DEPRIVATION AND

SOCIAL EXCLUSION

IN SHETLAND

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on behalf of the Project Team

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EXECUTIVE SUMMARY

Introduction

This piece of research intends to develop understanding of social exclusion and deprivation in Shetland, and other remote rural areas. This increased understanding, at a local level, can be used to inform local policy and delivery to better target resources and support and thereby reduce inequalities and genuinely improve the day-to-day lives of people living in Shetland. It can also feed into discussions about how these issues can be addresses at Highlands and Islands and national levels.

In order to achieve understanding, the research was designed to establish:

- The number of individuals and households in Shetland facing deprivation and social exclusion;
- The reasons why individuals and households in Shetland find themselves in these situations;
- The impact, on individuals, households and Shetland, of being socially excluded and/or deprived; and
- The impact of current local and national policy initiatives on deprivation and social exclusion in Shetland.

Key Words: Social Exclusion, Deprivation, Remote Rural Areas, Shetland

Context

The research has evolved within the context of the Scottish Executive report on the development of a long-term strategy for measuring deprivation in Scotland and for different contexts within Scotland[1]. The emphasis is on measuring and examining deprivation and social exclusion in a remote rural context. It builds on nationally and locally available quantitative data concerning deprivation with detailed qualitative data about people's experiences.

Key Findings and Conclusions

According to the Scottish Index of Multiple Deprivation (SIMD) 2004, Shetland is not highly deprived at local authority level. It is the 5th least deprived local authority in Scotland and is the least deprived in comparison to similar remote and/or island authorities[2]. However, the index shows that 6.79% of the Shetland population is income deprived, 1492 individuals[3].

Shetland is characterised by a different geography and way of life than most of the UK. It is one of the most remote areas in the country, with some islands and parts of the mainland particularly remote; it has strong local cultural roots; and generally high standard of living. Therefore deprivation and social exclusion manifest in different ways.

Living in these circumstances is no better in Shetland than in any other part of the country: the day-to-day existence for individuals and households struggling to afford to eat and pay for other essentials is the same. Whilst the culture of self-reliance and high standard of living enjoyed by many, forces less fortunate people to keep these circumstances hidden. It can be particularly isolating and demoralising when people can see others around them enjoying these living standards and high quality infrastructure. There is little opportunity for social contact and support from others experiencing a similar situation.

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[1] Bailey et al (2003)
[2] http://www.neser.org.uk/pdf/Deprivation_2.pdf
[3] 2001 and 2002 figures

Characteristics
The research is able to show the experiences of deprived and socially excluded people living in Shetland.

Access
- If people are unable to run a private vehicle, most opportunities available to them are severely restricted: employment, services, social opportunities, learning and leisure activities, such as swimming, for example. Weekly bus services are available, but it is difficult to get fresh food items and carry home a weekly shop;

> 'You can try to get an appointment to fit in with the weekly bus trip - you have to plan when you're going to be ill!'

- Many people rely on others for transport. This is humiliating and hinders independence;
- Households are not able to afford to use the bus, go to youth club or swimming.
- Access is also restricted by a lack of services close by, including childcare and for some, by illness and disability.

Community
- If people don't feel part of the community within which they live they tend to feel very unimportant and dissatisfied with their life;

> 'I would like to volunteer and be part of community things, but can't give the commitment. People do speak and say they will come along but don't. I think they may be embarrassed by a disabled child.'

- Those living in communities within which they were brought up are usually able to rely on local networks of family and friends in times of need. This safety net is less readily available for incomers;
- For most, communities are welcoming and people feel part of society. However, cultural differences, race, disability, health and past history can make people feel discriminated against, leading to extreme feelings of isolation and exclusion, both from the community and community events;
- In remoter areas the safety and feeling of safety were welcomed. However examples of anti-social behaviour, some directed at particular individuals, occur in more central areas of Shetland.

Health
- Levels of anxiety and depression are particularly high amongst those who are deprived and/or socially excluded. This is particularly as a result of the daily pressures of making ends meet and feelings of isolation. This affects people's ability to access employment and other opportunities;

> 'If mum or dad are feeling rubbish then I can't go out. I have to stay in to make sure nothing goes wrong'

- General levels of health are poor: with erratic diet, lack of exercise and weight issues (obesity or underweight);
- People experiencing deprivation often smoke: this is frequently seen as people's only luxury;
- Some people living with deprivation are reaching crisis point, with serious mental health issues, suicidal thoughts and/or a dependency, all of which can lead to sudden death.

Housing
- Housing issues in remote areas of Shetland tend to be the poor condition of housing. Deprived inhabitants are seldom in a position to be able to pay for the necessary improvements, nor the heating costs to heat the house adequately. And poor health can exacerbate inability to resolve these issues.

> 'It's like we are constantly walking on egg shells to avoid arguments.'

- There is a shortage of housing, which is more common closer to Lerwick. This can result in cramped living conditions on a long-term basis, whilst others sleep a couple of nights at a time on different friends and families'

sofas;

- Living in a poor and/or temporary housing situation impacts on the health of household members.

> 'The house is too small, too far away from others and we are packed in together all the time and can't afford to get out.'

- It is particularly difficult for those on national benefits to afford electricity cards: it is common for people to go without food in order to pay for electricity.

Income and Employment

- Individuals and families in Shetland find it difficult to afford to eat; with some families living on soup to make ends meet. Buying clothes and shoes for growing children is difficult and impossible for parents.

> 'Shoes, that is such an expense for the children. It's the things you don't budget for, that's when it hits.'

- The benefits system, particularly national, is complex and confusing to people. People are divorced from claiming what they are entitled to. This is likely to increase with the recent centralisation of benefit administration from Shetland to Elgin and Clydebank.
- The relatively high cost of living for essential items, such as food and fuel means that nationally decided benefit levels do not buy as much as they do in some other places. Unplanned expenditure, such as an emergency admission to hospital on the mainland can push a household into debt, which they can be paying off for years;
- Employment can be difficult to access out-with central areas, particularly for those without private transport. The regular commute to Lerwick for those able to afford transport and for whom employment is 9-5 leaves behind others in the community without the same opportunities;

> 'We don't have enough money to do what we need to do and it's not possible to earn more money with the jobs that are on offer.'

- Meanwhile the opportunity cost of participating in low skilled, low paid jobs is higher when the cost of private transport to access are included, but are a necessary requirement to access shift work in central areas.

Learning

> 'I don't feel I would do my best because of my dyslexia and folk make me feel thick'

- There is evidence that experiences at school, particularly negative ones, have an impact on people's inclusion and wealth later in life: for example those people who are experiencing particularly acute forms of deprivation and/or social exclusion tend to be those who did not obtain any qualifications at school;
- There is a desire to learn, but barriers, such as cost, transport and childcare, as well as people not having the motivation or time are often insurmountable to people.

Individuals not Communities

It is individuals and households rather than communities who face deprivation and social exclusion in Shetland, making it difficult to determine how much deprivation there is. And deprivation can affect anyone, at any point in his or her lifecycle. The research has indicated that individuals in Shetland particularly prone and vulnerable to deprivation and social exclusion are:

- young people whose parents are not able to ensure they are able to access opportunities and grow up feeling a part of the community within which they live;
- adults of any age who have low self-esteem and/or poor mental health, often due to situations which have developed as a result of negative experiences in the past and can result in homelessness and substance misuse. This is particularly acute if their situation is not understood by the community within which they live;
- those who are physically disabled or with a long-term illness and their carers, when they do not receive adequate support and understanding;

- those looking after a young family without access to their own transport, particularly those living in remote areas of Shetland;
- older people unable to access opportunities that would enable them to feel a part of the community.

There is also evidence of social exclusion for ethnic minority individuals in Shetland, whether cultural or as a result of employer barriers, and of degrees of social exclusion for white incomers to Shetland.

<u>Numbers and Distribution</u>

The Scottish Index of Multiple Deprivation (SIMD) suggests that 6.79% of the Shetland population is income deprived, 1492 individuals[4]. The SIMD2004 uses benefit uptake to measure income deprivation. This research shows that the complexity of the national benefits system contributes to the low uptake of benefits in rural areas and means that figures are likely to underestimate the true number of deprived people living in Shetland.

There are higher numbers of deprived individuals dispersed in more remote areas of Shetland, and spatial pockets within concentrations of local authority housing. Nevertheless deprived individuals and households are fairly evenly distributed throughout Shetland.

<u>The Research Process</u>

The research process has provided broad qualitative information about many facets of people's lives. It is capable of being constructed into qualitative representations of inequalities faced by respondents due to ethnicity, age, disability and location, for example. This information can be used by services to address the complexity of deprivation and social exclusion in remote rural areas.

As a result of the process developed the research is also able to conclude that:
- A holistic approach must be taken to address issues of deprivation and social exclusion: only by taking this approach can a full understanding be achieved; problems tackled successfully; and gaps in service provision for those most in need be removed;
- It is important for staff within organisations to get out of the office, into the communities and spend time speaking to individuals in order to fully understand people's circumstances;
- People have solutions: both participants and researchers came up with ideas about how services could be improved[5];
- All service providers must be aware of what level of quality of life is or is not acceptable in Shetland, so that people are treated fairly and equally and standards raised to a minimum across the islands.

<u>Current Local Policy and Service Initiatives</u>

There are a number of policies and initiatives developed locally that make a positive difference to the lives of people living in Shetland. However, these tend to be service specific and rarely span all aspects of an individual or household's life. The research has demonstrated the complex nature of deprivation and social exclusion in Shetland and the process used has illustrated the value of working with an individual or household in relation to all their needs rather than just the area of interest of one particular service.

In addition to ways of working across services this research highlights examples of good practice and of where services in Shetland could be improved.

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[4] 2001 and 2002 figures
[5] Examples of solutions can be found in Appendix I

Current National Evidence Base and Policy Initiatives

The Scottish Index of Multiple Deprivation (SIMD) provides a geographic distribution of relative deprivation across Scotland, capable of identifying spatial concentrations of deprivation on the scale of datazones. However in Shetland, where deprived individuals are spatially distributed and circumstances of deprivation have more to do with an individual's characteristics than the area within which they live, the SIMD is unable to provide an accurate measure or adequate understanding of deprivation:

- The spatial scale of datazones used by the SIMD2004 is too blunt and indicators chosen to make up the index are less sensitive to the characteristics of deprivation and social exclusion found in Shetland.
- The SIMD is unable to consider the complex issues that have to be overcome when tackling deprivation and social exclusion in remote rural areas and the thematic nature of deprivation in remote areas.

Because the SIMD is not designed to measure the manifestation of deprivation experienced in Shetland and other remote areas of Scotland, it should be used with care in relation to distribution of resources.

Allocation of the Scottish Executive Community Regeneration Fund (CRF) and Community Voices (CV) using the SIMD2004, in order to bring improvements to Scotland's most deprived areas and help individuals and families to escape poverty[6], is focused on the most deprived areas, which means Shetland receives a comparatively small sum from this funding stream.

Recommendations Identified

These recommendations, developed by the Project Team with input from researchers, are addressed to the Community Planning Board (CPB) in Shetland, as the body responsible for developing community planning in Shetland. This is in recognition that well-developed and outcome focused community planning process are key to tackling inequalities.

Local

In order to genuinely tackle deprivation and social exclusion it will be necessary:

- To develop an understanding of deprivation and social exclusion in Shetland within communities and agencies;
- For services to work less in isolation, breakdown organisational and service boundaries and treat individuals and households as a whole rather than in relation to service specific issues; and
- Be more creative in the way that people experiencing deprivation and social exclusion are reached and involve them in developing solutions.

1) The Community Planning Board should raise awareness and increase understanding of deprivation and social exclusion within Shetland. An acceptance that people in Shetland are living in these conditions must be developed. There is a general assumption that everyone is able to access Shetland's high quality infrastructure. This belief must be challenged as it compounds feelings of exclusion for those that feel it is necessary to hide their circumstances.

This can be achieved by:

a) Developing a common understanding of deprivation and social exclusion in Shetland. This must include a minimum standard for quality of life across the isles to ensure people are treated fairly and equally;

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[6] Scottish Executive Six Closing the Opportunity Gap objectives
http://www.scotland.gov.uk/Topics/People/Social-Inclusion/17415/opportunity

b) Encouraging staff to spend a greater proportion of time in communities to fully understanding circumstances. Opportunities such as shadowing of staff could be considered;

2) The Community Planning Board should ensure all policy and service planning in Shetland uses evidence from this research to reduce inequalities in Shetland.
This can be achieved by:
a) Incorporating this evidence into community, corporate and service planning, including the strategic partnerships of the CPB;
b) Ensuring all service providers are responsible for reducing inequalities by using this evidence to explore inequalities within their service area or geographic community and implement changes to service delivery in order to reduce inequalities;
c) Recognising that intervention at an early stage of an individual or households journey into deprivation and social exclusion is less costly in the long-term;
d) Increased targeting of mainstream funding to those that need it: for example to enable young people to go on school trips or go swimming;
e) Increased targeting of additional funds to those that need it: for example the Community Regeneration Fund.

3) The Community Planning Board should ensure robust processes are in place in order to reduce inequalities.
This can be achieved by:
a) Encouraging a holistic approach to addressing the needs of individuals, households and communities in order to ensure that problems are successfully tackled at the correct level and that gaps in provision are covered, particularly for those most in need. For some, at certain times, this may require concentrated one-to-one support;
b) Recognising that in addition to mainstreaming community planning process, existing tools for assessing needs (such as Integrated Assessment Framework (IAF) for young people and their families, Single Shared Assessment (SSA) for adults) are key to addressing inequalities. These tools can be enhanced by incorporating findings from this research, including key questions to ask around inequalities and triggers to using the whole deprivation tool;
c) Recognising the link between reducing inequalities and geographic-based planning;
d) Encouraging all service providers to actively unearth deprivation and social exclusion;
e) Encouraging local policy makers to explore ways in which hidden deprivation and social exclusion can be tackled;
f) Recognising that people have their own practicable solutions about how quality of life can be improved: workers, communities and individuals, and that they need to be empowered and relationships built in order to be able to explore and find ways to improve quality of life; and
g) Ensuring agencies communicate effectively about the services and opportunities available.

National
In order to genuinely tackle deprivation and social exclusion it will be necessary:
• To improve the understanding of rural disadvantage nationally and methods for measurement; and
• Be more creative and flexible in the way national policy is delivered.

In collaboration with the other Highland and Islands Community Planning Partnerships (including at the next Highlands and Islands Convention in October 2006), the Community Planning Board in Shetland should:

a) Continue to improve the evidence base of rural disadvantage in Scotland, taking into account rural development needs;

b) Encourage the Scottish Executive to develop a complementary approach for measuring deprivation in rural areas, where deprivation is spatially dispersed, not spatially concentrated. This must recognise the thematic nature of deprivation in remote rural areas and that rural disadvantage requires different indicators to those required in order to identify areas of multiple deprivation. For example recognising the limitations of using benefit uptake as a measure of income and employment deprivation; the inclusion of new domains such as population sparsity and population decline; making allowances for variations in cost of living.

c) Ensure policy makers are aware of the limitations of SIMD as a tool to understand need in rural areas or to make comparisons between urban and rural areas and therefore that it should only be used to allocate funds aimed at tackling concentrations of multiple deprivation;

d) Ensure the SIMD is not used as a proxy for need or deprivation other than as a measure of concentrations of deprivation;

e) Ensure individual and household deprivation becomes part of the national vocabulary;

f) Encourage the Scottish Executive to recognise the complexities of Closing the Opportunity Gap in remote rural areas and the challenges and resources required to address and reach individuals who attempt to hide their circumstances; and

g) Encourage increased flexibility and creativity in the way CPPs are able to deliver national policy, including the opportunity to rural and island proof national policy.

Monitoring and Evaluation
In order to ensure that inequalities in Shetland are reduced the Community Planning Board should:

1) Ensure the evidence in this report is updated on a regular basis, for example with the update of the SIMD later in 2006;

2) Consider returning to participants in two years time to establish whether their quality of life has improved, and if so, whether this is a result of improved service delivery; and

3) Request that those delivering services in Shetland provide regular updates to the CPB on what has been achieved in reducing inequalities.

Research
There is considerable value in undertaking a piece of research that uses front-line staff to undertake the primary research: it alters their perception of the circumstances being faced by people who are receiving services; increases their knowledge and motivates them to improve the service they are providing. However, it is time consuming to implement and obtain sufficient data to draw conclusions.

Shetland's Community Planning Board approved these recommendations on 13 June 2006, requesting that an action plan to address them be developed and tabled at their next meeting.

1) INTRODUCTION

This section explains the background to the research; defines its aims and objectives; sets out potential uses of the research; and summarises the structure of the report.

Background
There is a general perception, both within Shetland and nationally, that Shetland is a prosperous place. And that everyone in Shetland, therefore, has a good quality of life, able to benefit from the infrastructure that oil has brought.

Since 1997 key policy areas of the UK Government and, since devolution, the Scottish Executive have been focused on 'Social Inclusion'[7] and 'Closing the Opportunity Gap[8]'. For the last few years there has been increased recognition within Shetland of the need to address inequalities locally. And that in order to do this greater local knowledge and understanding of what the inequalities are, was required[9].

At the same time there has been a growing body of research, nationally and internationally, into rural deprivation and social exclusion in remote rural areas[10]: greatly improving people's understanding of it, and therefore ways of tackling it. This piece of research is intended to inform the debate as to how best to measure the nature of need in remote rural areas.

Purpose
This piece of research intends to develop understanding of social exclusion and deprivation in Shetland, and thereby in other remote rural areas. This increased understanding, at a local and national level, can be used to better target resources and support to reduce inequalities and genuinely improve the day-to-day lives of people living in Shetland.

In order to achieve understanding, the research was designed to establish:
- The number of individuals and households in Shetland facing deprivation and social exclusion;
- The reasons why individuals and households in Shetland find themselves in these situations;
- The impact, on individuals, households and Shetland, of being socially excluded and/or deprived; and
- The impact of current local and national policy initiatives on deprivation and social exclusion in Shetland.

Use of the Research
It is anticipated that this research will be useful for the following:
- To increase understanding of social exclusion and deprivation in Shetland and other remote rural areas, particularly among national and local decision-makers and service providers;

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[7] The Prime Minister set up the Social Exclusion Unit in 1997: http://www.socialexclusionunit.gov.uk/
[8] Scottish Executive launched Six Closing the Opportunity Gap objectives on July 12, 2004: http://www.scotland.gov.uk/Topics/People/Social-Inclusion/17415/opportunity
[9] The need to tackle health inequalities is stressed in Shetland's Joint Health Improvement Plan 0506 and 607: http://www.shetland.gov.uk/environmentalhealth/
[10] Shucksmith, amongst others

- To inform the debate as to how best to measure deprivation and social exclusion in remote rural areas in a way that enables comparison of need between remote rural areas, and comparison between these areas and urban areas;
- To influence change in policy and resource targeting, locally and nationally, in order to address inequalities;
- To assess how Shetland, and other remote rural areas, can improve methods of engagement to incorporate individuals and households who, in the past, may have been regarded as 'hard-to-reach'; and
- To inform the process of determining individual and household need, in a holistic manner.

Report Structure

Chapter 2 examines deprivation and social exclusion in the context of remote rural areas. It summarises common definitions of the terms 'deprivation' and 'social exclusion', providing examples in rural areas. It goes on to examine methods of measuring deprivation and social exclusion and how suitable they are for measurement in a rural context, concluding that a mixed approach is preferable.

Chapter 3 sets out how the research was developed, both in relation to the process and the materials developed to provide the results.

Chapter 4 focuses on detailed findings of the research. Data is drawn together to establish the numbers of individuals and households in Shetland facing deprivation and social exclusion. Most of the findings relate to the reasons for and impact of deprivation and social exclusion on these individuals and households. These are examined in relation to: the Scottish Index of Multiple Deprivation (SIMD) domains (access, community, health, housing, income and employment and learning); areas of Shetland (Northmavine, Scalloway and other); and themes (based on age, disability, ethnicity, gender and housing tenure).

Chapter 5 pulls together the findings, detailed in Chapter 4, in a series of conclusions based on SIMD domains, geographic area and themes. It attempts to define social exclusion and deprivation in a remote rural area, such as Shetland, before describing the impact of current national and local policy initiatives on deprivation and social exclusion in Shetland. This chapter also makes conclusions about the process used to undertake the research.

Chapter 6 outlines the lessons identified from undertaking this piece of research and the resultant recommendations to achieve outcomes. The appropriate responsibility for taking forward each recommendation is allocated, as well as the timescale for it to be achieved.

2) DEPRIVATION AND SOCIAL EXCLUSION IN REMOTE RURAL AREAS

This section of the report considers existing methods for measuring and examining deprivation and social exclusion and their applicability to measuring deprivation and social exclusion in remote rural areas, detailing examples within each of these methodologies. It concludes that a mixed methods approach is preferable when undertaking research in remote rural areas. Initially the terminology of social exclusion, deprivation and rurality are examined.

Definitions of Social Exclusion and Deprivation
Much has been written about the meaning behind these terms; their similarities and differences and association with related terms, such as poverty and disadvantage. Most current definitions derive from the work of Townsend[11]. Definition is not simple, as both terms are bound up with describing a number of different, often complex factors and/or processes in operation.

Poverty is used to define the outcome: an inability to share in the everyday lifestyles of the majority because of a lack of resources (often assumed to be disposable income)[12]. Disadvantage is similar, but used to describe a broader outcome of deficit, in all aspects of a person's life, not just material[13].

Townsend used the term deprivation to describe the cause of poverty:
"*People are relatively deprived if they cannot obtain, at all or sufficiently, the condition of life – that is, the diets, amenities, standards and services – which allow them to play the roles, participate in the relationships and follow the customary behaviour which is expected of them by virtue of their membership of society. If they lack or are denied resources to obtain access to these conditions of life and so fulfil membership of society, they may be said to be in poverty.*"[14] It is concerned with circumstance, particularly material, and how this impacts upon the condition of people's lives.

Social exclusion, however, is much more about the processes in operation causing the resultant circumstances and outcomes. It recognises that these processes are complex and interrelated, constantly changing over time. It is a term coined more recently[15] reflecting the shift in academic thought and government policy away from static accounts of people's (often material) circumstances towards a recognition of the complexities and cause and effect relationships involved[16].

This research is designed to examine both deprivation and social exclusion, recognising the value of both to understanding situations, circumstances and causal factors in the Shetland context. Deprivation enables measurement of circumstance at a particular point in time, capable of being compared between different individuals, households and localities and at different points in time. Examination of social exclusion, however, enables a broader approach to be taken, encompassing analysis of economic, social and relational processes in operation. Deprivation provides an indication of the 'what', the scale and

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[11] For example Townsend (1979 and 1993)
[12] Shucksmith and Philip (2000)
[13] Townsend (1993)
[14] Townsend (1993) p.36
[15] Peace (2001)
[16] Room (1994) in Shucksmith and Philip (2000)

scope of the situation; social exclusion enables understanding of the 'why', the causes and effects.

Evidence of Deprivation and Social Exclusion in Rural Areas

Since the early 1990s evidence of deprivation and social exclusion in rural areas has increased[17]. The day-to-day impact of deprivation and social exclusion on individuals and households may be very similar in urban and rural areas, but the characteristics, challenges and cause(s) may be very different. For example:

- Employment: in rural areas there tend to be very restricted opportunities for well-paid, secure employment, with limited career progression and training. There is a prevalence of self-employment and low paid, part-time and seasonal work.
- Income: low income is widespread, augmented by a tendency not to claim benefit[18], whilst living costs are higher. In the area of transport, for example, costs of fuel are higher, whilst public transport is less frequent and food costs are higher. In 1999 food costs were, on average, 8% higher in rural areas, than Aberdeen, and transport costs 13% higher[19].
- Housing: areas can experience inflated house prices because of pressure on local housing markets caused by a variety of factors, and exacerbated by restricted availability of housing stock. Conversely tenures can be insecure and properties in a poor state of repair. The poor quality compounded by the high costs of fuel accentuates levels of fuel poverty. Family and friend networks tend to obscure the real extent of homelessness: *"homelessness is an urban phenomenon which is rendered invisible in rural space[20]"*.
- Transport: there is a general lack of public transport, whilst cost of fuel and the need to run private vehicle/s in order to access employment and other opportunities contributes to financial pressures.
- Education and Training: can require extensive travelling, whist the job opportunities, once qualifications are obtained, can be scarce.
- Health: the perception is of a high quality of health, but, for example, suicide rates and alcoholism run contrary to this[21].

It therefore follows that any approach to measuring deprivation and social exclusion in a rural context must be able to pick up issues of relevance and indicators of deprivation in a rural context. However:

"The lack of a set of indicators that adequately reflect the true level of need in rural areas, coupled with the tendency to associate rural areas with the vision of the 'rural idyll' will continue to be the sharpest form of social exclusion faced by people living in rural communities". [22]

Definitions of Rurality

Understanding in a rural context requires an appreciation of the geographic dimension of rurality that affects service provision and use[23]. However:

"*Defining 'rurality' is notoriously problematic so far as producing a definition which is capable of being used in a way which facilitates studies and comparisons of …. data on*

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[17] For example, Shucksmith et al (1994, 1996) and Cloke et al (1994, 1997) in Shucksmith (2004) and Asthana et al (2002)
[18] Bramley et al (2000)
[19] Scottish Poverty Information Unit, 1999
[20] Cloke, Milbourne and Widdowfield, 2000: 715, cited in Asthana et al (2002)
[21] Shucksmith et al (1994 and 1996)
[22] ACRE, 1998:16 cited in Asthana et al (2002)
[23] from Asthana et al (2002)

'rural areas'"[24]. This stems from the heterogeneity of rural areas[25] and the spatial unit selected[26], resulting in different methodologies being developed and used for defining.

Rurality has tended to be measured using one or two, primarily physical, factors. For example settlement size, population density/sparsity, accessibility to services, peripherality, and land use. But with increased recognition of the diversity of rural areas[27] the number of factors to consider has increased (for example demographics and trends[28]) and the use of social and/or cultural factors has been introduced. However, the more detailed a typology becomes, the greater the danger of loosing the bigger picture and ability to compare with other areas[29].

There is, therefore, a balance to be struck in defining rurality in the Shetland context: not too general, but not so specific as to prevent comparison with other areas. The unique characteristics of Shetland must be highlighted within the more general and larger spatial scale of national definitions, despite the ongoing challenges of defining rurality.

Existing Methods of Measuring Deprivation and Social Exclusion and Their Suitability in a Rural Context

Methods for understanding deprivation and social exclusion can be divided into two main approaches:

- Statistical Indicators: both area- and individual-based; and
- Qualitative Research.

Area-based indices enable identification of spatial concentrations of deprivation, providing a geographical distribution of relative deprivation across a wide area. They usually use a mixture of direct and indirect measures of deprivation to provide an index score. An example of a direct measure, as an outcome of deprivation, is 'living in poor quality housing', whilst an indirect measure, as a common cause of deprivation, might be 'living in local authority housing'. The distinction is not always simple. An individual-based survey involves the collection of a large amount of detailed information about a large number of individuals and/or households, capable of analysis.

Qualitative research involves detailed discussion with individuals to provide comprehensive understanding of the situation.

The following section explores these approaches in more detail, outlining examples within each. All of these have been used to inform this piece of research.

Statistical Indicators – Area-Based Indexes of Deprivation

Area-based deprivation measures have their origins in urban policy initiatives of the 1960s, at a time when concern was increasing over the persistent concentrations of deprivation in 'inner city' areas. In order to target resources to areas of greatest need, there was a need to identify areas of worst concentration in a consistent fashion.

Measures are constructed from indices, each measuring single characteristics of the population (such as income or housing), weighted to produce a relative index of deprivation over a certain area (such as a county or country) at a specific spatial scale (for example local council wards, census output area, health board or datazone). This

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[24] Payne et al (1996)
[25] Deaville (2001)
[26] Asthana et al (2002)
[27] Scottish Executive (Feb, 2005)
[28] Highlands and Islands Development Board, in Scottish Homes (1994)
[29] Deaville (2001)

produces a measure of multiple-deprivation recognising the multiple dimensions of deprivation. It enables comparison of areas at a given point in time and comparison of their relative deprivation over time (providing the index remains consistent), but is not designed to measure absolute change over time.

The emphasis of the index, determined by the measures used, depends on the purpose and discipline the results are to be used for. As indices have become more sophisticated there has been a tendency to increase the number of indicators used and develop ways of measuring additional factors.

The Jarman Underprivileged Area Score was originally developed to measure GP workload. It was based on a survey of GP's subjective opinion of the social factors common amongst patients most influencing their workload, in order to establish geographic variations in demand for primary care. Its applicability to deprivation and inequalities was recognised later. It consists of eight variables, individually weighted[30]: unemployment, overcrowding, lone parents, under 5s, elderly living alone, ethnicity, low social class and residential mobility.

The Townsend Material Deprivation Score is based on four variables, selected to represent, and therefore provide a direct measure of, material deprivation: unemployment (lack of material resources and insecurity), overcrowding (material living conditions), lack of owner occupied accommodation (a proxy indicator of wealth) and lack of car ownership (a proxy indicator of income). It was originally developed from the 1981 census.

The Carstairs and Morris Scottish Deprivation Score was constructed to analyse Scottish health data, and mirrors the Townsend Score, except for the use of social class in place of housing tenure.   The authors considered housing tenure to be *"less relevant in Scotland as a much higher proportion of housing stock is in the public sector and the variable would not have acted as a discriminator between large sections of the population[31]"*.

MATDEP (a material deprivation index) and SOCDEP (a social deprivation index) are both indices of deprivation developed by Forrest and Gordon using the 1991 Census[32]. Material deprivation is lack of goods, services, resources, amenities and physical environment usual in society (using overcrowding, lack of amenity, lack of central heating and no car to measure) and social deprivation is non-participation in the roles, relationships, customs, functions, rights and responsibilities implied by members of society, for example the effects of racism, sexism and ageism (using unemployment, youth unemployment, lone parents, elderly, long-term illness and only dependents in the household).

The Office for National Statistics classification is a general-purpose summary indicator of the characteristics of each Local Authority District and Health Authority in Great Britain. It used information collected at the 1991 Census, updated in 1999 to reflect boundary changes.   It is not an index of deprivation but an indicator of *"socio-economic similarity and difference between areas[33]"*. However, 'deprivation' is used as a general descriptive term to refer to five variables within the classification, characterising generally poor socio-economic circumstances: standardised rate of limiting long-term illness; percentage of children with a single parent; percentage of dependants with a lone carer; unemployment

[30] Carr-Hill (1988) in Bunting (2000)
[31] Morris and Carstairs (1991) in Bunting (2000)
[32] Forrest and Gordon (1993), in Bunting (2000)
[33] Wallace and Denham (1996) in Bunting (2000)

rate; and percentage of households without a car. Authorities with high values for these variables are deemed to be more socio-economically deprived.

The English Indices of Deprivation[34] identifies concentrations of multiple deprivation in England. It includes seven domains (income, employment, health and disability, education, skills and training, barriers to housing and services, living environment, and crime), as much as possible providing direct measures of deprivation[35].

This index was the result of a review[36] of the Department of the Environment, Transport and the Regions' Index of Local Deprivation (ILD)[37]. The ILD used census variables of unemployment, children in low-earner households, overcrowding, lack of basic house amenities, children in unsuitable accommodation and educational participation, and non census variables of long-term unemployment, income support, low educational attainment, standardised mortality ratios, derelict land and home insurance. Significantly this index no longer included 'no car' as a variable, as it had in the initial version of 1991[38].

The Scottish Index of Multiple Deprivation is the primary measure of deprivation used in Scotland designed to measure concentrations of deprivation. SIMD2003[39] was developed as an area-based index of deprivation, drawing on improved methods developed in other parts of the UK[40]. The spatial scale was local government ward, 1222 in total, based on 1999 boundaries. The SIMD2003 attempted to include more direct measures, rather than indirect and was based on five domains, constructed from 30 indicators. For example adults and children in Disability Tax Credit households below a low income threshold; pupils aged 16+ not in full-time education; emergency admissions to hospital; and road distance to a primary school.

