. There is evidence of strong but limited geographical networks:

> The centre (a social centre administered by the local authority) was running for their needs and doing things for them but wasn't bringing in new people. And what struck me right from the very beginning coming here was how

> people saw… this centre… just for these few streets and it was almost like… no body else should use it. (AM para43).

Gipton is heterogeneous in its make up. There are (large) pockets of deprivation and marginally more affluent areas. This heterogeneity is maintained with some households apparently able to make decisions about where they live and opting for one area over another. As the Health Visitor, whose client-group is spread across Gipton, observes:

> They're quite distinct areas within Gipton... and they tend to keep to those areas …in the Ambertons there are some really nice houses that it would be nice…quite nice to live in, and it can change within a street. The house number is really important and one end of Amberton Crescent to the other is very different… Parts of the St Wilfreds are really desperate but other parts are really pleasant to live in and they're sort of very stable. (JW para.. 190/334)

Some areas have a long history of being highly impoverished 'problem' areas. Respondents frequently referred to one area, the Branders, as a long term problem area. As the Health Visitor observed "*the Branders are infamous*" (JW para.. 334).

In conclusion, Gipton is an area characterised by high levels of deprivation reflected in inequalities in health. This deprivation is by no means evenly spread across this low-income estate predominantly made up of social housing. Levels of service provision are poor across the whole estate however.

Gipton, and the research we are conducting into accessing the socially excluded in this area, are the context within which we address several areas arising from the Social Exclusion Unit's Document on emerging findings on tackling social exclusion.

Poverty, stigma, and demoralisation

There is considerable heterogeneity in experience of poverty and access to services, even within areas of considerable material and social deprivation. It is evident that even at this scale the 'inverse care law' is at play—those most in need of access to services are least likely to them (Tudor Hart 1971). Area based initiatives have been criticised for prioritising particular areas of deprivation over others (Shaw M et al. 1999). Less well understood is the considerable variation in access to services within areas of deprivation.

One reason for the failure to access services is wide-spread demoralisation among low-income individuals and households. They perceive that they will not be listened to by those with power address the issues that affect their lives. Issues raised included hazards in the environment, disruptive behaviour, and the attitudes of service providers and representatives.

A further reason for the demoralisation identified is a widely held perception in this low-income community that there has been an incremental and steady erosion in both the quality and quantity of services that can be accessed. This is a persistent theme in the observations of service providers who interact regularly with the community.

In earlier research (Emmel ND & Malby B2000)one respondent, an elderly man who had lived in Gipton since childhood, observed that "*they keep taking things (services) away, they never give us anything back*".

This perception of an incremental erosion of services moves beyond consideration of bricks and mortar and the services that are delivered from these buildings. Four years after these comments were made, service providers at the informal end of our continuum (Figure 1) consider that:

> …people's aspirations are so low, so low, (AM para. 279)

Expanding on this observation this manager of the Family Service Unit talked about a storage container deposited by the council in the grounds of the community centre. This was used by local kids as a place to play. They climbed and jumped on the metal box through the night making a noise and disturbing nearby residents. Describing a conversation with a man who endured this noise, the manager emphasises not only the problem but the feeling of voicelessness and powerlessness to address the problem.

> … oh it's terrible you know, and on a night it's so noisy you can't do anything. And I (the manager) said "oh we'll get it shifted." He said "oh no can't." I said "why not?" He said "well they (councillors) won't listen to us will they?" (AM para. 281)

What is more, demoralisation associated with a perception that services can not be accessed goes beyond the residents in this low-income areas and affects service providers. They feel it is risky to involve members of the community in bids for area based initiatives like Sure Start. There is a perception among service providers that failure in bids for area initiatives will further undermine the confidence of an already dis-empowered community.

