brought to you by CORE
provided by Stirling Online Research Repository

The Seeds of Exclusion

ISBN 978-0-85412-788-7

Authors:
Dr Adrian Bonner, Reader, University of Kent
Claire Luscombe, The Salvation Army

Research design and clinical supervision
Dr Marianne van den Bree, Reader, Cardiff University
Professor Pamela Taylor, Cardiff University

Project managed and edited by GCI London, designed by James Senior
For The Salvation Army United Kingdom Territory with the Republic of Ireland
©2008 The Salvation Army
www.salvationarmy.org.uk

View metadata, citation and similar papers at core.ac.uk

UNITED KINGDOM TERRITORY WITH THE REPUBLIC OF IRELAND

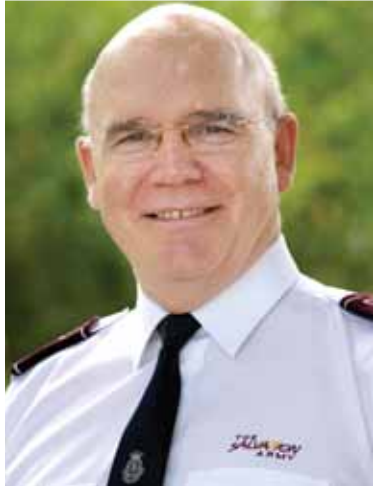
MISSION STATEMENT

Called to be disciples of Jesus Christ, The Salvation Army United Kingdom Territory with the Republic of Ireland exists to save souls, grow saints and serve suffering humanity.

VISION STATEMENT

As disciples of Jesus Christ, we will be a Spirit-filled, radical, growing movement, with a burning desire to

- lead people into a saving knowledge of Jesus Christ,
- actively serve the community,
- fight for social justice.



The Seeds of Exclusion

The effects of social exclusion are often all too easy to see: family breakdown, poverty, poor health, addictive behaviour and homelessness. The purpose of *The Seeds of Exclusion*, the fourth in a series of reports published by The Salvation Army since 1999, is to identify how patterns of early-life experience contain the seeds of later problems, and how The Salvation Army and others might tackle them.

In the late 19th century William Booth, the Founder of The Salvation Army, drew on the analogy of a cliff fall to describe his understanding of social intervention. While it is entirely appropriate to rescue the man or woman who has fallen into the sea, it is much better to tackle the roots of the individual's problem at the top of the cliff from which they fell. This report is a 21st-century expression of Booth's 'top-of-the-cliff' vision and strategy. Booth's driving passion was his firm belief in a life-changing God and a strong sense that the mission of The Salvation Army must be to the whole person, body and soul. And so it remains for The Salvation Army today!

The Seeds of Exclusion draws on rigorous original research and participation from a wide range of academics and social work practitioners. The process has been underpinned with theological reflection by The Salvation Army's leaders in the United Kingdom and Ireland. This report identifies the seeds of some of today's social problems, and The Salvation Army's continued commitment to working with people living through painful transition. We will continue to accompany people on their own journeys: for some it will be from homelessness to a settled place of their own, for others it will be from social exclusion to self-worth and their rightful place in society; for some it will be from trauma and disintegration to a sense of wholeness, and for yet others from unbelief to faith that gives hope for the future.

Commissioner John Matear
Leader of The Salvation Army UK Territory with the Republic of Ireland

Table of Contents

Vision and Mission Statements	2
Foreword – Commissioner John Matear	3
Acknowledgements	7
Introduction	9
Setting the Scene	13
Research Findings	43
Conclusions and Recommendations	57
Response from The Salvation Army	71
The Work of The Salvation Army	81
Methodology and Bibliography	91

We thank everyone within The Salvation Army and the Universities of Kent and Cardiff who have contributed to this report.

We are grateful to the following people who were interviewed in the course of the research and gave permission for the use of the quotes contained in the report.

We would emphasise that the views expressed represent the personal views of those interviewed and do not necessarily represent the views of the organisations of which they are members:

Rev Professor Chris Cook – *Professorial Research Fellow in the Department of Theology & Religion, Durham University*

Baroness Murphy – *Politician and a member of the House of Lords*

Baroness Neuberger – *Rabbi, Social Reformer and member of the House of Lords*

Philippa Stroud – *Executive Director The Centre for Social Justice*

Professor Pamela Taylor – *Professor of Forensic Psychiatry at the School of Medicine, Cardiff University*

Introduction

It is in the context of all the factors relating to the social, physical and mental wellbeing of Britain in 2008 that The Salvation Army presents *The Seeds of Exclusion* report. The research findings must be read in the light of the additional pressures we have identified which may be brought to bear on individuals already living in a society which is becoming increasingly fragmented, chaotic and stressful. The Salvation Army hopes its contribution to this ongoing debate will begin to inform us all, including Government, on how we can avoid the mistakes of the past and begin to mend society.

In order to understand the seeds in early life which can lead to future problems of social exclusion and understand the nature, complexity and severity of problems facing people in its centres, The Salvation Army used a variety of research methods and approaches:

- The Salvation Army undertook in-depth interviews with 438 homeless people using Salvation Army homeless services in various regions of the UK between January 2006 and March 2008.
- This new data was collected and analysed in a research study organised by the Universities of Kent and Cardiff.
- The study focused on the interviewees' current needs in relation to early life experiences, relationships, mental health issues, substance misuse and support received for these complex needs.
- A number of focus groups were held in seven regions of the UK comprising Salvation Army staff and volunteers active in a range of activities. In addition a consultation weekend bringing together representatives from all Salvation Army regional management teams contributed to a consultation workshop in February 2008.
- Executive Interviews – The Salvation Army conducted in-depth interviews with experts in the areas of social exclusion, social reform, mental health and spirituality in order to gauge their views on the issues surrounding socially

excluded people and the management of problems such as mental health, homelessness, alcohol and substance misuse. These interviews were transcribed and direct quotes used in the report. We are particularly grateful to:

Rev Professor Chris Cook

Professorial Research Fellow in the Department of Theology and Religion, Durham University

A specialist in Psychiatry, Professor Cook has been Lecturer at University College London, Senior Lecturer at the Institute of Psychiatry and Professor of the Psychiatry of Alcohol Misuse at the University of Kent. He was ordained as an Anglican priest in 2001. He is currently Professorial Research Fellow at Durham University, where he is working to establish a project for Spirituality, Theology and Mental Health. He is also a member of the Executive Committee of the Spirituality Interest Group of the Royal College of Psychiatrists.

Baroness Murphy

Politician and a member of the House of Lords

Baroness Murphy qualified as a doctor and later taught as an academic in the NHS for 25 years. She was Professor of Psychiatry of Old Age at Guy's and Chair of the North East London Strategic Health Authority. She is currently Vice-President of the Alzheimer's Society, Chair of Council at St George's University, and a non-executive member of Monitor, the NHS Foundation Trust Regulator.

