Appendix A

RESPONDING TO POVERTY, DEPRIVATION, DISADVANTAGE, BARRIERS TO SOCIAL MOBILITY AND HIDDEN NEEDS IN EAST SUFFOLK

Introduction

This report summarises the findings, conclusions and/or recommendations of a number of different reports relating to poverty, social mobility, groups at risk of disadvantage, rural deprivation, rural services and hidden needs in Suffolk/East Suffolk.

Whilst the report identifies a number of challenges across the locality, it is important to acknowledge that much of this is not new information and that significant work is already underway (and planned) through different organisations and partnerships, including the East Suffolk Partnership (ESP), to address these issues.

The purpose of producing this report is to stimulate conversations about what additional activity would help to address the issues identified and identify priorities for delivery over the coming 12 months.

Definitions

Various terms are used in the different documents/reports summarised in this overview report, including poverty, deprivation and disadvantage. Whilst these terms can sometimes be used interchangeably, the definition of each (as applied in this report) is as follows:

Poverty – an inability to share in the everyday lifestyles of the majority due to a lack of disposable income

Deprivation – lack or denial of certain basic essentials/necessities, such as food, housing, mobility or services

Disadvantage – an unfavourable circumstance or condition that reduces the chance of success or effectiveness (similar to poverty but includes other aspects, not just income)

Hidden Needs is defined in the relevant section below.

East Suffolk response to the Suffolk ‘Working Together to Tackle Poverty’ Strategy

‘Working Together to Tackle Poverty – A Strategy to Address Poverty in Suffolk 2015-2020’ was approved by the Suffolk Health and Wellbeing Board at its meeting in November 2015.

The Poverty Strategy identifies five strategic aims:

- Extend financial inclusion and improve people’s financial skills
- Reduce levels of food and fuel poverty
- Reduce levels of child poverty
- Improve people’s skills and employment prospects
- Reduce health inequalities
The Strategy identifies that, although poverty can affect anyone, it is more likely to affect certain households, including those:

- Headed by a lone parent
- With three or more children
- With a disabled family member
- From black and minority ethnic (BME) groups
- Living in overcrowded accommodation
- Living in rented social housing
- Living in some deprived rural areas

It has been agreed that the approach in East Suffolk will be to target those most likely to experience poverty and to engage this target group (through existing and new engagement routes) in order to promote the support already available from Suffolk Coastal and Waveney District Councils and effectively signpost to information about other support and resources from partner and commissioned organisations.

The East Suffolk response to the Strategy initially focuses on three key areas of activity:

1) Developing an East Suffolk approach to digital inclusion.

2) Working with key partners at a local and national level to reduce levels of fuel poverty in East Suffolk and, in doing so, reduce the ‘poverty premium’.

3) Working with commissioned voluntary sector organisations (including the three CABs in East Suffolk) to ensure that we use the data and intelligence that they gather about their clients to develop a partnership approach to effectively target work with key individuals and families in order to reduce poverty levels.

**Social Mobility Index**

In 2016 the Government published a new Social Mobility Index (SMI). The SMI identifies the most and least socially mobile areas of the country. It examines the chances available to young people from poorer backgrounds to get the educational qualifications they need to succeed in life and the opportunities in the local area to convert these qualifications into a job and a decent standard of living. The Index covers all 324 local authority areas in England.

The Index uncovers a new geography of disadvantage, more nuanced than North versus South, rich areas versus poor areas or town versus rural. It shows that young people in coastal and older industrial towns are less likely to achieve good educational outcomes and have opportunities to do well as adults than young people from London and its commuter belt.

The study takes 16 indicators across the life stages of Early Years, School, Youth and Adulthood:

<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Indicator</th>
</tr>
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<tbody>
<tr>
<td>Early Years</td>
<td>% of nursery providers rated ‘outstanding’ or ‘good’ by Ofsted</td>
</tr>
<tr>
<td></td>
<td>% of disadvantaged children achieving a ‘good level of development’ at the end of the Early Years Foundation Stage</td>
</tr>
<tr>
<td>School</td>
<td>% of disadvantaged children attending a primary school rated ‘outstanding’ or ‘good’ by Ofsted</td>
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</tbody>
</table>
% of disadvantaged children attending a secondary school rated ‘outstanding’ or ‘good’ by Ofsted
% of disadvantaged children achieving at least a level 4 in reading, writing and maths at the end of Key Stage 2
% of disadvantaged children achieving 5 good GCSEs including English and Maths