The SIMD2004[41] is one of the current outcomes of recent research commissioned by the Scottish Executive in order to develop a long-term strategy for measuring deprivation in Scotland[42] and is the most sophisticated instrument, to date, able to measure concentrations of deprivation. Indices are collated at the datazone level (aggregates of Census Output Areas, each with between 500-1,000 people). It is based on six domains and 31 indicators, weighted as follows[43]:
- Current Income (6) indirect measure as major part of main cause of deprivation
- Employment (6) direct measure of exclusion from world of work
- Health (3) indirect measure of both causes and consequences of deprivation
- Education, Skills and Training (3) indirect measure of both causes and consequences of deprivation
- Geographic Access and Telecommunications (2) direct measure of area characteristics that impact on deprived individuals
- Housing (1) direct measure of material living standards.

The SIMD will be updated in October 2006, and thereafter every three years, with improvements to be made each time. It is intend to introduce the following domains in

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[34] Neighbourhood Renewal Unit, 2004 (revised edition)
[35] Welsh and N Ireland Indices have not been examined, due to similarities with England and Scotland
[36] Noble et al (1999)
[37] 1998
[38] Department of the Environment's Index of Local Conditions (1991)
[39] Noble et al (2003)
[40] From Noble et al (1999)
[41] Scottish Executive (2004)
[42] Bailey et al (2003)
[43] For more information, refer to Appendix A

future years: other financial resources, crime and social order, physical environment and social relations & social capital[44].

Health profiles have been compiled for 66 communities across Scotland, including Shetland. These profiles include indicators for a range of health outcomes (for example life expectancy, mortality, hospitalisation) and health determinants (for example smoking levels, breastfeeding, income, employment, access to services). The information is designed to inform service providers, planners, policy makers and the pubic and health issues at a local and national level.

The Australian Institute of Health and Welfare are in the process of developing an information framework and indicators to improve understanding and monitor the health of rural, regional and remote populations[45]. It is comprised of three tiers, each with a number of dimensions and subsequent indicators:
- health status and outcomes, covering the health of the population and inequalities, such as health conditions (injury, mental health, communicable diseases), life expectancy and well-being and death (rates, leading causes of death);
- determinants of health, covering the factors determining health and inequalities, such as environmental factors (water quality, workplace), socio-economic factors (education, average weekly earnings), community capacity (demography, community safety, social capital); and
- health systems performance, covering performance and inequalities, such as effectiveness, appropriateness and responsiveness.

The indicators recognise the influence of geography, time, gender, age and ethnicity whilst interpretation also considers socio-economic status, population density, disability and occupation.

Statistical Indicators – Individual-Based Indexes of Deprivation

More recently statistical techniques have been used to measure individual and household deprivation[46]. This involves the collection of a large amount of detailed information about the living circumstances a large number of individuals and/or households at different points in time. It is usually done by survey, capable of being collated to provide a direct estimate of the proportion of people in multiple deprivation in a given area and comparisons between different areas. Measuring the same factors, with the same individuals at regular intervals, provides information about absolute change through time. The detail of information that can be obtained enables the causes as well as consequences of situations to be explored.

The Breadline Britain survey[47] tried to discover whether a public consensus existed on an unacceptable standard of living for Britain in 1983 (repeated in 1990) and, if so, who, if anyone, fell below that standard. The idea underlying it was that a person is in 'poverty' when their standard of living falls below the minimum deemed necessary by current public opinion. This minimum covered basic essentials for survival, such as food, and access, or otherwise, to participating in society and being able to play a social role.

The survey established that a majority of people saw the necessities of life in Britain in the 1980s as covering a wide range of goods and activities, and that people judge a minimum standard of living on socially established criteria, not just criteria of survival or subsistence.

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[44] Scottish Executive (2004)
[45] Australian Institute of Health and Welfare (2003)
[46] For example, the British Household Panel Survey
[47] Gordon and Pantazis (1997)

The minimum standard of living was determined by interviewing a quota sample (based on age, sex and working status) of 1,174 adults in 1983 and 1,831 adults in 1990.

Respondents were presented with a set of 44 cards each with the name of a different item covering a range of possessions and activities relating to standards of living: for example, a television, a night out once a fortnight and a warm waterproof coat. Respondents were asked to place the 44 cards into one of two boxes. Box A was for items which they considered necessary; those items which all adults should be able to afford and which they should not have to do without. Box B was for items they considered to be desirable but not necessary. They were also asked if they felt differently about any of the items if they were families with children. An item was deemed to be a socially perceived necessity if more than 50 per cent of respondents put it into Box A. Later in the interview the respondents were asked to assign one of the following 5 options to each of the 44 items:
- Have and couldn't do without;
- Have and could do without;
- Don't have and don't want;
- Don't have and can't afford;
- Not applicable/don't know.

Respondents (and their households) were assigned a deprivation index score each time they answered 'don't have and can't afford' to an item that was considered to be a necessity by more than 50 per cent of respondents.

The Poverty and Social Exclusion Survey of Britain[48], undertaken in 1999, built on Breadline Britain, introducing questions to measure social exclusion. For example, questions about types of consumption and customs: in a society certain practices gradually become accepted as appropriate modes of behaviour, whilst minorities and sub-groups practise other customs[49]. A similar process was introduced for items and activities of importance to children. Latterly this process was used to survey living standards in Guernsey[50] by adding additional items and activities, and modifying questions in order to take account of the specific living conditions in Guernsey.

The British Household Panel Survey (BHPS)[51] focuses on social and economic change. It follows the same representative sample of individuals, the panel, over a period of years, interviewing them and every adult household member (16 and over) of the sampled individual, each year. Children aged 11 - 15 also complete a questionnaire. It began in 1991 with 5,500 households and 10,300 individuals from 250 areas. The number of households has now nearly doubled. The data enables analysis of how individuals and households experience change in their socio-economic environment and how they respond to those changes. In particular the panel provides data which:
- Allows the analysis of the incidence of conditions and events such as poverty, over time.
- Allows the analysis of how conditions, life events, behaviour and values are linked with each other dynamically over time.
- The core questionnaire covers a broad range of social science and policy interests including: household composition, housing conditions, residential mobility, education and training, health and the usage of health services, labour market behaviour, socio-economic values, income from employment, benefits and pensions.

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[48] PSE (1999)
[49] Townsend, 1979, p.249 in Gordon and Pantazis (1997)
[50] Gordon et al (2001)
[51] http://www.iser.essex.ac.uk/ulsc/bhps/ accessed 2/03/05

Thirteen waves of data for the years 1991 – 2003 are currently available, released through the UK Data Archive[52] at the University of Essex.

The BHPS has been used to examine movements in and out of low income and employment in rural Britain, and comparison with non-rural areas[53].

Qualitative Approaches

Qualitative research, involving detailed discussions with individuals, either individually, as households or in focus groups, provides a comprehensive understanding of experience, circumstance and cause. However the focus on detail in a local area prevents ready comparison of need and types of need with other areas.

Research using this approach highlight that complexities of rural disadvantage are most frequently experienced by those groups of individuals who commonly suffer from powerlessness and inequality of opportunity in society as a whole, such as elderly people, women, low paid workers, unemployed and disabled people, with ethnic minorities being particularly isolated in rural Scotland. Recent research has focused on different groups, such as young people[54] and older people[55].

A Critique

The previous section has outlined the two approaches, and examples of each. This section explores their ability to measure deprivation and social exclusion in remote rural areas and therefore their appropriateness to this piece of research.

The first method, measuring concentrations of deprivation, particularly the area-based indicators, is most used by policy makers, whose need is to target resources based on hard evidence. However this method is, as yet, unable to adequately measure deprivation in a rural setting. Measures are not able to pick up the scattered incidence of rural deprivation[56], where issues such as gender, culture and age tend to have a greater impact than geography. The indicators and weightings used to measure deprivation are better at measuring characteristics of deprivation in an urban area[57]. An often-cited example is that of car ownership: lack of a car has been used as an indicator of deprivation in the past. This may be valid in an urban area, but the necessary ownership of a car in a rural area to access opportunities can be the very cause of deprivation. The number of benefit claimants is a common indicator of income and/or employment deprivation, yet behavioural differences mean that in a rural area the stigma of claiming artificially depresses uptake figures. Indicators which work differently in urban and rural areas has a lot to do with problems in measuring factors potentially associated with rural disadvantage, such as social isolation, access to transport, and state of the housing market. The availability of data is an issue as indicators can only be used if there is sufficient data to allow them to be measured.

This approach is unable to pick up the full picture of deprivation, or differences between different groups. It is also unable to assist in understanding experiences, or processes involved.

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[52] www.data-archive.ac.uk/
[53] Chapman et al (1998)
[54] Shucksmith (2004)
[55] Scottish Executive Social Research (2003)
[56] Shucksmith (2004)
[57] Asthana S et al (2002)

Obtaining the level of detail involved in individual-based surveys is costly and the small number of respondents in areas means that data cannot be collated to provide meaningful information in areas of sparse population.

The second method provides better insights into deprivation and social exclusion in the rural context, but lacks the ability to make comparison between areas. What is required, therefore, when researching deprivation and social exclusion is a mixing of the two approaches: marrying the rich, but often-incomparable, results of qualitative research with the robust, but detached, nature of quantitative research.

A Mixed Approach
The mixing of the quantitative with the qualitative is therefore the most suitable when measuring deprivation and social exclusion in remote rural areas and is the approach taken by this research.

One of the largest combined quantitative and qualitative studies into deprivation and social exclusion was undertaken in 1993 in four areas of rural Scotland (Harris, Wester Ross, Angus and North Ayrshire). The aim of the research was to provide an account of the experiences of rural people in Scotland dealing with the disadvantages they encounter in day-to-day life. Initially 500 households were interviewed by telephone or face-to-face, using a questionnaire survey covering employment status and place of work, education, household composition, occupation, income group, car ownership, housing tenure and condition, access to services, health and perceptions of advantages and disadvantages of rural life. The survey aimed to provide a quantitative assessment of the nature and extent of 'hard' rural disadvantage, and it facilitated the selection of sub-samples for the qualitative phase of interviewing which then followed. In this second phase to the work, 120 households across the four areas took part in in-depth face-to-face qualitative interviews typically lasting several hours each. The qualitative phase gave a better understanding of what lay behind the 'hard statistics' of the quantitative stage.

Another recent example of using a mixed method approach to exploring deprivation and social exclusion in a remote rural area was undertaken in Argyll and Bute[58], using qualitative research to interpret indicators.   The aim of the study was to: develop an authoritative account of deprivation and social exclusion in Argyll and Bute, the scale of need and distribution spatially and between different groups; examine causes and consequences of disadvantage for individuals; and highlight implications for policy. The SIMD2003, was analysed and in depth interviews undertaken with 60 individuals in three case study areas (inland, mainland rural and urban) with direct experience of different aspects of deprivation and exclusion. In addition focus meetings were held with professionals and volunteers working directly with disadvantaged people.

Data from SIMD2003 was used to compare Argyll and Bute with other local authorities and areas within Argyll and Bute in relation to: overall deprivation, the five domains and by using the income deprivation measure to determine the proportion of income deprived in each authority. Interviews and focus groups examined the diversity of rural experience in terms of the following five issues: income and cost of living, employment and unemployment, housing, education and health.

Another mixed method approach is the structuralist approach: information gathered from quantitative and qualitative methods is used to examine the processes involved in causing

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[58] Bailey et al (2004)

deprivation and social exclusion[59]. The belief is that the rapidly changing economies and societies, as a result of globalisation, economic restructuring and social and policy change, for example, have different implications for different areas and different social groups[60]. At the same time there is human interaction involved, such as negotiation, mediation and resistance.

The approach uses the concept of four overlapping spheres of influence in operation locally, nationally and globally[61]. These spheres are seen to determine the way in which resources, services and information are allocated and contested within society: namely State, Private, Voluntary and Family & Friends and the ways in which they interact at certain times and localities to exclude some households and individuals from social systems. It enables links to be made between process at operation at the macro, meso and micro scales[62]. It has been developed as a means of understanding processes of social exclusion in operation in rural areas, enabling exploration of different implications for different areas and different social groups.

Market forces and private systems favour tradable skills, profitable commodities, contractual arrangements and mobility. Therefore individuals without these qualities are likely to be excluded from these systems. In urban areas there is potential for economies of scale, market choice and competition, whilst rural areas have smaller local markets, restricting opportunities and choice and limiting mobility. A good example is consumer goods, where the smaller market means less choice and higher cost of necessities and luxuries, whilst forces of centralisation mean that the necessity of owning a car has intensified.

Policy change and state systems can exclude individuals from the distribution of resources or services when individuals do not fit into the roles of individuals defined by the state. In rural areas there has been a tendency for the local state to adopt a minimalist role, such as fewer council houses and poorer infrastructure. One example is in relation to housing allocation and provision: those without the financial means to find housing through private markets must rely on the state to structure their housing opportunities. Because of the relatively restricted supply of social housing in rural areas, non-urgent needs are less likely to be met than in urban areas. Council allocations tend to favour families with children, while tending to exclude young single people, young couples, and elderly people. These problems have been compounded by the right-to-buy and by levels of investment in social rented housing which have not been sufficient to replace the stock which has been sold, and can be exacerbated by new households moving into the area.

Voluntary systems operate to enable collective action against processes that can cause social exclusion. However this requires sufficient shared interest and motivation in achieving results. Exclusion can result when an individual does not share the goal of others and where the symbols of commitment to the goal are inadequate, for example: local traditions of mutual aid, self-help organisations and other community resources are important to social inclusion, and rural communities have been regarded as strong in this respect, to the extent that these may compensate for exclusion from state and other networks. However, with the growing influence of urban society and, importantly, as female paid employment has increased, fewer volunteers are available just as the state

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[59] Shucksmith (2000, 2004) using qualitative information from Scottish case study areas; Shucksmith and Chapman, 1998 used British Household Panel Survey to examine movements in and out of low income and employment in rural Britain, and compared with non-rural areas
[60] Shucksmith (2001)
[61] Reimer (2004)
[62] Shucksmith and Chapman (1998)

has placed more responsibilities on the voluntary sector to work in public-private partnerships. Finding volunteers can be a particular problem in small communities, and any shortage would further disadvantage client groups including elderly people, children and the poor.

Family and friends are important. Exclusion can occur when common origins are seen to be too diverse, causing stigmatisation, secrecy and racism. Friendship and kinship support, relying upon reciprocity, are important for individuals during difficult times, but it has been suggested that mobility restrictions, distances and falling birth rates may make it hard to maintain these networks in rural areas.

Scottish Executive Research

Acknowledging the complexities of this field, the Scottish Executive recently commissioned a piece of research[63] in order to develop a long-term strategy for measuring deprivation in the Scottish context and for different contexts within Scotland. It required the outcomes of the research to be flexible and enable deprivation to be explored in different contexts: between different social groups and different areas. Many of the recommendations are to be implemented in the future[64].

It is useful to summarise analysis within the report in relation to potential direct and indirect measures of deprivation. It says that Current Income, as a key cause of deprivation, can be used as an indirect measure of deprivation. It is capable of being measured by the proportion receiving low-income benefits, such as Working Tax Credit and Pension Credit. However, not all people on low income receive benefits (for example students) or take-up the opportunity (uptake rates as a proportion of eligibility are known to be lower in affluent areas and rural areas[65]). Employment levels can similarly be measured using uptake of benefits. However, the value of using this as a measure is debatable, particularly with issues such as quality of work, potential number of hours able to work, for example. There is an argument for it being a measure of exclusion from work.

Other factors that determine the level of financial resources available to individuals, beyond current income, can be considered, such as persistent low income (those on a particular benefit for a length of time); saving and debt; and cost of living adjustment.

A relationship between standard of housing and deprivation means that housing standards can be used as a direct measure of material deprivation. However the amount of housing available in areas may be a greater influence, as well as the suitability for need, security of tenure, extent of overcrowding and reasons for homelessness.

Health can be both a cause and consequence of deprivation, making the relationship between the two complicated. Comparative Mortality Factor (CMF) and Comparative Illness Factor (CIF) are measures, the latter obtained from the uptake of certain benefits. A possible measure is Life Expectancy and Smoking Rates.

Education, skills and training are indirect measures of deprivation: levels of achievement and skills are strongly related as causes and consequences of deprivation.

The report suggests that crime and social order can be used as a direct measure of area deprivation, based on a combination of crime and fear of crime figures. Similarly

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[63] Bailey et al (2003)
[64] Scottish Executive (2004)
[65] Bramley (2003)

measurable aspects of the physical environment, such as air, water and noise quality can be used as direct measures of deprivation.

Geographic access and telecommunications are suggested as direct measures of the financial cost, time and inconvenience of travelling long-distances to access basic services. However, the list of 'basic' services to be included in the measure and how to measure travel, by distance, travel time in a private vehicle or travel time by public transport (which may include waiting times, convenience, for example) is complicated. The report suggests measuring coverage of telecommunications as the proportion of population able to access mobile phone coverage, broadband and cable TV. Including quality of service received can further complicate this.

Social relations and social capital can be used as a direct measure of deprivation, more specifically for individual deprivation. Possible measures include participation, and social engagement; perception of community level structures; social interaction, social networks, social support; and trust, reciprocity, social cohesion[66].

This Research, in Context
This piece of research has evolved within the context of the Scottish Executive report and the move towards drawing approaches together within localities as part of a mixed-methods approach, to enable research to "*move beyond 'counting the victims' towards researching the dynamic experience of disadvantage and social exclusion in rural areas, and to understand better the processes causing disadvantage in a rural context and their uneven impact on different groups and different areas.*"[67]

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[66] National Statistics (2002)
[67] Shucksmith and Philip (2000)

3) DEVELOPMENT OF RESEARCH

This section sets out the development of the research tool and research process.

The primary research process involved developing a tool, capable of being used by front-line service providers, to hold a meaningful conversation with people on their case-load about their experiences of deprivation. Those people interviewed were selected as those front-line staff felt were experiencing social exclusion and/or deprivation. The tool was designed so that results could be compared geographically and thematically within Shetland and elsewhere.

Development of the Research Tool
Desktop Research
A baseline list of indicators and factors that may contribute to deprivation and exclusion was collated[68]. The framework was based on Scottish Index of Multiple Deprivation (SIMD) 2004 domains, into which additional statistical indicators and qualitative research were added. There was particular focus on qualitative research undertaken in remote rural areas and indexes developed in the United Kingdom and in other remote and island areas of the world.

This list was translated into a draft tool: a series of questions and prompts designed to enable the interviewer to hold a conversation with an individual or household (the research participants) in order to find out about their circumstances and experiences. This tool was based on the premise that it would be flexible and constantly evolving to increasingly take on the characteristics of the local area as the research progressed[69].

The structure of the tool was based around the SIMD2004 and future work planned: with sections focusing on Housing, Access and Environmental Issues, Health, Income and Employment, Community Relations and Learning. A final section was added to find out about the individual/household's future aspirations. As well as providing a detailed picture of social exclusion and deprivation across Shetland, it was designed to highlight differences in relation as a result of age, gender, ethnicity, size of household, employment status, housing tenancy, disability and care responsibilities.

Workshops
Workshops were run for professionals working with individuals and households within communities [70]. As well as providing an opportunity to inform them, in detail, about the research, the purpose was to:
- develop the tool so that questions and prompts became more appropriate to the circumstances faced by individuals/households in Shetland;
- ensure the tool could be used consistently and easily; and
- ensure the tool was not asking for information readily available.

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[68] See Appendix B

[69] The tool can be viewed at: http://www.shetland.gov.uk/datashare/DatasetDetailed.asp?datasetID=474

[70] These included Health Visitors; Youth Workers; Community Learning and Development Workers; Housing Officers - local authority and housing association; Environmental Health Officers, particularly in relation to Housing Standards; Finance Recovery Section of Local Authority; JobCentrePlus Officers; Adult Learning; Police Officers: community liaison posts, rather than enforcers; Voluntary and Independent Organisations and volunteers (including Disability Shetland, CAB, Shetland Youth Information Service, Community Drugs Team, Childcare Partnership) Area development worker (Local Authority and Enterprise Company); Local Authority Planner

All participants were asked to complete a short questionnaire, seeking information about the main issues they believe contribute to individuals' and households' social exclusion and deprivation in Shetland.

Development of the Research Process[71]

In order to provide a balanced picture of the situation the research used professionals already working in communities to identify and hold conversations with individuals and households, as part of their existing role. It was anticipated that using a community learning and development approach would enable the research to get beyond the traditional holders of power to establish a fuller picture of deprivation in Shetland.

An additional advantage of using front-line staff was they were already trained in interviewing techniques and had skills to deal with difficult issues that might arise.

Identification and Recruitment of Professionals (Researchers)
Professionals already working with individuals and communities were contacted and invited to participate as researchers. The aim was to ensure all relevant agencies and services were able to participate. Different service providers have different regulations, protocols and ways of working, requiring the research process to be adapted to suit these differences. Therefore not all service-providers were able to fully participate and were involved to different extents, but provided what information they could[72].

A learning session was run for all those professionals who agreed to participate in the research process. This was to establish detailed understanding of the research process, including the recruitment process and use of the conversational tool. It also provided an opportunity for further refinement of the tool.

Identification and Recruitment of Individuals and Households (Research Participants)[73]
All research participants were identified from amongst those already in contact with public agencies. This included any young person in Secondary 1 and over. Only the researcher knew the name and address of any potential or actual participant.

The researchers were asked to identify (through the allocation of a Reference Number) all individuals/households in the locality who they felt, using professional judgement and knowledge, were living in a condition they felt to be professionally unacceptable and/or of poorer quality than most individuals/households in the area.

For each Reference number, an assessment was made as to whether it would be appropriate to ask them to take part, indicating, as appropriate, why not. This was to provide understanding of whom the research was reaching.

Initial contact was made with all those who the researcher felt could be interviewed, explaining the research and process (they may have been contacted by others already, because of the need to retain anonymity). If an individual was interested, written consent was obtained. An appropriate time was then arranged to hold the conversation.

Primary 5-7 school children were included. A few general questions were selected from the tool, adapted with assistance of teachers. These were discussed and answered independently within class citizenship time.

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[71] This research was approved by an NHS Ethics Committee in June 2005
[72] For further information, refer to Chapter 4
[73] For further information refer to the Researcher Participation Sheet (RPS), Appendix C

The Research Process

The research process was used in two geographic areas of Shetland and with a number of discrete user groups[74]:

Geographic

The areas of Northmavine and Scalloway were chosen as study areas, for the following reasons:

a) Extent of Deprivation
- Northmavine is locally and nationally known to be one of the most deprived areas of Shetland (it was designated as an Initiative at the Edge (IatE) area in 2004 and is the most deprived datazone in Shetland according to the SIMD): it is particularly remote and settlements and housing within Northmavine are dispersed;
- Scalloway, although not determined to be relatively deprived in Shetland according to the SIMD, experienced the loss of a considerable proportion of jobs early in 2005;

b) Community Capacity and Interest
- Northmavine, through the IatE status, has begun to become particularly active in relation to improving quality of life in Northmavine;
- Scalloway is involved in an extensive investigation of need in the village[75]; and
- Councillors for both areas are interested and champions of disadvantage in their areas.

Thematic

Individuals accessing the following services were involved:
- The Outreach Service provided by Shetland Alcohol Advice Centre and Community Drugs Team;
- The Outreach Service provided by the Homelessness Team within the SIC's Housing Service;
- The English as an Additional Language (EAL) Classes and English Plus drop-in, run by Shetland College and Adult Learning, SIC; and
- Those accessing group support through Shetland Link-up, a mental health charity.

Results Informing the Research

A bottom-up approach to the research was taken by receiving feedback from researchers mid-way through their involvement to amend the research process and the tool to better reflect local circumstances. They were able to feedback information from participants. For example:
- The list of items, places and services was cut down, as a large number were not of direct relevance to Shetland. In addition researchers were finding that if people were unable to access one, they were unlikely to access the others, for the same reasons;
- Terminology was improved to aid understanding by those for whom English is not their first language;

The research process remained unchanged, although there was an increased effort to reach individuals and households within the geographic areas, by increasing the number of professionals involved.

Results were inputted and analysed using a database. The sample was relatively small at 65 respondents, and was not selected randomly. For this reason it cannot be said to be statistically representative of the wider population of Shetland, and figures referred to in

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[74] Further information on these can be found at Appendix D

[75] Scalloway Community Profile, 2005: http://www.shetland.gov.uk/datashare//AreaList.asp?ar=24

the "Findings" section of this report refer only to numbers and proportions of respondents. However, the qualitative findings of the research are generalised to a wider population.

A workshop was held as the final report was being developed, to provide researchers with the opportunity to come together to discuss the findings and conclusions and input into the lessons learnt and recommendations identified. It also provided an opportunity to discuss and feedback on the research process and to share information on how services currently find out about the needs of the community they serve and propose improvements.

Critique of Research Methods
The use of front-line staff as researchers was an innovative approach. The advantage was that the researcher already had a relationship with the participant and was aware of their circumstances. It was anticipated that this would provide more meaningful results and a more positive experience for the participant. Researchers felt that participants were more honest because they already knew them. An additional, unexpected, outcome was that researchers felt the process increased their awareness and understanding of individual people's circumstances and the community they live in. The advantages of this are discussed in more detail later. But researchers found the conversations quite draining and difficult as they had to leave participants with their problems.

However there are problems associated with this approach. On a practical level, many services were unable to participate due to current service demands, leading to relatively small number of completed results, particular in areas such as older people. A lot of time was invested in discussing ways in which front-line staff could participate, which did not always translated into completed results. However, the time spent did increase people's awareness of the research, the issues raised and solutions, as well as increasing knowledge of the way in which different services operate. Nevertheless the research co-ordinator had no control over the number of results obtained.

The process augmented the training front-line staff received in relation to their current professional role: detailed discussion were held with all researchers about how the conversational process should be carried out in order to provide usable information. However, as non-professional researchers they may have missed some information that could have been collated.

Researchers felt that information was more readily obtained from those who respondents who were most deprived and from women. And the research process reached only those individuals and/or households who currently receiving assistance from a service in Shetland.

Involvement of primary age children was valuable, despite being resource intensive for staff: both in the discussion required and assistance in completing the questionnaire.

The research rationale was for researchers to decide who to approach to participate in the research by determining whom within their case-load were deprived and/or socially excluded. Researchers found this easy when reasons were objective, such as when an individual and/or household was physically isolated, when English was an additional language, or there was disability, for example. However there was anxiety when the decision was felt to be more subjective; for example the case-load of a health visitor who provides a service to all families in an area. For this reason the research process was easier in Northmavine, where people were more obviously physically isolated and for those providing services to those who are disabled, or had dependency, for example.

4) FINDINGS

This section of the report draws together primary and secondary data sources[76] to enhance understanding of the number of individuals and households in Shetland facing deprivation and social exclusion; and the experiences and reasons why individuals and households find themselves in these situations in Shetland.

SHETLAND IN THE SCOTTISH CONTEXT

According to the Scottish Index of Multiple Deprivation (SIMD) 2004, Shetland is not highly deprived at local authority level. It is the 5th least deprived local authority in Scotland and is the least deprived in comparison to similar remote and/or island authorities[77]. East Renfrewshire is the least deprived followed by Aberdeenshire, East Dumbartonshire and Moray, followed by other suburban commuter areas. Orkney is ranked 27, Highland 18, Argyll and Bute 16 and Eilean Siar 11. Glasgow and West Dumbarton are the most deprived, ranked 1 and 2 respectively, followed by other predominantly urban Local Authorities.

There are 650 datazones in the most deprived 10% of zones in Scotland, located in 25 local authorities[78]. Shetland, Orkney and Eilean Siar have none. Highland has seven (2.4% of all datazones in Highland) and Argyll and Bute has six (4.92% of all zones in Argyll and Bute).   In comparison, 46.68% of datazones in Glasgow are in the most deprived 10% of zones.

Shetland's most deprived datazone is in the 5th declie (ranked 2889 out of 6505)[79]: one of the 40-50% of deprived datazones across Scotland. It has three datazones in the 20% least deprived datazones. Nearly half (14) of all datazones are in the range 30-40% least deprived. Table b demonstrates how this distribution differs from other areas. The variation between datazones in Shetland is small compared to other areas, bar Eilean Siar, where the distribution is similar, but overall rates of deprivation by datazone are higher. Larger authorities have both lower and higher ranking datazones.

Shetland's ranking as the least deprived Local Authority compared to other remote and/or island authorities is further evidenced by that fact that the lowest ranking datazone in Shetland is ranked 2889 out of 6565: compared to 2119 in Orkney; 1646 in Eilean Siar; 77 in Highland; and 435 in Argyll and Bute. However, the highest-ranking datazone in Shetland is ranked 5848 out of 6565: in Orkney the highest ranking is 5855; Eilean Siar 3453; Highland 6365; and Argyll and Bute 6396.

Datazone (% in relation to ranking)	Shetland	Orkney	Eilean Siar	Highland	Argyll & Bute
<10%	0	0	0	1	6
10-20%	0	0	0	10	4
20-30%	0	1	6	20	12
30-40%	0	1	14	41	14
40-50%	1	2	12	52	24
50-60%	7	8	4	54	23
60-70%	14	8	0	46	17
70-80%	5	3	0	30	7
80-90%	3	3	0	24	10
90-100%	0	1	0	8	5
Total Number of Datazones	30	27	36	292	122

Table a: Number of Datazones within each Declie in Relation to Multiple Deprivation Across Scotland[80]

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[76] Data sources used in the research are provided in Appendix E
[77] http://www.neser.org.uk/pdf/Deprivation_2.pdf
[78] www.scotland.gov.uk/SIMD2004Report.
[79] www.scotland.gov.uk/SIMD2004Data
[80] www.scotland.gov.uk/SIMD2004Data

In relation to the domains, Shetland ranks highly in relation to income, employment, health, housing and education/skills/training. As would be expected for a rural local authority, Shetland ranks poorly in relation to access to services: 19 (63.33%) of datazones are in the most deprived 10%, and 20 (66.67%) are in the most deprived 15%. As a percentage of the total Shetland population: 62.49% are in the most deprived 10% in relation to geographical access and 65.97% in the most deprived 15%[81].

THE NUMBER AND DISTRIBUTION OF INDIVIDUALS AND HOUSEHOLDS IN SHETLAND FACING DEPRIVATION AND SOCIAL EXCLUSION

Shetland's overall high ranking does not mean that deprivation does not exist in Shetland, but that measurable numbers are smaller; individuals are not concentrated in geographic areas but are dispersed and isolated throughout the population.

A comparison between the number of people, according to SIMD2004, who are income and employment deprived and local data considered to be valid measures of deprivation can be found at Appendix F. There are a number of discrepancies in the data[82], however it is able to provide a general view of the number of individuals and households in Shetland and between different areas of Shetland.

According to the SIMD2004 Shetland contains 1492 income-deprived individuals, derived from the number of income-based benefit claimants.   This is 6.79% of the total population. The number of households eligible for council tax benefit and/or housing benefit is 1497, which is 16.1% of 9,298 occupied residential properties in the area.

In relation to other figures providing an indication of income, 895 households are in arrears to the Council in relation to housing rent. However, 214 of these are in arrears by less than £20, which can be assumed has more to do with error than inability to pay. Of the 374 in arrears of greater than £100, 296 are in arrears of between £100 and £1,000, an average of £362.16. The 78 households in arrears of £1,000 or greater, owe an average of £1695.82. The number of households in arrears of greater than £100 is 19% of the total number of occupied council tenancies. This is a much higher percentage than other data in Table c, indicating a tendency for income-deprived individuals to hold council house tenancies.

The number of individuals with Community Alarms is 753, 3.4% of the total population of Shetland. The lower number reflects the particularly vulnerable nature of those people eligible for a community alarm.

The Citizen's Advice Bureau (CAB) received 1987 new enquiries in 2005 relating broadly to deprivation. New enquiries are either new individuals or new issues raised by ongoing clients.