Baroness Neuberger

Rabbi, Social Reformer and member of the House of Lords

Baroness Neuberger was Britain's second female rabbi and the first to have her own synagogue. She is the former Chief Executive of the Kings Fund and has previously been Chair of Camden and Islington CHS NHS Trust. She is also a Vice-President of the United Nations Association, has a number of honorary doctorates and is Patron of the North London Hospice, the Prisoners of Conscience Appeal Fund and the Memorial Arts Charity. Last year she was appointed by Gordon Brown as the Government's champion of volunteering.

Philippa Stroud

Executive Director The Centre for Social Justice

Philippa Stroud spent 17 years working with projects to fight poverty, addiction and homelessness in the Far East and in the UK. She pioneered support projects to help homeless people come off the streets and integrate into society, and to care for people affected by addiction and poverty in Bedford and Birmingham. She is a founder of the Centre for Social Justice and directed the work of the Conservative Party's Social Justice Policy Group.

Professor Pamela Taylor

Professor of Forensic Psychiatry at the School of Medicine, Cardiff University

Professor Taylor has academic responsibilities in the field of Forensic Psychiatry for the whole of Wales and is the adviser to the Chief Medical Officer for the Welsh Assembly. She is also Visiting Professor at the Institute of Psychiatry, King's College London. She is a Fellow of the Academy of Medical Sciences and a Fellow of the Royal College of Psychiatrists. She has held a range of clinical and managerial roles in health and related services. She has published books and research articles in the field and edits the journal *Criminal Behaviour & Mental Health*. She has been particularly concerned with the social exclusion that often follows psychiatric hospitalisation or imprisonment.

Setting the Scene[1]

The Seeds of Exclusion report examines the interplay of factors which impact on the health, happiness and wellbeing of society in 2008. Through its new research with homeless people, this report identifies key issues and trajectories which have led some people into despair and a range of complex needs. These insights will be used to identify how people at the extreme end of social exclusion can be helped. Their experiences can also be extrapolated to form a better understanding of the key issues affecting the health of society as a whole and better inform the support offered to those most in need.

The Salvation Army has extensive and long-standing experience of working with homeless people. We know this group has a set of wide-ranging and acute problems which have been mainly examined in isolation until now. In this report we draw together a comprehensive review of how these problems interrelate and interact – how the seeds of exclusion develop and cross-fertilise. We believe their experiences can inform society.

The Salvation Army believes that only by adopting a holistic approach to people's needs can we ensure that individuals and society as a whole achieve health in the fullest sense. Health is a wide concept meaning 'wholeness', pertaining to soundness of body, and includes physical, mental, moral and spiritual welfare.

The themes highlighted in our research findings are reflected by some of the main determinants of health identified by The World Health Organisation including: social status; work; social support; early life experiences; addictive behaviours; food and social exclusion.

These form the basis of the following introductory section in which we review the health of Britain in 2008. We also consider the increasing role of the third sector and the role of spirituality and faith in contributing to complete health and wellbeing and

1 More detailed references can be supplied by The Salvation Army.

track social exclusion as both a cause and effect of people failing to thrive in society.

'Our fragmenting society is beginning to threaten our worlds. Things like the gang violence in London have unnerved people sufficiently to make us start listening to the fact that we do have social issues here that must be addressed. We can't just keep on moving in one direction in society whilst leaving an ever-increasing group of people behind. Are we going to keep on building more and more psychiatric hospitals and prisons, or are we going to address the problems that are feeding this?' Philippa Stroud

Social Status and Employment

The UK in 2008 appears to be moving from the self-confidence of Cool Britannia during the Blairite years, to a time when the accumulated impact of inappropriate and excessive availability of credit and sub-prime mortgages in the US and the UK has led to a 'credit crunch', pushing both countries to the brink of recession.

It appears that the economic status of a country pivots on the national perception of optimism or pessimism of investors, house buyers and consumers of goods and services. The growing awareness of the significant impact of the nation's collective confidence on economic success is also reflected in an individual's prospect of reaching their potential and leading a happy and fulfilling life.

A major part of the UK population is becoming wealthier and has increased opportunities for fulfilment through greater availability of good quality housing, entertainment and opportunities for holidays and tourism around the world. Commentaries on the changing nature of the socioeconomic state of the UK have been presented in earlier Salvation Army reports: *The Paradox of Prosperity, The Burden of Youth,* and *The Responsibility Gap.*

These reviews pointed to the increasing gap between the rich and the poor, the nature of youth disaffection and the relative roles of the state, community, third sector, family and the individual in responding to social problems and inequalities in society. In 2008 the gap between the rich and the poor continues to grow, the problems of young people are reflected in higher crime rates, increasing numbers of teenage pregnancies and increased antisocial behaviour which some attribute to excessive alcohol and drug misuse. The anticipated shortfall in state provision for health and social care, exacerbated by the growing needs of an increasingly ageing population, raises questions concerning the relative roles of statutory services and third sector in providing support needed by individuals and families.

For many people, life in 2008 offers many opportunities and the expectation that they will have enough money and physical resources to enable them to live healthily and support their families. For some, however, this is not the case, where financial stress in individuals and families has a significant impact on them and consequent negative influences on the wellbeing and health of the community.

Britain's personal debt is increasing at a rate of £1 million every four minutes according to Credit Action.[2] The percentage number of those seeking help from debt advice agencies such as Community Money Advice rose substantially in the 12 months leading up to December 2007 (*The Observer,* 18 May 2008). What is significant is the rising demand for debt advice services in middle-class areas, in some cases by up to 500 per cent.

2 www.creditaction.org.uk/debt-statistics.html

FACTBOX 1

According to a recent report by the Legal Services Research Centre (LSRC) 89 per cent of debt clients interviewed reported worrying about their money problems 'most' or 'all' of the time. Perhaps as a consequence, the great majority of clients believed their health had been adversely affected by their debt problems. 48 per cent of clients described the impact of problems on their health as 'great', and 43 per cent felt that their health had suffered 'to some extent'. Around three in five clients reported having received treatment, medication or counselling as a result. 45 per cent of clients stated that debt problems had a negative effect on relationships with partners.

Credit Action 1 June 2007[2]

12.4 million people are living below the 'poverty line'. Poverty is linked with social exclusion but is not necessarily the main cause. In monitoring changes in levels of poverty and social exclusion in the UK, the Joseph Rowntree Foundation has reviewed 50 indicators of poverty and social exclusion, concluding that whilst poverty is decreasing in families and in the elderly, the number of childless adults below the poverty threshold has increased.

FACTBOX 2 Poverty in the UK

The most commonly used threshold of low income is a household income that is 60 per cent or less of the average (median) household income in that year.

- In 2005/2006, the 60 per cent threshold was worth £108 per week for single adults with no dependent children; and £260 per week for a couple with two children under the age of 14 years. These incomes represent what the household has available to spend on everything it needs, from food and heating to travel and entertainment after payments for taxes, housing costs and utilities.
- In 2005/06, almost 13 million people in the UK were living in households below this low income threshold. **This is around a fifth (22 per cent) of the population.**
- This 13 million is an increase of 750,000 compared with the previous year, 2004/05. It follows six uninterrupted years of decreases from 1998/99 to 2004/05 and is the first increase since 1996/97.
- The number of people on low incomes is still lower than it was during the early 1990s but much greater than in the early 1980s.