<table>
<thead>
<tr>
<th>Youth</th>
<th># of disadvantaged young people not in education, employment or training one year after completing Key Stage 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average points score per entry for disadvantaged young people taking A-Level or equivalent qualifications</td>
</tr>
<tr>
<td></td>
<td>% of disadvantaged young people achieving 2 or more A-Levels (or equivalent) by the age of 19</td>
</tr>
<tr>
<td></td>
<td>% of disadvantaged young people entering higher education by the age of 19</td>
</tr>
<tr>
<td></td>
<td>% of disadvantaged young people entering higher education at a selective university by age 19</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Adulthood</th>
<th>Median weekly salary of employees who live in the local area</th>
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<tbody>
<tr>
<td></td>
<td>Average house price compared to median average salary of employees who live in the local area</td>
</tr>
<tr>
<td></td>
<td>% of people who live in the local area who are in managerial and professional occupations (SOC 1 and 2)</td>
</tr>
<tr>
<td></td>
<td>% of jobs that are paid less than the applicable Living Wage Foundation living wage</td>
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<tr>
<td></td>
<td>% of families with children who own their own home</td>
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Results are published on a scale of 1 to 10 where ‘1’ refers to the least (potentially) socially mobile 10% in England and ‘10’ refers to the most socially mobile 10%. The results for Suffolk are contrasting, with Ipswich and Waveney in the bottom 10% and Suffolk Coastal in the 60 – 70% bracket (the best performing district in Suffolk is Mid Suffolk, which is in the most socially mobile 20%) - this means that life chances of children and young people are significantly different depending on where they live.

<table>
<thead>
<tr>
<th>District</th>
<th>SMI overall</th>
<th>Early Years</th>
<th>School</th>
<th>Youth</th>
<th>Adulthood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suffolk Coastal</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Waveney</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Waveney scores particularly badly in terms of school rankings, where it is second worst nationally, and best against the ‘Early Lives’ life stage indicators.

Suffolk Coastal scores best against the ‘Adulthood’ life stage indicators (80-90%) and worst against the ‘Early Years’ life stage indicators (40-50%).

In summary, some young people grow up in income deprivation and face barriers to accessing educational and extra-curricular opportunities. They do not achieve good GCSEs or progress to higher education, training or employment. When they enter work they have low paid jobs.

The Hidden Needs Report, produced by the University of Suffolk on behalf of the Suffolk Community Foundation, was launched in September 2016. The updated report clearly shows that different parts of Suffolk have different demographics, challenges and opportunities.

"Disadvantage in the county should not be overstated: on average, compared to England, it continues to be less deprived and more advantaged. The environment is good - with clean air and safe roads. Good care is taken of young children and improvement in child development rates are impressive.

Equally however disadvantage in Suffolk should not be understated. The county includes some of England’s most deprived neighbourhoods. There is deep and persistent disadvantage in and around Lowestoft and Ipswich - but none of the County’s districts are without some degree of deprivation.

Suffolk is a place where often advantage and disadvantage sit side by side. Deprived neighbourhoods are found next to prosperous ones. advantaged neighbourhoods include poor households living alongside neighbours in very different circumstances. The 2015 IMD indicates a gradual deterioration in the county's fortunes. There is little change and some increase in the proportion of neighbourhoods which were in the most deprived five years ago."

Hidden needs are defined as forms of deprivation or need that are not widely recognised or discussed, types of deprivation that are not recorded using the methods normally used to measure deprivation and aspects of deprivation that are difficult to locate geographically.

The headlines from the report include the following:

Population
- Growth of Suffolk’s population is slowing down compared to the rest of the U.K. Waveney and Suffolk Coastal's populations are growing particularly slowly, with an increase of less than 1% in Waveney between 2004 and 2014, compared to over 9% in the region
- There has been a decrease in the number of 0-15 year olds in Suffolk Coastal of 1.7% and in Waveney of 1.5% and increases of over 65s of 6.0% and 4.4% respectively. The population is growing progressively older and a third of older people in Suffolk live alone, which increased to half of those aged over 74, with the associated risks of isolation. This risks undermining quality of life and ability to maintain independent living and increased demand on health and social care services
- The relatively low proportion of working age adults impacts on the overall economy
- For every older person that leaves Suffolk, 2.7 move in, with Suffolk Coastal and Waveney having the greatest net growth in inward migration
Deprivation