There is some variation in the distribution of these individuals and households within Shetland. According to the SIMD2004 rankings (see Figure 1) most deprived datazones in Shetland tend to be located in the north, both of Shetland and of Lerwick, and west. The eight most deprived datazones make up: most of the West-side of mainland Shetland, including Papa Stour, much of the north mainland (Voe/Firth and Mossbank, Northmavine) and the North Isles, and the harbour area of Lerwick spanning from Gremista to Freefield,

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[81] www.scotland.gov.uk/SIMD2004Report.
[82] For example: the SIMD data relates to 2002, whilst local data relates to 2005; some data relates to individuals whilst other relates to households; and the spatial scale used for comparison is not always consistent.

Figure 1: Scottish Index of Multiple Deprivation 2004 (SIMD)
Shetland Datazones

including Staney Hill and Bruce Crescent. The most deprived datazone in Shetland covers the majority of Northmavine: north and including South Gluss (SO1005519).

The least deprived datazones, from SIMD2004, are those within easy commute of Lerwick, or in areas of Lerwick where the housing and/or access to Commercial Street are more favourable. Symbister, Whalsay is also ranked favourably. The least deprived datazone in Shetland is the area of Lerwick from Brewick Road to Commercial Street, including Hillhead, Thorfinn St and Mounthooly Street (SO1005504). In relation to datazones across Scotland it is ranked 5848 out of 6505. Of similar ranking are the datazone areas around Nederdale/Fogralea and around Gulberwick/Easter Quarff/East Voe of Scalloway.

These rankings are backed up to a certain extent by local data. For example Whalsay and Skerries have a relatively low percentage of deprived individuals/households in all categories. And Northmavine, Firth/Mossbank and Voe, and the North Isles tend to have a relatively high percentage of deprived individuals/households. However, many of these areas have a lower percentage of households in arrears to the Council in relation to house rental. Areas with a particularly high percentage of households in arrears are Brae, Firth and Mossbank/Voe, Scalloway, Cunningsburgh, Sandwick and Dunrossness. Areas with a higher number of community alarms than their ranking in the SIMD2004 include Cunningsburgh and Scalloway. Areas with a lower ranking include Brae, Firth, Mossbank/Voe and Sandwick. Those areas with particularly high new enquiries to the CAB are Scalloway, Northmavine and Lerwick.

However, despite these variations, deprived individuals and households are fairly evenly distributed throughout Shetland. For example even in the most deprived datazones, less than 14% of people are income deprived (see Table d).

Area Covered	Total Population (2001 Census)	No Current Income Deprived	% population	% of all income deprived	% income deprived
E Quarff/Gulberwick/E Voe of Scalloway	590	5 or under	2.68	0.00	0.00
Whiteness/Wadbister/Girlsta	610	8	2.77	0.54	1.31
Rest of Whalsay/Skerries	520	18	2.36	1.21	3.46
Symbister	590	24	2.68	1.61	4.07
Nesting/Vidlin	570	25	2.59	1.68	4.39
Scalloway	869	65	3.78	4.4	7.5
Brae/Sullom/Muckle Roe/Burraland	974	70	4.43	4.69	7.19
Voe/Mossbank/Terminal	920	70	4.18	4.69	7.61
Holmsgarth/Staneyhill/Gremista	765	73	3.48	4.89	9.54
Northmavine (-Sullom etc.)	681	77	3.10	5.16	11.31
Gilbert. Pk to VictoriaPier/ Comm. Rd to P Alfred	879	84	4.00	5.63	9.56
Yell	957	92	4.35	6.17	9.61
Ness of Sound to Clickimin Broch	738	100	3.36	6.70	13.55

Table b: Percentage of Income Deprived: least and most income-deprived datazones in Shetland[83]

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[83] SIMD2004

THE REASONS WHY INDIVIDUALS AND HOUSEHOLDS IN SHETLAND FIND THEMSELVES IN THESE SITUATIONS AND THE IMPACT ON INDIVIDUALS, HOUSEHOLDS AND SHETLAND, OF BEING SOCIALLY EXCLUDED AND/OR DEPRIVED

This section initially examines the SIMD2004, before analysing the primary research.

A) QUANTATATIVE RESULTS: SIMD2004
The SIMD2004 is able to provide some information on the type of deprivation being experienced in Shetland, and between different areas in Shetland, based on the 30 datazones. Levels of income and health deprivation for Shetland are broadly in line with Shetland's overall score. As would be expected for a rural authority, it has higher than average levels of geographical access/telecommunications deprivation: comparable with Orkney, Argyll and Bute, Eilean Siar and Highland). It also shows higher levels of housing deprivation, higher levels of education/training and skills deprivation, and lower levels of employment.

a) Income
Those datazones determined to have the highest rates of income deprivation are areas of Lerwick (Ness of Sound, around Clickimin (bar Westerloch) and areas around the harbour), Northmavine, Yell and the West-side. The most income-deprived datazone (ranked 2835th nationally) is the Ness of Sound.

The least income-deprived datazones tend to be in the commuter belt of Lerwick: in particular within a 10-minute radius, but also areas within 20-30 minutes drive of Lerwick. The Upper Sound area of Lerwick and Whalsay/Skerries also have low levels of income deprivation. The least income-deprived datazone (ranked 6497th, and therefore the 9th least income deprived in Scotland) is the area of Gulberwick/Easter Quarff/East Voe of Scalloway.

The datazones of Firth/Mossbank/Voe, Unst/Fetlar, Sandwick, Skeld/Clousta, Nesting/Vidlin and Wadabister/Girlsta all have lower levels of income deprivation relative to their overall SIMD2004 ranking. Whilst many of the datazones of Lerwick rank less favourably in terms of income deprivation than in relation to their SIMD2004 ranking.

b) Employment
Predominantly rural and commuter areas have lower levels of employment deprivation relative to their overall SIMD2004 ranking, whilst larger settlements have higher levels of employment deprivation relative to their overall SIMD2004. Those datazones determined to have the highest rates of people not in work (either because of lack of employment opportunities or on grounds of health) are a number of areas of Lerwick (including Gremista to Freefield, Ness of Sound and datazones around the Gilbertson Park) and Northmavine. The Gremista/Holmsgarth datazone is the lowest ranking for Shetland, ranked 3135th nationally.

Those datazones determined to have the lowest rates of people not in work are Whalsay/ Skerries, and the datazones of Gulberwick/Easter Quarff/E Voe, and Whiteness/Girlsta. The datazone of Nederdale/Fogralea is the highest-ranking datazone for this domain in Lerwick. The datazone of Symbister is the highest ranking for Shetland, ranked 6436 nationally: within the highest ranking one hundred.

c) Health

This measure indicates a strong correlation between areas of relatively high population density and relatively poorer health[84] and between areas of high employment and better health. The seven datazones determined to have the highest rates of ill-health are all in Lerwick. The 8th is the datazone that includes Brae and the 9th the datazone that includes most of Scalloway. The datazone which includes King Harald St, St Olaf St and around the Gilbertson Park is the lowest ranking for Shetland, ranked 2981 nationally.

Those datazones determined to have the lowest rates of ill-health are Whalsay/Skerries, Gulberwick/Easter Quarff/E Voe, and Tingwall/Gott and the far West-side. The datazone of Symbister is the highest ranking for Shetland, ranked 6351 nationally.

d) Education, Skills and Training
The commuter belt and overall high-ranking areas of Lerwick have a good level of education, skills and training. Remote areas of Shetland, with a poor overall ranking in relation to income and employment are also high ranking in terms of education, skills and training. For example, the zones of Northmavine, Yell, Unst/Fetlar have noticeably higher rankings in relation to this domain: a ranking of over 1500 places higher for the North Isles and nearly 2000 places for Northmavine.

Many of the datazones with the lowest levels of education, skills and training are in Lerwick: the harbour area and around Clickimin (not Westerloch). Other datazones with relatively low levels are Tingwall/Gott and Whalsay/Skerries (excluding Symbister). The datazone covering the area between Clickimin and the Gilbertson Park is the lowest ranking for Shetland, ranked 2520 nationally. In general, datazones are more deprived in relation to this domain than the overall index: in particular Whalsay and Skerries.

Those datazones determined to have the highest levels of education, skills and training are Wester Loch/Sound, Easter Quarff/Gulberwick/E Voe, Levenwick/Bigton and Unst/Fetlar. The highest-ranking datazone is Levenwick/Bigton, ranked 5837 nationally.

e) Housing
Datazones ranked as being most deprived in relation to housing are areas of Lerwick and rural areas. The lowest ranking datazone is Garthspool/ Freefield, ranked 1509 nationally. The second poorest is the datazone of the furthest West Mainland (including Papa Stour/Sandness/Walls/West Burrafirth), ranked 1891. The datazones ranked as being the least deprived in relation to housing are mainly outwith Lerwick: Symbister, Guilberwick/ Easter Quarff/East Voe and Sandwick. Whilst the lowest ranking datazones in more rural areas are: Northmavine, Yell, Unst/Fetlar, Nesting/Vidlin, Scalloway and Bressay/Twageos (Lerwick). The highest-ranking datazone is Symbister, ranked 6135 nationally. There is a positive correlation between housing, income and employment.

The zones of Holmsgarth/Staneyhill and Firth/Mossbank/Voe have higher rankings in relation to this domain than the overall SIMD: this could be because of the high proportion of ex/Council housing. The zones of Bressay/Twageos, Scalloway, Gilbertson Park to Prince Alfred Street and Garthspool/Freefield have lower rankings in relation to this domain than the overall SIMD.

f) Geographic Access and Telecommunications
The more remote datazones of Shetland are ranked lower than datazones nearer to, or in, Lerwick. The lowest ranking datazone is Northmavine, ranked 17 nationally. The highest-

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[84] This is supported by NHS Health Scotland (2004) *Shetland: a community health and well-being profile*, NHS Health Scotland

ranking datazone is the area between Lochside and King Harold Street, ranked 5959 nationally.

B) QUALITATIVE RESULTS: STUDY AREAS[85]

This section sets out general findings from the study areas in relation to social exclusion and deprivation, analysed in relation to SIMD domains, geographic area and theme. The research revealed a number of more operational concerns, of relevance to specific services. These are recorded in Appendix I: operational problems, good practice and ideas.

Half of the respondents lived in remote and rural locations (particularly Northmavine), whilst the other half lived in more central and urban-type locations (particularly Scalloway). There were more participants from younger age groups, with none over 70. And there were a higher number of female participants. All were white, with a small number for whom English was an additional language. Nearly half were born in Shetland. A fifth had a disability and more than one third had caring responsibilities.

It is important to recognise that the sample was relatively small at 65 respondents, and they were not selected randomly. For this reason it cannot be said to be statistically representative of the wider population of Shetland, and figures refer only to numbers and proportions of respondents. However, the qualitative findings of the research are generalised to a wider population.

Responses to what was good about participants' lives varied from everything to nothing. A few participants were not able to think of anything, or felt that their lives were adequate. Most frequently mentioned positive factor was relationships with family and/or friends. Other factors mentioned were health, housing, opportunities to learn, opportunity to work, opportunity to bring children up in a safe environment, opportunity for a cheap lifestyle and being able to live off the land. Support from family and agencies was recognised.

> 'We have the health and the croft to produce some of our own food, giving the family good experiences. This is what we want.'

Primary school children valued their friends, pets, parents and teachers; the opportunity to be involved in sports and youth club (Scalloway); some were appreciative of the scenery.

The most frequently mentioned negative factor about participants' lives was lack of things to do, particularly those in Northmavine and those accessing the EAL classes. The second most important factor was lack of support, formal and informal, including a lack of childcare. Other important factors were inadequate housing; general frustrations about quality of life, particularly those with mental health issues and a dependency; distance from and lack of transport to opportunities; and lack of secure work opportunities.

> 'We can't afford to fix the car that's supposed to be mine. My partner has to have the other car. You don't like having to ask for lifts, it's not a good feeling, but it's just the way it is.'

Other factors mentioned were cost of living, debt, weather, poor relationships, poor health, neighbours and tax credit problems.

Half the primary school children felt nothing was bad about their lives. Of most concern, however, was getting bullied and seeing other people getting bullied, as well as family break-up and an ill parent.

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[85] For detailed breakdown of figures, refer to Appendix H

A number of professionals raised the importance of individuals developing self-confidence, self-esteem and the correct values and attitudes as part of their upbringing in relation to social exclusion and deprivation. Therefore childhood experiences have a long-term impact on a person's ability to participate.

<u>A) By Domain</u>
Access to Services
Issues around access were discussed early on in the conversation, indicating a high importance. Of those who discussed access, nearly half said they had problems getting to places they needed to go. Less primary school children said they had problems.

> 'Bus times are terrible. Fares are expensive: if I have the doctors at 2pm, I have to be there from 11am to 5pm.'

In Northmavine, many of the respondents, especially women, experienced problems in getting to places, either because they could not afford to run a car or because someone else used the household car. Those people who relied on family and/or friends for transport felt humiliation with having to ask for favours. Access to private transport was seen as essential if respondents wished to access opportunities, as public transport did not provide an alternative. Reasons given for this were around timing of service (infrequent or geared towards commuters), distance to a bus stop, unreliability, unfriendliness and the cost of the fare. Use of a bike was not seen to be a solution because of the distances involved and the weather.

Of the primary school children in Northmavine, three expressed problems in getting to places.

> 'My dad is happy to run me anywhere.'

For most they were able to rely on parents or other family members to drive them. Two adult participants mentioned the amount of time they spent driving children around.

A journey to get basic essentials in Northmavine was relatively simple for those with a car, tending to make a weekly or fortnightly trip to Lerwick, or for those who lived within walking distance of a shop. However, even for those with a car, shopping for bread and milk could involve over a 20 minute round trip. Two participants relied on the weekly minibus service to access the local shop, but the cost for a round trip was thought to be expensive. For most participants the nearest bus stop was not too far away, and the feeder service would come to the door, if requested. However a number of participants expressed problems with walking a mile or so with shopping. Half of the participants found public transport difficult to use.

A carer of an ill family member found it impossible to get to Lerwick. All others were able to, in some way. This meant they were able to access the optician, dentist, hospital, library and other services in Lerwick, but for many it was described as difficult. One relied on a relative, living in Lerwick, to bring shopping at the weekends. A number mentioned the problems encountered if a family member was in hospital in Aberdeen, for emergencies or routine operations.

> 'You can try to get an appointment to fit in with the weekly bus trip - you have to plan when you're going to be ill!'

A journey to the doctors was easy for those with a car or those living within walking distance, but it could involve up to 24 miles round trip. Others described relying on lifts, borrowing a vehicle or trying to book appointments to fit in with the feeder service. There was appreciation of the local doctor being on call.

Voluntary Youth Clubs run in Ollaberry and North Roe at certain times of the year, were accessed by primary age children. There was appreciation for this, but a desire for more

activities. For those without a car, there was a reliance on family or friends. After-school activities run in Northmavine for primary age children in the past did not provide transport to enable children to return home afterwards, preventing some attendance.

There was minimal, if any form of social activities for younger children in the area. And the closest Youth Club for secondary age young people was Brae, up to 18 miles away for some. Teenage participants in Northmavine were unable to access this.

Access to childcare was 'impossible', because it did not exist in the area and because there was no transport to childcare elsewhere. One participant relied on family for childcare, but had concerns about their health and whether they could continue.

Access to support and activities for older people was felt to be limited, with access to meals on wheels, elderly lunch clubs and day-care described as 'impossible' and significant problems experienced in getting a home-help or other forms of care.

Most participants were able to access the nearest community hall, but it was not always easy. Some said they were unable to attend a place of worship because no public transport operated on a Sunday. Of 18 participants, only one did not access a door-to-door mobile library.

In Scalloway barriers to access had more to do with disability and caring responsibilities than transport. Most had access to a car or were able to walk to access the local shop, doctors or bus to Lerwick, although concern was expressed about the costs of running a car. The bus service was generally thought to be good, but it was not always easy to find buses to fit in with participants' needs.

One participant felt the out-of-school club had been useful, but had struggled to afford it. Another participant felt in need of more specialist childcare for a disabled child.

> 'I can get to where I need to go to when I have the money to pay for a taxi. If I don't have money I don't go to where I need to go. I have to limit the number of times I go out during the week. This adds to my feeling of isolation.'

> 'I would love to go and play football in Lerwick but the car is never home.'

Most primary school children had access to transport to enable them to do activities they wished to do, including Youth Club, whether by walking, cycling, using the bus or being driven by parents or others. There was reliance on family members to access opportunities in Lerwick. There was evidence of exclusion from activities as a result of financial constraints. Three participants commented on the expense involved in children attending Youth Club or going swimming.

Of the other participants, half felt they had problems with access (living in Sandwick, Delting, Gulberwick, and Lerwick). For females this tended to be because they did not have a car and/or the infrequent public transport, whilst for the only male, it was because of a disability. Most participants walked, used taxis or buses, or relied on lifts from family and/or friends, with one example of a participant paying a neighbour. Some participants found it difficult to use buses because of the distance to the bus stop and/or the cost of public transport or because of mental health problems.

> 'We have young people in Mossbank who find it almost impossible to access the town for certain appointments without spending the whole day in Lerwick and when on a very limited budget finding something to do in Lerwick is very difficult.'

In general, participants were unable to access social opportunities, such as going out for a meal, going out for the evening and visiting art galleries, museums and the cinema or theatre, or sport. The main barriers to this were transport and cost. This was

particularly true for participants in Northmavine, for whom access to most activities required leaving the area.

Other barriers included lack of time and motivation; physical disability; a caring responsibility; a dependency, preventing them from being able to communicate socially; or a mental illness, preventing them going out. One participant was unable to access opportunities because of being banned from public transport.

Case Study

A participant moved back to a remote rural area of Shetland, from a more central area, to look after an elderly housebound parent. They are unable to drive and or leave the house for long periods because of their caring responsibilities. They are therefore unable to work, access social opportunities and take part in community life. And have to rely heavily on a family member to bring shopping once a week.

They feel cut off and miss their friends from where they used to live. They would like to be able to get out, to work, even part-time and learn new things. However they receive no help or support with caring for their parent and because local connections in the area have been lost, do not have local networks to assist.

Professionals felt that distance from Lerwick made access to services and opportunities very difficult for anyone without a car. Location segregates people, further segregated by limited public transport. It was felt by most to be the single biggest issue as it affected so many other elements of a person's life.

Community

Feeling part of the community was important to participants. Two thirds felt part of the community and involved because they knew everyone else in the community and were known. Many had been born and brought up in the same area. The degree of involvement varied from being waved at, to attending events at the local hall, to being involved in local community groups. For those who had moved to Shetland, there was comment about the welcoming and helpful nature of neighbours, compared to elsewhere.

'I like 'everything' about where I live'

Amongst primary school children, friendship was particularly important, as was enjoying school and involvement in youth club and other clubs, if they had the opportunity.

Those who said that they felt part of their community were also those who were 'Very Satisfied' or 'Satisfied' with living where they did. Safety was an important attribute of the community raised by most participants, as was friendships and social opportunities. For those living in Scalloway the amount of facilities available close by were important (such as the school, play park and shop), whilst in Northmavine the peace and quiet, and open spaces were important.

Other factors included friendliness of the community and feelings of trust, caring and sharing. Some, those who have lived in the community all their life, went as far as saying that they 'could ask for a loan of something and probably get it' and were able to call on friends and family to assist with care. For those newer to the community, opportunities to become involved were very important, through playgroup, the school, Youth Club, community events and community organisations, for example.

Not everyone said they wished to or could participate in community life. Most participants who did not feel part of the community either lived in Lerwick; were teenagers from Northmavine;

'I would like to volunteer and be part of community things, but can't give commitment. People do speak and say they will come along but don't. I think they may be embarrassed by disabled child.'

were disabled or carers of disabled; had a dependency; were incomers; and/or had mental health problems. All those who did not feel part of the community were 'Dissatisfied' and 'Very Dissatisfied' with living where they did. These participants tended to feel

> I like 'nothing' about where I live'
> 14 year old, Northamavine

very isolated, left out of things and very unimportant. However they were unable to move because of ties to the area (such as family, their home, and to provide their children with a constant base); convenience; or lack of finances or housing elsewhere. A third of primary school children said there was 'nothing' that they did not like, particularly those in Northmavine.

Most commented on aspects of the community that they did not like. For example, all teenage participants in Northmavine said there was nothing for them to do in the area coupled with a lack of transport to activities. Another geographic area that participants' felt had been forgotten, with no community facilities, was the Staney Hill area of Lerwick.

The lack of privacy within communities was mentioned by nearly a sixth of participants of 13 years and over, with reactions of being resigned to it ('you learn to be aware of it') to feelings of claustrophobia.

> 'Incomer children can still encounter hostility at primary school (and occasionally amongst adults as well)'

Similar numbers felt there were cliques, resulting in a few powerful members of the community making or trying to make all the decisions. There were a number of strong comments about a lack of people making decisions for future generations. For some, the feeling of cliques contributed to their feelings of being left out and not feeling able to participate in community groups. Five participants felt discriminated against: as incomers to Shetland and/or the community; because of a family member's past behaviour; or because of their own past behaviour. These feelings were more commonly expressed by people living in Scalloway, including primary school children. There was an impression that middle-class incomers were more likely to be accepted than those from the working-class.

Other factors mentioned included a lack of volunteers within the community and the weather.

> 'Public transport is our main issue, we are obliged to have our own car and use if for virtually all access'

When discussing problems with living in the communities they do, participants (13 years and over) mentioned transport, particularly amongst those living in Northmavine and those with mental health issues. Housing was also an issue: predominantly lack of housing in Scalloway and the poor standard and remoteness in Northmavine. Lack of childcare was another important issue. This, coupled with transport was a barrier to participating in the workforce. However the general lack of work opportunities was another problem raised, as well as a tendency for low pay, low quality and irregular opportunities.

> 'I can barely go outside without me getting bullied'
> 11 year old, Scalloway

Problems across Shetland were people missing family and friends and a lack of social opportunities. The lack of a youth club in Northmavine, particularly for secondary age young people, was raised as being particularly problematic. A small number of participants felt community spirit existing in Shetland focused too much on alcohol.

Problems particular to Scalloway, Lerwick and Firth and Mossbank were disruptive neighbours, noise and vandalism, litter and dogs and dog fouling. Comments were made about young people in Scalloway causing damage to property, noise and use of

drugs/alcohol and of targeting people not from the area. There was concern about a perceived lack of community policing, particularly amongst people over 40, and lack of facilities for children to play safety nearby, particularly amongst young people and parents of young children.

Participation in community groups and activities was dependent upon an individual's circumstances, whether they, for example, had access to transport and/or childcare; were a carer; were able to afford to do so; or their health status. A number of parents of primary

> "How could I get there? What would the cost of that be?"

school children were unable to take their children to swimming or other sports activities, except through school, because they did not have the funds or transport to do so. Families with a child with a disability or long-term illness also struggled to enable siblings to participate as much as their peers. Some pre-school children were able to participate in their nearest playgroup because specialist pre-school transport was provided for them.

> **Case Study**
> A participant from Eastern Europe finds Shetland a friendly and helpful place, for example people in shops help with language difficulties. They are able to spend time with other East Europeans and can easily get to Lerwick for socialising, although not relying on public transport. However, they do feel isolated, with a lack of things to do and difficulties getting involved in community groups. The networks created through the English as an Additional Language (EAL) class are recognised.

> **Case Study**
> This participant has poor mobility and needs an escort, but is supported to undertake part-time employment. The partner has to undertake a number of poorly paid jobs, so is always tired. Plans often have to be cancelled because of illness or because the partner is tired. They feel left out of things, isolated and discriminated against as an incomer.

Professionals felt some incomers found it difficult to fit into the culture of Shetland and to participate in community life, with evidence of this increasing recently as people relocating from south are being resented by local people unable to secure properties. It can be difficult for people for whom English is a second or additional language to participate in all sorts of community activities and work.

Health
Those who said their health was not good tended to be people who were homeless, had a dependency and/or had significant mental health issues. Those who described their health as 'fairly good' tended to be people living in Northmavine and/or with mental health issues.

Three quarters of participants said they suffered from anxiety and depression, many coupled with other mental health illness and/or a disability (due

> 'Feel stressed with basically trying to make ends meet - it's all to do with money, most of the time. I suppose I am anxious.'

to mental health and/or drugs and/or alcohol dependency. Some had problems with drugs and/or alcohol, most of which had a physical disability. Smaller numbers had diabetes (the most elderly of the sample) and other conditions included psoriasis, epilepsy, thyroid problems, asthma, severe allergic reactions, migraines, phobias, eating disorder and coping with large amounts of prescription drugs and the associated side-effects. No participants had heart disease or conditions for a stroke.

Just over half of participants felt their health limited their ability to socialise and participate, including certain

> 'Sometimes depression means I can't go out, can't go to school or town'

work activities, undertaking exercise and ultimately going out at all. For some it was constant pain and discomfort, often from long-term illness and/or disability. For most it

was associated with generally not feeling able to, due to stress, depression or migraines, often coupled with a lack of confidence and self-worth: 'I hate seeing people or more to the point I hate people seeing me.'

'The perception is that there are no needy families in Shetland and that any person with special children are well looked after.'

For those limited by the health of a family member, there was frustration at not being able to have the opportunity to get out of the house and 'operate as a normal family'. One family is affected socially because of the inappropriate behaviour of one adult son.

'If mum or dad are feeling rubbish then I can't go out. I have to stay in to make sure nothing goes wrong'

Some participants felt unable to bring up health concerns with a professional, because: they did not want to bother them; lack of confidence; lack of understanding; and/or because did not wish to disclose.

Diet
A quarter of participants said they had a poor diet. These tended to be those who were homeless, had a disability and/or had mental health issues. Some were teenagers and just over a half were men and therefore a large proportion of the male sample. Over half never ate three meals a day, or a meat or meat equivalent each day. Of those who did, most ate fried food on 5-6 or more days. None ever ate five portions of fruit and vegetables a day.

A third said they ate a good diet: tending to be those with good health and those with families. Most had three meals a day; a meat or meat equivalent each day; ate fried food once a week or less; and tried to eat five portions of fruit and vegetables a day, but often managed less.

There was a general awareness of how participants could improve their diet; only one participant said they did not know what they

'The children love grapes, but they are very expensive. I have to be careful with the money.'

should eat. However, the barriers to people doing so were: lack of motivation (to shop, to cook for themselves and others, to eat); lack of money (for example, primarily eating soup, because it is affordable and not being able to afford to buy enough fruit and vegetables); distance (from sources of fresh fruit and vegetables, in order to purchase and/or keep fresh between visits to purchase); mental illness (including eating disorders); not having sufficient time to prepare healthy food; and personal preference for less healthy food.

Of the 26 primary school children: eight felt they had a good diet and the rest felt their diet was OK. Most said they ate three meals a day including a meat dish or equivalent. Two said they ate fried food on seven days and 17 on 2-6 days. A third said they ate five portions of fruit and vegetables a day and a further third said that they never did. Most had awareness they should cut down on sweets and crisps and eat more fruit and vegetables.

Weight
A fifth of participants said they were underweight. Reasons given were disability, medication, worry and mental illness, including eating disorders. A quarter

'I feel outcast by society at times due to my weight problems, because of thyroid problems and diabetes.'

said they were overweight. Reasons given were genetic, lack of exercise ('I don't have the confidence to join a club'), medication, worry, illness and eating when bored.

Smoking
50% of participants smoked everyday, bar one, who smoked less regularly. A third of these smoked over 20 a day, and a

'I feel guilty spending money on fags but it helps the stress'

third smoked less than 10 a day. A higher proportion of males smoked, but smokers spanned all ages, from 14 upwards. Most of those with a disability smoked. Only three smokers did not suffer from anxiety and/or depression. Three participants said they were trying to give up; six were thinking about; and nine were not ready yet. One had no desire to. Out of sixteen parents, four smoked.

Physical Activity
A quarter of participants felt they were poor at undertaking physical exercise. These tended to be those with mental health issues, were homeless and/or had a dependency. It also included those who were physically disabled.

One third felt they were good when it came to physical activity, undertaking 30 minutes of exercise between 3-7 days a week, many of them on six or seven days. Of these most were the younger end of the sample and did so out of necessity rather than choice: to access work and/or services.

Barriers to achieving sufficient exercise were primarily time and energy (particularly amongst those with family responsibilities), illness, the weather and not having the confidence.

Eleven of the 26 primary school children felt they were good when it came to physical activity. Sixteen felt they exercised for 30 minutes or more on six or seven days a week, whilst four felt they did so on two or three days. Some found it very easy because they enjoyed it and had plenty of opportunities to do so, such as a dance DVD, walking the dog, swimming club and access to other sports facilities. Others found it less easy because of being overweight, finding it difficult, not always being able to go outside, not being able to get to the swimming pool or preferring to play on the computer.

Sexual Health
Seven of the women participants had not had a cervical smear test. Some indicated this was by choice, with two indicating it was too scary.

Alcohol and Drugs
Five participants drank over the recommended number of units each week. These tended to be those who were homeless and/or had mental health issues. One was 14 years old. Three said they binged on drink everyday: the other two binged on a weekly basis. All bar one smoked. They all used drugs of some sort, either daily or weekly. Others binged on drink fortnightly or monthly, including two more teenagers. Four others binged on drink less than monthly.

Most of those who said they binged on drink had experienced at least one of the following in the past year, as a result of drinking alcohol: had an argument; had a fight; visited the Gilbert Bain Hospital in Lerwick; been admitted to hospital overnight; had an injury that needed to be seen by a doctor; been taken home by policy; stayed off work; been sick; been in trouble with the police; and/or been in a situation where they have felt that they've been taken advantage of. Over half were under 18 and some as young as 14.

Of those who used drugs on a regular or infrequent basis, none wished to stop and all, bar one, knew where to go if they wished to get help.

There was concern amongst professionals at the level of alcohol and substance misuse in Shetland.

Dental Health

A quarter of participants felt they had good dental health. Of these half were teenagers. Two participants said their dental health was poor. Older members of the sample tended to be those who felt their dental health was poor.

Nearly two thirds said they were registered with a dentist, none who were new to Shetland. The same proportion said they used fluoride toothpaste and brushed their teeth twice a day. One third had regular check-ups, a third of these whom were teenagers.

Most felt they could improve their dental health by visiting the dentist. However, barriers to this included being scared; not being bothered and not getting around to registering; and not seeing any point in registering because of not being able to get an appointment. One participant felt they should stop smoking.

There was a mixed impression amongst primary school children as to whether they looked after their teeth. Most said they brushed their teeth twice a day; less than half thought they had regular check ups. In general, dental health appeared to be less good in Northmavine.

Mental Health

Nearly a half of participants did not feel able to take part in activities: primarily those with a dependency, mental health issues and/or were homeless. Two were teenagers. However, more felt able to communicate their thoughts and control decisions. Whilst most felt able to under take physical activity, relax and be involved in meaningful activity.

Factors felt to improve their mental health included: increased support, including time away from children; some time to themselves, including access to leisure activities; a change of scenery; and access to childcare enabling training and more opportunities; having a job; greater acceptance and understanding of mental health illnesses; and having a counselling service on call, such as the Samaritans.

Factors that have assisted included being able to learn English and the counselling service at Youth Information.

When asked if participants had someone to turn to, outside of their family, to borrow money, baby-sit or talk to, for example, of those that answered, 17 said yes and ten said no. These were primarily teenagers, people in their 20s and older people, particularly those with caring responsibilities.

Some professionals felt, given the level of mental health issues in Shetland, a lack of professional support within Shetland. One felt a high level of Seasonal Affected Disorder (SAD), exacerbated problems.

Children's Health

Of 16 families, at least one parent in nine households smoked when the mother was pregnant. Six of these said that they had tried to give up at the time.

Half said they breast-fed at least one child. Reasons given were that it was easier and cheaper, as well as helping to protect mother and baby. Another participant did not feel she was given enough support at the time and another was on medication.

Three families were not up-to-date with childhood vaccinations, all because of personal choice.

Three families indicted that children did not eat breakfast, whilst another two struggled to prepare meals: 'you can't exactly call them meals, as they are so small, we just don't eat' and 'too busy, or too ill [to prepare food]'.

Case Study

This participant works voluntarily and studies part-time, but would like to learn more. However they don't have the time because of family responsibilities. The house is privately rented with plenty of land: the space and ability to provide food and fuel from the land is valued and the exercise this provides.