Source: New Policy Institute

Whilst acknowledging that approximately 20 per cent of the UK population live in relative poverty, the UK Government Social Exclusion Task Force focuses on the 2-3 per cent who do not cope with their adversity. This 'focus' includes people with moderate to severe mental health problems, young drug users, 16-18-year-olds not in education, employment or training, and children in care.

'Our prisons are absolutely full of people with quite severe mental illness. The way the probation service now works and the way social services work, would suggest that you're likely to see your drug dealer more quickly than your probation officer. I think that's one of the main influences in people becoming or remaining socially excluded.' Baroness Neuberger

FACTBOX 3 Understanding Social Exclusion

Social exclusion is something that can happen to anyone. But some people are significantly more at risk than others. Policies for addressing social exclusion should address the following issues:

- Economic (eg long-term unemployment; workless households; income poverty).
- Social (eg homelessness; crime; disaffected youth).
- Political (eg disempowerment; lack of political rights; alienation from/lack of confidence in political processes).
- Neighbourhood (eg decaying housing stock; environmental degradation).
- Individual (eg mental and physical ill health; educational underachievement).
- Spatial (eg concentration/marginalisation of vulnerable groups).
- Group (concentration of above characteristics in particular groups, eg disabled, elderly, ethnic minorities).

Percy-Smith (2000)

William Booth, Founder of The Salvation Army, was one of several social reformers, including Shaftesbury, Rowntree and Barnardo, whose ideas at the end of the 19th century began to shape the community response to poverty alleviation, and address the links between moral and physical degeneration in England and other countries. Booth's influence can be measured in terms of the many millions of people who have directly benefited from this unique form of social action.

The UK in 2008 is, indeed, very different from the place described by William Booth in his classic book *In Darkest England and the Way Out* (1890). This wide-ranging set of observations provided novel and far-sighted approaches to address childhood deprivation, alcoholism, prostitution, worthlessness and other social ills. The book was more than an aspirational strategy, as many of these ideas were implemented, and by 1890 a considerable number of shelters or hostels had been established.

The Salvation Army was innovative; it opened the first UK labour exchange in the East End of London in 1896. Within the same year 20 similar exchanges had been established throughout Britain. Other initiatives included the Anti-Suicide Bureau in 1907, and industrial schemes such as brick factories and the first safety match factory. Today The Salvation Army is one of the largest and most diverse social support agencies in the UK.

In *Breakthrough Britain: Ending the costs of social breakdown* (Social Justice Policy Group, July 2007) attention is drawn to the '3.5 million people on inactive out-of-work benefits that place little or no work expectations on them, many of whom could do some work; benefit dependency is a way of life', and 'youth unemployment is higher than in 1997 up by 18,000, despite the Government spending almost £2 billion on the New Deal for young people' The main conclusions from this report are:

- Work is a route out of poverty for virtually all working-age households
- Family structure is vital for both adults and children
- State assistance is fundamental for those who truly cannot work

These sentiments echo the concepts and social action undertaken in William Booth's *Darkest England* Scheme.

'We won't stop this revolving door of homelessness and family breakdown, as a constant repeating cycle, until we believe people can actually be restored. A philosophy of transformation is almost entirely absent from Government: rather the regime is one of maintenance of breakdown.' Philippa Stroud

Key aims of the UK Government are to provide homes and jobs for everyone. The Government Social Exclusion Task Force has estimated that in excess of 35 per cent of people out of work have poor mental health. This is considered to be a significant underestimate by health professionals working in the community.

'A lot of people with the most serious illnesses, say those with chronic schizophrenia, are probably not going to be able to take open paid employment, but many of these might do well in sheltered employment. Without efforts to help them in this way, they will be on the financial margins, which makes it much more difficult to establish a stable home life, and their sense of identity and self-esteem will suffer too.' Professor Pamela Taylor

Additionally, the Department for Work and Pensions and the Department of Health have begun to provide support to those without work by addressing their mental and physical needs. This initiative is motivated by the recognition that 50 per cent of households in the council-owned sector have no one in work.

The 'social ills' (as described by William Booth) or 'social evils' (as described today) can still be identified in the 21st century, as exemplified by Julia Unwin, Director of the Joseph Rowntree Foundation, in her presentation to the Royal Society of Arts in May 2007. She pointed to the consequences of affluence, expressed in increased 'addiction, avarice, alienation, and anger' in UK society. Other commentators at this presentation highlighted the changing public perception regarding 'fear and despair', the 'vulgarisation of modern society', 'rise of the celebrity culture', 'ignorance in the midst of the wealth of knowledge', 'the worship of fame', 'the seeping of extremism into mainstream society', and 'the hostility of the public to the problems of poverty and social exclusion… blamed on the choice of lifestyle'.

The 'social ills' in the late 1890s were thought to result from poverty and the lack of opportunity for personal growth. Today poverty still exists and the 'social evils' emanate not only from poverty but also from an affluent society in which abundant wealth and changing values lead to individualism and self-gratification sometimes at the expense of the health of the community.

Social Support and Early Life Experiences

Being an active member of the community requires a comprehensive set of skills which are developed in the early years and are related to complex interactions of biological and cognitive processes.

Establishing a relationship with others involves personal skills including communication, recognising the intent of the other person, developing trust and showing empathy. Relationships are unlikely to develop when a poor level of understanding and aggression exists between two people. Effective communication and cognitive functioning are needed. For the individual, social inclusion has both physical benefits such as providing shelter and food and psychological benefits such as reward and reciprocal reinforcing behaviours. A group must be attractive to the individual and vice versa. These personal skills are developed during the early years and are considerably influenced by parents and the environment in which the child lives. These early childhood factors include:

- Early infant-primary carer bonding and consequences for the child relating to levels of attachment between child and carer.
- Poor or no attachment between mother and child, resulting in interpersonal and

social difficulties across the lifespan, impacting on later psychopathologies including emotional and addictive behaviour problems.
- The importance of adequate appropriate nurturing, in particular nutrition and educational support in relationship to the development of cognitive competencies.

'We really do need to think of what happens in childhood. We should be supporting and educating earlier. Teachers in schools and general practitioners may be best placed to help here if adequately trained and supported to do so. These are the frontline people who see most families and can pick up emerging problems at as early a stage as possible and assist without stigmatising children or their families.' Professor Pamela Taylor

Clearly these issues relate to the individual's quality of life as well as the ability to integrate and contribute to the wider community and thus develop social capital. This latter point is particularly significant as this capacity is based on the idea that it is 'people often sharing common interests, connecting via networks, which become a resource'.[3]

The ability to create these resources are threatened by factors relating to the personal and social development of children and include:

- Discontinuities in parenting, family breakdown, reconstituted families, with associated financial implications
- Disruption in education and related problems with attainment/learning opportunities (relates to later earning potential/motivation to work)
- Peer group pressure
- Issues of morality/values
- Teenage pregnancy, leading to poverty and social exclusion
- Teenage binge drinking, risk-taking behaviour
- Teenage violent behaviour/gangs. Lack of respect for others and the community
- Mutual lack of respect between children, teachers and parents, and inability to recognise individual needs (NB the importance of interpersonal communication, investment of time as opposed to material possessions).