> We put in a bid (for Sure Start)… we fitted all the criteria but I think somebody else.. got it instead. … we were told we didn't involve families. But we were aware that so many people had been asked so often to come and present things and then they don't get it. So I think, as a group… it was felt it wasn't appropriate to ask the (Gipton residents) to present it because there was a high chance we wouldn't get it… (JW para.. 178)

Tackling Social Exclusion gives consideration to stigma associated with poverty and taking up services. As well as poverty being stigmatising it is also demoralising. A recognition of the relationship between poverty and service provision, and the effect this has on the moral of people who are continuously failing to access services they deem to be appropriate has important implications for tackling social exclusion.

Punishment, prevention, and the limitations of definitions of social exclusion

One targeted service specifically identified as not addressing the wider needs of the socially excluded are Anti-Social Behaviour Orders. It was recognised that they removed particular problem individuals. However, these punitive orders further

excluded these individuals and did not address the wider determinants of social exclusion.

Service providers implementing specific legal measures to address social exclusion, such as the team leader of the Anti-Social Behaviour Unit, prescribe an individualistic and punitive approach to addressing issues of social exclusion. Tackling social exclusion considers the importance of multi-disciplinary working. The evidence suggests that initiatives to tackle specific problems like anti-social behaviour are limited in the nature of their multi-disciplinarity. In this context multi-disciplinarity means working with clearly identified enforcement agencies, the police and judicial system, to implement social exclusion policy. These is no community involvement.

Further, the language used to describe these excluded individuals is itself exclusionary. Describing two families on the estate this team leader described them as a "*blight in the area more than anything else*" (P para. 202). Inevitably, access to these individuals is difficult. As a manager of a youth offending team noted:

> there are other youngsters, and it doesn't matter if you're visiting them at home, you wouldn't find them. They won't engage with you, until they're forced to because you have to take them back to court and they end up back in court again, and 'eventually' (emphasised) they do wear down and they do engage with us. (H para.. 430)

This respondent went on to give an explanation of the ineffectiveness of this method of access and considered the social and economic relationships that perpetuate social exclusion, grounded in an understanding of the lives of the people these punitive orders are meant to address.

> a sort of increasing level of desperation and hopelessness… the difficulties that a lot of those families are dealing with on a day by day basis both from the point of view of …the behaviour of the children around about them towards other adults and towards themselves… the grief that causes people in terms of housing and police and anti-social behaviour team being on their doorstep all the time…the knowledge that the income is not sufficient to…. keep the family in a decent state of repair. That they're always in debt somewhere, there's always something outstanding, be it fines or debts because they've resorted to…some kind of substance to get them through the day and the addiction's taking over as well… there's just about every……category of social exclusion in that sort of estate, in that microcosm, it's all there and it's all interacting with itself and each other… and the lack of encouragement for the youngsters to actually get involved in their education. Actually to a certain extent the inappropriateness of some of the education that's being offered to them…..makes it difficult for them to see that there is any future other than being.. unemployed, or making your money by doing things that aren't legal…. and catching your enjoyment wherever you can (H para. 302)

A social model of social exclusion incorporating the features described above is widely held among respondent who are in day-to-day contact with the community.

They advocate strategies of prevention, rather than punitive action to address the effects of social exclusion.

In common with Tackling Social Exclusion, the manager of a youth offending team identified the Bradford Custody and Supervision Surveillance Programme as a model of good practice. She noted, however, that resources were not available to address wider social determinants of social exclusion. A large part of the resources available to her were used to implement punitive measures. Tackling Social Exclusion needs to consider how resources are prioritised if sustainable strategies are to be implemented to address social exclusion. This exercise needs to be carried out in conjunction with a critical interrogation of the implications of the current definition of social exclusion.

Targeted policies to address the most severe symptoms of social exclusion (SEU2004)are likely to be self-limiting. The claim that it is difficult to desegregate cause and consequence of social exclusion emerges from a definition of social exclusion that pathologises specific behaviours and practices "*unemployment, poor skills,… high crime*," deemed to be unacceptable to society (Levitas R 1998) and conflates these with the consequences "*low incomes, unfair discrimination,… bad health, family breakdown"* (SEU2004). Missing in this short-hand definition is the mediating mechanisms between the cause and effect, and indeed the context in which these play out.