Finances are tight and the health of one child restricts what the rest of the family can do. This affects the health of everyone. They are unable to get any support for the care involved and the day-to-day stress of keeping everything going is felt to be constant.

Case Study

This participant has mental health problems possibly linked to large alcohol consumption. However, a new council house and local bursary to attend college is providing opportunities.

Housing

Over a half of participants said their housing was suitable for their needs. A slightly higher proportion of those living in Northmavine and a slightly higher proportion of younger people said their housing was unsuitable. The main characteristic people described as good about their housing was the location, including proximity to work, the shop, carers and, particularly important, near to family and friends. For some, supported accommodation was important. Other characteristics used included the quality; being in a nice area or having a nice view; having land; a big garden; and being comfortable, homely or big. Half of professionals felt housing (condition and location) to be a contributory factor of deprivation and social exclusion.

However, other comments suggest a less positive picture: 'it's a roof over your head'; 'it's mine'; 'at one point it was good'; and 'I know it well'.

Of the 17 properties rented from the local council, 11 were perceived to be suitable. Of the five properties owned outright/under crofting tenure, one was suitable. Of the remaining 14, eight were suitable.

Primary school children were all able to describe good factors about their housing situation, whether small or large, and few were able to describe negative factors, for example, 'not having my own room' or 'not having my own computer'.

> 'Our house is in the middle of nowhere'

Of the four houses perceived to be in poor condition, one belonged to the local council, two were owned outright and one was being bought with the help of a mortgage. Three were in Northmavine. Dampness was a frequently mentioned problem. Five properties were perceived to have a lack of adequate heating and/or problems with the heating. These were of mixed tenure, but were mainly in Northmavine. None were seen to have a lack of insulation.

13 properties had a lack of space inside, most owned by the participant; the local council owned four. This could mean, for example, adults sleeping in living areas or sharing of rooms amongst siblings preventing teenagers getting privacy. All three properties with a shortage of space outside were local council housing.

The most prevalent reason participants gave for being in a problematic housing situation was not being able to afford to sort them out. Of these, most were homeowners in Northmavine, predominantly with families. Reasons included not being able to afford an extension at the moment and not being able to afford to move. A number of participants

mentioned a lack of time and/or energy to resolve problems, with one citing a lack of motivation. Evidence suggested a number of households purchasing old croft houses a number of years ago, and not being in a situation to afford to maintain and/or reach a suitable standard. There is also evidence of private landlords not maintaining properties adequately.

A number of participants were on waiting lists for their housing situation to be resolved: mainly in Scalloway and in local authority housing. This included waiting for a house, a transfer, or adaptations to the house.

There was concern amongst some participants about the lack of housing in Shetland, primarily the long waiting lists for social housing, in particular 3- and 4- bedroom houses and houses in central areas. The main reasons given were the increase in demand as more families separated; increased expectations for housing standards; the lack of new local authority housing being built as more are being bought up cheaply; and the length of time the local authority takes to allocate empty properties. There was less concern for the planning system or high cost of housing.

In Northmavine there was evidence of people being unable to access accommodation in the area: 'All young people are moving out of the area because there is no available housing to rent' and of people being allocated emergency accommodation in the area, but with no desire to be there: 'It was the place I was allocated emergency accommodation by the Council'.

A third of participants said their housing situation affected their health, particularly stress and mental health problems. This included most of those registered as permanently disabled often because of a lack of adequate adaptations to the property. However, there was no link between this and housing tenure, area of Shetland, gender or age. Living in

> 'It's like we are constantly walking on egg shells to avoid arguments.'

overcrowded conditions was stressful, such as living in a small house with three children of 5 and under; or a grandchild on the way in an already overcrowded house of five adults. Other stressful circumstances were created by neighbours, either the neighbours being disruptive or disapproving of the participant, and/or the surrounding community, because of the participants past history. Isolation was also a contributor to stress. House condition, as well as affecting mental health, led to physical health problems. For example, damp conditions affecting a child's asthma or lack of space meaning lifting a disabled child caused back problems.

> 'Our mental health has been destroyed because the house is too small, too far away from others and we are packed in together all the time and can't afford to get out.'

Most properties had central heating: mainly electric storage heating, but some oil heating. The ones without central heating were owner-occupied or private rented, mainly in Northmavine. Most of these used solid fuel. No properties used renewables or District Heating.

Two thirds of properties had pre-payment card metre. This method crossed all housing tenures, geographic areas and ages. All those registered as permanently disabled used this method. For most, cards were purchased locally. However, one household travelled eight miles and another 14 miles to obtain, finding it particularly difficult in the winter. A couple mentioned difficulties obtaining cards outside shop hours and another had problems if benefits were late.

> 'Electricity comes first and then I make do with what I have left.'
> Homeless teenager, Lerwick

Three participants said that they 'always' had to miss out on things such as food, clothes and bus fares in order to pay for fuel. All were families accessing entitlements to free school meals. Another four said they 'often' had to miss out on these items, all on benefits: two disabled and two homeless. Eight participants said they 'sometimes' had to miss out on these items; four permanently disabled, and four with mental health problems. Those who found it difficult at some point to afford fuel were housed in a mixture of housing tenures. It was common for participants to compromise on food, particularly on the quality: one family said they ate a lot of soup, rather than go without heating the house. Other items forgone included Christmas presents and school trips.

> 'This is what is wrong with society. Because we are poor we have to use cards and it costs more. If we go into emergency we have to pay extra to get out. It is a constant struggle.'

> **Case Study**
> A household, who owns their own home, live in damp housing conditions with a leaking roof. The house is also not large enough, therefore some family members sleep in the kitchen. Financially they are unable to sort the problems out. Heating is by a solid fuel stove, which they are unable to keep going. The house is some distance from a road, and, using public transport it takes two and a half hours to get to the shop.

Professionals felt lack of housing was an issue: the long waiting lists for social housing, and lack of affordable housing, both in remote and central locations. The lack of rental accommodation in rural areas prevents young people returning to their home areas, whilst those dependent on low paid, shift-work, centred in Lerwick need to live in central areas because they are unable to afford a car to live out with central areas and public transport is unsuitable for their work patterns. When there is a relationship breakdown it becomes extremely difficult for someone to leave that situation due to the lack of housing.

Income and Employment

Researchers had been asked to keep discussions about income and employment towards the end of the conversation, in order to have established a good rapport before broaching these issues. Half of professionals felt income and employment to be a contributory factor of deprivation and social exclusion.

Current household income sources came from a wide number of sources. One fifth received income from a full-time employment source, including those for whom English was an Additional Language and a number of others who were accessing pre-school transport in Northmavine. A similar number of households received income from part-time employment, all receiving additional income in the form of benefits. Most other households received one or more of the following: Income-based Job Seekers Allowance, Disability Living allowance, Attendance Allowance, New Deal, Disability Tax Credit, Incapacity Benefit, and Severe Disablement Allowance. One participant received Carers Allowance. No households received income from a pension. At the time the conversation was held no household was obtaining income from casual or seasonal labour.

Over one third of families did not indicate they were accessing Child Tax Credit or Child Benefit, to which all families are entitled.

A third believed they were claiming all the benefits they were entitled to: whilst two thirds did not know or hoped so, believing other people to be getting more than them. The main reasons participants felt they were not sure was not having sufficient information and being confused by what was available. A number of people were not able to understand the forms, with one participant believing the forms to be deceptive and another felt unable to

complete them. For many there was a feeling the system was against them, including the lack of assistance from the benefits agencies when making applications or offering alternatives. One participant described the attitude as antagonistic.

No national benefits are now processed within Shetland, being centralised in Elgin or Clydebank. There was evidence of delays in the system, particularly around making assessments, causing participants to go into debt as they continued to live without income coming in. It can take up to two weeks to get an appointment and minimum of two further weeks for it to be processed. This has increased since the recent centralisation. One example was of a participant, whose health deteriorated relatively rapidly whilst waiting for benefits, falling into debt. Once in place the benefits go towards managing the debt. Since centralisation of benefits to Clydebank it currently takes at least four months to process claims for School Meals Grants. There was evidence of families struggling financially as a result of previous overpayment of Working Tax Credit and the way in which funding was being clawed back. One was in considerable debt as a result.

A number of participants recognised they were in a benefit trap. One household was earning just above the limit to qualify for housing benefit, but worked insufficient hours to be able to claim Working Tax Credit. Another household was unable to access Working Tax Credit because they could not work sufficient hours to qualify because there was not the work or childcare close by.

No one said they felt unable to claim benefits because they did not want other people to know, however, a number of participants felt stigmatised. One said they did not want to. No one said that they could not access benefits because they could not get to the post office or have a bank account, to receive them.

The main items people spent their money on were basic food items. One participant described these as bread, milk and potatoes. Those who did not mention food were those accessing English as an Additional Language Classes, teenagers and those with a drug and/or alcohol dependency. Teenagers preferred to spend their money on mobile phone credit, cigarettes and alcohol.

> 'Food has to come first, so rent might be left for another time. Fuel for the car would have to come before that because ** has to get to work. Growing children are always needing clothes.'

Those with a dependency used what money they had available to fund that dependency.

> 'Shoes, that is such an expense for the children. It's the things you don't budget for, that's when it hits.'

Items most participants found difficult to afford were clothes and shoes (for two thirds of participants). For families the priority was for these items for the children, with parents seldom purchasing items for themselves. Another item participants struggled to afford was a car and the necessary running costs. Other items included social activities, bus fares, furniture and large electrical items, school trips and family outings, repairs to the house and the TV license. Few felt able to afford luxury items and few were able to contemplate affording to travel south. For some it was essential to save to go away to visit family and to enable their children to take part in activities. Christmas presents for children and friends required planning for, and in relation to peers, one parent found it particularly difficult as people gave them presents, but they were not in a position to do the same. One participant found if difficult to afford their alcohol problem, whilst another found it difficult to afford cigarettes.

Going on holiday was the most common response if participants had more money, followed by improving the house or building/buying a new one. Other desires were to generally live better, such as being able to afford a better diet, buy better clothes for the

family and themselves and have more opportunities for going out. A priority for some was buying a car or a more reliable car, paying off debts, or saving, including for their children's education. One participant would pay for childcare in order to go to college and another to indulge their children.

The response from teenagers was different: 'Go and get drunk every weekend'; 'Buy lots of clothes, expensive and cool ones'; and 'Crisps, CDs'.

A third of participants indicated they had savings, three teenagers. Most adults with savings were those who made or tried to make regular savings. One indicated it was virtually impossible to do so, but made it a high priority for their children's future.

Over two thirds of participants indicated they did not have home contents insurance. Financial reasons prevented most people from doing so, primarily because they were

> 'Can't afford to any more. It is a worry but we have to make choices.'

unable to afford to, but also because it was seen to be too expensive. For some, their inability to do so was of real concern. Some home-owners were unable to afford property insurance, but some did not perceive their property to be worth the expense of insuring.

Nearly a half of participants said they found debt difficult to manage. Most with current or past drug and/or alcohol problems; were homeless; and/or had mental health issues found debt difficult to manage. There were a higher proportion of households in debt from Scalloway than Northmavine, but from a mixture of housing tenures.

In relation to employment, of the 35 who discussed employment issues, 15 participants lived in a household where no-one was working. Whilst examples of employment included (in decreasing order) catering and cleaning; fish farm and processing work; trades (mechanic, carpenter); office work; caring professions (nurse auxiliary, home-help, au pair); labouring (including road work and heavy goods driver); and retail. Examples of self-employment, including voluntary work, were machine knitting, editing and working as an artist.

> 'We don't have enough money to do what we need to do and it's not possible to earn more money with the jobs that are on offer.'

Characteristics of work opportunities in the area, 11 felt there was little opportunity for career progression; eight that employment was insecure; seven that employment was low paid; and seven that it was necessary for one person to undertake a number of part-time occupations. Other characteristics, but of less general importance included: lack of access to unions; seasonal employment, particularly in the fish industry; jobs available required less skills than people tended to have; and people felt they had to leave the local area to find work. Of less importance gender specific tasks; lack of skills; and gang work. No one felt they were facing redundancy. There was evidence these characteristics were perceived to be more relevant to Northmavine than other areas of Shetland.

Half were unable to work: for health reasons, including poor mental health and physical disability, and/or because they were looking after family members. Of these some would seek opportunities to work if care was available (formally or family/friends). One person was unable to hold down a regular job because of behaviour issues, whilst another was prevented from undertaking low skilled work by their partner because it wasn't felt to be appropriate.

> 'Because Shetland is such a small place, everybody knows everybody and makes switching jobs difficult. Too much pressure not to rock the boat.'

A few participants indicated they were not accessing work opportunities because there was no work. The primary reason was the limited range of employment opportunities, but a lack of acceptance within the community was also mentioned.

'There are no jobs in North Roe.'

Only one participant indicated they were unable to get to where employment was, because it was too costly. However, some participants accessing work opportunities recognised the trade-off of travelling a long distance each day to access poorly paid work opportunities, both in terms of the direct financial costs involved making net income considerably smaller and leaving other family members without private transport.

Four participants believed that being in employment made no difference to the income coming in to the household: not having the necessary skills to obtain a job of sufficient income. However, the impact of this was that motivation and confidence to re-enter the workplace was very low. There was no evidence of people choosing to be on benefit, but that to do so made practical sense in order to best make ends meet.

Professionals felt that lack of employment, as well as the poor quality and lack of security of work opportunities were significant issues. Location of work was also a problem, as opportunities to work in remote areas near to where people live have become increasingly restrictive.

Learning

Discussions about learning were generally held late in the conversations: reflecting an opinion (whether by the participant, interviewer or both) that learning holds a lower priority than other issues.

Of the 29 participants who discussed learning and had left school, one had obtained no qualifications. Another four had not achieved any qualifications at school, but had obtained some form of qualification later on. 22 participants left school at 16 or younger.

Over four fifths obtained qualifications at school, nine achieving higher grade or equivalent. Of the two thirds who went on to obtain further qualifications, these were predominantly vocational courses such as welding, care work and first aid. One had completed a university course.

Of those who did obtain qualifications, compared to the total number of participants, there were a slightly higher proportion of women and people not born in Shetland. All participants under 40 obtained a qualification at school.

Of the five who did not obtain qualifications at school, three indicated their mobility was 'not good' and that sight and/or hearing was 'fairly good' or 'good'. They tended to get qualifications after school.

There was no link between qualifications obtained and geographic area or housing tenure.

Of the seven teenage participants, all wished to obtain qualifications at school. Three wished to obtain further qualifications, all female. Only two of the primary school children, did not wish to remain at school beyond 4th year. Some were not sure what qualifications they would wish to obtain but most had a sense of purpose. Those more certain and ambitious were those currently accessing more opportunities than their peers, primarily through assistance from parents.

Of the 29 adult participants, eight were currently undertaking learning or some sort, seven female and four with carer responsibilities. Learning was predominantly by distance. There was evidence of access to adult learning services. The reason participants learnt was primarily own motivation, with an emphasis on improving job prospects.

> 'I'd like to learn how to use a computer so I can see what all this fuss about the internet is! It would help me keep up with the rest of the family!'

Most had a desire to learn more: primarily for enjoyment and socialising, but also to get a job, to earn more, and to cope better at work. Another motivation was to gain confidence and for a sense of achievement. Participants were keen to learn computing skills and receive training to work in the care and nursing sector, including childcare.

> 'I don't feel I would do my best because of my dyslexia and folk make me feel thick'

The main reasons for not participating in learning were cost and family commitments, particularly because of difficulties in accessing transport and/or childcare, mainly amongst women. Other significant reasons given were poor health and a feeling of not being able to, due to a lack of confidence to start. One participant did not feel they had the right amount of basic skills to begin. There was a feeling amongst some that they would not be accepted. Participants were also not always aware of what was available or did not think the opportunities they were wishing to pursue were available. Lack of time, both to find out what is available and to learn, was a common barrier given for learning, particularly for those with a carer responsibility. Another common reason provided was the lack of a computer, particularly amongst older participants. No young people felt that

> 'I know how to go about learning – it is just getting childcare organised'

needing to leave home and/or move south to access learning opportunities was a barrier to their learning, although this was a factor for four of the adults.

All those participants with children felt able to speak with their children about school and felt able to communicate with the school. There did not appear to be any issues around attendance at school. There was concern about being able to afford for children to go on to college.

Case Study

A participant is studying part-time. This is something they have been wishing to do for a long while, but haven't been able to afford. They finally decided to pay for it in order to improve their employability. They are studying long-distance because the local college courses do not fit in with school times and they are unable to access childcare. They hope to do more training, when the youngest child is at school, but they would need a computer and the money to be able to do it.

Finances are tight, but they are able to afford most essential items. It is difficult to afford clothes, shoes and holidays and well as the mortgage and outstanding debt. If they were able to access childcare they could work another four hours/week, meaning they would be eligible for Working Tax Credit. They have to rely a lot on friends and family for childcare and transport, including to the shop.

They value community spirit, and being close by to friends and family, but feel there is a lack of social opportunities.

Case Study

This participant recently left school to become a part-time student at the college. This was possible because of assistance from Careers Shetland. It has felt to be a very positive step and they are now keen to learn more. However evening classes are too expensive and they are unable to access or afford transport to attend, even with a Young Scot Card.

They like the area, but do not feel that there is enough to do and their friends are in Lerwick so they have put themselves on the waiting list for a house there.

Professionals believed people were restricted in terms of learning opportunities, because of lack of access (transport, financial and childcare) and assistance to do so. Lack of

literacy skills was seen as a barrier to people participating in community groups and putting themselves forward for promotion at work, because of a fear of being 'exposed'. The stigma is greater in Shetland because of the increased visibility of individuals.

B) By Geographic Area
Northmavine

Of the 17 professionals aware of circumstances in Northmavine, all felt access was an issue contributing to social exclusion and deprivation in the area. Three quarters felt lack of employment was an issue and just under a half that housing was an issue. This reflected evidence from participants living in the area.

There was acknowledgement that the remote and scattered population made it difficult to justify services being provided within the area. However the lack of facilities and employment opportunities in the area and lack of transport to access these, more readily available in other areas, was acute.

Employment opportunities within the area were scarce and typically of low quality and pay, with lack of security. Most employment was accessed out-with the area, making transport out of Northmavine a priority for many and a continual drain on financial resources, particularly with recent increases in fuel prices.

> 'I would like to be able to go out to work locally, part-time, but I suppose this is an isolated area so what can you do?'

The lack of facilities and access to facilities was particularly felt by young people, older people and those who were disabled or carers.

The need to have private transport to commute to work opportunities left other household members isolated on a daily basis. This was particularly apparent for women in the area with family responsibilities: compounded by lack of childcare, access to childcare or support for caring. Many were wholly reliant upon the goodwill of others, augmenting feelings of dependence on others. Over half wished to access flexible employment and/or learning opportunities but were unable to do so.

Not having flexible transport meant people in the area spending considerable time and money accessing shops, doctors and other services using the public transport system. This could involve spending huge amounts of spare time driving others around to access opportunities. It also meant poor quality of access, for example to good quality fresh fruit and vegetables and other groceries: even for those with a car, it could involve a 16-18 mile trip to get milk and bread.

Teenagers in the area were bored: there was nothing for them to do in the area and it was very difficult for them to get to Brae or Lerwick, where they could socialise. In a number of cases this frustration was vented through drink and drugs and anti-social behaviour. There was a general feeling of isolation and detachment from the area with the aspiration of many being to leave once they were able to. Lack of transport was the main issue.

However, primary school children all felt part of the community and enjoyed the opportunities that Northmavine had to offer. Nevertheless a division was apparent between those who were able to take advantage of opportunities available out-with the area because their parents could afford to and those who could not.

Older people and disabled were also unable to access social opportunities because they were not available close by nor was the transport and support available to enable them to access them out-with the area.

Many were living in poor housing conditions without central heating and/or with a lack of adequate heating. Although these were homeowners they did not have the finances to sort out. Evidence suggests these households were in fuel poverty.

As well as sub-standard housing there was a lack of housing in the area, particularly for young people, accelerating out-migration. One of the reasons for this was attributed to the amalgamation of crofts preventing access to croft land. Conversely there was evidence from people out-with the area being housed in Northmavine, which was not their preference.

Nevertheless, a number of participants appreciated the peace, quiet and open space and felt it was important to them, despite other problems they may be facing. A number of participants mentioned that it was possible to live relatively cheaply and well, particularly with access to land. Weekly roast dinners might traditionally be seen to be an indicator of wealth. However, in an area such as Northmavine a roast dinner 2-4 days a week was not uncommon because it was cheap, with lamb and vegetables readily available.

No participants in the area felt the community was unfriendly. But there was a feeling that there were cliques amongst locals and a lack of privacy.

There was concern amongst professionals of a general cycle of decline as the area continues to experience depopulation and an aging population, with the danger of exacerbating the already sparsely serviced area. All felt access was an issue contributing to social exclusion and deprivation in the area, as well as lack of employment and housing in the area.

Scalloway[86]
Of the 20 professionals aware of circumstances in Scalloway, 14 felt lack of employment was an issue contributing to social exclusion and deprivation in the area, 10 mentioned lack of housing and 10 access problems. 7 felt community relations were an issue.

Lack of employment opportunities, particularly secure jobs of high-quality, within Scalloway was seen to be a significant issue. This has been exacerbated in recent years due to reduction in traditional fish-based industries in the area. Many people commute out of the village, primarily to Lerwick, to access work: mainly those with better access to transport and higher qualifications, leaving the low paid behind. There was evidence of people not being able to access employment out-with the area because they were unable to afford their own transport and the public transport system was unsuited to the shift work they were able to do.

There was not seen to be a lack of social opportunities but there was evidence of exclusion from those available, due to: a lack of support for an ill or disabled family member was problematic for three participants; not being able to afford to attend youth

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[86] Further information about Scalloway can be found in the Scalloway Profile 2004: executive summary, business profile, community profile and young person's profile:
http://www.shetland.gov.uk/datashare//AreaList.asp?ar=24

club or swimming, or for adults to go out. There were a higher proportion of participants experiencing debt problems than in other areas of Shetland.

A higher proportion of participants in Scalloway felt socially isolated from the community within which they lived. This was true for primary school children and adults (no teenagers were involved in the research): with 11 year olds not feeling able to go out because of bullying and adults feeling discriminated against, particularly those with poor mental or physical health and incomers. There was greater evidence of cliques than elsewhere and problems for incomers integrating. As with other, relatively urban areas of Shetland, there was frequent reference to anti-social behaviour.

Two thirds of participants on a waiting list to resolve their housing situation were in Scalloway. This included waiting for a house, a transfer, or adaptations to the house. Evidence demonstrates a significant lack of social housing, whilst private housing has rapidly increased in price due to Scalloway's central location. There is a danger that as demand for housing increasingly outstrips supply, views about who is deserving of accommodation available will result in negative attitudes towards those who are housed. Whilst lack of employment and/or housing forces young people brought up in the area to search for opportunities elsewhere. It is probable that fuel poverty in the area is caused more by a lack of income than by quality of housing.

Professionals aware of circumstances in Scalloway felt lack of employment was the main issue contributing to social exclusion and deprivation in the area. Other issues mentioned were lack of housing, problems of access and community relations.

C) By Theme
Age
Primary school children tended to have a very positive impression of their quality of life, particularly those in Northmavine: one third had nothing bad to say about the community within which they live. A picture is painted of a generally idyllic childhood. However, all primary school children had the opportunity to participate, rather than those that front-line staff felt had a poorer quality of life than the majority. There was evidence of a disparity between those whose families could afford for them to access the many opportunities available in Shetland, and those that could not and/or were unable to assist.

Children recognised the importance of obtaining a good education. They were also aware of what was considered to be good health. However, there was less evidence of this being implemented, with most saying they should eat less crisps and sweets; eating fried food was common; and few cleaned their teeth twice a day.

Information was provided from teenagers in Northmavine only. There was a general feeling of exclusion and isolation: situations at home meant they were unable to access opportunities. There was no youth facility in Northmavine, and if there was it might be difficult for them to get to. Most had little, if any attachment to their home area, and would prefer to be in Brae or Lerwick. For some, their release was spending each weekend binge drinking. All those young people who participated recognised the importance of obtaining qualifications.

> **Case Study**
> This teenage participant is very dissatisfied with living in Northmavine: the house is cramped and in the 'middle of nowhere'. They have no involvement in any community activities and they don't feel that there is anything to do: they have no youth club and no friends living close by. They are unable to afford to do anything or get to anything: public transport involves a 1.5 mile walk and is infrequent.
> Money is tight, with the family often going without bread and milk in order to pay for electricity cards. The participant smokes daily and binge drinks on a weekly basis, which has resulted in being in trouble with the police.

Evidence from professionals suggests feelings of isolation amongst this age group exist throughout Shetland: they have many barriers to participation (financial, access, lack support) and feelings of exclusion can push them into a spiral of further isolation and exclusion. This can be particularly acute in Lerwick, with at least 14 homeless young people between the ages of 16 and 18[87]. Most have left home because of problems there.

Few older people were participants. However, there was evidence of isolation within this age group as opportunities for involvement were not available in the area and people were unable to access opportunities elsewhere because they could not afford to and the transport was not available.

> **Case Study**
> A teenager lives alone in temporary accommodation, with no family. Weekly benefits amount to £43 and with this they have to buy food, electricity, clothes, and bus fares. They must attend a probation appointment once a week which costs £4 on return fares to Lerwick.
> Recently they were found to have been living in their property for three weeks without electricity as they had used the emergency credit and could not afford to put enough money in the meter. Their benefits had been stopped, as they had not attended an appointment for a hardship grant review. They had missed the appointment because they could not read the letter informing them of the appointment and had not told anyone.

Disability

Those who had poor physical or mental health, including those with a dependency, and for those who were a carer for a disabled family member faced similar circumstances.

Lifestyle was characterised by struggling to make ends meet financially, debt, poor health (particularly anxiety and depression) and limited participation. For those who were single, lifestyle was particularly erratic, with poor diet (not eating or eating mainly junk food), weight problems (either under weight due to their circumstances or overweight due to a lack of motivation and boredom) and smoking. A much higher proportion of these participants, than the sample, tended to binge drink and use drugs; get involved in fights; get reported to the police and other examples of a destructive lifestyle.

There was little opportunity to be part of the community, contributing to further isolation. This was particularly difficult when it affected other family members, particularly siblings. There was a feeling that people felt embarrassed to assist, whilst there was a lack of support from agencies and a tendency for services to listen to carers, but not act, de-motivating participation further.

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[87] Shetland Youth Information Service is providing one-to-one support to 9 homeless young people between 16-18 years, and occasionally sees another 5 (April 2006). It takes nearly a whole day to complete all the necessary paper work at five different agencies (register as homeless at SIC Housing, register as unemployed at Careers Scotland, register for benefits at JobCentrePlus, register for Council Tax and Housing Benefit at SIC Finance, be allocated emergency accommodation at SIC Housing).

Lack of access to transport was an issue for many disabled participants. Reasons included costs, not having the confidence to use the services available and being banned from doing so.

Out of the 19 participants who were unable to work, 11 were unable to do so because of ill health and/or physical disability (57.9%). Participants expressed problems in finding secure employment and a lack of support to do so. There was therefore a high dependence on the benefits system for this sector of the community. However complexities of the system and the attitude of those administering the system made it difficult for participants to manage, particularly if they did not have the confidence and motivation to persevere.

There was evidence of participants not feeling able to pursue learning opportunities because they did not understand how to or how to access funding to do so. Many did not feel they had the confidence to start or would not be able to get to the opportunities available.

Case Study

A participant has a disabled child, and other family with members. The disabled child requires constant care, preventing the family from working or participating in community activities. A lack of qualifications and training means that neither parent are able to get jobs providing more that the benefits they are currently eligible for. Even with these benefits, finances are tight. Past and current demands mean that debt is an ongoing problem, adding to financial pressures.

They do receive some assistance, but not sufficient to enable them to find a way out of the situation they are in. They feel very isolated and, although from Shetland, face discrimination because of their circumstances.

Ethnicity

Initial impressions are of a friendly and helpful society for those not from Shetland. Participants accessing the EAL class did not feel any discrimination and English speakers who had moved to Shetland felt that Shetland was more welcoming than other areas.

However inclusion tended to rely on 'incomers' adapting fully to local circumstances: participants accessing the EAL class had to rely on others to take part in activities; one had to rely on their partner to interpret at the doctors for the first two years; another was not able to go to the chosen place of worship, due to language barriers. Evidence from professionals suggests this is common amongst those for whom English is an additional language.

'As an incomer it can be difficult to go to places.'

Incomers for whom English was a first language also indicated feelings of exclusion: being aware of traditional cliques within the community, from which they were excluded through to feelings of discrimination. One participant observed they felt there was greater acceptance for middle-class than working-class incomers, which they attributed to teachers and doctors traditionally being incomers in Shetland communities. Of those involved in the research, incomers tended to have higher qualifications than those born in Shetland.

Being born within a community enabled people to feel very secure and know they had others around them for support. The most significant factor in feeling part of the community was whether they were born in Shetland. However this could have a reverse effect, with local people feeling isolated because of the community knowing their past.

Professionals provide evidence of ethnic minorities working in poorly paid jobs, tied to rented accommodation, unable to access opportunities because of unsociable hours worked and language barriers. They are fully reliant on public transport and unable to access local services because they do not know what is available.

Gender

Gender was significant in relation to female carers: of those carers who participated, all were women. Having family responsibilities augmented people's inability to access opportunities and added to financial pressures. They were isolated on a daily basis because they did not have access to a car or the partner had the only vehicle to access employment. This was compounded by lack of childcare or access to childcare. Many were wholly reliant upon the goodwill of others, augmenting feelings of dependence. Conversely, others spent spare time driving others around to access opportunities.

Seven women were unable to work because they were looking after family members. However, women were more successful at participating in learning and obtaining qualifications, although there was a desire to access more learning opportunities, but were unable to due to family commitments.

More men smoked than women.

Housing Tenure

Those participants who owned the property outright; were under crofting tenure; or rented privately, tended to be living in unsuitable housing conditions (only one was suitable for the inhabitants needs). Most did not have central heating, particularly in Northmavine. Evidence suggests they are struggling to maintain and heat accommodation and it is those least able to afford to pay for maintenance and heating who find themselves in accommodation that requires higher levels of funding to maintain and heat.

> A typical case would be a young person of no fixed abode in temporary work in Lerwick. This is obviously not cardboard box land, but sleeping a few nights on the sofa at one friend's house and then moving on to another's.

Those who did not have a house did not feel part of the community and tended to have an erratic lifestyle with poor physical and mental health, characterised by depression, poor diet, substance misuse and smoking. There was a feeling amongst professionals that homelessness continues carry a stigma within communities and homeless provision perpetuates the cycle of exclusion.

> **Case Study**
> Cycle of homelessness: this person lost their job due to an alcohol addiction, which meant they were no longer able to pay their rent, and so lost their accommodation and became housed in the hostel. Here there are others with similar problems, leading to further substance misuse. This led to criminal charges and then to prison

D) Hopes for the Future

Over a quarter of those who responded hoped to have improved their skills over the next five years, primarily to improve their opportunities for work. This was seen as a way to have more money, no debt and improve their housing situation (whether to have permanent housing, a bigger house or move to a more central location). A number of participants hoped to have no health issues and/or be medication free, whilst others hoped the health of family members improved. There was also a hope that those caring for

disabled or ill family members would have more support to enable them to meet people and socialise, perhaps to work a little. One participant hoped to work less and not have to spend so much time looking after grandchildren and remaining grown-up family still at home.

Just over half of participants were not hopeful of much improvement on their current situation. For example, one who wished to be medication free, felt they would be in hospital; whilst another faced uncertainty over benefits and pension; and another, who wanted to be an apprentice would still be stacking shelves in the supermarket.

5) CONCLUSIONS

In this section findings outlined in Chapter 4 are drawn together to conclude on the number of individuals in Shetland facing deprivation and/or social exclusion, and their distribution. It also summarises causes, consequences and experiences, based on Scottish Index of Multiple Deprivation (SIMD) domains, geographic area and themes. Before using this information to define social exclusion and deprivation in a remote rural area, such as Shetland. Finally the impact of current national and local policy initiatives on deprivation and social exclusion in Shetland is explored.