These 'life skills' need to be acquired in order for human relationships to develop and it is within the family where most children develop these. Commenting on data from the Office of National Statistics, Polly Curtis, Education Editor of *The Guardian* said that 'Marriage is still the best way to play happy, healthy families…' (*The Guardian* 5 October 2007).

'I think the only time that marriage is supported or even recognised in the British tax system is in death.' Philippa Stroud

Addictive Behaviours and Nutrition

A growing threat to the health of the community is the increasing dependency culture. Self-destructive alcohol and drug consumption, leading to dependency, is thought to result from the need to self-medicate and compensate for emotional deficiencies associated with an individual's current circumstance and/or early childhood experiences.

In common with other contemporary 'social evils', such as gambling, over-consumption of food and excessive sexual appetites, there is a highly complex interaction between biological drives, psychological needs and social circumstances. These processes are integrated within a part of the brain called the limbic system. This emotional part of the brain is central to 'instant gratification' and many aspects of contemporary life. The need to 'get a quick fix' by irrational shopping behaviour, gambling, and viewing pornography, is prompted by our fast-moving consumer society facilitated by access to low-cost technologies such as the internet and advanced entertainment systems.

3 Field 2003 in Bonner 2006, John Wiley

FACTBOX 4 Drug Use

- Severe and enduring effects of drug dependence impact on parents and siblings of families where one member has a drug problem. The families require significant support to reduce isolation, stress, breakdown and tendency for younger siblings to develop drug problems.
- The prevalence of drug use is higher among boys than girls; so is the prevalence of minimal brain damage or dysfunction and such conditions as autistic spectrum disorders or attention deficit hyperactivity disorders (ADHD). These factors may be related.
- **Cannabis is the most widely-used illegal drug**, which one in four 16- to 59-year-olds say they have tried. Around 10 per cent have used amphetamine and 4 per cent ecstasy.
- Accurate figures are not available, but it is clear that **thousands of deaths occur each year as a result of illegal drug use**. Most relate to heroin and misuse of the synthetic opiate, methadone.
- **However, many more deaths each year are attributable to tobacco and alcohol than to controlled drugs**. Almost 30 per cent of adults smoke tobacco, which is responsible for 120,000 premature deaths in Britain a year.

Source: ONS

Risky behaviour, such as injecting or smoking heroin, is more often linked with neighbourhoods experiencing multiple disadvantages. Drugs may also be easier to obtain and harder to control in areas where there are fewer legitimate ways to make money.

While drug choices are shaped by social and economic circumstances, biological endowment and psychological development are also important. Genetic factors do not 'cause' drug use or dependence, but they increase the risks for certain individuals, if drugs are available.

Other risks relate to family relationships. Abuse, neglect and homelessness all increase the chances that children will experience problems with drugs later on. The chances are also increased where parents and other family members use drugs. These and other risk factors for heavy drug use are far more significant when they cluster together in children's and young people's lives.[4]

Drug taking is increasingly common across all strata of society and economic groups and is a cause of concern to Government, the medical profession and others involved in the social welfare of individuals.

'In the past 30 years there has been a massive shift in the diversity of the homeless population. Previously homeless people tended to fall into distinct groups, such as older men with entrenched alcohol problems or people with serious mental health problems, such as schizophrenia. No one took drugs. Now there is a much more diverse population of people drifting to the inner cities who have had rotten childhoods, a mixture of mental health problems, alcoholism, difficulties with the courts and multiple drug use.' Baroness Murphy

Research[5] has shown that the beginning of one aspect of a person's vulnerability to heroin dependency is thought to be laid down in early childhood as the bonding between mother and child involves the central role of opiates (endorphins) produced to maintain the mother-infant bond. Poor mother-infant bonding will influence later-life emotional problems perhaps exacerbated by a physiological need to seek and continue to take the soothing benefits of heroin.

Alcohol abuse has been recognised as a principal risk factor for ill health in socially excluded people together with malnutrition, obesity and other lifestyle factors. There is growing evidence of a link between chronic alcohol use and cognitive function. This

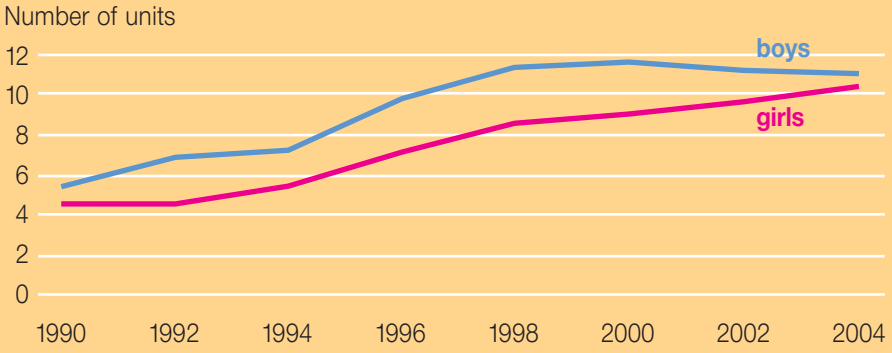
4 Joseph Rowntree Foundation (2000)
5 Kalin N.H. (1993) Scientific American 267, 94

has wide implications in understanding the cycle of social exclusion.

The increasing use and abuse of alcohol is not uncommon in society particularly in women and young people. Decca Aitkenhead, commenting in *The Guardian* (16 August 2007) stated that 'This kind of drinking is not hedonism, it is nihilism….'

FACTBOX 5 Children's Alcohol Consumption (National Statistics)

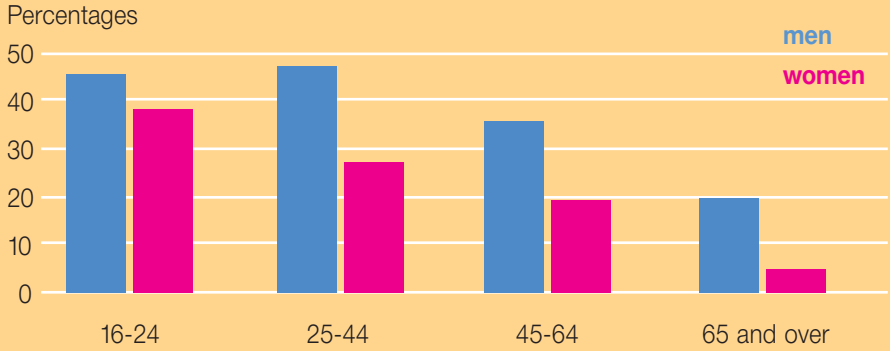
Mean alcohol consumption of children aged 11-15 who drank in the last week, by sex, England, 1990-2004.



Young drinkers aged 11 to 15 in England doubled their average weekly consumption of alcohol during the 1990s – from 5.3 in 1990 to 10.4 units in 2004. It has since stabilised for boys but continues to increase for girls.

The proportion of children who drank increased with age, from 4 per cent of 11-year-olds to 45 per cent of 15-year-olds in 2004.