The socially excluded as the 'other'

It is not only those who are working directly on issues of social exclusion that perpetuate the exclusion of the excluded. There is clear evidence of those who are excluded being treated as the 'other'; individuals who are perceived to have neither the capacity nor the capability to achieve. This is one of the mechanisms that perpetuates social exclusion.

A development officer working with a Drug User Involvement Team described working with a young women who had a history of using drugs. She expressed an interest in wanting to become a drugs worker. The development officer worked with the women, identifying an appropriate pathway through college and university into the profession. He describes how:

> …(S)he came into the project one morning and she was crying her eyes out and I said what's wrong and she said she'd told a benefits advisor (PAS)… that this is what she'd want to do and the benefits advisor turned round and said don't be daft you couldn't ever do anything like that. (TM para.. 201)

Similarly, a manager of a Family Service Unit described the interaction between a paediatrician and a mother about a child's failure to thrive:

> (A mother was) really scathing about a paediatrician who'd advised her quite rightly that this child who was very low in weight, …to pack the child with calories, you know, …(to) eat all the things I'm not allowed to eat… mashed potatoes, loads of butter, cream even, …grate cheese… fried food you know, …(the mother had) picked up the message that this is a terrible diet, high in fat, that's what you don't feed… and she thought this paediatrician was

> absolutely crazy. (AM para. 263)…And I said well why don't you tell the paediatrician that? And she said, 'well I'm not telling him that, you know he's not going to listen to me is he'. And so it was very clear… the professional thought there was a very clear message… about how to deal with this child with… faltering growth… and a parent who just thought this advice was completely off the planet, and there was no meeting between the two. (AM para. 271)

There are widely varying perceptions between professional and lay-knowledge (Popay & Williams 1996). This leads to reduced functioning (Drèze J & Sen A 1995). In the first case described above it is unlikely this young women will achieve her ambition if she is met with resistance at every turn. Similarly, in the second case it is difficult to imagine a healthy trajectory for this child where such a gap exists between medical advisor and mother. These, together with other limitations on functioning, reduce the capability of these people to pursue the range of options in deciding what kind of life to lead. As Drèze and Sen (1995:11) remark, *"(p)overty of a life… lies not merely in the impoverished state in which a person actually lives, but also in the lack of real opportunity—given by social constraint as well as personal circumstances—to choose other types of living*."

Tackling Social Exclusion identifies successes in addressing the prevalence of homelessness and teenage pregnancy. Strategies are emphasised which are designed to have a direct effect on the behaviour of the socially excluded individual. Less explicitly recognised is the importance of educating professionals delivering these services. A sustainable strategy to address social exclusion should include strategies for educating the educated. Those who have had opportunities often need to recognise that those who have not do have potential. Ignorance of this social reality leads professionals to under-value those who are socially excluded, thus perpetuating their social exclusion.

Building or releasing capacity?

Tackling Social Exclusion identifies the need to build capacity in communities. A more appropriate term might be 'releasing capacity'. Respondents in this research who work closely with the community observed that there was significant potential among individuals. As the manager at the Family Service Unit remarked "*we have some very bright, some great people… they're so capable are these people*" (AM para. 287). Low aspirations, social constraints, and personal circumstances each play a part in constraining opportunity.

In this research we have identified that many of the most creative and potentially sustainable activities to address social exclusion are happening in the voluntary sector. For instance, in one case the Family Service Unit worked with women, many of whom had children on the child protection register, to train them as child care workers. The aim of the programme was to open up employment opportunities for isolated and excluded people.