Nationally, according to the SIMD, Shetland and other remote and island authorities compare favourably with other areas in Scotland in relation to deprivation. Shetland is ranked 28th least deprived out of 32 local authorities, with Northmavine, the most deprived datazone in Shetland, ranked 2889 out of 6505 datazones covering Scotland, where 1 is most deprived.

The Number and Distribution of Individuals
Use of the number of claimants of certain national benefits to measure deprivation provides only part of the information required in relation to income, and employment, deprivation. Although the research did not evidence people not claiming benefit because they did not want other people to know or because of an inability to receive payments, a complicated system, divorced from participants' everyday existence hindered ability to register and claim entitlements[88]. Low self-esteem and motivation is common amongst those who are socially excluded and deprived, making it very difficult for them to persevere with the complexities of the benefit system[89]. This is augmented in remote rural areas, where face-to-face contact with staff is difficult and costly and feelings of isolation and stigma can be acute. As national services become further centralised this is likely to increase: in Shetland all national benefits are now dealt with in Elgin or Clydebank, further divorcing claimants and potential claimants from assistance.

A system built on strict criteria for eligibility, inevitably leads to some people moving in and out of these criteria over a period of time. This is emphasised in remote areas, characterised by a low paid and insecure job market. Similarly access to some benefits are dependent on working a certain number of hours a week, but work close to home may not be available nor the childcare to support it. This leads to additional exclusion from claiming benefits in remote areas. Whereas locally distributed benefits, such as council tax and housing benefit, are more readily accessed because the system is more familiar and consistent, and contact with staff more personal.

The Scottish Index of Multiple Deprivation (SIMD) suggests that 6.79% of the Shetland population is income deprived, 1492 individuals[90]. The SIMD2004 uses benefit uptake to measure income deprivation. This research shows that the complexity of the national benefits system contributes to the low uptake of benefits in rural areas and means that figures are likely to underestimate the true number of deprived people living in Shetland.

The SIMD indicates some variation in the distribution of individuals and households within Shetland, with higher concentrations in the north and west of Shetland (particularly

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[88] There was also no evidence of self-reliance and benefits being a shameful last resort, as evidenced by Shucksmith et al (1994).
[89] Similarities with findings of Bramley et al (2000) can be seen.
[90] 2001 and 2002 figures

Northmavine and Yell) and areas of Lerwick (particularly Staney Hill and Freefield). Areas within easy commute of Lerwick and areas of Lerwick where the housing is more favourable have relatively low concentrations, such as Gulberwick, Tingwall and surrounds, Nesting, Sound and Symbister. Nevertheless, distribution is fairly even across Shetland: datazones of higher concentration have less than 7% of income-deprived individuals and 4% of the Shetland population[91]. Whilst datazones of relatively low concentration have 1% of income-deprived individuals and 2.5% of the population[92].

Pockets of spatial deprivation are discernable, within concentrations of local authority housing: the majority of participants involved in the research, due to their access to a specialist service, were living in local authority housing. And numbers eligible for school meals are also higher in these areas. However, concentrations of local authority housing in Shetland are seldom on a scale to be picked up by the SIMD, exceptions being Firth and Mossbank and Staney Hill.

There are higher numbers of deprived individuals in the more remote areas of Shetland, and spatial pockets of deprivation discernable within concentrations of local authority housing. Nevertheless deprived individuals and households are fairly evenly distributed throughout Shetland, indicating factors beyond location in operation.

The Causes, Consequences and Experiences
The SIMD2004 indicates that in terms of characteristics of deprivation, Shetland tends to have good skills and training and low levels of employment, particularly in the remoter areas of Shetland, the commuter belt and those areas of Lerwick considered to be more desirable places to live. However, housing tends to be less favourable, particularly in more remote areas of Shetland and areas with a relatively high proportion of local authority and ex-local authority housing. Most areas of Shetland are considered to have high levels of deprivation in relation to geographic access and telecommunications.

The SIMD was not intended to describe people's circumstances and experiences, but provides a useful framework around which to examine these within the context of Shetland.

Access[93]
The greatest issue in terms of access in Shetland is people's inability to afford to run a car (or two cars if a partner has the car each day). Although the public transport system is appreciated, it delivers for full-time commuters and is not able to alleviate access issues for those without a car sufficiently for people to feel they are able to access opportunities. This restricted people's ability to learn; find employment or better employment; purchase more healthy food at a reasonable cost; take part in community events and access social opportunities, for example. Reliance on others for transport is common, hindering people's feeling of independence and increasing humiliation.

This form of exclusion is predominantly felt by women with family responsibilities, particularly those living in remote areas of Shetland, young people, and those with a

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[91] The Ness of Sound to Clickimin has 6.7% of deprived individuals but 3.36% of the population, and Yell 6.17% and 4.35% respectively

[92] Whiteness to Girlsta has 0.54% of all income deprived individuals and 2.77% of the population, Whalsay and Skerries (not including Symbister has 1.21% and 2.36% respectively)

[93] Shucksmith, et al (1994) evidenced the necessity of car ownership in rural areas to access employment and essential services and the extra burden for those on low incomes, with women, elderly and young people particularly dependent on public transport.

disability. For the former, lack of childcare and transport to access childcare in other areas augments isolation. For the latter the situation can be particularly acute as they are physically unable to access any public transport.

Access is a fundamental factor in relation to social exclusion and deprivation in Shetland: lack of access to opportunities restricts development in most other areas of people's lives. A section of the Shetland community are unable to take part in opportunities the majority, with a private vehicle and sufficient funds, take for granted. To date, their isolation has meant their needs, including access, have never before been comprehensively captured.

Community[94]

There is general satisfaction with community-life in Shetland, with an outwardly friendly and helpful society. However, those not from the area tend to feel less part of the community than those that are, with cliques made up of local people and assistance tending to be on the terms of the local population. The research provided evidence of incomers feeling discriminated against, particularly those with a poorer educational background. Networks of those born in the area are much more embedded and able to be relied on in times of need.

A community's lack of understanding of people's circumstances and opinions can make people feel particularly isolated, for example if people have a disability or long-term illness, yet at the same time feel exposed by their differences and lack of privacy. This can be particularly difficult for those who have been known to the community all of their life and are unable to leave their past or the actions of other family members behind them.

Yet, at the same time if people do not feel part of the community they tend to feel unimportant and very dissatisfied with their life, furthering feelings of isolation. They tend to be those who are disabled, caring for a disabled person, those with a dependency; teenagers; those with challenging financial circumstances; and those who are homeless.

Communities with concentrations of housing, such as Scalloway, Firth and Mossbank and Lerwick tend to experience some form of anti-social behaviour, including disruptive neighbours, noise, vandalism, litter and dog fouling.

There is a need to ensure that community spirit is not used to perpetuate social activities with a focus on alcohol.

On the face of it, community life in Shetland enables people to feel included and part of society. However factors such as culture, race, age, disability and past history can influence the extent to which people feel included. For those born into Shetland communities there is generally a safety net of family and community networks should times become difficult, which is less readily available to incomers. For others circumstances can lead to extreme feelings of isolation and exclusion both from the community and community events.

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[94] Shucksmith, et al (1994) found the same positive feelings towards communities, and the same exclusions, however their was a greater emphasis on the part that church played in communities.

Health[95]
The health of people experiencing deprivation and/or social exclusion in Shetland is characterised by anxiety and depression, in many cases to the point of limiting their ability to access employment, socialise and take part in activities that could enhance their health, such as exercise. For some, mental illness has become so acute that they are unable to go out at all; whilst for others the mental and physical exhaustion of day-to-day existence is a barrier. It is probable that Seasonal Affected Disorder (SAD) will exacerbate problems at this latitude.

Other characteristics include poor diet (either no food or fried food, and/or unable to afford or access healthy alternatives); weight problems; and lack of physical exercise (except for those who have to because they do not have private transport). Smoking is often people's only luxury and though they would like to give up, they do not have the will, given other pressures they feel under. Lack of access to health facilities can exacerbate people's circumstances: feeling unable to do so and not being able to afford to do so, particularly the more specialist services, located centrally.

The health of people experiencing deprivation and/or social exclusion in Shetland is generally poor. The daily pressures of making ends meet and/or feeling isolated result in considerable anxiety and depression, which impinges on a person's ability to care for other areas of their health. Some are able to manage their health sufficiently whilst others have or will reach crisis point, leading to serious mental health issues, suicidal thoughts and/or a dependency.

Housing[96]
Housing problems in remote areas of Shetland tend to be poor condition of housing and lack of adequate heating. Properties are mainly privately owned, often owned outright or under crofting tenure. It tends to be those least able to afford to pay for upkeep and heating who find themselves in accommodation that requires higher levels of funding to maintain and heat.

These areas experience a lack of housing, particularly for young people wishing to return. Others, with no connection or desire to connect to the area, can be placed in accommodation in remote areas, because it is the only accommodation available.

In central areas lack of housing is the predominant problem: caused by employment opportunities become more centralised; more families requiring housing due to relationship breakdown; local authority housing being sold off; and people having higher expectations. Homelessness commonly remains hidden as people spread their time between different people's sofas, or ex-couples remain in the same house as they wait for their housing situation to be resolved.

Stress and depression is a common result of people's housing situation, whilst poor condition can impact on the physical health of household members too.

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[95] This evidence concurs with that of Shucksmith et al (1994) in that mortality rates appear to be relatively low and causes of ill health tend to be focused on mental rather than physical health and Bailey et al (2004) that close knit communities can assist those who are unwell but isolate those who have unusual or stigmatised conditions.
[96] Similarities can be drawn between these conclusions and those of Shucksmith et al (1994), and Bailey et al (2004) although the impact and experiences of retirement immigrants was not found in Shetland nor was the general gentrification of rural areas except around Lerwick.

Poor standard of housing is a typical problem for deprived households in remote areas of Shetland, with inhabitants seldom in the financial or health situation to resolve. Housing shortages are more common closer to Lerwick. Living in a poor and/or temporary housing situation can have a large impact on the health of household members, which in turn can impact on their ability to access opportunities.

<u>Income and Employment[97]</u>
Individuals and households in Shetland are struggling financially to make ends meet. For these people income often comes from a variety of sources, making it complex and erratic, and difficult to plan. There are individuals and families who live on tatties and soup, but more common is the inability to afford clothes and shoes, and transport and activities that peers are able to access.

Income is quickly consumed keeping a vehicle on the road in order for a member of the household to access employment, particularly in Shetland where conditions cause vehicles to deteriorate quickly. Visiting family outside the islands or attending hospital with a family member south can require a year of saving or a year of debt.

The complexity of the benefit system is preventing individuals and households from accessing all those benefits to which they are entitled. In addition benefits received in Shetland[98], although the same as for people in similar circumstances elsewhere in the country, do not provide the recipient with the same amount of items and opportunities[99]. Food in Shetland is more expensive than on the mainland, and for those reliant on small shops the cost is higher still with special offers on items are less frequent[100]. Other items, such as clothes and shoes are more expensive and those on benefit are unable to take advantage of savings and opportunities via the Internet. No cash point outside Lerwick is free to use. The cost of accessing specialist services, such as the doctor, dentist, JobCentrePlus can include the cost of a taxi or the costs associated with spending a day in Lerwick waiting for public transport back home.

Gross Regional Domestic Product (GRDP) in Shetland is slightly lower than the GRDP for Scotland[101]. However infrastructure and opportunities are of a high standard, and in general the population has high expectations. This makes it particularly difficult and isolating for those whose clothes are shabby, are hungry and watch as others are able to participate.

Despite the appearance of wealth and a high standard of living in Shetland, levels of debt are high[102]. Living with debt and creditors leads to stress.

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[97] Similarities can be drawn between these conclusions and those of Bailey et al (2004) in relation to Argyle and Bute and Shucksmith et al (1994): that rural areas generally enjoy lower levels of registered unemployment, masking the type of employment available.
[98] A single adult on Income Support or Income Based Job Seekers Allowance received £56.20 per week in 2005. A man aged under-65 and women aged under-60 on Incapacity Benefit received £76.45 a week in 2005. A man aged under-65 and women aged under-60 on Severe Disablement Allowance received a basic rate of £46.20 per week in 2005.
[99] This is also documented in Shucksmith et al 1996.
[100] Respondents to Shucksmith et al (1994) did not tend to rely on local shops but Shucksmith (2000) highlights that the greater the centralization of retail outlets the greater the need to own a car: as more people commute via private transport out of a rural area, the higher the prices in the local shops to compensate, increasing costs of essential items for those unable to afford private transport.
[101] Roberts, D. (2005), Office of National Statistics, Eurostat in Newlands and Roberts (2006)
[102] Shetland CAB Annual Report 0405

In remote areas there is a lack of quality employment, with most opportunities being of low pay and low skill, with evidence of people piecing together an income to make ends meet. A daily commute out of these areas to Lerwick is a requirement for many wishing to access better paid employment. People are being excluded from the work place because they are unable to access transport and/or childcare or because they require supported employment opportunities. The longer people are out of the job-market the more difficult it becomes and the greater the stigma of not being in work[103].

Despite the apparent absence of poverty in Shetland, a large number of people are in debt and a significant number are struggling to make ends meet. The relatively high cost of living for essential items means that nationally decided benefit levels do not go so far. The complexity of the national benefits system alongside the distances involved in people accessing the service hinders people claiming. Not having financial resources in Shetland means not being able to take advantage of the opportunities accessible to the majority. Meanwhile the opportunity cost of participating in low skilled, low paid jobs is higher when the cost of private transport to access are included, but are a necessary requirement to access shift work in central areas.

Learning[104]
Learning tends to be seen as a luxury: something that people would like to participate in, to improve their employability, for enjoyment, and for confidence, but not a priority. In general access (via transport, childcare or cost) is difficult, although health and self-confidence are also important.

Those in circumstances of deprivation and/or social exclusion tend to be low skilled, although there is evidence of underemployment in remote areas. Lack of success at learning often goes hand in hand with low self-esteem later in life.

Although learning is not a priority for those facing deprivation and/or social exclusion, it is very often the single most important factor in assisting people to improve opportunities and access to a better life.

Geographic
In the more remote areas of Shetland, peace, tranquillity and open space are abundant. With access to land and local networks it is possible to live relatively cheaply. Quality of life can be high - for those who are part of the community, are accepted and have their own transport to be able to access employment, services and social opportunities.

But for those that are not, opportunities within the local area tend to be limited: employment is scarce, and what is available tends to be low quality and pay; services and social opportunities are centred around areas of relative population density, including childcare and learning opportunities. It is very difficult for individuals and households to find a permanent way out of situations of low income, with little opportunity to improve employment prospects through learning and/or improved access. The same is true for those living in poor housing conditions and fuel poverty.

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[103] Evidence concurs with Shucksmith, M (2004), that there is no dependency culture in Shetland and people are eager to participate in employment.
[104] Shucksmith et al (1994) and Bailey et al (2000) both evidence the process of educating young people out of rural areas.

Isolation is particularly acute for young people, older people, those with a disability or poor physical and/or mental health, and carers including those looking after a young family. Lack of connection with the area and community can lead to resentment and more exacerbated problems.

Experiences of individuals and households living in areas of higher population density, particularly local authority and ex-local authority housing, tend to be slightly different, but the isolation is similar and tends to affect the same groups of people. Access may be better, depending where the housing is, but frequently circumstances have become so difficult that it becomes impossible for people to find ways to improve their quality of life without intensive support.

Dissatisfaction with the area and an individual's quality of life can manifest itself through behaviour of an anti-social nature.

There are two faces to deprivation and social exclusion in Shetland: remoteness and concentrations around housing estates. The former is characterised by problems of access and the latter by past circumstances leading to individuals and households becoming trapped. For all, however, the day-to-day survival and exclusion from the high quality of life being enjoyed by those around them is further isolating and demoralising.

Thematic
Those with poor physical or mental health, including those with a dependency, and those caring for a disabled family member are particularly vulnerable. Lifestyle is characterised by struggling to make ends meet financially, debt, poor health (particularly anxiety and depression) and limited participation, with a lack of suitable employment opportunities. Those on their own can have a particularly erratic and possibly destructive lifestyle. Lack of understanding within the community contributes to further isolation.

The impact of ethnicity on an individual's feeling of social and economic inclusion depends on the extent to which they are able to adapt to local circumstances. Communities in Shetland, though outwardly friendly, are less tolerant of individuals who appear different from the norm: this includes those from within the community who no longer fit this.

The impact of gender is particularly important in relation to women with family responsibilities. There is a tendency to carry the weight of the family's financial problems and guilt that they are unable to afford items and opportunities for the children. They are unable to access employment opportunities because of lack of childcare and, in more remote areas, a lack of employment close by. They are frequently isolated on a daily basis and wholly dependent on others.

Those living in private accommodation, either rented, under crofting tenure, or owned, in remote areas, tend to live in properties in poor condition without adequate heating, struggling to maintain and heat. Those living in temporary accommodation can have an erratic lifestyle with poor physical and/or mental health, exacerbated by the isolation felt because of the community's lack of understanding.

Younger children, of primary school age, have a positive impression of their quality of life. Nevertheless there is disparity between those belonging to households able to access opportunities and those who cannot. Yet young people just a little older, as young as fourteen, feel excluded from their community and from opportunities they wish to access.

Feelings of isolation can lead to substance misuse and anti-social behaviour and a spiral into further isolation and exclusion[105].

Older people can feel isolated with opportunities for involvement not available to them[106].

Individuals in Shetland particularly prone and vulnerable to deprivation and social exclusion are:

- *young people whose parents are not able to ensure they are able to access opportunities and grow up feeling a part of the community within which they live;*
- *adults of any age who have low self-esteem and/or poor mental health, often due to situations which have developed as a result of negative experiences in the past and can result in homelessness and substance misuse. This is particularly acute if their situation is not understood by the community within which they live;*
- *those who are physically disabled or with a long-term illness and their carers, when they do not receive adequate support and understanding;*
- *those looking after a young family without access to their own transport, particularly those living in remote areas of Shetland;*
- *older people unable to access opportunities that would enable them to feel a part of the community.*

There is also evidence of social exclusion for ethnic minority individuals in Shetland, whether cultural or as a result of employer barriers, and of degrees of social exclusion for white incomers to Shetland.

Defining Deprivation and Social Exclusion in Shetland

There is deprivation and social exclusion in Shetland: individuals and households exist, with a poorer standard of living in comparison to the majority of the population and with an inability to participate in everyday activities that most take for granted, and substantially more than is widely recognised.

Because Shetland is characterised by a different geography and way of life than most of the UK, deprivation and social exclusion manifest in different ways. Shetland is one of the most remote areas in the country, with particularly remote islands and parts of the mainland; it has strong local cultural roots; and high standard of living.

It is individuals and households and not communities who face deprivation and social exclusion. It can affect anyone, at any point in their lifecycle, but particularly young people, older people, adults with poor self-esteem, the physically disabled and their carers, those looking after young families, and ethnic minorities. Distribution is therefore spatially dispersed throughout Shetland, although small concentrations are discernable, but dispersed within areas of local authority housing.

This makes it difficult to determine how much deprivation there is. Added to this, the culture of self-reliance and a majority enjoying a high standard of living forces people to keep their circumstances hidden. The community as a whole is ignorant of the extent and can choose to ignore.

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[105] Shucksmith (2004) highlights the heavy reliance on parents to access opportunities and feel valued and the lack of social space available for young people in small communities.

[106] Scottish Executive Social Research (2003) outlines experiences of older people in rural Scotland, finding those on state pensions are becoming relatively poorer, with a reluctance to claim benefits; the importance of intensive home-care; acute problems if unable to access services and social opportunities (of which voluntary activity, history societies and lifelong learning are particularly important); and the distance to travel to specialist care and requirements for care for depression and dementia.

Living in these circumstances is no better in Shetland than in any other part of the country: the day-to-day existence for individuals and households struggling to afford to eat and pay for other essentials, with ways of improving being out-with their control. This is exacerbated by the high cost of living. In a community where they are able to see others enjoying a high standard of living and a high quality infrastructure this is particularly isolating and demoralising as attempts are made to keep circumstances hidden. There is little opportunity for social contact with others experiencing similar circumstances, for support

Deprivation and social exclusion in Shetland is characterised by a lack of access to opportunities restricting development in most other areas of people's lives, predominantly not being able to afford to keep a private vehicle, without the flexibility of a regular public bus service, but also childcare and other carer support. This restricts employment and learning opportunities as both can be scare in local areas. It can be a constant struggle to manage financially, where benefits and low pay make this difficult in an area where the cost of living is high. There is often a lack of acceptance and inclusion within the community, with culture, race, age, disability and past history important, leading to extreme feelings of isolation and exclusion both from the community and community events. Health is generally poor, particularly anxiety and depression, and other serious mental health issues, suicidal thoughts and/or a dependency. And housing can be of a poor standard without the resources to resolve or be temporary. .

Definitions of this nature have a degree of subjectivity: different services have different perceptions of which individuals and households are deprived, whilst some can believe people are experiencing deprivation but they do not believe themselves to be in this situation[107].

The Research Process
The process developed in order to undertake this piece of research has led to a number of positive outcomes.

In terms of outputs it has been able to provide balanced information about all facets of people's lives capable of being constructed into detailed representations of inequalities faced due to ethnicity, age, disability and location, for example. It is also able to provide services with information of sufficient quality and detail to address the complexity of deprivation and social exclusion in remote rural areas.

The process increased awareness and depth of understanding, amongst researchers, of individual people's circumstances and the community they live in, because it provided an opportunity to discuss all aspects of an individual and/or households life. Researchers felt many different services could be assisting an individual or household, and perceived themselves to be doing a good job, yet the people were still experiencing many problems. Researchers felt that this was because no-one was taking a holistic view point.

Some information provided was a useful reminder of difficulties experienced. More specific information, for example the logistics of transport problems, enabled researchers to be better equipped to tackle. It was particularly valuable for those more office-based in their work: it provided a useful opportunity to obtain first hand information in order to improve the service they deliver.

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[107] Shucksmith, et al (1994) explore this further, concluding that in rural areas people's subjective assessment of poverty/disadvantage is often at odds with objective definitions. However this was not a conclusion of this research.

The extent to which this was the case depended on the service, due to significant variation in the approach different services use in order to establish the needs of their clients. For example, those working within the Homelessness service of the local authority and Shetland Youth Information Service did not feel the process led to greater understanding. This was because front-line staff are providing one-to-one support to their clients, either as a statutory duty, in the case of the former, or because people have requested assistance, in the case of the latter.

Whilst others, currently accessing services, are not being provided with an opportunity to discuss all their issues, as the research process enabled people to discuss issues they had put up with day-to-day, because they had not known who to ask. The process enabled an exchange of information, whereby the researcher could pass on useful information to the participant and help them get assistance, to directly improve their situation. One frequent example was referring participants to CAB for information on benefit entitlements. Examples of participants being stimulated to make a change in their lives as a result of having the opportunity to discuss issues were given. For example taking up learning opportunities, to improve their lives.

The increased understanding and awareness stimulated researchers to amend the service they are currently providing. For example, the Childcare Partnership now requires Shetland Pre-School Play, who they fund to provide a service, to travel to Northmavine to provide the service, even though it is for a few children. It also stimulated them to work better with other organisations. For example, the Childcare Partnership is now working more closely with Shetland College to provide childcare and enable parents to attend classes.

There were examples of front-line staff saying that they did not have individuals on their case load who were deprived and/or socially excluded, yet others had involved the same individuals, providing evidence of poverty and exclusion. This had a lot to do with researchers' perception of deprivation and social exclusion.

Researchers found people's circumstances to be more severe than they had assumed: simultaneously dampening their spirit but motivating them to make improvements. And discussions amongst researchers led to them problem solving together as to how to improve services within the locality to reduce inequalities.

Lessons to be learnt from this process are:
- ***A holistic approach must be taken to address issues: only by taking this approach can a full understanding be achieved; problems tackled successfully; and gaps in service provision for those most in need be removed;***
- ***It is important for staff within organisations to get out of the office, into communities and spend time speaking to individuals in order to fully understand people's circumstances;***
- ***People have solutions: both participants and researchers came up with ideas about how services could be improved[108];***
- ***All service providers must be aware of what level of quality of life is or is not acceptable in Shetland, so that people are treated fairly and equally and standards raised to a minimum.***

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[108] Examples of solutions can be found in Appendix I

The Impact of Current Local and National Policies and Service Initiatives on Deprivation and Social Exclusion in Shetland

In light of the conclusions from the research, this section assesses current local and national policy and service initiatives.

<u>Local - Policy and Services</u>

There are a number of policies and initiatives developed locally that are making a positive difference to the lives of people living in Shetland. However, these tend to be service specific and rarely span all aspects of an individual or household's life.

This research has demonstrated the complex nature of deprivation and social exclusion in Shetland and illustrated the value of working with an individual or household in relation to all their needs rather than just the area of interest of one particular service.

This work has also highlighted the hidden nature of deprivation and social exclusion in Shetland. This means that people living and working in Shetland are often not aware of its extent or degree and that it is complex both to find people and then address their needs so that they still retain anonymity that they work so hard to achieve.

In certain circumstances one-to-one support is required to assist individuals and households through particularly difficult times, with this research suggesting that more of this is required. However it is not always possible or necessary to achieve this, but it is important that opportunities are provided to ensure the appropriate level of support can be provided.

In addition to general issues, this research has also highlighted service specific issues in Shetland, with a few examples provided below.

- Geographic Access and Telecommunications

The public transport system in Shetland is appreciated, given the sparse population. However it is based on fixed time-tabling and large vehicles. There are examples of more flexible community transport systems, such as access to schools across Shetland, and health services in the south mainland. But these do not operate in order to enable access to all opportunities. Concessions are available to certain sectors of the community, but these may not always be those most in need of financial assistance.

Individuals and households in Shetland are able to access computers, the Internet, and increasingly broadband, either through a home computer or public Internet access points: opportunities are being made available to access services nationally and locally. However services must be mindful that a sector of the population will be unable to afford a home computer, nor access a public Internet access point.

- Community

Communities are welcoming in Shetland. Communities and community groups receive a high level of support from public and voluntary sector agencies in order to develop. However activities supported do not involve everyone and the research demonstrates that people are living in communities in Shetland who are not involved, some who would like to be. Given the importance of feeling part of the community to people experiencing a good quality of life, more support could be provided in order to involve more people in community life. The research has also demonstrated that people have their own solutions to improving their quality of life and it would be important to assist people to achieve this.

- Health

Statistically the health of the Shetland population is good and there is a high quality network of health professionals working directly with families in communities. Participants were particularly complementary of the support provided by their health visitor. However the level of mental health issues in the community may be far higher than current figures accessing help suggest. Another example is how difficult it is for people on low income to be able to accommodate the costs associated with an emergency hospital appointment on the mainland. Although costs can be reclaimed, it may still require a loan in order to pay to return home and this can lead on to debt.

- Housing

The one-to-one support provided to those who are homeless by the Homelessness Outreach Workers is essential in providing a degree of stability to people who tend to have erratic lifestyles. The strain of allocating property when there is a shortage of housing is recognised. However this can be detrimental to people's inclusion: an example is of a young person thrown out of the family home and re-housed next door to the family.

- Learning: education, skills and training

The education system for young people has a high success rate with considerable opportunities available. However, young people are still leaving formal education without being able to read and write and not being in a position to take part in extra curricular activities. Adult and community learning continue to deliver learning within communities and require continued to support to enable them to reach the particularly hidden.

- Income and employment

There are considerable job opportunities in Shetland. However they are not always easily accessible to the workforce; are centralised in and around Lerwick; and do not always match skills available. More could be done to promote greater flexibility of time and location of work.

Disposable income for those on national benefits in Shetland is very tight preventing individuals and communities taking advantage of the many social facilities Shetland has available. More could be done to enable those who cannot currently afford to access these.

In order to genuinely tackle deprivation and social exclusion, at a local level it will be necessary:
- ***To develop an understanding of deprivation and social exclusion in Shetland within communities and agencies;***
- ***For services to work less in isolation, breakdown organisational and service boundaries and treat individuals and households as a whole rather than in relation to service specific issues; and***
- ***Be more creative in the way that people experiencing deprivation and social exclusion are reached and involve them in developing solutions.***

National – Evidence Base
The SIMD provides a geographic distribution of relative deprivation across Scotland, capable of identifying spatial concentrations of deprivation on the scale of datazones. It is therefore unable to satisfactorily identify the extent or nature of deprivation in areas such as Shetland where the population and population of deprived individuals are dispersed throughout and where circumstances of deprivation have more to do with an individual's characteristics and past history than with the area within which they live.

A) Datazones were introduced with the SIMD2004 as a way of collating information at a more local level, in order to improve targeting of resources. Yet the mixed nature of Shetland communities means no spatial scale is able to pick up these issues, as two examples demonstrate:

- Although there is evidence of small pockets of deprived individuals and households within housing estates these are seldom of a size to be captured by datazones and individuals and households are dispersed within these small areas of housing.
- The outer isles of Shetland are locally recognised to be some of the most disadvantaged and fragile areas in Shetland, yet these populations of 18-70, are appended to larger areas of Shetland mainland or other islands so the disadvantages experienced by these small populations are not picked up.

B) In addition indicators chosen to make up the index are less sensitive to the characteristics of deprivation and social exclusion found in Shetland. The index therefore provides more information about the six domains and 31 indicators used and the weighting applied to them nationally, than about deprivation, itself. For example:

- Geographic Access and Telecommunications

Access is fundamental to issues of deprivation and social exclusion in Shetland. Without access, people's ability to learn; find employment or better employment; purchase more healthy food at a reasonable cost; take part in community events and access social opportunities, for example, is restricted. This indicator currently measures drive time to a basket of services. It does not include any measure of the access deprivation experienced by those without ready access to a private vehicle. It is these individuals and households who experience the most acute forms of access deprivation. They rely on a public transport system catering for a sparse and dispersed population. A bus may only be available on one or two days a week, at unsuitable times of day, and not heading in the direction of the service required. It is typical for users of the public transport system in Shetland, who are not 9-5 commuters to Lerwick, spending all day accessing a service. The situation is particularly acute for those who are physically unable to access any public transport.

The arbitrary nature of this SIMD2004 domain within Shetland is illustrated by examining the ranking of Unst and Fetlar within Shetland. These North Isles of Shetland require two and three ferry trips respectively in order to reach mainland Shetland. Using private transport can take two and half hours to reach Lerwick, and more specialist services, yet they were ranked more favourably than areas in the commuter belt.

- Learning: education, skills and training

Indicators used focus on those of school age. Shetland has a good education record at this level, with good attendance and a high proportion of young people achieving qualifications. Yet those who achieve well at school tend to move south to access higher education, only returning to Shetland later in life, if at all. They leave behind peers who have not succeeded at school. Low confidence levels can prevent a return to learning and better employment opportunities.

- Income and employment

These domains measure benefit uptake rather than levels of income and employment deprivation. A complicated national benefit system constrains individuals from claiming what they are entitled too. This is exacerbated in Shetland where face-to-face contact with staff is difficult and costly and feelings of isolation and stigma can be acute.

A system built on strict criteria for eligibility, inevitably leads to some people moving in and out of these criteria over a period of time. This is emphasised in remote areas, characterised by a low paid and insecure job market. The benefit figures used in SIMD are not seasonally adjusted and it seems that August is the month chosen. This is when seasonal employment is highest so the figures under report benefit take up for rural areas. Access to some benefits are dependent on working a certain number of hours a week, but work close to home may not be available nor the childcare to support it.

The relatively high cost of living in Shetland means that nationally decided benefit levels do not purchase as much as other areas of the UK. This may account for the high levels of debt in Shetland. Meanwhile the opportunity cost of participating in low skilled, low paid jobs is higher when the cost of private transport to access are included, but are a necessary requirement to access shift work in central areas. No account is made for the quality and security of employment available nor for those who may wish to work longer hours, but are unable to find work, or for those who are underemployed (i.e. in a job which requires less skills than they have).