UK adults drinking more than the recommended guidelines on at least one day last week: by age and sex, 2004



Among adults in the UK in 2004 nearly **one in three (30 per cent) exceeded the recommended daily benchmark** (of no more than four units for men and three units for women) **on at least one day during the previous week**. Men were more likely to exceed the benchmark than women – 39 per cent of men compared with 22 per cent of women.

Younger people were more likely to exceed the daily benchmarks. Just under half (47 per cent) of men aged 16 to 24 did so on at least one day during the previous week compared with 20 per cent of men aged 65 and over.

The number of alcohol-related deaths more than doubled from 4,144 in 1991 to 8,758 in 2006, the majority from chronic liver disease such as cirrhosis.

Each year there are also approximately 3,500 deaths on UK roads, of which around one in six are alcohol-related.

FACTBOX 5 continued
In 2006 the male death rate (18.3 deaths per 100,000 population) was more than twice the rate for females (8.8 deaths per 100,000) and males accounted for two thirds of the total number of deaths.

The biggest increase in deaths was for men aged between 35-54. Rates in this age group more than doubled, from 13.4 to 31.1 deaths per 100,000 over the period. However the highest rates in each year were for men aged 55-74.

Death rates by age group for females were consistently lower than rates for males. However, trends showed a broadly similar pattern by age.

The rise in alcohol-related problems is due to a combination of factors including increased drinking at home, encouraged by low prices in supermarkets and controversial changes in drinking laws. Whatever the cause, excessive alcohol consumption is estimated to cost the NHS £3 billion per year.

'With the alcohol strategy we had a spectacular lack of funding to augment the services that were being talked about. My worry is that with current drugs policy Government's recognition of the importance of all of this will be associated with no real money, and therefore no actual change. It is foolish to say "We've got no money for it", because actually the nation is then deprived of the economic benefits of addressing it.'
Professor Chris Cook

The effects of chronic alcohol abuse on cognitive function include memory loss, personality changes and increases in antisocial behaviour. Wernicke-Korsakoff's syndrome is a terminal stage of brain damage caused by a combination of chronic alcohol use and lack of vitamin B1. However, there is increasing evidence that this link between alcohol and nutritional deficiency is important at a much earlier stage of a person's drinking career than was previously recognised. Korsakoff's syndrome is one of the more acute examples of loss of personal identity. In most cases, chronic use of alcohol causes brain damage which is exacerbated by nutritional deficiencies. This is a critical problem in socially excluded people, and is particularly prevalent in areas of social deprivation.

Nutritional problems relating to either under- or over-consumption of food have a variety of causes including inherited metabolic, psychological and culturally related dimensions. Significant trends include the decrease of complex carbohydrate in the national diet during the last 20 years, increased eating out, globalisation of fast-food franchises, changes in family eating behaviours (including instant meals necessitated by 'time squeeze' – see *The Paradox of Prosperity*, 1999) and stress-related eating behaviour. As with other inputs to the emotional centre of the brain as outlined earlier, food can have a significant self-medicating influence on emotional behaviour in all sectors of the population, including the disadvantaged who can purchase low-cost poor-quality food. The Cabinet Office strategy unit has estimated that food-related ill health cost the NHS £6 billion (2 per cent of total budget) in 2002.

Poor nutrition and eating behaviours not only have physical health consequences, but also impact on mental health, motivation and lifestyle choices. Although there is an abundance of research on nutrition in the general population, there is very little good quality research into the nutrition of the socially excluded and homeless. Some insight into these issues is given in Factbox 6.

FACTBOX 6 Nutrition and behaviour

- Malnutrition predisposes children to a lower IQ, which in turn predisposes them to externalising behaviour problems.
- Antisocial behaviour is related to protein deficiency and iron-deficient anaemia.
- Malnutrition could also predispose to antisocial behaviours more indirectly by impairing cognitive functioning, which in turn predisposes to externalising behaviour problems.
- Supplementation of adult prisoners' diet with vitamins, minerals and essential fatty acids (omega-3 fatty acids) significantly reduced antisocial and violent / aggressive behaviours in prison.

These findings have potential implications for public health attempts to prevent the occurrence of antisocial behaviours in children and adolescents. **Nutrition targeting of at-risk populations should be considered since nutrition can be less harmful than medications and less costly than psychosocial interventions.**[1]

Currently the concern about the 'obesity epidemic' is focusing attention on healthy eating and the need to address nutrition in schools, hospitals, care homes and mental health units.

Type II diabetes is being diagnosed in children as young as 10 years and obesity in the general population has reached unprecedented levels in the young and middle-aged. It has been estimated that by 2050 50 per cent of the UK population will be obese, with an economic cost to the country of £45 billion per year. It is also interesting to note the increased cardiovascular risk, which has been declining for 30 years but which appears to be rising again, due to increases in obesity and diabetes.

Conversely, a recent survey found that one in three hospital and care home patients were malnourished, a state which originated in the community, and recommended that nutritional policies need to be developed in services provided for vulnerable people.[6]

Stress and Mental Health

One in four people in the UK will experience some kind of mental health problem in the course of a year[7] and its impact on the community is therefore marked.

There is wide recognition that mental health is Britain's biggest social problem, costing the economy 2 per cent of GDP and 2 per cent to the Exchequer. Mixed anxiety and depression is the most common mental disorder in Britain.[7]

Thirty-one million prescriptions for antidepressants were written in 2006, of which 6.2 million were for SSRIs (selective serotonin reuptake inhibitors) which include Prozac and Seroxat. Based on evidence that these drugs are no more effective than a placebo, the Government released £170 million in October 2007 for the development of 'talk therapies' (psychosocial therapies, mainly Cognitive Behavioural Therapy, CBT). This initiative was aimed at 900,000 people, 450,000 of whom are expected to be cured, and it is anticipated that 25,000 will no longer claim sick pay and invalidity benefits related to mental health problems.

Mental health problems span the age range with children and older people affected. One in ten children between the ages of 1 and 15 has a mental health disorder.[7]

During recent years there has been increasing public concern regarding unhappiness in children. In this time of comparative prosperity in the UK, children have increasing opportunities. With more disposable wealth they can buy designer clothing and mobile phones, and gain extensive access to the internet and a range of entertainments.

6 The BAPEN report (March 2008), the largest nutritional screening survey undertaken in the UK
7 ONS 2001

These opportunities provide increased social contact via social networking internet sites and the development of virtual communities allowing children, who might previously have been isolated, to communicate with others.

However, the downside to these social changes involves the contraction of the period of childhood. Children have become more adult than their years and can easily access the adult world with resultant risks of being drawn into consumerism, exposure to extremist values and access to pornography and other emotional and addictive behaviours.

The Children's Commissioner, Professor Albert Aynsley-Green, was 'disheartened but not surprised… that UNICEF reported that the UK was the lowest of the 21 industrialised nations for wellbeing of its children in relation to the quality of family life, the number living in relative poverty, vaccination rates and the time spent talking or eating daily with parents'. The UK was also found to have the highest rates of obesity, drunkenness, bullying, early sexual intercourse, cannabis-taking and teenage pregnancy.