- There is a long term trend of increasing deprivation - 47% of neighbourhoods in Suffolk have become more deprived since 2010. Only three other local authorities nationally have worsened more than Suffolk.
- The map on page 21 of the report shows the most and least deprived neighbourhoods in terms of multiple deprivation. As in 2010, neighbourhoods among England’s most deprived 10% are concentrated in Ipswich and Waveney.
- Included in the most deprived 20% are neighbourhoods covering parts of Beccles and Bungay, Lowestoft, Kessingland and Wrentham, Leiston and the area between Kelsale and Heveningham and Felixstowe.
- Kirkley ward includes the 10th most deprived neighbourhood in England.
- The deprived circumstances of some residents are compounded by geographical and social barriers.
- Most rural neighbourhoods include people in poverty – 28% of income deprived people live in rural areas - with the associated costs associated with rural living and rural deprivation posing additional challenges. There are higher concentrations of income deprivation in the rural areas around Bungay, Kessingland and Halesworth and around Saxmundham.
- Rural neighbourhoods have seen the sharpest increase in deprivation, i.e. are relatively less advantaged, and more than half of the rural neighbourhoods in Suffolk are in the 10% most geographically deprived (in terms of access to services and opportunities).
- Older people are particularly at risk of economic and social deprivation if they live alone. Distances travelled to buy groceries, see a GP or use postal services in Suffolk are amongst the highest in England.
- There are also a number of hidden deprived households who live in less deprived areas, for example the neighbourhood around Framlingham is ranked in the top 10% (least deprived) but also includes 65-85 people living in income deprivation – evidence that the most and least deprived live side by side in our communities.
- 83,000 people in Suffolk live in income deprivation at the most minimal standard provided by welfare benefits.
- 20,000 children in Suffolk live in income deprivation - 2,234 in Suffolk Coastal and 4,505 in Waveney (this equates to 1 in 5 children).
- The report highlights the Social Mobility Index and the variation in opportunities across Suffolk (see previous section).

Work and Benefits

- Suffolk is largely a low wage, low skilled economy which has a real impact on both deprivation and migration.
- There is emerging evidence of increasing ‘in work’ poverty, i.e. household income not raised above the poverty threshold despite at least one member of the household being in work.
There are high rates of benefit claimants in Lowestoft, Kessingland and Beccles. Although Suffolk Coastal generally has low claimant levels, numbers are higher in Leiston, Felixstowe, Saxmundham and Kelsale.

Wages are persistently lower than average wages regionally and nationally at £552 for Suffolk Coastal and £477 for Waveney (the Suffolk average is £499 per week).

**Health and Wellbeing**

Although Suffolk fares well on measures of health deprivation, there are higher proportions of working age adults who are disabled in both districts with 25.7% in Waveney and 23.1% in Suffolk Coastal (compared to 20.4% for Suffolk and 18.8% for England).

The Hidden Needs report, which includes a large number of interactive maps, can be found at: [http://suffolkcf.org.uk/2016/09/launch-of-hidden-needs-2016/](http://suffolkcf.org.uk/2016/09/launch-of-hidden-needs-2016/)

**Groups at Risk of Disadvantage (GAROD)**

This health needs assessment focusses on the health of a range of groups ‘at risk of disadvantage’. It is a repeat of a study conducted in 2008 which reviewed the health of prisoners, street sex workers, family carers, asylum seekers and refugees, migrant workers, Gypsy and Travellers, Afro-Caribbeans and south Asians.

Key issues identified in the 2008 assessment were:

- Users had limited knowledge of their rights to services and how to access them
- Language and communication posed difficulties when English was not spoken as a first language and absent/inadequate interpretation compounds this issue
- Incomplete data collection means health needs cannot be effectively assessed
- Limited joint working means fewer chances to reach these communities
- Perception that staff have limited awareness of important cultural issues
- Specific health issues are seen within some groups, which contribute to Suffolk health inequalities

The updated focus of the 2015 study was:

- Migrants from Eastern Europe
- Asylum seekers and refugees
- Women with female genital mutilation [NEW]
- Gypsy, Roma and Traveller communities
- Homeless community [NEW]
- Sickle cell community [NEW]
- Communities who use psychoactive substances [NEW]
- Ex-offenders [NEW]
Sex workers

The study found that overall ‘health inequalities are being perpetuated in Suffolk’ and that many of the recommendations in 2008 needs assessment have not progressed adequately.