- Health

Indicators used underestimate the true state of the health of population in Shetland. Rural areas tend to have a higher proportion of mental illness than urban areas, and although it includes a measure of the proportion of the population being prescribed drugs for anxiety or depression and hospital episodes relating to drug and alcohol use: the culture of self-reliance; the remoteness from accessing services; and the stigma attached to these forms of illness means many of those suffering from poor mental health will not be counted.

- Housing

Poor housing condition is a typical problem in remote areas of Shetland, with deprived inhabitants seldom in the financial or health situation to resolve it, as is fuel poverty. Overcrowding is a significant factor, but the nature of homelessness in Shetland, where people spend a few days on different people's sofas will not be picked up by current measures.

Other characteristics of the Shetland context not considered by SIMD are social isolation and general affluence. The former can result from lack of access or from isolation within the community. Shetland is no different from other rural areas: generally less tolerant of individuals who appear different from the norm. Social isolation can be extreme, augmented by a lack of privacy.

National – Policy and Services
The SIMD is used by the Scottish Executive to distribute Community Regeneration Funding (CRF) and Community Voices (CV) funding in order to bring improvements to Scotland's most deprived areas and help individuals and families to escape poverty[109], by tackling concentrations of multiple deprivation.

The requirement of the fund was to spatially target those datazones in the most deprived 15-20% in Shetland in the years 2005-08. This excluded most of those people in Shetland who are deprived by failing to recognise the thematic nature of deprivation in remote areas.

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[109] Scottish Executive Six Closing the Opportunity Gap objectives
http://www.scotland.gov.uk/Topics/People/Social-Inclusion/17415/opportunity

A combined amount of £130,000 per year is available to Shetland's CPP from these funds. With the findings from this research this funding will be channelled effectively to tackle deprivation within the spatially targeted areas allocated funding. However, the fund is unable to close the opportunity gap fairly across Shetland.

SIMD has also been used as a proxy for need in relation to allocations for Supporting People and new teacher allocations. There are plans for it to be used in the distribution of other funding streams, such as further education. Sport Scotland use it for resource allocation. For the three years 2005-2008 approximately £1,600mn has already been allocated using the SIMD as a measure of need[110].

However because the SIMD is not designed to measure the manifestation of deprivation experienced in Shetland and other remote areas of Scotland, it should be used with care in relation to distribution of resources.

There is a need to recognise the complex issues which have to be overcome when measuring and tackling deprivation and social exclusion in remote rural areas, including the convoluted methods people will use to keep their circumstances hidden. These methods have to be unpicked before individuals and households can be fully assisted.

Initiative at the Edge (IatE) is an area-based policy aimed at addressing fragile communities. In Shetland this is assisting communities to tackle development needs in an inclusive way, providing them with confidence to move towards a more sustainable future. A more economically and socially active community is likely to lead to improved quality of life for residents, however, it is not able to tackle individual and household deprivation.

There are many examples where national policy and service delivery is detrimental to addressing social inclusion: for example the additional cost and effort involved in using electricity cards and the centralisation of systems involved in processing benefits further removing claimants from assistance to improve their quality of life.

In order to genuinely tackle deprivation and social exclusion, at a national level it will be necessary:
- ***To develop an understanding of rural disadvantage nationally and methods for measurement; and***
- ***Enable more creativity and flexibility in the way nationally policy is delivered.***

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[110] Scottish Executive's Parliament's Finance Committee Inquiry into Deprivation Spend

6) RECOMMENDATIONS

This section outlines local and nationally relevant recommendations, developed by the Project Team, with input from researchers.

These recommendations, developed by the Project Team with input from researchers, are addressed to the Community Planning Board (CPB) in Shetland, as the body responsible for developing community planning in Shetland. This is in recognition that well-developed and outcome focused community planning process are key to tackling inequalities.

Local
In order to genuinely tackle deprivation and social exclusion it will be necessary:
- ***To develop an understanding of deprivation and social exclusion in Shetland within communities and agencies;***
- ***For services to work less in isolation, breakdown organisational and service boundaries and treat individuals and households as a whole rather than in relation to service specific issues; and***
- ***Be more creative in the way that people experiencing deprivation and social exclusion are reached and involve them in developing solutions.***

1) The Community Planning Board should raise awareness and increase understanding of deprivation and social exclusion within Shetland. An acceptance that people in Shetland are living in these conditions must be developed. There is a general assumption that everyone is able to access Shetland's high quality infrastructure. This belief must be challenged as it compounds feelings of exclusion for those that feel it is necessary to hide their circumstances.
This can be achieved by:
   a) Developing a common understanding of deprivation and social exclusion in Shetland. This must include a minimum standard for quality of life across the isles to ensure people are treated fairly and equally;
   b) Encouraging staff to spend a greater proportion of time in communities to fully understanding circumstances. Opportunities such as shadowing of staff could be considered;

2) The Community Planning Board should ensure all policy and service planning in Shetland uses evidence from this research to reduce inequalities in Shetland.
This can be achieved by:
   a) Incorporating this evidence into community, corporate and service planning, including the strategic partnerships of the CPB;
   b) Ensuring all service providers are responsible for reducing inequalities by using this evidence to explore inequalities within their service area or geographic community and implement changes to service delivery in order to reduce inequalities;
   c) Recognising that intervention at an early stage of an individual or households journey into deprivation and social exclusion is less costly in the long-term;
   d) Increased targeting of mainstream funding to those that need it: for example to enable young people to go on school trips or go swimming;
   e) Increased targeting of additional funds to those that need it: for example the Community Regeneration Fund.

3) The Community Planning Board should ensure robust processes are in place in order to reduce inequalities.
This can be achieved by:

a) Encouraging a holistic approach to addressing the needs of individuals, households and communities in order to ensure that problems are successfully tackled at the correct level and that gaps in provision are covered, particularly for those most in need. For some, at certain times, this may require concentrated one-to-one support;

b) Recognising that in addition to mainstreaming community planning process, existing tools for assessing needs (such as Integrated Assessment Framework (IAF) for young people and their families, Single Shared Assessment (SSA) for adults) are key to addressing inequalities. These tools can be enhanced by incorporating findings from this research, including key questions to ask around inequalities and triggers to using the whole deprivation tool;

c) Recognising the link between reducing inequalities and geographic-based planning;

d) Encouraging all service providers to actively unearth deprivation and social exclusion;

e) Encouraging local policy makers to explore ways in which hidden deprivation and social exclusion can be tackled;

f) Recognising that people have their own practicable solutions about how quality of life can be improved: workers, communities and individuals, and that they need to be empowered and relationships built in order to be able to explore and find ways to improve quality of life; and

g) Ensuring agencies communicate effectively about the services and opportunities available.

National

In order to genuinely tackle deprivation and social exclusion it will be necessary:

- ***To improve the understanding of rural disadvantage nationally and methods for measurement; and***
- ***Be more creative and flexible in the way national policy is delivered.***

In collaboration with the other Highland and Islands Community Planning Partnerships (including at the next Highlands and Islands Convention in October 2006), the Community Planning Board in Shetland should:

a) Continue to improve the evidence base of rural disadvantage in Scotland, taking into account rural development needs;

b) Encourage the Scottish Executive to develop a complementary approach for measuring deprivation in rural areas, where deprivation is spatially dispersed, not spatially concentrated. This must recognise the thematic nature of deprivation in remote rural areas and that rural disadvantage requires different indicators to those required in order to identify areas of multiple deprivation. For example recognising the limitations of using benefit uptake as a measure of income and employment deprivation; the inclusion of new domains such as population sparsity and population decline; making allowances for variations in cost of living.

c) Ensure policy makers are aware of the limitations of SIMD as a tool to understand need in rural areas or to make comparisons between urban and rural areas and therefore that it should only be used to allocate funds aimed at tackling concentrations of multiple deprivation;

d) Ensure the SIMD is not used as a proxy for need or deprivation other than as a measure of concentrations of deprivation;

e) Ensure individual and household deprivation becomes part of the national vocabulary;

f) Encourage the Scottish Executive to recognise the complexities of Closing the Opportunity Gap in remote rural areas and the challenges and resources required to address and reach individuals who attempt to hide their circumstances; and

g) Encourage increased flexibility and creativity in the way CPPs are able to deliver national policy, including the opportunity to rural and island proof national policy.

<u>Monitoring and Evaluation</u>
In order to ensure that inequalities in Shetland are reduced the Community Planning Board should:

1) Ensure the evidence in this report is updated on a regular basis, for example with the update of the SIMD later in 2006;
2) Consider returning to participants in two years time to establish whether their quality of life has improved, and if so, whether this is a result of improved service delivery; and
3) Request that those delivering services in Shetland provide regular updates to the CPB on what has been achieved in reducing inequalities.

<u>Research</u>
There is considerable value in undertaking a piece of research that uses front-line staff to undertake the primary research: it alters their perception of the circumstances being faced by people who are receiving services; increases their knowledge and motivates them to improve the service they are providing. However, it is time consuming to implement and obtain sufficient data to draw conclusions.

Shetland's Community Planning Board approved these recommendations on 13 June 2006, requesting that an action plan to address them be developed and tabled at their next meeting.

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Appendix A: List of indicators in the SIMD2004 and Source of Data

Domain	Indicator
Income	Adults in income Support HH (DWP 2002)
	Children in Income Support HH (DWP 2002)
	Adults in Income Based Job Seekers Allowance HH (DWP August 2001)
	Children in Income Based Job Seekers Allowance HH (DWP August 2001)
	Adults in Working Families Tax Credit HH below a low income threshold (DWP/IR April 2002)
	Children in Working Families Tax Credit HH below a low income threshold (DWP/IR April 2002)
	Adults in Disability Tax Credit HH below a low income threshold (DWP/IF April 2002)
	Children in Disability Tax Credit HH below a low income threshold (DWP/IF April 2002)
Employment	Unemployment Claimant Count averaged over 12 mths of those men aged under 65 and women aged under 60 (ONS 2002)
	Incapacity Benefit recipients, men aged under 65 and women aged under 60 (DWP April 2002)
	Severe Disablement Allowance recipients, men aged under 65 and women aged under 60 (April 2002 DWP)
	Compulsory New Deal Participants - new deal for the under 25s and New Deal for the 25+ not included in the unemployment claimant count (DWP April 2002)
Health	Comparative Mortality Factor (CMF) (ISD, 1998-2002)
	Hospital episodes related to alcohol use (ISD, 1998-2002)
	Hospital episodes related to drug use (ISD, 1998-2002)
	Comparative Illness Factor (based on 2001 census data for General Health and Limiting Long Term Illness)
	Emergency admissions to hospital (ISD, 1998-2002)
	Proportion of population being prescribed drugs for anxiety or depression of psychosis (ISD, 2002)
	Proportion of live singleton births of low birth weight (<2,500g) (ISD 1998-2002)
Education	Pupil Performance at SQA at Stage 4 (2001-02)
	Pupils aged 16+ not in full time education (DWP 2002)
	Proportions of 17+ population not successfully applied to Higher Education (UCAS 2000-02)
	Working age adults with no qualifications (2001 census)
	Secondary Level Absences (2001-02)
Housing	Persons in HH which are overcrowded (2001 census)
	Person in HH without central heating (2001 census)
Geographic Access and Telecommunications	Drive time to GP (pointX location data supplied by OS)
	Drive time to supermarket
	Drive time to petrol station
	Drive time to primary school
	Drive time to post office

Appendix B: Baseline List of Indicators and Factors that may Contribute to Deprivation and Exclusion

The following is a baseline list of indicators and factors that may contribute to deprivation and exclusion. It was collated from statistical indicators, qualitative research and academic theory, using the Scottish Index of Multiple Deprivation (SIMD) 2004 domains as the framework.   The focus was on qualitative research undertaken in remote rural areas and indexes developed in the United Kingdom and in other remote and island areas of the world.

This list was used to develop the initial conversational tool.

CONTEXTUAL INFORMATION
Individual Characteristics
Gender
Age
Place of birth
Ethnicity
Marital and Fertility History
Qualifications/Education
Lifetime Employment History/Current Employment Status
Household Composition
Housing Tenure and Condition
Income Group
Car Ownership
Health Status

Area Characteristics
Use of national/local measures to determine remoteness and social fragility
- Population density (persons/sq. km), with cut-off point above which value taken as indicative of fragility (worst 1/3), with substitution of urban areas (High1999)
- % population change 1981-1991 - all those with decline included (High1999)
- % change in population aged 0-15 years, 1981-1991 - all those with decline included (High1999)

Rural areas: parishes with population density of less than one person per hectare (Scottish Homes)

ECONOMIC
Current Income (indirect measure as measures key cause)
Receipt of Income from benefits (BHPS1991)
- Income Support (SIMD2004)
- Income Based Job Seekers Allowance (SIMD2004)
- Working Family Tax Credit, below a certain threshold (SIMD2004)
- Disability Tax Credit (SIMD2004)
- Asylum Seekers (EID2004)
- Council Tax Support, not eligible for Income Support (ILD1998)
- Housing Benefit (only available to those who rent) (Bail2003)
- Reluctant to claim (Shuck2000)
    - culture of independence (Shuck2004)
    - lack of anonymity (Shuck2004)
    - less information/advice about eligibility (Shuck2004)
    - confusion (Shuck2004)
    - affluence in area (Bail2004)
- Poverty trap effects (Shuck2000)

Receipt of Income from employment (BHPS1991)
- lack of ability to make income (Shuck2000)
- juxtaposition of high and low income households (Shuck2000)
- seasonality of income (Bail2004)

Receipt of Income from pensions (BHPS1991)

Other Financial Resources (indirect measure, as measure of key cause)
(under development as part of SIMD)

Persistent Low Income (Average Gross Family Income (PHIS))
- Length of time spent on particular benefit (Bail2003)
- Length of time spent on low income/previous employment history (Bail2003)

Savings/Debts
- Mortgage, credit card, pension, savings account (Bail2003)
- Insurance of contents of dwelling (PSE1999)
- Regular savings for rainy days (PSE1999) of £10/month (G2001)

Cost of Living Adjustment
- High cost of living (Shuck1994/1996) - RPI collects data for different areas (Bail2003)
- Average Annual House sale price (PHIS)

Mechanisms to ensure small income goes as far as possible (SJR2003)
- doing without
- doing it yourself
- travel distances for cheaper goods
- ring-fence saving of small sums
- delay purchase
- use charity shops
- re use (clothing) within family
- use black market
- seek 'interest free' credit
- use cheaper outlets
- bug cheaper products
- seek bargains, and bulk-buy
- spend wisely/carefully
- sell goods to raise money
- co-ordinate family buying of presents
- forward planning
- prioritise
- cut back
- budget for end of month shortage
- focused shopping
- forego quality goods
- don't pay

Employment (measure of exclusion from world of work and why, includes lack of work or inability to work)
(this is a better measure of financial resources available (Bail2003))
General
- No-one within household in employment (PHIS)
- Economically inactive (PHIS)

Lack of work
- Unemployment Claimant (SIMD2004)
- Long-term unemployment (IoLC1991)
- Youth unemployment (MATDEP 1991)
- Compulsory New Deal Participants (SIMD2004)
- Amount of work available (PHIS)
- Lack of employment (Shuck2000)
- Limited range of employment opportunities (Shuck2000) (Mon1999)
- Lack of choice (Shuck2000)
- Exodus of young people (Shuck2000)
- Difficult to find employment if incomer, as tend to use local networks in order to employ (Shuck2000) (Car2000)
- Exodus of people to find work (Bail2004)

Inability to work
- Incapacity Benefit (SIMD2004)
- Severe Disablement Allowance (SIMD2004)
- Disability Living Allowance (PHIS)
- Attendance Allowance Benefit (PHIS)
- Lack of training (Shuck2000)
- Family care responsibilities (Shuck2000)
- Lack of housing in area of work (Car2000)

- Childcare, eldercare, benefits trap (Shuck2004) (Mon1999) (Car2000)
- No family to undertake childcare, if nothing else available (Car2000)
- Need to travel some distance to workplace (Shuck2000)
  - actual cost of travel
  - inconvenience of leaving others at home without car
  - potential employers see this as negative/unreliable, therefore less likely to employ (Car2000)
- Geographic isolation (Car2000)
- No driving licence (Car2000)
- No transport (Car2000) – private or public (infrequent, expensive)
- Stigmatised (Car2000)

Type of work
- Self-employment (PHIS)
- Low pay (Shuck2000)
- Job insecurity (Shuck2000) (Car2000)
- Little scope of career progression (Shuck2000) – small firms (Car2000)
- High degree of non-unionisation (Shuck2000)
- Seasonality (Bail2004)
- Pluriactivity (Shuck2000)
- Gang work and casualisation of traditional farm work (Mon1999)

Other considerations
- Job/skills mismatch (Shuck2004)
- Home/Work location mismatch (Mon1999)
- Work hours/transport mismatch (Mon1999)
- Paucity of training and careers advice (Shuck2000)
- Underemployment (Shuck2000)
- Impact on women: relatively more disadvantaged (part-time, low-paid) (Shuck2000)
- Reliance on informal networks (Mon1999)

SOCIAL
Health (Indirect measure: strongly related to causes and consequences)
(Health and usage of health services (BHPS))
Health Outcomes
Physical Health
- Comparative Mortality Factor (SIMD2004)
- Years of Potential Life Lost (EID2004)
- Deaths due to Heart disease (all forms) and malignant neoplasms (PHIS)
- Comparative Illness Factor (based on 2001 census data for General Health and Limiting Long Term Illness) (SIMD2004)
- Comparative Illness Factor and Disability (EID2004)
- Perinatal mortality (AIH2003)
- Age-specific mortality (AIH2003)
- Overall death rates (AIH2003)
- Premature mortality (AIH2003)
- Leading causes of death and excess deaths (AIH2003)
- Estimated male and female life expectancy at birth in years (using Chiang (II) method) (PHIS)
- Expectancy of a 15 year old surviving to 65 years of age, derived from the life table calculation (PHIS)
- Average annual deaths (from all causes) in the period, expressed as a number and directly age-standardised rate per 100,000 population (PHIS)
- No. and % of individuals with a long-term limiting illness, health problem or disability which limits their daily activities or the work they can do; includes problems due to old age (PHIS)
- Disability prevalence (AIH2003)
- Days away from usual activity b/c of sickness (AIH2003)
- Disability-adjusted life expectancy (AIH2003)
- Life expectancy (AIH2003)
- Disability-adjusted life years (AIH2003)
- Self-assessed health status (AIH2003)
- Self-assessed happiness (AIH2003)
- Estimated number and percentage of current smokers (aged 16-74) (PHIS)
- Average annual deaths due to smoking related causes (aged 16-74) expressed as a number and crude rate per 100,000 population (PHIS)
- Mortality due to accidents (particularly road accidents) (Shuck2000)
- Mortality rate from CHD, all cancers, stroke in under 75 (PAF04)
- Life Expectancy at Birth (PAF04)
- Prevalence of chronic diseases (AIH2003)
- Prevalence of injury (AIH2003)
- Oral Health: decay, missing, filled teeth (AIH2003)

- Prevalence of communicable diseases (AIH2003)
- Rate of genetically determined diseases (AIH2003)
- Rate of other birth defects (AIH2003)
- High blood pressure (AIH2003)
- High cholesterol (AIH2003)
- Overweight and obesity (AIH2003)
- Smoking rates (AIH2003)
- Harmful alcohol consumption (AIH2003)
- Illicit drug use (AIH2003)
- Physical activity (AIH2003)
- Nutrition (AIH2003)
- Sexual practices (AIH2003)
- Driving practices (AIH2003)

Mental Health
- Hospital Episodes related to alcohol use (SIMD2004)
- Hospital Episodes related to drug use (SIMD2004)
- Deaths due to drugs (PHIS)
- Proportion of population being prescribed drugs for anxiety or depression of psychosis (SIMD2004)
- Mood or anxiety disorders, based on prescribing, hospital episode statistics, suicides, health benefits data (EID2004)
- Average annual numbers and directly age-standardised rates for all first psychiatric inpatient episodes (mental health) (PHIS)
- Suicide (Shuck2000)
- Suicide Rate (PAF04)
- Prevalence of mental illness: depressive, anxiety and substance abuse disorders (AIH2003)

Birth/Children/Young People
- Proportion of live singleton births of low birth weight (SIMD2004) (PAF04)
- Deaths within the first year of life (totalled over 4 years) expressed as a number and crude rate per 1000 live births, available only at community, not sector, level (PHIS)
- Hospital continuous inpatient stays among children (0-15) for dental related conditions (totalled over 4 years) expressed as a number and crude rate per 100 children (PHIS)
- Teenage (13-19) pregnancies (totalled over 3 years) expressed as a number and crude rate per 100 females aged 13-19 (PHIS) (PAF04)
- Children born in 1998 whose BMI, derived from height and weight measured at 39-42 month review, is greater than the 85th centile: available only at community, not sector, level (PHIS)
- Maternal smoking recorded at booking (totalled over 3 years) expressed as a number and percentage of all admissions (PHIS)
- Average annual immunisation uptake rate at 24 months for Diphtheria, Pertussis, Tetanus, Polio, Hib, and - separately - MMR. (PHIS) (PAF04)
- Average annual births in the period expressed as a number and crude rate per 100 females ages 15-44 (PHIS)
- Average age in years of first-time mothers over 3-year period (PHIS)
- Average annual number and percentage of children being breastfed at 6-8 weeks review (PHIS)
- Childhood diabetes (Shuck2000)
- Proportion of women still breastfeeding at 6 weeks (PAF04)
- Proportion of 5 year olds with no experience of dental disease (PAF04)
- Birth Outcomes (AIH2003)

Other
- Emergency admissions to hospital (SIMD2004)
- Defined Daily Doses (DDDs) of related anti-depressant and cardiovascular drugs, available only at community, not sector level (PHIS)
- Average annual numbers and directly age-standardised rates of acute hospital continuous inpatient stays for particular diagnoses (cancer, heart disease (all forms), strokes, external causes, suicide/deliberate self harm, diabetes (PHIS)

Health Status
Adults
- No. and % of people who rated their health as "Not Good" (PHIS)
- 2 meals/day (PSE1999)
- Meat/fish/vegetarian equivalent every other day (PSE1999)
- Fresh fruit/vegetarian every day (PSE1999)
- 5 portions fruit and vegetables a day (PAF04)
- Roast joint/equivalent once/week (PSE1999)
- Warm/waterproof coat (PSE1999)
- Appropriate clothes for job interview (PSE1999)
- Two pairs all weather shoes (PSE1999)
- Outfit for social/family occasions (parties/weddings) (PSE1999)
- New (not 2nd hand) clothes (PSE1999)
- Dressing gown (PSE1999)

- Enough money to visit your family Dr and pay for medicine prescription charges when sick (PSE1999)
- Enough money to buy glasses/hearing aids or other medical aids (PSE1999)
- Lack of fresh fruit/vegetables (Shuck2000)
- High cost of food stuffs (Shuck2000)
- Work stress (BHPS)
- Smoking (PAF04)
- Exceeding alcohol limits (14/21 units) (PAF04)
- Drug misuse (PAF04)
- Physical activity: 30 minutes more than 5 days per week (PAF04)

Children
- Fresh fruit/vegetables at least once/day (PSE1999)
- Three meals/day (PSE1999)
- Meat/fish/vegetarian equivalent at least 2x/day (PSE1999)
- Warm/waterproof coat (PSE1999)
- New properly fitted shoes (PSE1999)
- All school uniform required by school (PSE1999)
- 4 or more cardigans/jumpers/sweatshirts (PSE1999)
- 4 or more pairs trousers/skirts etc (PSE1999)
- 7 or more pairs new underwear (PSE1999)
- Some new (not 2nd hand) clothes (PSE1999)

Community
- Reliance on families to access (Bail2004)
- GP not have specialist knowledge (Bail2004)
- Stigmatised due to type of illness (Bail2004)
- Confidentiality of GP (Shuck2000)

Education, Skills, Training (indirect measure: strongly related to causes and consequences)

Causes (Bail2003)
Qualifications in terms of Skills Base (EID2004)
- Working age adults with no qualifications (SIMD2004)
- Number and percentage of all adults aged 16-74 with no qualifications (PHIS)
- Proportion of working age adults (aged 25-54) in the area with no or low qualifications (EID2004)
- % residents where household head is unskilled (social class V) (Jar1998)
- Literacy and Numeracy (meeting)
- Sceptical of role of education in helping gain employment (Bow2000)
- Lack of attainment at school, influences people's perceptions (Bow2000)
- Concern over abilities in a learning environment (Bow2000)
- Lack of information/social networks to transmit information about (Bow2000)
- Feeling that may be subject to discrimination (Bow2000)
- Precarious nature of family life, education may be too much (Bow2000)
- 2ndary school children boarding, weekly (Chapman, 1987)

Consequence (Bail2003)
Attainment Among Children and Young People (EID2004)
- Pupil Performance at SQA at Stage 4 (SIMD2004)
- Average point score of pupils at Key Stage 2 (end of primary) (EID2004)
- Pupils aged 16+ not in full time education (SIMD2004)
- Proportions of 17+ population not successfully applied to Higher Education (SIMD2004)
- Proportion of those aged under 21 not entering Higher Education (EID2004)
- Secondary Level Absences (SIMD2004)
- Literacy and Numeracy

Crime and Social Order (direct measure of area characteristics associated with concentrations of deprivation)

(under development as part of SIMD)
Crime (Incidence or Recorded)
- Rate of recorded crime for four major crime themes (EID2004):
  o burglary
  o theft
  o criminal damage
  o violence
- Occurrence of personal and material victimisation at a small area level (EID2004)

Fear of Crime
- Facilities for children to play safely nearby (G2001)
- Community policing (G2001)

Social Disorder
- Vandalism (to be considered for future SIMD)
- Graffiti (to be considered for future SIMD)
- Malicious fires (to be considered for future SIMD)
- False call-outs (to be considered for future SIMD)

Social Relations and Social Capital (direct measure in relation to individual deprivation)

(under development as part of SIMD)
Social capital, including socio-economic values (BHPS)
How much is this getting by, rather than getting on?
- Proportion of all persons in private households with head of household in Social Class 4 or 5 (Car1981)
- Social Grade: number and percentage of adults (16+) in households classified as AB (Higher and intermediate managerial/administrative/professional) and E (on state benefit, unemployed, lowest grade workers (PHIS)
- Lone Parents: % residents in 'lone parent' households (Jar1998)
- Lone parent Households: expressed as a number and percentage of all households with children (PHIS)
- Under 5s: % residents aged under 5 (Jar1998)
- Elderly living alone: % elderly persons living alone (Jar1998)
- Lone Pensioner Households: Lone pensioner households expressed as a number and percentage of all households (PHIS)
- Ethnicity: % households headed by a person born outside the UK (Jar1998)
- Residential Mobility: % residents who changed address in previous year (Jar1998)
- Providers of unpaid care: number and percentage of all people providing any unpaid care (PHIS)
- Population: Population aged 0-15; 16-64; 65+ (no. & % total population) (PHIS)
- Migration: No & % people moving into/out of area in previous year (PHIS)
- Minority Ethnic Groups: No & % total population categorised as being in minority ethnic group (PHIS)
- % of dependents with a lone carer (ONS1991/1999)
- Identity and Self-worth (Shuck2000)
- Unwillingness to seek help (particularly official help)
- Marginalisation, within local community and authority (Bail2004)
- Participation, social engagement, commitment (future SIMD)
- Control, self-efficacy; (future SIMD)
- Perception of community level structures or characteristics; (future SIMD)
- Hobby/leisure activity (PSE1999)
- Holiday away from home for 1 week/year not staying with relatives (PSE1999)
- Able to have friends/family around for meal (G2001)
- Evening out once/fortnight (G2001)
- Meal in restaurant/pub once/month (G2001)
- Go to pub once a fortnight (G2001)
- Able to visit friends/family in hospital or other institutions (PSE1999)
- Visit friends/family (PSE1999)
- Visit to friends/family off island (G2001)
- Celebration of special occasions (PSE1999)
- Visits to school (e.g. Sports day) (PSE1999)
- Attend weddings/funerals etc. (PSE1999)
- Collect children from school (PSE1999)
- People around for meal (PSE1999)
- Yearly presents for family (PSE1999)
- Having a daily newspaper (G2001)
- Having a car (G2001)

Children
- Play-group at least once a week for pre-school aged children (G2001)
- Able to have celebrations on special occasions (G2001)
- At least £1 pocket money (G2001)
- Leisure equipment (sports equipment) (G2001)
- Hobby/leisure activity (G2001)
- Friends round for tea/snack fortnightly (G2001)
- Swimming at least once per month (G2001)
- Going off-island for school trip for school children age (G2001)
- Holiday away from home at least one week a year with his/her family (G2001)

Social Relations
'networks together with shared norms, values and understandings that facilitate cooperation within or among groups' (Cote and Healy, 2001: p.41)
- Networks (Shuck2000)
- Out of site, out of mind/stigma (Shuck2000)
- Willingness to share resources

- Atmosphere of self-sufficiency and self-reliance
- Class-less, egalitarian
- Volunteer burn-out (Shuck2000)
- Amount of time able to spend volunteering (more women in work)
- Claustrophobic and unable to behave in way to which wide community would approve (Shuck2000) particularly young people (Shuck2004)
- Decline in rural culture (Shuck2000)
- Councillors are articulators of interests of those constituents who contact them (Shuck2000)
- Empowerment (Shuck2000)
- Friendship and Kinship support (Shuck2000)
    - Grandparents for childcare
    - Younger Family members close by to assist elderly relatives
- Social interaction, social networks, social support; (future SIMD)
- Trust, reciprocity, social cohesion (future SIMD).