Concern over the 'anxiety epidemic' in children has led the Association of Teachers and Lecturers (ATL) to call for an independent Royal Commission to investigate why so many children in the UK are so unhappy. Whilst the concerns of the ATL are focused on excessive homework and overburdening assessments, 'more and more children are coming to school unable to learn because their lives are so dispirited and they are under stress'. The ATL's view was supported by evidence from Professor Alexander[8], who had previously undertaken the most detailed study of primary children for 40 years, and concluded that 3.5 million children were affected by a worrying 'loss of childhood' and were 'engulfed in a wave of antisocial behaviour, materialism and the cult of celebrity'.

A further contribution to the debate on unhappy children has been made by the Children's Society which, in a recent report[9], drew attention to the reduced opportunities for children to play with their friends. Parental anxieties about children playing unsupervised has resulted in curtailing the times when children could play with friends, which is fundamental to a child's wellbeing and development. The experiences of isolation, or being bullied, were, according to the report, likely to lead to depression, aggression and antisocial behaviour. 'Britain is in the grip of an epidemic of rudeness and antisocial behaviour. Finding a cure has never been higher on the political agenda…' (Editorial, *The Independent on Sunday*, 27 May 2007).

FACTBOX 7 Mental Health

Age-standardised suicide rates for men and women by country of residence in the United Kingdom, rolling averages 2002-2004

Region	England	Wales	Scotland	Northern Ireland	United Kingdom
Male	16.7	22.4	30.0	18.3	18.3
Female	5.4	6.0	10.0	5.6	5.9

Rate per 100,000

Source: 'Suicide trends and geographical variations in the United Kingdom 1991-2004' –Health Statistics Quarterly 31 in autumn 2006.

Statistics on mental health

- Women are more likely to have been treated for a mental health problem than men
- Depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes
- British men are three times as likely as British women to die by suicide
- The UK has one of the highest rates of self-harm in Europe, at 400 per 100,000 population
- Only one in 10 prisoners has no mental disorder

Sources: Mental Health Foundation/The Office for National Statistics Psychiatric Morbidity report (2001)

8 *The Primary Review*, The Esmee Foundation, University of Cambridge, 2008

9 *The Good Childhood Inquiry*, The Children's Society, 2007.

The dramatic growth in life expectancy in the last 50 years has led to increases in the size of the older population.

The ageing process includes a range of bodily changes which are reflected in increasing social isolation and often concurrent increases in psychopathology related to anxiety as the individual adapts or fails to adapt to their changing social status. Anxiety in the elderly increases with reduced mobility. When a person can no longer drive or is less able to use public transport they become less independent and more restricted in their ability to interact socially.

Major life events occur in the elderly when they move from their established family home into retirement accommodation, residential home or nursing care home, sometimes involving occasional or long-term admission into hospital. These events can cause stress and distress within the individual. Likewise bereavement is another major life event and will be expected to have significant influence on the remaining partner's mental health and morale. It also impacts significantly more on men than women. Men have reduced participation in social activities following bereavement, in contrast to the evidence supporting the stability of functioning among bereaved women.

Although many older people maintain their independence and remain socially active, the problems of cognitive decline reduce sociability. This is particularly the case in dementia. It has been suggested that the world is on the brink of an epidemic of Alzheimer's disease. The Alzheimer's Society has predicted that 1.7 million people in the UK will have this condition by 2051. Lonely people are more likely to develop this most common form of dementia[10], suggesting that keeping the brain active gives some protection from this mental deterioration. It is interesting to note that a recent report highlights the increased vulnerability to this condition brought on by excessive alcohol consumption and high levels of smoking.[11]

10 Wilson R.S. Krueger K.R., et al (2007) Loneliness and risk of Alzheimer's disease. Archives of General Psychiatry Feb; 64 (2): 234-40

11 Prof Henry Brodaty, University of New South Wales

Stress is a significant factor in the rise of mental illness in the community. Stress can be caused by many different things such as worries/anxieties over family, job or physical fear of something dangerous.

Changes in the way children are nurtured, within a risk-aversive community, reflect wider changes in public perception of the growing threats within society. Individual perceptions are fuelled by the instant access to news media, which primarily report the problems in the local community and globally. Happy stories do not sell newspapers.

Concern about personal security is more acute now than in previous years when children walked unaccompanied to school, people would leave house doors unlocked at night time, and there was a feeling of support from nearby family members.

Britain in 2008 has a higher number of CCTV cameras in the community than any other country. Security lights and security gates are becoming essential components of the modern home. Violence in the high street and in the family home resulting from excessive use of alcohol and other drugs, and racial intolerance in some areas have turned parts of the local community into no-go areas, especially for vulnerable people, including children, women and older people.

The apparent increase in personal and social anxiety and consequential psychopathologies in contemporary society may be explained by increased loneliness, and competition for social prestige, attractiveness, and material resources. Most mental illnesses are associated with anxiety and stress, both with respect to onset and as a result of the illness experience. Schizophrenia, for example, often emerges at least in part in response to environmental stress. Socially stressful situations, for instance leaving the family home or becoming homeless, are thought to contribute to psychotic illness[12].

12 as proposed by Nuechterlein et al.

'The people who struggle particularly are those with profoundly disabling forms of serious illness like schizophrenia, serious chronic depression, and personality disorders, who also complicate their situation with substance misuse. They may actually be trying to get relief from their horrible symptoms, but mental health services don't cope well with them – tending to focus limited resources on solving the easy problems. That may be how the exclusion process gets started – and then nobody else copes well with them either, and so such people get more and more marginalised.' Professor Pamela Taylor

The Role of the Third Sector

The anticipated shortfall in state provision for health and social care, exacerbated by the growing needs of an increasingly ageing population, raises questions concerning the relative roles of statutory services and the third sector in providing support needed by individuals and families.

The Welfare State was developed as a response to recognition of the inequalities in healthcare and living conditions of the vast majority of people in Britain following the publication of The Beveridge Report in 1942 on *Social Insurance and Allied Services*. This laid down the basic concepts of the free National Health Service which was introduced after the Second World War.

Vulnerable people had previously only received support from charitable organisations, benefactors and volunteers. This was now supplemented by state-based services.

In 2008 the statutory services still provide the main support for people in need, but increasingly the Government is relying on the private and third sectors to deliver services.

Funding for the third sector presents a number of problems, not least of which is the ability of charitable organisations to maintain sustained services in a contract culture, where short-term funding cycles frequently militate against long-term strategic planning. It also compromises the campaigning of many third sector organisations.

'There is a huge role for the third sector and faith groups in Britain with these issues. However, there is a problem in that many third sector organisations don't want to shout as loudly, as often and as unpleasantly as they should because they are in receipt of payment from local authorities or central Government for providing services. Some have been very brave nonetheless but others have not.' Baroness Neuberger

'It is very important to be able to find a formula for receiving government money and retaining appropriate independence in using it in practice.' Professor Pamela Taylor

'The voluntary sector is critical. Just because something is government funded it doesn't mean to say that it has to be government run. These things are much better run by the voluntary sector, because they have the passion, the philosophy of change.' Philippa Stroud

The Comprehensive Spending Review (CSR), in July 2007, set out to invest £515 million in third sector programmes to promote social and economic regeneration. One of the initiatives being funded by the CSR is the Public Service Agreement 16 for Socially Excluded Adults. PSA 16 is being targeted at four groups:

- Care leavers
- Offenders under probation supervision
- Adults in contact with secondary mental health services
- Adults with moderate to severe learning disabilities

Whilst this Government strategy is to be commended it does not appear to address the needs of the people who have been interviewed in this current research.