Recommendations in the 2015 report include:

- A strategic group should be established to oversee the implementation of all actions
- System leaders should ensure that data sharing agreements are effective
- Quality and quantity of language support should be improved, with consideration given to an integrated language support system
- The Health Outreach Project seen as a valuable service (and Great Yarmouth and Waveney should consider the benefit of a similar service in their CCG locality)
- Good quality information about health and care provision, including GP registration and referral to secondary or mental health services, should be widely available to improve access
- Data collection about ethnicity, gender reassignment, sexual orientation and disability needs to be improved in all health and care services
- Training is required to improve cultural capability amongst health and care services to better meet the needs of these groups

Communities that live in Rural Deprivation (Joint Strategic Needs Analysis)

The definition of rural includes settlements of less than 10,000 population divided into three categories - ‘Town and Fringe’, ‘Village’ and ‘Dispersed’ (hamlets and isolated dwellings).

The rural population is older than that in urban areas and this difference will increase as the younger population moves towards urban centres for education and job opportunities. This also affects the availability of extended family to provide help when needed. There are pockets of deprivation in rural areas that may be less apparent due to the averaging that takes place in developing deprivation indices.

Health is generally better in rural areas – major conditions such as coronary heart disease, cancer and stroke all have lower incidences. However, death rates from suicide and undetermined injury are higher, which may indicate a poorer level of mental health.

Service provision in rural areas is more expensive due to delivery charges, costs to staff attending and travel time. In addition, key services in rural areas are gradually reducing in number, eg shops, public houses and doctor’s surgeries.

A number of older people in rural areas are likely to be asset rich but cash poor, ie they may own large houses but not have enough income to buy food and/or fuel. A higher proportion of income can be spent on essential services in rural communities.

This combination of factors means that choice is reduced and costs may be higher to both the service provider and service user due to the need to travel to access goods and services.

Recommendations:
o SCC should review the Hidden Needs Report and target support to prevent increasing isolation of rural communities [N.B. This has now been updated and will be launched end of September 2016]

o Mental health services should provide more targeted and specific support to ameliorate rural isolation

o A survey should be carried out of people without cars living in rural areas on how they access health appointments

o SCC, in conjunction with the District and Borough Councils, should identify the most deprived rural wards and plan to improve life chances for residents in these wards

o In making budget decisions, SCC should consider the high value of the Voluntary and Community Sector in reducing rural social isolation

Rural Services Survey

The Rural Services Survey is a snapshot of rural services as at Autumn/Winter 2015 – it builds on previous surveys (undertaken through Suffolk ACRE) in 2012 and 2008. There was an overall Suffolk response rate of 85% (359 out of 421 eligible parishes). 88% of parishes in Suffolk Coastal and 77% of parishes in Waveney responded.

The top three areas of concern were:

1. Roads and road issues (speeding, condition of roads, volume of traffic)
2. Transport and bus services (no public transport, need to increase services/frequency, difficult to get about without a car)
3. Technology and Broadband (slow/inconsistent speeds, patchy provision, need for better service generally)

Other key issues, raised by 10 or more parishes across Suffolk, were:

- Village hall refurbishment or replacement
- Burglaries/break ins
- Cuts to the Police budget
- Ageing population and provision of appropriate support
- Pressure on GP services
- Concern about development
- Loss of open space/greenfield
- Lack of affordable housing
- Too many second homes and holiday lets

Conclusion

Taking the key findings and recommendations of each of these reports collectively allows the identification of lists of groups who are likely to be at risk of disadvantage and who may be at risk of disadvantage, initial suggestions are as follows:
Target Groups – likely to be at risk of disadvantage

- Migrants from Eastern Europe
- Asylum seekers and refugees
- Family carers
- Women with female genital mutilation
- Gypsy, Roma and Traveller communities
- Homeless community
- Sickle cell community
- Psychoactive substance users
- Ex-offenders
- Sex workers

Target Groups – may be at risk of disadvantage

- Lone parent households
- Households with three or more children
- Young people from poorer backgrounds
- Disabled people
- BME ethnic groups
- Living in overcrowded accommodation
- Living in rented social housing
- In a deprived rural area
- People living in rural areas – specifically older people, people without cars, living alone and with mental health problems

The next logical step is to undertake further research to understand which of these target communities is most relevant to/prevalent in East Suffolk and where and therefore where local partners should focus their attention and resources.

Nicole Rickard, Head of Communities

Suffolk Coastal and Waveney District Councils and Great Yarmouth and Waveney CCG