Satisfaction with living in locality
If dissatisfied, why remain in locality?
- Lack training (Jon1997)
- Too attached to area (Jon1997)
- Strong family ties (Jon1997)
- Lack of information (Jon1997) unless middle class parents
- Unable to commute to work opportunities (Jon1997)
- Lack of housing (Jon1997) perceived lack of social housing and substandard and, usually remote, private (Pav2000)
- Low paid (Pav2000)
- Low quality employment (Pav2000)

ENVIRONMENTAL
Housing (direct measure of aspects of material living standards)
Access
- Lack of ability to find affordable housing (spatially excluded) (Shuck2000)
- Lack of social housing (Shuck2000)
- Difficulty of access to owner-occupation (EID2004)
- Why housing not affordable – incomers? (Bail2004)
- Planning systems (Shuck2000)
- Monopoly landlords (Shuck2000)
- Number and percentage of household spaces which are unoccupied (PHIS)
- Percentage of households for whom a decision on their application for assistance under the homeless provisions of housing legislation has been made (EID2004)
- Need to remain in family home, as alternative to leaving area for housing (Shuck2004)
- Origins of homeless people (Bail2003)
- High Cost of Housing (Shuck1994)
- Lack of Housing (Shuck1994)
- Long waiting lists (Shuck1994)

Physical Quality and Adequacy (Bail2003)
- Person in household without central heating (SIMD2004)
- Heating to warm living areas (PSE1999) of home if it's cold (G2001) - WHO has recommendations
- Damp free home (PSE1999)
- Draft free house (FPW2005)
- Climate (FPW2005)
- Energy Efficiency and Insulation of house (FPW2005)
- Type of fuel heating (FPW2005): oil, electric storage, electric other, solid fuel, other, gas, peat + average costs for local area (inc. extra transport costs)
- Central Heating (FPW2005)
- Ability to afford fuel (FPW2005) – budget accurately, access to Direct Debit, debt with suppliers
- Electricity Supply (FPW2005) inc. pre-payment meter (inc. access to buy tokens)
- Central Heating and ability to use it (afford it) (FPW2005)
- Awareness of assistance for improving conditions (FPW2005)
- Amenity: household lacking or sharing use of bath/shower and/or inside WC (MS1993) (IoLD1998)
- Persons in household which are overcrowded (SIMD2004)
- Children in unsuitable accommodation (IoLC1991)
- Enough rooms for every child over 10 of different sexes to have own room (G2001) – Children
- Flexibility (Meeting)
- Enough money to keep home decorated (PSE1999)/in decent state of repair (G2001)
- Enough money to keep home in decent state of decoration (G2001)

- Poor Conditions (Shuck1994)
- Other aspects of suitability of households (AIH2003)

Security (Bail2003)
- Security of tenure
- Tenants rights (meeting)

Facilities
- Fridge (PSE1999)
- Able to replace broken goods (PSE1999)
- Freezer (PSE1999)
- Carpets in living rooms/bedrooms (PSE1999)
- Phone (PSE1999)
- Washing machine (PSE1999)
- TV (PSE1999)
- Able to replace worn out furniture (PSE1999)
- Dictionary (PSE1999)
- Beds and bedding for everyone in Household (PSE1999)
- Money to pay someone to carry out odd-jobs around house (window cleaning, gardening (G2001)

Access to Telecommunications and Services (direct measure of financial cost, time and inconvenience of travelling long-distances to access basic services)

Mobility Deprivation (Residential Mobility (BHPS) ability to access jobs etc.)
- Car ownership (proxy indicator of income) (Town1981 and others)
- Households without a car: Number and percentage of HH without access to a car or van (PHIS)
- Need to own a car to access (Shuck2000)
- High cost of car dependence (Shuck2000)
- Restricted choices in all areas of life (Shuck2000)
- Dependence on public transport (particularly women, elderly, young people, children whose parents work full-time) (Shuck2000)
- Travel to work/study by foot/bike/public transport: Number and percentage of people travelling to work/place of study by public transport (bus, train, underground) bicycle or on foot (PHIS)
- Use of childcare: cost flexibility, type and location (considered as part of EID), as barrier to housing/services
- Limited public transport (Sto2000)
- Unfriendly attitude of bus drivers/older passengers (Sto2000)
- Reliance on lifts from parents etc. (Sto2000)
- Access to bike (but climate and distance) (Sto2000)
- Availability of other transport (AIH2003)

Opportunity Deprivation (Access to Essential Services)
- Drive time to GP (SIMD2004)
- Drive time to supermarket (SIMD2004) or convenience store (EOD2004)
- Drive time to petrol station (SIMD2004)
- Drive time to primary school (SIMD2004)
- Drive time to post office (SIMD2004)
- Road distance to community internet facility (SIMD2003)
- To Hospital (PSE1999)
- To Doctor (PSE1999)
- GPs per head of population (considered as part of EID)
- Recruitment of GPs (Shuck2000)
- To Dentist (PSE1999)
- To Optician (PSE1999)
- To Chiropodist (PSE1999)
- Home-help (PSE1999)
- Meals of Wheels (PSE1999)
- School Meals (PSE1999)
- Chemist (PSE1999)
- To Place of Worship (G2001)
- Day centre for elderly (G2001)
- Lunch club for elderly (G2001)
- Parish hall (G2001)
- Bank/building society (G2001)
- Public pay phones (G2001)
- Corner shop (G2001)
- Public transport to school (G2001)
- Special transport for those with mobility problems (G2001)
- Bus services (G2001)

- Access to transport hubs (considered as part of EID)
- Availability of quality transport (distance to nearest bus stop) (considered as part of EID)
- Take into account frequency, quality, destinations etc. of transport (considered as part of EID)
- Petrol stations (G2001)
- To affordable fuel (fuel poverty) (considered as part of EID)
- Childcare facilities (Shuck2000)
- Length of time (particularly mothers) spend 'busing' children around to participate in activities (Shuck2000)
- Generalised travel costs: type and cost of public transport, waiting times, convenience, quality) (considered for future SIMD)
- Access to employment (considered for future SIMD)
- Coverage of telecommunications infrastructure: mobile phone networks, broadband access, cable television, digital radio transmission (considered for future SIMD) + home computer/internet point
- Quality of school (considered for future SIMD)
- Waiting time for GP (considered for future SIMD)
- Costs of travel (considered for future SIMD)
- Quality of services (considered for future SIMD)
- Effective: care, intervention or action achieves desired outcome (AIH2003)
- Appropriate: care/intervention/action provided is relevant to the client's needs and based on established standards (AIH2003)
- Efficient: achieving desired results with most cost effective use of resources (AIH2003)
- Responsive: service provides respect for persons and is client orientated and includes respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks and choice of provider (AIH2003)
- Accessible: ability of people to obtain health care at the right place and right time irrespective of income, physical location, cultural background, age and sex (AIH2003)
- Safe: the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered (AIH2003)
- Continuous: ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time (AIH2003)
- Capable: as individual's or service's capacity to provide a health service based on skills and knowledge (AIH2003)
- Sustainable: systems' or organisation's capacity to provide infrastructure such as workforce, facilities and equipment, and be innovative and respond to emerging needs (research, monitoring) (AIH2003)

Opportunity Deprivation (Access to Leisure Services)
- Youth club (G2001)
- After school clubs (G2001)
- Nurseries/playgroups etc. (G2001)
- Mother and Toddler Groups (Shuck2000)
- Pub (G2001)
- Cinema/theatre (G2001)
- Evening classes (G2001)
- Museums/galleries (G2001)
- Public sports facilities (G2001)
- Libraries (G2001)

Other Considerations
- Higher costs of goods/services in rural areas, because cost of getting them there (Shuck2000)

Physical/Living Environment (direct measure of area characteristics associated with concentrations of deprivation and impact can have on health/well-being) (Bail2003)
- Air/Water/Noise Quality (to be considered for future SIMD)
- Air Quality (indoors – quality of housing/outdoors – living environment (EID2004))
- Proximity to Noxious Industries (to be considered for future SIMD)
- Proximity to negative (phone mast, noxious industries) or positive (open spaces) (to be considered for future SIMD)
- Road Traffic Accidents involving injury to pedestrians and cyclists (EID2004)
- Derelict land (IoLC1991/IoLD1998)

Key/List of Sources
Statistical Indicators
Scottish Index of Multiple Deprivation 2004 (SIMD2004)
Scottish Index of Multiple Deprivation 2003 (SIMD2003)
English Indices of Deprivation 2004 (revised) (EID2004)
Poverty and Social Exclusion 1999 (adaptation of Breadline Britain, 1983 and 1990) (PSE1999)

Survey of Guernsey Living Standards 2001 (G2001)
Jarman Underprivileged Area Score (Jar1998)
Townsend Material Deprivation Score 1981 (Town1981)
Carstairs and Morris Scottish Deprivation Score 1981 (Car1981)
MATDEP (material deprivation index) and SOCDEP (social deprivation index) 1993 (MS1993)
Department of the Environment's Index of Local Condition 1991 (IoLC1991)
Department of the Environment, Transport and the Regions' Index of Local Deprivation 1998 (IoLD1998)
ONS classification of Local and Health Authorities of Great Britain 1991 & 1999 (ONS1991/1999)
PHIS/NHS Health Scotland: integrated public health dataset
Fragile Rural Areas in Highland 1999 (High1999)
British Household Panel Survey, annual since 1991 (BHPS)
Bailey et al. (2003) *Measuring Deprivation in Scotland: Developing a Long-term Strategy*, Final Report,
Scottish Centre for Research on Social Justice (Bail2003) + other reports and Scottish Exec response
Mapping Deprivation in the South West (SW2002)
Shetland Fuel Poverty Workshop (FPW2005)
NHS Performance Assessment Framework 2004-2005 (PAF04)
Australian Institute of Health and Welfare (2003), *Rural, regional and remote health: information framework and indicators, Version 1*(AIH2003)

Factors from Qualitative Research
Shucksmith, et al (1994) *Disadvantage in Rural Scotland: How is it experienced and how can it be tackled?* (Shuck1994/1996)
Shucksmith, M (2004) *Social Exclusion in Rural Areas: a review of recent research*, Arkleton Centre for Rural Development Research, University of Aberdeen (Shuck2004)
Pavis, S. et al (2000) *Social Exclusion and Young People in Rural Scotland*, Joseph Rowntree Foundation (Pav2000)
Jones, G. and Jamieson, L. (1997) *Young People in Rural Scotland. Getting on and Staying Out*, Centre for Educational Sociology (Jon1997)
Bailey, et al (2004) *Deprivation and social exclusion in Argyll and Bute*, Scottish Centre for Research on Social Justice (Bail2004)
Monk, S. et al (1999) *Finding work in rural areas: barriers and bridges*, Joseph Rowntree Foundation (Mon1999)
Bowman, H. et al (2000) *Attitudes to adult education in disadvantaged areas*,
Joseph Rowntree Foundation (Bow2000)
Cartmel, F. and Furlong, A. (2000) *Youth unemployment in rural areas*, Joseph Rowntree Foundation (Car2000)
Storey, P. and Brannen, J. (2000) *Young people and transport in rural areas*, Joseph Rowntree Foundation (Sto2000)
Social Justice Research Programme (2003) *Life in Low Income Families in Scotland*, Scottish Executive (SJR2003)

Structure and Agency Approaches
Shucksmith, M. and Philip, L. (2000) *Social Exclusion in Rural Areas: a literature review and conceptual framework*, Scottish Executive Central Research Unit. (Shuck2000)
Reimer, B. (2004) *Social Exclusion in a Comparative Context*, Sociologia Ruralis (Reimer2004)

Appendix C: Researcher Participation Sheet

A) Recruitment of Potential Participants (Obtaining Verbal Consent)
The first part of this process is for you to identify all those households in the area, known to you through your work, which, in your professional capacity, you believe to be facing deprivation/social exclusion.

In order to assist with this, you're asked to complete a form (Household Sheet). A copy will be forwarded to you.

a) Recording the Existence of Households:
- Against each number (**Column A**) please record the existence of a household in the locality by inserting an X in **Column B** (do **not** record the name or address of the household). This household, or someone within it, will be one that you see through your work and you feel is deprived/socially excluded.
  There is a clear basis for selecting people: they are living in a condition believed to be professionally unacceptable. Therefore, you will need to select those individuals/households that, in your professional capacity, are living in condition that is poorer than the majority.
  NB: although you will be recording households, it is likely that you'll be interviewing one individual within that household. That individual is likely to be the person that you normally work most directly with. So the interview will be undertaken in relation to one individual, although some of the questions may relate to the household or other members within it.
- Continue with this until you've recorded all those households that you think fall into this category, within the locality;
- Once this is complete please consider, for each, whether you'd feel able to undertake an interview with them. In doing this, please bear in mind your knowledge of the interview tool;
  - If you feel that it would be appropriate, please insert an X in **Column C**;
  - If you don't, please indicate, in **Column D,** why you don't feel that it would be appropriate (this will enable the research to establish any biases which may exist) for example:
    - you don't know them well enough;
    - you don't feel that your professional relationship is such to undertake;
    - you feel that there may be problems with communication;
    - you don't think the household would wish to participate;
    - you feel the household has factors in their life that would make it difficult for them to be interviewed.

b) Making Initial Contact About the Research:
For all those households/individuals with an X in **Column C**:
- Please contact each of these households/individuals about the research.
  - You may wish to do this by phone, or when you're meeting with them anyway, as part of your normal role.
- Please cover the following points:
  - You're contacting them about being involved in a piece of research currently taking place in Shetland, by people working in Shetland;
  - Let them know that a project is being undertaken to find out about the quality of people's lives and would involve you asking them some questions;
  - They may already have been contacted by other service providers: this is because the research is being conducted anonymously and being undertaken by a number of different agencies;
  - If they've already been contacted, apologise for any inconvenience caused (if this is the case, please record with an X in **Column E.** They may disclose who's contacted them, if so, please record this, but don't ask them to disclose);
  - If they've not been contacted, let them know a bit more about the research:
    - That it's about finding out about real experiences;
    - That it will take the form of a conversation between you and the person;
    - That there's no obligation to answer all of the questions/talk about all of the issues that come up;
    - That information provided by the person will not be identifiable back to that person: their name and address will not be associated with the information.
  - Try to reassure them that the process is positive, rather than threatening, and to assure them that their contribution will be very helpful in order to find out detailed information about people's experiences.

- If the person is not interested in taking part, thank them for their time, and apologise for any inconvenience caused (if this is the case, please record with an N in **Column E,** they may disclose why not, if so, please record this, but don't ask them to disclose).

If the person is interested in participating, please record with a Y in **Column E** and arrange a time to go through the PIS and obtain written consent.

Continue to section **B) Obtaining Written Consent**.

B) Obtaining Written Consent

The Chief Investigator will have provided you with an electronic copy of the. Please add in your contact details on the Participant Information Sheet (PIS) and print-off copies, as appropriate.

1) Introducing the PIS:
- Go through the PIS with them, ensuring that they understand all of the information and reassuring them, as above.
  An individual under the age of 16 does not need the consent of a parent/guardian as long as the researcher believes the person is aware of the consequences of participating.
- Please make the individual aware that they are free to contact yourself, the Chief Investigator or the Project Sponsor at any time (details on the PIS).
- If you're not to be the interviewer, please reassure them that the interviewer is trained in this area, will be aware of the confidentiality etc.
- The individual is entitled to at least 24 hours to decide whether they wish to participate: you may therefore need to return to the household at a later date.

If the person is happy to participate continue to section 2), if not, thank them for their time, and move on.

2) Consent Forms:
- Go through the consent form, ensuring they understand all of the statements;
- **Two** identical consent forms, must be completed.
- For each, please ensure:
  - You complete the following:
    - Identification Number
    - Your name
    - The date and version number of the PIS
  - The participant:
    - Initials the boxes
    - Enters name, date and signs
  - You:
    - Enter name, date and signs.
    - Leave a PIS and one of the signed consent forms with the participant.
    - Retain one for your own records.

If the person is happy to go through with the interview, but doesn't wish to sign a consent form, their participation will be taken as an indication of consent.

3) Arrange an Interview Time:
- Finally, arrange a time and place to meet to go through the questions, at mutual convenience.
- Thank them for their time.
- Insert the date of the Interview in **Column F.**

Once the Household Sheet is complete, please retain a copy, and return a copy to the Chief Investigator, at **:

Please mark all correspondence as CONFIDENTIAL.

C) The Interview/Conversation
The tool has been developed to include a variety of different methods for obtaining information, to enhance interaction and the interest of the participant.

This flow chart will guide you through the process:

Please note: throughout, text in:
- *italics* provides instructions to you
- **bold** are questions to be read out, as appropriate, to the participant.

Initial Sheet
(to be completed for all participants)

↓

Prioritise Question Sheets for Interview
(based on initial discussions, but leaving economic towards the end)

↓

Ask Question Sheet for characteristic seen to be of
greatest concern/disadvantage to participant
(circling number to indicate which order the sheets were answered)

↓

Ask Question Sheet for characteristic seen to be of
Next greatest concern/disadvantage to participant
(and so on, until all is complete, or you feel the interview should end)
(circling number to indicate which order the sheets were answered)

↓

Final Questions
(to be completed for all participants)

Points to Remember:
- This tool has been built to be as adaptable as possible: to find out as much as we can about the experiences of people. However, in order, to make best use of the tool and the time that you have with the person to discuss these issues, you'll need to use your own initiative to follow-up issues that appear to be particularly important for the participant, and record the responses. This may require you to draw on existing knowledge and create your own prompts as you go along.

- You must ensure the meaning behind questions and statements is put across to the participant, however, please use some artistic license with the wording, if you feel that would make the interview more constructive. Use your existing knowledge of the individual and their circumstances to construct questions and prompts.

- Don't ask questions if you feel they have been covered elsewhere in the tool.

- Record information as succinctly as you can: try to pick out the main points the person is saying, and write these down. To get the full value of qualitative research, it is useful to record informative quotes. After you have recorded the key points, please read the information back to the participant, to ensure that they are happy with what you have written.

- Remain sensitive to the needs of the participant. Ask them, on a regular basis, if they wish to continue.

- The tool may lead to distress or anger on the part of the participant, in relation to the circumstances that they find themselves in. Please use your professional judgement to deal with these circumstances, and, if you feel it is necessary, refer the participant to another professional. If you are unsure about this, please contact the Chief Investigator or pass your concerns onto your line manager, who should be able to assist.

- The participant has the opportunity to ask you to move on from a particular question/issue which they don't want to discuss; to stop to return to later; or to stop for good. Please respect their wishes and, as appropriate, thank them for their time.

- At certain points during the process, you may feel that it is appropriate to ask the person if they would like to find more information about an issue/would like help, or if they would like you to find out

more for you, or get some to contact them. If so, please record this, to follow up with yourself and/or provide them with relevant contact details.

- Once the interview is complete, thank the participant, and assure them that they will be provided with any information in relation to the findings of the research, in the near future.

- Your role within this project is to find out about all the issues that a person may be experiencing to decrease their quality of life. You will have a particular interest, because of your work: try to keep the interview balanced to reflect the participants interests rather than your own!

D) After the Interview
Please finalise your recordings, and provide the information to the Chief Investigator before **.

Remember: please ensure that the information is known to the Chief Investigator only through the Identification Number.

Please keep in contact with the Chief Investigator in relation to how many people are interested in providing consent/being interviewed, so that progress can be monitored.

As the interviews are part of the process of developing a tool, you may be asked to return to the participant to ask additional questions.

If you wish to contact the person who is making sure all the research is taking place, please contact **, using the details above.

Appendix D: Study Areas

a) Northmavine (Datazone 1005519 and some of 1005518)

The Parish of Northmavine is the most peripheral on the mainland of Shetland, stretching from Mavis Grind in the South to North Roe. Mavis Grind is 25 miles by road north of Lerwick, and North Roe a further 14 miles north, covering an area of 223 square kms.

The population is scattered throughout the area, with the majority located around the four main settlements of Hillswick/Urafirth, Ollaberry, North Roe and Sullom. The average population density is 3.7 people per square kilometre. It is in slow decline, from 857 in 1991 to 828 in 2001 (3.4% decline), and to a projection of 742 in 2011, with an aging population and declining school rolls at the three primary schools[111].

In 2003 there were 375 properties: 58 social rented and 317 private. 83% were occupied[112]. Of these, 15 were Sheltered Housing and Very Sheltered Housing. Northmavine is viewed as a low demand area for housing, but requiring the development of housing opportunities for young people. However, owner occupation has increased in recent years, as average incomes have risen above the affordability level in the area[113].

Employment is based on a few industries: crofting, as an income, is declining, as is fishing. However, one of Shetland's largest pelagic fishing boats is based in the area. Aquaculture brings further employment as does Sullom Voe Oil terminal[114]. However, employment opportunities are increasingly dependent on employment opportunities out-with the area, with potential to accelerate population decline. Attempts are being made to diversify[115]. There are 77 income-deprived individuals within the datazone of Northmavine[116], 11.31% of the population. This datazone contains 5.16% of income-deprived individuals in Shetland, but only 3.1% of the population. 54 households claim council tax benefit and/or housing benefit and only five are in arrears to the Council in relation to housing rent. This is 10.4% of the council properties in the area, much lower than the Shetland average of 19% of council properties. 42 individuals have a community alarm, 6.2% of the population of the area. The Shetland average is 3.4%. 231 enquiries were made to the CAB in 2005, 33.9% of the population of Northmavine, higher than the Shetland average of 9%.

There are three primary schools and a GPs surgery, two shops, a garage and a few other community facilities and services.

b) Scalloway[117] (Datazone 5005498)

The village of Scalloway is the ancient capital of Shetland, approximately 7 miles by road to the west of Lerwick. The population of 1129[118] is spread over an area of just one square kilometre. The population decreased from 1981 to 1991 but has increased since by 7.2% to 2001. Of the population in 2001, 18.4% are under 16 and 15.7% 65 or over.

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[111] Shetland Local Plan, 2002
[112] Housing Market Survey, Shetland Islands Council, Housing Service, 2002
[113] SIC Housing Service, 2004
[114] Shetland Local Plan, 2002
[115] For example, Initiative at the Edge Development Company
[116] SIMD2004
[117] Further information about Scalloway can be found in the Scalloway Profile 2004: executive summary, business profile, community profile and young person's profile:
http://www.shetland.gov.uk/datashare//AreaList.asp?ar=24
[118] Census, 2001 and Scalloway Profile

In 2003 there were 399 properties: 93 social rented and 306 private. 95% were occupied[119]. Of these, 18 are Sheltered Housing and Very Sheltered Housing. Scalloway is viewed as a high-pressure area for housing, with a significant demand for social rented housing, at over twice the Shetland average[120].

Scalloway remains the main port and fishing centre on the west coast of Shetland. Many of the jobs in the village are still related to these activities. Other employment exists in aquaculture and from small industries in the Blydoit Industrial Estate. There is also employment in services and the North Atlantic Fisheries College.

There are 65 income-deprived individuals within the datazone of Scalloway, 7.5% of the population. This datazone contains 4.4% of income-deprived individuals in Shetland, but 3.8% of the population. 86 households claim council tax benefit and/or housing benefit and 21 are in arrears to the Council in relation to housing rent. This is 21.88% of the council properties in the area, slightly higher than the Shetland average of 19% of council properties. 44 individuals have a community alarm, 5.1% of the population of the area. The Shetland average is 3.4%. 137 enquiries were made to the CAB in 2005, 15.8% of the population of Northmavine, considerably higher than the Shetland average of 9%.

Scalloway has a number of shops, a post office, a school from 3-16 years and a GPs surgery. It also has a care centre and garage.

c) English as an Additional Language (EAL) Classes and English Plus drop-in, run by Shetland College and Adult Learning

English as an Additional Language (EAL) Classes are run by Shetland College. Classes are built around an environment of teaching and learning, including the participants place in society. This is an informal drop in session held on a weekly basis to:

- To provide an opportunity for people with English as an Additional Language to talk in English in an informal setting;
- To provide a forum for EAL learners to support each other, to raise issues of common concern, or seek advice and information about living and working in Shetland; and
- To provide an opportunity for agencies to consult informally with people with English as an Additional Language about a range of issues.

The organiser of both felt it was appropriate for individuals who participate in one or other of these to be approached to participate in the research.

d) Group support through Shetland Link-up

This mental health charity offers informal, mixed-gender 'drop-in' and a group run by women for women (Women of Worth). Both enable people to talk and share feelings as a group, but confidential support is also available.

e) Outreach Service provided by the Homelessness Team within the SIC's Housing Service

This service provides generic assistance to people in Shetland registered as homeless. For example those in Ladies Drive Hostel, Hoofields and other temporary accommodation in Shetland. The service is responsive to the needs of people, providing practical assistance from cooking to completing forms.

f) Outreach Service provided by Community Drugs Team

This service provides direct support to people with a drug addiction.

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[119] Housing Market Survey, Shetland Islands Council, Housing Service, 2002
[120] SIC Housing Service, 2004

Appendix E: Data Sources Used

National Data Sources: Scottish Index of Multiple Deprivation
The SIMD2004, as the official measure of deprivation in Scotland, consists of six individual domains, combined and weighted together to produce the final index:
- Current Income Domain
- Employment Domain
- Housing Domain
- Health Domain
- Education, Skills and Training Domain
- Geographic Access and Telecommunications Domain

There are 31 separate indicators within these six domains[121].

The spatial unit of datazones across Scotland was developed and used for SIMD2004. These combine Census Output Areas (OAs), areas with a minimum of 50 people/20 households), into areas of between 500-1,000 people. There are 6505 datazones across Scotland. Shetland has 30 datazones for a total population of 21988[122].

The published data gives an overall deprivation score for each datazone in Scotland and ranks them from most (1) to least (6505) deprived. Data is also provided on the six domain scores for each datazone, enabling the nature or make-up of problems in each area to be examined. The income and employment domains are regarded as the most important contributors to deprivation and each make up 28.6 per cent of the final index. Health and education each make up 14.2 per cent each; housing, 9.5 per cent; and geographical access and telecommunications, 4.8 per cent. In most cases data used is from the 2001 census or available data from 2002.

The overall deprivation score or ranking is a relative measure. The income domain is the sum of those claiming a number of benefits[123]. The information can therefore be used to establish the distribution of people in Shetland claiming the following:
- Adults in income Support HH (DWP 2002)
- Children in Income Support HH (DWP 2002)
- Adults in Income Based Job Seekers Allowance HH (DWP August 2001)
- Children in Income Based Job Seekers Allowance HH (DWP August 2001)
- Adults in Working Families Tax Credit HH below a low income threshold (DWP/IR April 2002)
- Children in Working Families Tax Credit HH below a low income threshold (DWP/IR April 2002)
- Adults in Disability Tax Credit HH below a low income threshold (DWP/IF April 2002)
- Children in Disability Tax Credit HH below a low income threshold (DWP/IF April 2002)

Local Data Sources
Information has been gathered from as many relevant organisations and services provided by the local authority as possible. These operate in different ways, with different protocols and processes in place. Table a) provides information on:
a) the different service providers who contributed to this piece of research;
b) a description of the service they provide; and

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[121] The full list of indicators included in each domain is given as Appendix A
[122] Census 2001
[123] There is not considered to be significant double counting: [123] Scottish Executive (2004) *Scottish Index of Multiple Deprivation 2004: Summary Technical Report*

c) the extent to which they were able to be involved and why.

<u>A) Statistical Information</u>
a) <u>Number of Claimants of Housing Benefit and/or Council Tax Benefit</u>[124]
Housing Benefit and Council Tax Benefit schemes are means tested, income related schemes. Generally the lower the income, the more benefit paid. As with most means tested benefits the level of benefit allowed depends on a comparison between a claimants 'needs' and 'resources'.

Need is measured by determining the minimum income that the government believes a person could be expected to live on. Resource is measured by determining the level of income and capital a claimant has. The regulations state that a claimant is treated as possessing any income or capital belonging to the claimant himself or herself or any partner he or she has.

This assessment is standard across Scotland. Data is available for Shetland and areas of Shetland to enable comparison with the SIMD. The data analysed was captured on 28.10.05.

b) <u>Number of Households in Arrears to the Council for Housing Rent</u>[18]
Data is available on the number of people in Shetland, and different areas of Shetland, who are in arrears to the Council in payments for Housing Rent on the Council's housing stock. The amount of arrears takes into account any Housing Benefit entitlements. This information provides some indication of deprivation, as debt is a factor: most arrears are people with short-term problems that take a long time to sort out and/or people who struggle with the benefits system (particularly if they are just on the line of receiving benefit or not).   In addition there are households who chose not to pay. The data analysed was captured on 21.11.2005.

c) <u>Number of Individuals with a Community Alarm</u>[125]
This service is provided through the local authority's Social Work Service. Clients are from all age groups and diverse circumstances. Alarms are provided to individuals at risk, whether through self-referral or referral from social workers or other services (e.g. NHS), for example, those with a physical disability, including the elderly, those concerned about abuse.

Community Alarms are available throughout Scotland. However, cost to the individual varies across the country. This may cause variations in uptake of the service. In Shetland there is no charge for installation, equipment and rental. This may make figures higher, relative to other areas. However the service is also free of charge in Orkney yet numbers are significantly lower.

Nevertheless it is useful to use these figures as an assessment of need for Shetland and between different areas of Shetland. The data analysed was captured on 01.12.05.

d)   <u>Number of Enquires to Citizen's Advice Bureau (CAB)</u>[126]
All enquires to the CAB office in Shetland are recorded, using nationally determined categories. The manager of the CAB office in Shetland made an assessment as to which categories were a suitable indicator of individuals/households experiencing deprivation

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[124] Information provided by Shetland Islands Council's Revenue Service
[125] Social Work Service, Shetland Islands Council
[126] Citizen's Advice Bureau, Shetland

and social exclusion. Data was retrieved from the system relating to the number of enquiries in these categories, for Shetland and different areas of Shetland during 2005.

This data cannot be used as a direct measure of numbers of individuals and/or households, as the same people may be enquiring about a variety of issues. However, it is a valuable measure of need.

e)   <u>Grants for School Meals and Clothing</u>
Both grants are means tested: the former based on Income Support, Income-based Jobseekers Allowance, and Child Tax credit only with income less than £14,155 (from April 2006); and for clothing grant also includes Working Tax Credits with an NHS exemption card. Therefore this therefore some replications with national benefits, however, data provides more detailed information distribution of households.

<u>B) Professional Input</u>
A short questionnaire was compiled for self-completion by front-line staff involved in undertaking the research and by service providers involved in delivering services to deprived/socially excluded individuals/households who were unable to participate directly in the research. This element was developed to capture professional knowledge about deprivation and social exclusion. Questions sought to obtain information on what these professionals felt were the main issues causing deprivation and social exclusion in Shetland and in the study areas. They were also asked to define deprivation and social exclusion in the Shetland context and to suggest solutions.

<u>C) Community Profiles</u>
There are 18 community profiles, in final or draft form, covering the 18 community council areas in Shetland[127]. These profiles, developed by Community Learning and Development Officers, draw together research undertaken within these localities, such as Housing Surveys and the census with community views and aspirations. These profiles are available to be used by agencies to help plan and deliver services and address issues in the communities.

<u>D) Interviewees Information</u>
Detailed qualitative data collected from the one-to-one interviews undertaken with individual/households facing deprivation and/or social exclusion. Results were structured around:

- Housing
- Income and Employment
- Health
- Community
- Access and Environment
- Learning

And available to analyse for age, gender, ethnicity, employment status, property tenure and caring responsibilities.   Interviews were also used to develop case studies[128].

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[127] Profiles can be found at http://www.shetland.gov.uk/datashare//default.asp
[128] These come from examples provided by professionals and from the individual/household interviews

Extent of Local Agency Involvement in the Research

Service Provider	Description of Service Provided	How they were able to be involved in the research and why
Shetland Islands Council		
Housing Service - Housing Officers	Assist housing applicants to progress their housing applications by assessing their needs on housing and also to help tenants maintain their tenancies (I.e. rent arrears, social adaptations, repairs and any transfers/swaps they may wish to make). Housing applicants can be in council properties, private rented properties or owner-occupiers.	Involved in tool development. One-to-one relationship with individuals/household is common place, so able to hold conversations. However, success in recruiting individuals and capturing information was not as successful as for other services. This could be for a number of reasons: larger number of male clients; and applicants and tenants perceive relationship with housing to short-term to achieve a certain outcome.
- Housing Outreach Workers	Generic assistance to people in Shetland registered as homeless, which includes those in temporary accommodation.	Involved in tool development. One-to-one relationship with individuals/household is common place, so able to hold conversations.
Community Learning and Development Service	Engage and support community groups to enable them to increase their capacity to take full responsibility for their learning and resources, in order to meet their aspirations.	Primarily work is with communities, rather than individuals. Involved in early planning of the research and tool development. Professional knowledge of the issues faced by communities in this area captured.
Youth Service	Offer range of activities, through Youth Clubs, that encourage participants aged 5-25 to become involved and develop their potential in a safe friendly and non-judgmental environment.	Involved in tool development. Professional knowledge of issues faced by communities in this area captured. Unable to be involved in primary research due to staff shortages in one area and lack of enthusiasm amongst young people to give up time to be involved in another.
Planning Service	Research in order to produce the Shetland Local Plan, Structure Plan and other associated policy guidance; monitoring to assess effectiveness; implementation of action points with regard to environmental regeneration.	Primarily work is with communities, rather than individuals. Involved in tool development. Professional knowledge of the issues faced by communities in this area captured.
Adult Learning Service	Help adults improve their reading, writing and number skills through individual tuition or working in groups. Each learner has individual learning plan, tailored to meet individual needs. Tuition arranged at time, place and pace to suit each learner.	The challenges of enabling people to participate and continue with their learning meant nervousness in involving participants in primary research. Staff shortages were also a barrier to participation. Involved in tool development. Detailed professional knowledge of issues captured.
Economic Development	Assisting communities and individuals to develop new and expand existing businesses to grow the Shetland economy.	Relationship with individuals is on a business footing. Primary research therefore not appropriate. Involved in tool development. Professional knowledge of the issues faced by communities captured.
Finance Recovery	Officers visit households owing money to local authority in order to get satisfactory instalments to clear debt. Make welfare benefit checks and help with debt advice. Refer to other agencies if	Unable to ask detailed questions about individuals' circumstances, due to conflict of interest. Involved in tool development. Professional knowledge of the issues faced by those in debt captured.