'I don't think we should be ashamed of spending money on mental health problems and expanding the amount available. What we should sometimes be ashamed of is the amount of bureaucracy that goes into health service management. That might even be another argument in favour of the third sector, which seems to manage with less bureaucracy.' Professor Pamela Taylor

Spirituality and Faith

The role of *faith communities* has been highlighted by the Government's Social Exclusion Unit as a potential factor in promoting community development. This availability of buildings, structured activities and personal discipline encouraged by the various faith communities, all add to the development of community cohesion and the capacity for personal development.

'People need a building, a physical presence in their communities. This is one area where faith groups can offer part of the solution.' Baroness Murphy

It is interesting to note the establishment of the Faith Foundation, by Tony Blair, which aims to facilitate the common elements of the Abrahamic traditions from which Islam, Judaism and Christianity emerged. It is hoped that this contribution to world peace will lead to a reduction of tension in the diverse societies which coexist in the UK.

The importance of spirituality and its benefits in healthcare is recognised by The Royal College of Psychiatrists which describes how it 'is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness.' In a fact sheet (Royal College of Psychiatry 2006) the publication goes on to say that the 'desire for wholeness… lies in the essence of what it means to be human'.

'Spiritual needs are still commonly neglected, but people are beginning to realise that they do have to give it at least an afterthought. What I'd like to see is that peoples' spiritual needs are considered as integral to all healthcare provision, not least in mental health care.' Professor Chris Cook

Spirituality is a significant dimension in the development and recovery from addictive behaviours and other mal-adaptive behaviours. A key element in the definitions of spirituality is the development of relationships with others and a higher power. 'This development of a belief in a "higher power" is central to the development of a *purpose of life* in those who previously had little hope and were helpless' [Bonner 2006]. This search for meaning is an important aspect of spiritual change and transformation and according to Engel is 'a "being need" rather than a "deficiency need".'[13]

'Over the last decade or two, we've just begun to discuss the impact of spirituality and recognise it as being profoundly important in healthcare. More recently people like the Prince of Wales, who is Patron of The Royal College of Psychiatrists, the current Archbishop of Canterbury and at least two Presidents of The Royal College have each highlighted how society has neglected the spiritual aspects of patient care and that this is something we have got to pay more attention to.' Professor Chris Cook

'There is now an increasing amount of scientific research going on in this field but we still need much more. We need to recognise the benefits of providing spiritual care, which does have an impact on outcomes – this is where research is helpful in demonstrating that this is something which actually makes a difference to people getting better.' Professor Chris Cook

The relationship between faith and culture is also important. The moral and spiritual values that underpin any culture will inevitably have a bearing on the individual, not least in times of personal crisis or change. Crisis is, by its very nature, a time for taking

13 Engel 1975 in Bonner

stock and revisiting the values and culture in which we were nurtured in earlier life.

An example of the relationship between faith and culture may be found in The Salvation Army's Harbour Recovery Centre in Tower Hamlets. A runner-up in *The Guardian*'s 2007 Public Service Awards, this is a drug treatment programme aimed at young Asian men whose needs are not being met. *Guardian 2* described it as a 'culturally sensitive two-week rehab programme designed specifically for this client group whose preferred drug was smoking heroin. The aim was to ensure that young men who felt intimidated in mainstream residential services, and rejected community services which involved prescribed methadone, could be weaned off heroin before they began injecting it.'

While The Salvation Army is openly and avowedly Christian, there is a clear recognition in this kind of service that the faith and culture of the individual service user or group has to be taken into account as an important factor in their return to sobriety, wellbeing and reintegration.

'Research from The Mental Health Foundation has shown that spiritual needs are important to people with mental health problems. They want it taken into account in their treatment but often don't believe it's something that they can discuss with their psychiatrist.' Professor Chris Cook

'It is important that people are asked about their spiritual needs. Psychiatrists should learn the skills to address this aspect with warmth and empathy.' Baroness Murphy

'We have taken faith out of schools, out of government, out of funding streams. We've excluded people of moral conviction from spheres of influence and then we turn around and ask why do we have these problems, why are we raising a generation who don't have a moral compass? It makes absolutely no sense at all.' Philippa Stroud

Research findings

This report identifies new evidence about the people currently benefiting from support from The Salvation Army through its homeless services. It examines the issues behind why those interviewed have come to be socially excluded and reveals some significant common themes.

Based on data collected in a research study organised by The Salvation Army and the Universities of Kent and Cardiff, these initial findings are drawn from interviews with 438 homeless people in various regions of the UK between January 2006 and March 2008. Details of the research methods and demography of the interviewees are given in the section entitled Methodology and Bibliography.

Relationships

One of the major findings in this study is the high frequency of homeless people who are isolated and who have a lack of supporting relationships. These people have few friends and limited or no contact with family members. For a significant number this would appear to have been the situation for most of their lives.

- A large proportion of people have lived alone (33%), in no stable arrangements (25%) or in a controlled environment, such as prison, the Armed Forces or a mental health institution (18%) over the last year.
- 54% spend most of their time alone (M=56%, F=43%). Only 36% spend time with friends and 10% with family.
    - 65% are content spending their time in this way, 25% are not and 10% said they are indifferent. This apparent satisfaction with spending time alone does raise the question of whether this is because they have had little or no experience of any alternative.
- 28% consider themselves to have no close friends.

These relationship issues appear to extend to their family. This is indicated by the number of interviewees in our survey who reported having poor relationships with them currently and in childhood.

Figure 1 **Percentage number of interviewees who had serious problems with relatives/acquaintances in the last month and at any stage in their life**