> …we ran this (child care) course… We were very careful not to use words like curriculum, and things like…. but actually we soon found out we needed to because they wanted to be students…. they (the trainees) absolutely took to

> the idea of being proper students doing a proper bit of work, working alongside our workers as co-workers and the results were amazing. …So we were able to use them as child-care workers here, part-time child care workers and sessional workers. …they were fine they were great,…nearly all of them went on and got jobs. …it was… a good example of how people are capable of doing other things in their lives. They're not subject to this label that they get. They are quite capable of doing things if given the opportunity (AM para. 303)

In a further case

> …I worked with this kid… but…he was steeped in his environmental culture basically, and his environment dictated a lot of what went on. And I didn't see him for a couple of months, and I bumped into him, and I started, 'how is it going?', and he went, 'yeah yeah fine', and I said, 'what are you up to then?', and he said,' oh I'm working', and I went, 'you're doing what? You're working?'…'oh yeah yeah we've got our own gardening firm.' I went, 'You have'… this was a 17 year old kid…he was on the road to nowhere basically and then next minute he's gone alright I'm working we've got our own gardening firm. And I went,' what you're talking about come on tell me more about this', because obviously I was really intrigued. 'Oh yeah yeah, we we'… I said, 'well how come you've done that?' 'Well this woman's helped us set it up'. (TM para.. 509)

The women referred to in this case is L, one of the respondents. She is a community member who has dedicated her time, money, and home to supporting young men in the community. Her strategy is to support those who come to her. The delivery mechanisms identified as potentially successful in Tackling Social Exclusion—individually tailored approach, service accessibility, providing an alternative environment, a flexible time-scale, and stable provision—are all part of the way in which she works.

A distinction should be made in Tackling Social Exclusion between these features of success, which are focussed on releasing capacity of the socially excluded and the other delivery mechanisms listed in section 4.3. Multi-agency working, joined up services with common objectives, and floor targets all have an indirect effect on the socially excluded. These are issues which require a change in culture within statutory services.

The importance of this observation becomes clear in the distinction made between 'soft' and 'hard' outcomes. The 'soft' outcomes are a brief consideration of the importance of releasing capacity in communities to promote self-control and self-confidence to address their needs through greater confidence in their ability to inform the direction of their lives. Achieving these empowerment objectives would improve the quality of their social relations with each other (social support), their collective and individual experience of capacity (self-efficacy, self-esteem, perceived power) and their perception as an important group by other institutions and social actors (political legitimacy, social status) (Laverack G & Labonte R 2000). Each of these domains has the potential to increase self confidence among the socially excluded, thus allowing them to identify and access services the socially excluded deem appropriate.

Conclusion

Tackling Social Exclusion: taking stock and looking to the future has drawn together evidence of the effect on social exclusion of policy initiatives implemented since 1997. Claims are made for the success of these polices and areas of best practice have been identified.

The research reported here can not make judgements about the prevalence of social exclusion. However, this research does allow for observations to be made about the ways in which social exclusion is being tackled. The analysis in this paper allows for the following conclusions to be drawn.

1) The mode of delivery of services to deprived areas has been through area based initiatives. These have been criticised for prioritising particular areas of deprivation over others. We find evidence of considerable variation in access to services within areas of deprivation.
2) Tackling Social Exclusion identifies the stigmatising effect of poverty and measures to address poverty. This research has observed that inverse access to care has a further effect of depleting the moral of people who are continuously failing to access services they deem to be appropriate.
3) Methods for focusing initiatives to the needs of the most deprived need to be considered in tackling social exclusion.
4) At present approaches to addressing social exclusion are invariably punitive, rather than preventive. There are examples where this is not the case and these are well known among service providers. Tackling Social Exclusion needs to consider how resources are prioritised towards prevention if sustainable strategies are to be implemented to address social exclusion.
5) Strategies are emphasised in Tackling Social Exclusion which are designed to have a direct effect on the behaviour of the socially excluded individual. Less explicitly recognised is the importance of educating professionals delivering these services.
6) A distinction should be made in Tackling Social Exclusion between these features of success, which are focussed on releasing capacity of the socially excluded and other delivery mechanisms that have an indirect effect on the socially excluded. These are issues which require a change in culture within statutory services.
7) A sustainable programme of activities to address social exclusion should focus its activities on the empowerment of the socially excluded. This will demand creative approaches. At present the overwhelming feature of socially excluded communities is of voicelessness, powerlessness, and a perception that little is being done, or can be done to address their condition.

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