		Statistics for the number of households in Shetland and in different areas of Shetland in arrears to the local authority (Council Tax and Rent) captured.
Revenues	Process claims for Council Tax Benefit and Housing Benefit.	Unable to ask detailed questions about individuals' circumstances: the service provide is to process claims only. Involved in tool development. Statistics for the number of households in Shetland and in different areas of Shetland claiming Housing and/or Council Tax benefit captured.
Environmental Health	To ensure the provision and maintenance of housing of a good standard, that is safe and provided with all basic amenities.	Involved in tool development.
Education, SIC	Formal education from 3-18.	Mixed response from primary schools involved in piloting short number of questions with P5-7 pupils: might be uncomfortable participating due to nature of questions and potential lack of understanding of children. Secondary school involvement, in partnership with SYIC and Health Visitors. The officer responsible for administering School Meal entitlements and Clothing Grants was able to discuss issues with individuals/families and provide numbers accessing.
Social Work, SIC	This service, along with partners, provides services to older people, those with a disability, children and young people in need of support or protection and support for individuals who have mental health problems or are enduring addiction, as well as offenders, ex-prisoners and other vulnerable people in the community.	Both services to young people and families and to older people were unable to participate due to current demands of services. Numbers of community alarms across Shetland and in different areas of Shetland captured.
Support for Learning, Shetland College	Support students in mainstream education who have barriers to their learning. Develop and deliver courses for adults with special needs. Development and management of courses for vulnerable young people. Development and delivery of courses for speakers of other languages. Involvement in the development of strategies to deal with all areas of access and inclusion.	Involved in tool development. One-to-one relationship with students who are speakers of other languages, enabling those willing to discuss issues with a local authority officer involved in addressing equality and diversity issues in the organisation.
Policy Unit	Equal opportunities issues throughout the Council and engagement with minority communities.	Professional knowledge of the issues faced by communities in this area captured.
NHS		
Health Visitors	Work with 0 to 5 years and parents: home visiting for the first six weeks of life supporting the family to bond with the baby and ongoing involvement with families. Health and immunization clinics developmental screening. Child protection. Health Visitor for primary and secondary schools, including	One-to-one relationship with families. Involvement in interviewing in Northmavine but not Scalloway where the health visitor did not believe there to be any examples of deprivation and/or social exclusion.

	health promotion.	
Other Public Sector		
Support Training	A learning centre providing support to choose appropriate learning opportunities, as well as a wide range of learning opportunities and learner support.	Not felt o be appropriate to be involved in primary research, due to a lack of time with clients and the nature of work.
Careers Scotland	Direct work with individuals in priority target groups on a one to one basis and in group settings to enable them to realize their full potential on a long term sustainable basis. Work is organised in partnership with public and independent agencies and learning organisations.	One interview undertaken, commitment of work-loads prevented further participation during the timescale of the research.
JobCentrePlus	Processing of national government benefit schemes.	Unsuitable to undertake interviewing: relationship with clients purely to process claims; allotted time allowed for service provided; potential conflict of interest. Unable to provide data on numbers of claimants, and area of Shetland, for example, as it is collated in the North of Scotland.
Voluntary and Independent Sector		
Shetland Youth Information Service	Drop in Service in Lerwick, with outreach services in Brae, Aith and Sandwick; one to one support and project work for young people aged 12-25.	One to one support with young people. Involved in tool development and in conversation.
Disability Shetland	Support to families/carers, individually and groups; plan and implement services at local level, with stakeholders; represent individuals with disabilities to ensure their views are heard.	Involved in tool development and in conversation.
Community Drugs Team	Supports those people with a drug addiction.	Involved in tool development and in conversation.

Citizen's Advice Bureau (CAB)
 	
  - Money Advice
 	
  - Welfare Advice
	Provide free, confidential, impartial advice and assistance to the general public on variety of topics: awareness of what rights they may be entitled to in particular situations, and where possible, empowering them to handle their own affairs. Help clients work through debt problems by exploring options open to them: eligible for welfare benefits, negotiating repayments with creditors, preparing financial statements and offers of repayment, helping with court documents and related matters.
	Provide advice on welfare rights.
		Involved in tool development. Service is provided to large number of people, frequently short amount of contact (often long-distance), clients often have pressing needs to be addressed, and unprepared to be involved. Amount of enquires to CAB recorded during a year, across Shetland and for different areas of Shetland captured.

Hjaltland Housing Association	Providing and managing housing in the social rented sector. Tenures include rented, shared ownership and new builds assisted by rural home ownership grants.	Unsuccessful in recruiting participants in the geographic areas.

Shetland Befriending Scheme	Provision of 1 to 1 support for young people (7-16) and young adults (17-25) to undertake wide variety of activities such as swimming, fishing, walking, gym, accessing groups etc. Support provided by trained volunteers supported by scheme.	Unable to participate, due to lack of time (7-26) and early stage of development of scheme (17-25). Professional knowledge captured and shared information about process used to assess needs.
Shetland Link-up	Provides group support to people facing a broad range of mental health issues.	One-to-one relationship with those facing mental health issues. Involvement in interviewing. However there was such a rise in women in crisis and the need for emotional and social support, that the extent of involvement was curtailed: 'the very people who are experiencing social exclusion and would have given very valuable input to the research have been too unwell to do so'.
Moving-on	Offer people with health problems and disabilities support to find and hold down work	Able to be involved initially, with one interview completed, but unable to be further involved due to staff changes and resultant lack of resources.
Advocacy	Provides independent advocacy using trained volunteers.	Unable to be involved due to ill health
WRVS	Assistance with social care issues, through the running of the following schemes (mainly older people although aimed at all vulnerable people): Social clubs, Luncheon Club, Accessible transport, Telephone contact, Good Neighbours	Staff unable to participate, due to lack of time. Volunteers either new to their role (and therefore without level of relationship with clients) or not wishing to take part.
Childcare Partnership	Delivering the Childcare Strategy developed by the multi-agency Childcare Partnership, which aims to support and develop services that meet the needs of children and families in Shetland. The work involves co-ordinating the efforts of members of the partnership to work together to deliver the services in the most cost-effective way.	Involved in tool development. One-to-one relationship with those families facing transport issues, so service able to be involved in conversation.

Appendix F: SIMD2004 Data Compared with Locally Available Data

Area of Shetland (by datazone)	Datazone	Total Pop [129]	No. Income Deprived[130]	Income Benefits as % of Tot Pop	CTB/HB	No. HH with rent arrears to Council > £100	HH in arrears, % total occupied Council tenancies	No. Community Alarms	Community Alarms as % Tot Pop	No. CAB Enquiries 2005	CAB Enquiry as % Tot Pop	Free School Meals & Clothing Grants 0506
Unst and Fetlar	S01005521	806	51	6.3	65	10	13.0	50	6.2	72	8.9	14
Yell	S01005520	957	92	9.6	91	8	13.6	40	4.2	58	6.1	13
Northmavine	S01005519	681*	77*	11.3*	54	5	10.4	42	6.2	231	33.9	13
Brae**	S01005518	974	70	7.2	66	26	27.4	21	2.2			39
Firth, Voe, Mossbank	S01005517	920	70	7.6	78	46	28.7	22	2.4	91	9.9	42
Whalsay & Skerries	S01005515-16	1110	42	3.8	42	4	8.9	38	3.4	58	5.2	8
Sandness, Walls, W Burrafirth, Gruting, Papa Stour, Foula	S01005512	660***	59***	8.9***	59	4	11.8	30	4.5	46	7.0	15
Clousta, Aith, Bixter, Skeld, E Burrabirth, Tresta	S0100511, 513	1299	82	6.3	51	12	22.6	28	2.2	37	2.8	15
Whiteness, Weisdale, Tingwall, Girlsta, Wadbister	S01005509-510	1219	44	3.6	45	10	20.0	35	2.9	61	5.0	18
Burra & Trondra	S01005496	983****	50****	5.1****	49	3	9.7	29	3.0	42	4.3	13
Lunnasting & Nesting	S01005514	570	25	4.4	44	5	17.9	23	4.0	26	4.6	8
Lerwick (Sound)	S01005500-501	1582	69	4.4								
Lerwick (Staneyhill, Freefield)	S01005507-508	1298	132	10.2	587	224	22.3	211	3.3	888	13.6	149
Lerwick (rest of)	S01005499,503-6	3528	330	9.4								
Bressay	S01005502	970 *****	63 *****	6.5*****	27	8	22.86	18	1.9	21	2.2	5
Scalloway	S01005498	869	65	7.5	96	21	21.88	44	5.1	137	15.8	18
Gulberwick, E Quarff	S01005497	590******	-	-	1	0	0	3	.5			6
Cunningsburgh & W Quarff	S01005495	658	53	8.1	48	11	24.4	34	5.2	78	6.3	14
Sandwick	S01005494	683	34	5.0	41	14	23.7	20	2.9	50*******	7.3	15
Dunrossness & Fair Isle	S01005492-3	1631 *******	84 *******	5.2	53	9	20.0	65	4	71	4.4	26
TOTAL	-	21988	1492	6.8	1497	374	19.0	753	3.4	1987	9.0	431

Table c: Local and National Data Broken Down for Different Geographic Areas of Shetland

* Excludes Sullom
** Parish of Northmavine (ROA and IATE areas)
*** Excludes Foula
**** Includes Foula
***** Includes Twageos Road
****** Includes East Voe, Scalloway
******* Includes Hoswick
******** Includes Bigton

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[129] Figures from Census, 2001 (calculated for each datazone)
[130] Figures from SIMD2004 (calculated for each datazone)

Breakdown of CAB Enquiries

Area of Shetland (by datazone)	Datazone	B0	B2	B3	B4	B5	B6	B7	B8	B9	B10	B13	B99	C0	C3	E0	E2	E6	H0	H2	H3	H5	R0	T0	U0	Total
Unst and Fetlar	S01005521		1	2	1	3		2	38			2	6	8	3			6								72
Yell	S01005520		6	4	3	1		6	13	1	1	6	5	3				5	1					3		58
Northmavine	S01005519	1	5	10	1	9	8	10	6	4	2	10	21	101	4	1		5	4			2		5	22	231
Brae, Firth, Voe, Mossbank	S01005517-18		1			3	1	6	7	1	2	2	17	36	4				3		1	2		2	3	91
Whalsay & Skerries	S01005515-16		2					5	11		2	1	3	25	4						1			4		58
Sandness, Walls, W Burrafirth, Gruting, Papa Stour, Foula	S01005512		3	3		2		2	10	2	1	3	8	5	3				2				1	1		46
Clousta, Aith, Bixter, Skeld, E Burrabirth, Tresta	S0100511, 513		2	2	1	2		1	8		1	2	1	13	4											37
Whiteness, Weisdale, Tingwall, Girlsta, Wadbister	S01005509- 510		1	4		8	2	1	1		3	1	21	11	3			2	2	1						61
Burra & Trondra	S01005496		2	2	1	2	1	5	5	1		4	4	8	1				1	1	1		2	1		42
Lunnasting & Nesting	S01005514		1			1		1	5	2		4	1	7	1				1			1		1		26
Lerwick	S01005499-501, 503-8	4	32	40	19	56	14	66	137	14	18	41	90	234	19	4		12	19	4	6	11		21	27	888
Bressay*	S01005502							2	1				4	14												21
Scalloway	S01005498		3	6	6	8		7	16	1	1	8	29	23	4			4	6	1	2	1	2	3	6	137
Gulberwick, Quarff, Cunningsburgh	S01005495, 97	1	2	3	2	5	1	4	3	1	1	7	11	24	2				1	2		1	1		6	78
Sandwick, Hoswick and Bigton	S01005494		1		1	2		4	10			1	14	5	2			5	1			1	1		2	50
Dunrossness & Fair Isle (exc Bigton)	S01005492-3		2	2	2	4	1	5	7		2	4	10	22	3				2		1		1	2	1	71
TOTAL	-	6	64	78	37	106	28	127	278	27	32	96	245	539	57	5	0	40	43	7	12	21	5	41	71	1987

* Not including Twageos

Key:

B0 = Benefit Debts: overpayment of benefit
B2 = income support/minimum income guarantee
B3 = housing benefit
B4 = pension credit
B5 = working family tax credit/ working tax credit/ child tax credit
B6 = social found
B7 = sickness benefits
B8 = disability benefits/disabled person tax credit
B9 = jobseeker's allowance
B10 = retirement pension
B13 = council tax benefit
B99 = all other benefits and community charge
C0 = consumer debts: mail order, HP/credit sale, loans, rental arrears, insurance premium arrears

C3 = credit and finance
E0 = employment debts: overpayment of wages, repayment of training costs when leaving job
E2 = schemes for unemployed people and training
E6 = redundancy
H0 = housing debts: mortgage and rent arrears
H2 = actual homelessness
H3 = threatened homlessness
H5 = housing conditions
R0 = relationship debts: maintenance arrears, informal loans from family/friends, repayment of Section 22 payments
T0 = tax debts: all tax arrears
U0 = utilities debts: arrears of electricity, gas, telephone, water rates

Appendix G: Shetland Datazones, Overall SIMD and Individual Domain Scores and Rankings

Data Zone	Area Covered	SIMD Overall		Current Income		Employment domain		Health domain		Education, Skills and Training domain		Housing domain		Geographic Access/Telecommunications	
		Score	Rank	Score	Rank	Score	Rank	Score	Rank	Score	Rank	Score	Rank	Score	Rank
S01005504	Breiwick Rd to Comm St/K Harold to Church Rd	5.40	5848	5.4	4892	6.2	5051	-0.92	5716	-0.74	5143	12.50	4197.5	-0.96	5866
S01005500	Nederdale/Fogralea	5.72	5748	5.0	5015	4.8	5608	-0.86	5598	-0.43	4368	11.14	4577	-0.30	4192
S01005497	E Quarff/Gulberwick/E Voe of Scalloway	5.82	5720	N/A	6497	1.8	6429	-1.17	6106	-0.96	5600	5.25	5850	1.23	524
S01005501	Upper Sound/Wester Loch	7.84	5178	3.7	5423	6.7	4841	-0.33	4137	-0.93	5554	8.99	5132	0.34	1887
S01005502	Bressay/Twageos	9.73	4725	6.5	4601.5	7.7	4463	-0.28	4019	-0.47	4501	16.50	3097	-0.03	3185
S01005503	Lochside to King Harald St/Brevick to Montfield	9.95	4679	7.9	4187	9.1	4003.5	-0.16	3631	-0.26	3947	8.60	5216	-0.98	5905
S01005515	Symbister	10.10	4651	4.1	5304	1.7	6436	-1.43	6351	-0.46	4456	3.78	6135	1.99	106
S01005510	Whiteness/Wadbister/Girlsta	10.14	4638	1.3	6295.5	1.8	6435	-0.85	5572	-0.55	4716	11.37	4526	2.23	59
S01005498	Scalloway	10.91	4457	7.5	4316	7.4	4626	-0.43	4417	-0.36	4203	18.99	2494	0.28	2100
S01005493	Levenwick/Bigton/Hoswick	11.39	4353	4.5	5162	6.0	5137.5	-1.00	5865	-1.10	5837	14.33	3658	1.88	141
S01005492	Dunrossness/Fair Isle	11.66	4298	5.6	4843	5.8	5208	-0.62	4992	-0.42	4336	9.80	4936	1.54	312
S01005496	Burra/Trondra/Foula	11.68	4297	5.1	4988	5.3	5424	-0.91	5686	-0.43	4383	11.82	4382	1.75	186
S01005509	Tingwall/Gott	12.05	4210	5.9	4752	4.0	5900	-1.10	6013	-0.05	3346	9.69	4966	1.77	177
S01005516	Rest of Whalsay/Skerries	12.39	4138	3.5	5508	3.5	6068	-1.29	6247	0.14	2860	9.23	5070	2.21	66
S01005506	Gilbert. Pk to VictoriaPier/ Comm. Rd to P Alfred	12.42	4132	9.6	3756	9.0	4012	0.07	2981	-0.33	4117	20.58	2179	-0.59	5095
S01005505	Clickimin to Gilbertson Park	12.43	4128	9.6	3742	8.1	4328	-0.15	3603	0.28	2520	18.32	2638	-0.90	5761
S01005518	Brae/Sullom/Muckle Roe/ Burraland	12.50	4116	7.2	4386	5.1	5491.5	-0.43	4412	-0.53	4642	9.68	4968	1.64	248
S01005514	Nesting/Vidlin	12.71	4072	4.4	5207	4.0	5897	-0.88	5632	-0.47	4495	18.42	2612	2.23	58
S01005511	Skeld/Clousta/Gruting/Twatt	12.89	4022	4.7	5125	3.7	5982	-1.03	5891	-0.35	4176	15.25	3415	2.39	34
S01005495	Cunningsburgh/W Quarff	13.12	3991	8.1	4135	6.5	4924.5	-0.84	5559	-0.70	5062	9.73	4956	1.78	173
S01005494	Sandwick	13.24	3964	5.0	5023	8.4	4184	-0.57	4846	-0.40	4291	7.91	5348	1.63	251
S01005499	Ness of Sound to Clickimin Broch	13.41	3933	13.6	2835	9.7	3818.5	-0.70	5210	-0.02	3271	17.02	2955	-0.41	4571
S01005513	Aith/Bixter/Tresta/E. Burrafirth	13.87	3836	7.6	4282.5	6.8	4820	-0.87	5624	-0.60	4813	11.77	4395	1.97	110
S01005521	Unst/Fetlar	14.24	3774	6.3	4644	6.5	4926	-0.53	4736	-0.87	5444	17.30	2885	2.15	75
S01005507	Garthspool/Freefield	14.45	3722	11.1	3398	10.1	3706	-0.32	4133	-0.15	3605	25.70	1509	0.02	3006
S01005512	Walls/Sandness/W Burrafirth/Papa Stour	15.59	3509	8.9	3916	6.8	4812	-1.07	5966	-0.39	4275	22.33	1891	1.96	111
S01005517	Voe/Mossbank/Terminal	16.37	3372	7.6	4286	7.9	4409	-0.46	4512	-0.29	4008	12.28	4261	2.23	61
S01005508	Holmsgarth/Staneyhill/Gremista	16.91	3266	9.5	3757	12.0	3135	0.00	3209	-0.15	3611	12.57	4181	0.79	902
S01005520	Yell	16.92	3262	9.6	3743	7.7	4469	-0.79	5423	-0.64	4937	17.79	2765	2.41	29
S01005519	Northmavine (-Sullom etc.)	19.12	2889	11.3	3337	9.2	3957	-0.63	5013	-0.61	4841	18.94	2506	2.53	17

APPENDIX H: Detailed Breakdown of Responses Received

65 responses were obtained and returned by researchers. Of these 26 were completed by primary school children.

a) By Area of Shetland

29 participants lived in Northmavine, 17 of whom were 13 and over (26.2% of total responses); 23 lived in Scalloway, nine of whom were 13 and over (13.8% of total responses); and 13 lived elsewhere in Shetland, all 13 and over (20.0%).

Researcher	Northmavine	Scalloway	Other	Total
NHS Health Visitor	2	0	0	2
Childcare Partnership	4	0	0	4
Youth Information	6	0	0	6
SIC School Entitlements	0	5	0	5
Moving-on	0	1	0	1
Disability Shetland	2	1	0	3
SIC Policy Unit	0	0	2	2
SIC Housing	1	2	2	5
Link-up	0	0	7	7
Careers Scotland	1	0	0	1
SIC Education	12	14	0	26
Community Drugs Team	1	0	2	3
TOTAL	**29**	**23**	**13**	**65**

b) By Age

Eight participants were teenagers (12.3%); eight were in their twenties (12.3%); five in their thirties (7.7%); ten in their forties (15.4%); four in their fifties (6.1%); and one in their sixties. There were no participants aged 70 or over. 26 participants were aged 12 and under (40%).

	<12	13-19	20-29	30-39	40-49	50-59	60-69	70 & over	Un-Disclosed	**Total**
Number of Responses	26	8	8	5	10	4	1	0	3	**65**

c) Gender

40 participants (61.5%) were female. Of these 29 were 13 and over (44.6%). 25 participants (38.5%) were male. Of these 15 were 13 and over (23.1%).

	Female		Male		Total
No of responses	40		25		**65**
	12 and under	**13 and over**	**12 and under**	**13 and over**	
Of which	11	29	15	10	

d) By Ethnicity/First Language (13 years and over, only)

Of the 39 responses, 36 were White British (92.3%) and 3 White Other or Any Mixed Background. 37 (94.9%) had English as their first language and for two English was an additional language. Ethnicity of additional household members was predominantly White British, with some White Other.

	White British	White, Other or Any Mixed Background	**Total**
Number of responses	36	3	**39**
	English as First Language	English as Additional Language	
Number of responses	37	2	**39**

e) <u>Origin of Birth</u> (13 years and over, only)

Of the 39 responses, 18 were born in Shetland (46.2%), six in the rest of Scotland (15.3%), 12 in the rest of the UK (30.6%), and two elsewhere. One did not disclose.

	Shetland	Rest of Scotland	Rest of UK	Elsewhere	Undisclosed	**Total**
No. of responses	18	6	12	2	1	**39**

f) <u>Employment Status</u> (13 years and over, only)

Ten responses were from people employed, one full-time and nine part-time (23.1%). Six households had at least one additional family member in full-time employment.

No one had more than one job and one obtained occasional work, amounting to two hours per week. Two were self-employed and two undertook voluntary work. Nine were students: four part-time (10.5%) and the remainder were secondary students (10.2%). Three were full-time looking after family/caring responsibilities and seven were permanently sick and/or disabled (17.9%). Four were unemployed (10.5%), one of these long-term.

	FT employee	PT employee	Self-employed	2+ PT jobs	FT student	PT student	Retired	Carer	Sick/Disabled	Unemploy short	Unemployed (long)	Occasional work	Vol Work	**Total**
No of Responses	1	9	2	0	5	4	0	3	7	3	1	1	2	38

g) <u>Property tenure</u> (13 years and over, only)

21 households rent their property (55.3%), 17 from the SIC, two from Hjaltland Housing Association and two from private landlords. Seven households own their property outright or have a crofting tenure (18.4%), whilst three are buying with the help of a mortgage. Three live rent-free and four did not disclose.

	Own Outright, including Crofting Tenure	Buying with loan	Part rent, part mortgage	SIC landlord	Hjatland landlord	Private landlord	Tied let	Rent free	Squatting	Undisclosed	**Total**
No of Responses	7	3	0	17	2	2	0	3	0	4	**38**

h) <u>Additional Household Members</u> (13 years and over, only)

Twelve participants lived on their own (31.6%), eight lived with one other person (21.1%), one with two other people, eight lived in a family of four and nine people lived in a family of five or more people (23.9%). Five families had one parent.

	1	2	3	4	5	6 or more	**Total**
Number of Responses	12	8	1	8	8	1	**38**

i) <u>Carer Responsibilities</u> (13 years and over, only)

15 respondents (30.6%), 14 of whom were female, had responsibilities for caring for others. Of these four were caring for a disabled family member and two were caring for an elderly family member. The remainder were caring for child and young people.

	Carer - disabled	Carer – elderly	Carer – under 5	Carer – children over 5	Total
Number of Responses	4	2	7**	11**	**15**

** A number of carers were responsible for children under 5, and 5 and over, accounting for the duplication.

j) Disability/Housebound (13 years and over, only)

Of those who disclosed information about their mobility, hearing and site: five rated their mobility as 'not good', three as 'fairly good' and 28 as 'good'. Eight rated their hearing as 'fairly good' and 28 as 'good'. Two rated their sight as 'not good', 11 'fairly good' and 24 'good'.

Five respondents felt they were housebound: three as a result of a caring responsibility for a disabled and/or elderly family member and two as a result of mental health issues.

	Not good	Fairly good	Good	Undisclosed	Total
Mobility	5	4	27	3	**39**
Hearing	0	8	29	2	**39**
Sight	2	11	24	2	**39**

k) Professionals

27 were received, from the following 20 agencies:

Befriending Scheme
Careers Scotland
Childcare Partnership
Citizen's Advice Bureau
- Money Advice
- Welfare Advice
Disability Shetland: Children and Young People's Project
Hjaltland Housing Association
Moving-on Project
NHS
SIC, Adult Learning
SIC, Community Learning and Development
SIC, Development Plans
SIC, Economic Development Unit
SIC, Finance Recovery Section
SIC, Housing
SIC, Policy
SIC, Youth Development
Shetland College, Support for Learning
Shetland Link-up
Women's Royal Voluntary Service
Youth Information

APPENDIX I: Operational Problems/Good Practice/Ideas Matrix
Problems Matrix

HOUSING			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
SIC do not respond promptly to housing repairs and enquiries and do not keep people informed of position on waiting list.		Shortage of space outside SIC housing for car parking	Staney Hill chalets of poor quality with leaking doors

LEARNING			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
College courses do not fit in with school times	Computer Training for adults is from 2-4 but childcare after school is not available to enable attendance		
Those working nights can't access learning through evening classes	No evening classes and no buses available to them		
Lack of assistance when phoned up about courses at College			

HEALTH			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Lack of special care required for disabled/long-term ill children			
Expense for household if family member south at hospital for a period of time			
People with disabled children can have a carer, but parents don't often wish to go out as they are too tired, don't have finances			
Cost of unexpected trip to hospital, which hasn't been paid upfront by Patient Travel.			

ACCESS			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Expense of bus fares to visit family members	Bus designed for commuters: can't go into Lerwick in the evening or home from Lerwick in morning. Only one trip back from Lerwick a day	Lack of transport within Scalloway, including taxis: e.g. lack of bus to/from Port Arthur	Gulberwick: no bus/bus stops

Unable to take dog on bus, but dog provides confidence require to go out	More difficult to go North rather than South.	Not always a low bus, so not possible to guarantee for disabled person to travel.	Bus station and stop: smoking and litter person.
Not all people are sure when library van comes	Secondary: Bus to Brae, no way back (either hitchhike home or get bus to LK and another bus home)		Not being aware of how to complain to Council.
Lack of places to exercise dogs, lack of marked paths for crossing land with dog, lack of styles	Feeder Service, £4.80 round trip. Not convenient when taking 3 children		
Difficult to find driving theory information in different languages	No buses at night		

COMMUNITY SAFETY AND FACILITIES

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Few have gas checked		Play parks are all broken	Staney hill area forgotton
Cost of DIY protection and child safety equipment is prohibitive		Play park at Blydoit is dull	
Some drive whilst tired and/or on medication		Drunken arguments in the street at night	Drunken arguments in the street at night
Some driving whilst using a mobile phone, because a habit		Derelict Property and vehicles	Derelict Property and vehicles
Some speeding: as easy to forget speed limit and what driving at		Dog fouling	Dog fouling
Parents not able to swim themselves, so can't take children (particularly when they are younger and have to be accompanied), as well as not being able to afford		Lack of police presence at the times of day most needed (evenings, particularly weekends).	Temporary population in some areas: e.g. Mossbank, so do not partake in community activities as home is only temporary
Pay phones very dirty and broken		Expensive of Youth Club: membership and nightly fee and tuck when a few children	

COMMUNITY CAPACITY AND INVOLVEMENT

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
		Comment that not sure who is on Community Council	

INCOME AND EMPLOYMENT

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Difficult with people lacking	Brae canteen is expensive, eg. 10p		

confidence to phone Elgin to access JobCentrePlus facilities	for ketchup		
Not all families aware of entitlement to school meals. Question over how anonymous it is. Concern that people unable to complete the forms.			

Good Practice Matrix

HOUSING			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Housing Support Worker Scheme - assisting those in homeless accommodation who require additional support			
Independent Living Project - assisting those requiring additional support to access good quality accommodation and services to maintain their independence			

LEARNING			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Bridging project for young adults who have difficulties accessing jobs / training			
Adult Literacy service			
Learning Centres			

HEALTH			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Community Nurses	Red cross home visits for chiropody		
Counselling service at Youth Information			

ACCESS			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
The English language teaching provision and especially the drop-in session provides help with language and a good cultural orientation.	The weekly shopper bus service for some of the elderly people of the area. This allows those who do not drive to attend the Shop and Post		

	Office. This can provide a socially interactive experience for senior citizens who often live alone as well as an essential service for getting shopping and visiting the post office for a limited financial service.		
Pre-School Transport Scheme			

COMMUNITY SAFETY AND FACILITIES

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS

COMMUNITY CAPACITY AND INVOLVEMENT

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
SIC Community Workers and college Community Learning staff based in the communities.	IATE Development Company	Scalloway Community Centre and Youth Centre	
Befriending scheme for young people			
Pensioners clubs, lunch clubs			
Careers Inclusiveness Project - supports young excluded individuals explore means of being included in their local community			
Family Centres - provide direct support to families to reduce impact of exclusion from the community			

INCOME AND EMPLOYMENT

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
COPE			
Get Ready for work Programme, Support Training			
"Welfare to Work" programme for adults run by Support Training and "New Directions" programme run by Shetland College – develop "employability" for long term unemployed and adult "returners" who have been away from work or learning for some time			

Ideas Matrix

HOUSING

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Home support (befriending, visiting etc.)	Development of more housing by Council/Hjaltland, particularly for young people	Development of more housing by Council/Hjaltland	
		More single person accommodation	

LEARNING

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Build college courses, particularly in remote communities, around school times	More training / apprenticeships for school leavers in the area	More training / apprenticeships for school leavers in the village	
Ensure people with very low literacy are able to read information, or will avoid reading, filling out forms etc.			

HEALTH

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Families with disabled children provided with carer for child to enable rest of family to have time together	Improve quality of fresh fruit and vegetables available regularly	Mental Health support	
Shetland provision of crisis mental health facility, such as a psychiatric unit	Better access to facilities within the area: including counselling facilities, dentist	Alcohol and drugs rehabilitation	
Increased support for parents, including time away from children, and providing them with time to themselves.			
Promote acceptance of mental health illnesses.	Improve quality of fresh fruit and vegetables available regularly		
Local counselling service on call, such as the Samaritans			

ACCESS

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Access to cheap or free activities	Bus service in the middle of the day, even twice a week, stopping at Brae and Lerwick: bus back North through	Childcare facility/better childcare	

	the day leaving town at 1.30pm		
Parents of young children, on benefit, enabled to swim, subsidised lessons	Better and more regular public transport, that is affordable	Better transport links	
Public sector arranging meetings to that people are able to attend them	More access to leisure facilities from outlying areas		
It should cost less for public transport and there should be more of it	Local childcare facilities		
The 1.5 miles distance to be eligible for transport to school should be reviewed (may have been set up in the 1940s)	Improved and upgrading of minor / side roads		
Providing opportunities for people to learn to drive	Transport connections for young people - for very small isolated numbers of young people who are not old enough to drive		
Free/affordable internet access to those currently unable to and/or access to community points (though the former is preferable due to convenient/confidence: keep in touch with friends and family, find information, participate in learning, do homework, shop			
Subsidised car leasing scheme - would need to include driving lessons where potential beneficiaries can't drive			

COMMUNITY SAFETY AND FACILITIES			
GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Subsidise DIY protection and child safety equipment for those on benefit	Community shops and Post Offices	Increase range of retail facilities, inc petrol station	
Subsidise Youth Club membership for those on benefits		Care for the elderly	
		Improving Fraser Park	
		Improvements to the physical environment around the main street in Scalloway and enterprise	
		Introduction of more evening classes and better usage of the Scalloway	

		swimming pool and Fraser park	

COMMUNITY CAPACITY AND INVOLVEMENT

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Improved partnership working to identify individuals who have little or no support networks to ensure they get the services they need	Café or other social hub other than community halls/churches	Improve community spirit	
More services to be available to individuals within local communities	Continue to develop community cohesion	Creation and promotion of local events that are not so associated with alcohol consumption e.g. Scalloway as a centre for local art, culture etc.	
Foster the belief with individuals and communities that they can do things for themselves	Increase population	More free social evenings etc, so there is something to get them out the house	
Parenting classes	Increase youth facilities	Youth Café	

INCOME AND EMPLOYMENT

GENERAL	NORTHMAVINE	SCALLOWAY	OTHER AREAS
Cheaper goods/services	Develop quality employment within the area	Establishment, on secure footing, of new source of employment – full and part-time	
Review procedures for promoting and implementing school meal entitlements	Encourage new business development	Easier access to benefit advice	
	Encourage visitors	"Free" cash machine	
	Benefits awareness	Development of building previously used by Shetland Woollen Company	
		SIC department transferred to provide permanent, salaried, employment	
		Make use of the piers and encouragement of shipping to re-route to Scalloway	