



# Social Exclusion



Social exclusion impacts on our sense of security, education resources and employment opportunities. It also affects our sense of well-being through the provision of adequate health services, social support services and access to better quality housing. Although it can affect a large number of people in many smaller ways, certain groups are disproportionately vulnerable. These include those of low socio-economic circumstances, fragmented/dysfunctional family environments, youth (including truancy issues), those from minority and ethnic backgrounds and those experiencing long-term illness or disability.

In 1997 the national government developed the Social Exclusion Unit (SEU) to encourage links between a range of services, which were previously dealt with in isolation, to encourage better social inclusion of these 'at risk' groups.

## INDICATOR SE1 – Crime – Re-offending

The figures for re-offending are taken from the Youth Justice Service and track youth recidivist rates. A recidivist is someone who relapses into crime. The reason for including these figures was that the system particularly struggles to reform young offenders. Nationally, 72% of 18-20 year-old male prisoners from 1997 were re-convicted within two years of their release and 47% received another prison sentence. There are many interrelated factors that have an impact on the risk of re-offending. For example, being in employment reduces the risk of re-offending by between a third and a half; and having stable accommodation reduces the risk by a fifth.

## Recidivism Rates – Hertfordshire Youth (Aged 16-20)

Type of Penalty	2001
Pre Court - eg. Police reprimand	19.7%
First Tier Penalties - eg. 1st time offenders – Youth Offender Panel or fine	29.9%
Community Penalties - eg. Community Service	35.6%
Custodial Penalties - eg. Prison or detention and training order	25%

Many prisoners have experienced a lifetime of social exclusion, and many have very poor basic skills. 80% have writing skills at or below the level of an 11 year-old, 65% have numeracy skills and 50% reading skills at or below this level. Over 70% suffer from at least two mental disorders, and 20% of male and 37% of female sentenced prisoners have attempted suicide in the past. 18-20 year old prisoners are worse-off by a third in all these categories.

## INDICATOR SE2 – Education – Educational Attainment of Children in Care

Young people who have been in care are hugely over-represented among rough sleepers, prisoners and runaways. The 2001 national report on educational achievement of children in care, found that 63% of youths left care at 16 or above with no qualifications. Without these qualifications, it is very difficult for children to make a successful transition to adulthood. Further information will be provided by government research on this issue in the near future.

## INDICATOR SE3 – Transport – Access to Public Services

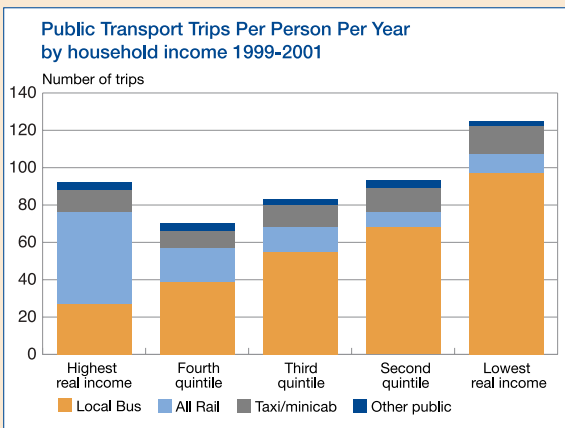
Nearly one in three households do not have access to a car, for reasons that include cost, age or disability, and have to rely on walking, buses, taxis and lifts from family and friends. People on low incomes without cars make far fewer, shorter, and slower journeys.



# Social Exclusion



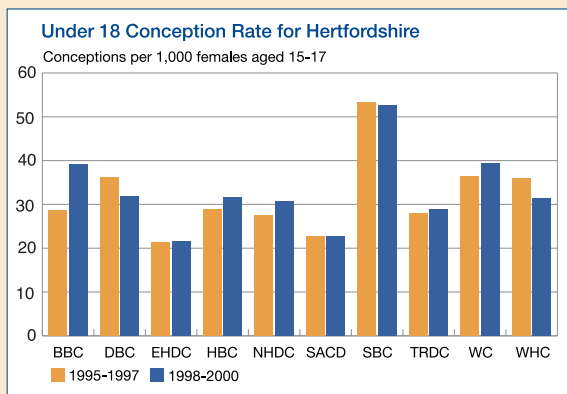
People experiencing, or at risk of, social exclusion face three barriers to accessing key services: access and availability, cost, and limited ability to travel long distances. The graph shows a representation of public transport trips per person per year nationally separated into income categories. The results are averaged over three years.



Poor transport restricts access to activities that enhance people's life chances, such as work, learning, healthcare, food shopping and other key activities. Deprived communities also suffer disproportionately from pedestrian deaths, pollution and isolation, which can result from living near busy roads.

## INDICATOR SE4 – Health – Teenage Pregnancy

Another area of concern that affects social exclusion is teenage pregnancy. Currently the UK has the highest rate of teenage births in Western Europe (Unicef 2001). There are a number of contributing factors, for example communication about sex and relationships, low self esteem and lack of opportunity. Therefore it has been concluded that if young people gain greater access to effective sex and relationship education, this will enable them to make informed choices. Access to correct information and advice on contraception services is also important.



Currently the Hertfordshire Teenage Pregnancy Strategy is in its second year. This is a ten-year strategy, which is committed to tackling this issue through a joint partnership between Hertfordshire County Council and eight Primary Care Trusts. The strategy focuses on the prevention/support of teenage pregnancy by: better prevention through education, better access to information/advice on contraception and better support for pregnant teenagers/teenage parents. Hertfordshire aims to achieve a 45% reduction in the conception rate from 31.9 per 1,000 (females aged 15-17) to 17.6 per 1,000 (females aged 15-17) by 2010 and to get more teenage parents into education, training and employment. To achieve these aims, a countywide Teenage Pregnancy Partnership Board develops action plans with a range of organisations, for example - the Youth Service, Family Planning, Connexions and Looked After Children.