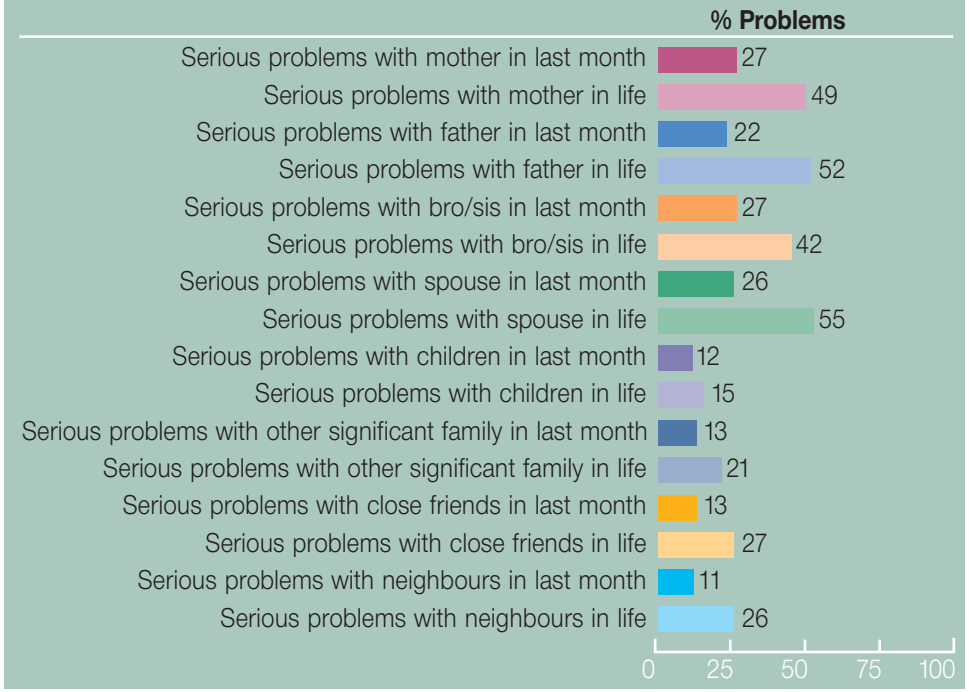
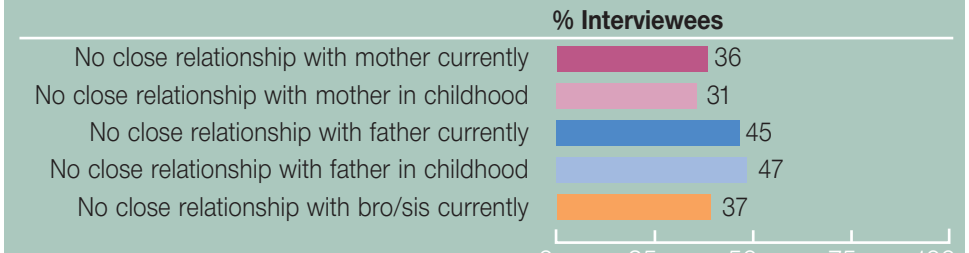


Figure 2 **Percentage number of interviewees who reported no close relationships with close family members in childhood and their relationships with those relatives now**



For some, these poor relationships may be linked to negative experiences they encountered during their childhood. These experiences may have been something that the individual was subjected to, such as abuse or neglect, or may have resulted from the association or biological connection with family members who had substance misuse or psychological issues. Interestingly 15% indicated they did not have enough to eat, indicating poor nutrition or, at best, poorly developed eating behaviours whilst growing up.

Figure 3 **Percentage number of interviewees who had negative childhood experiences**

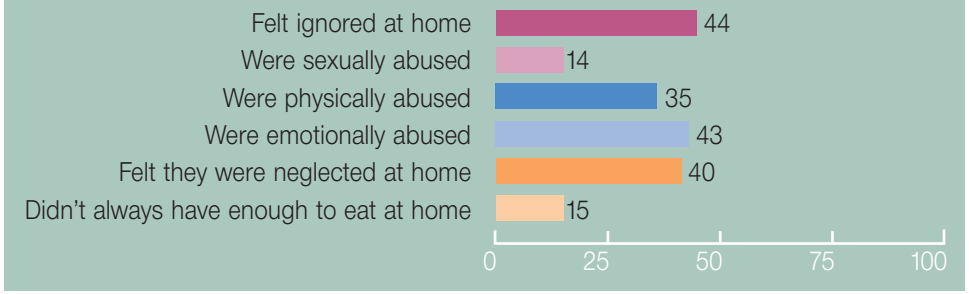
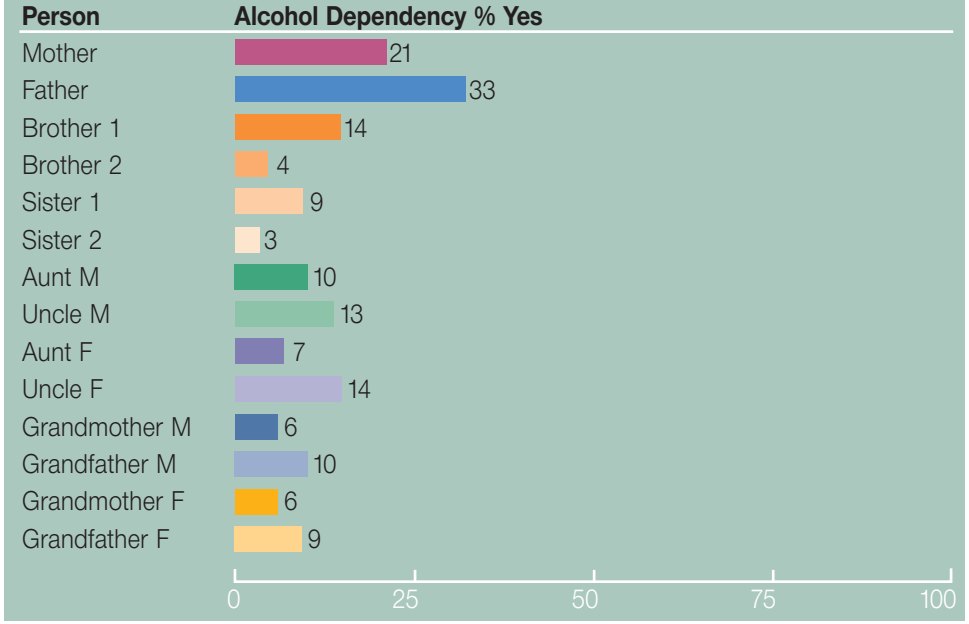
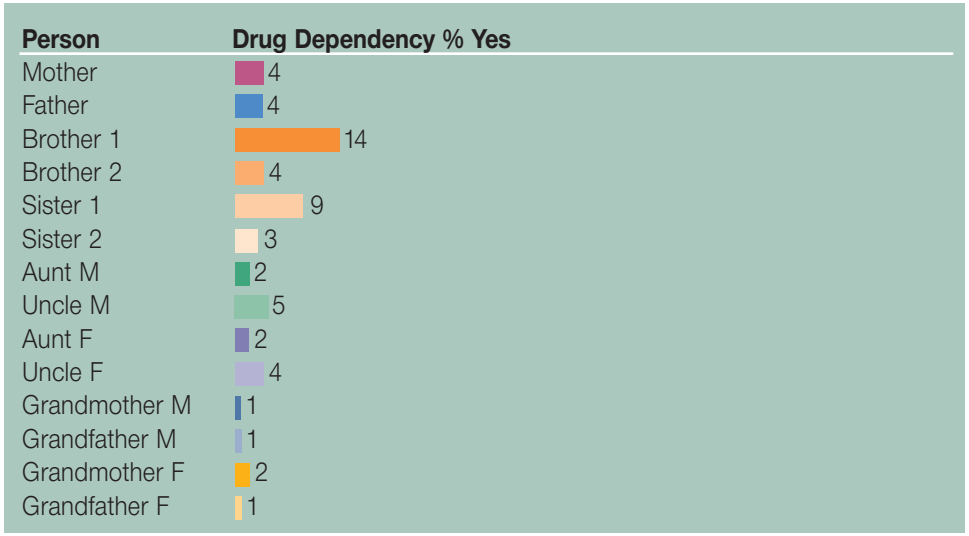
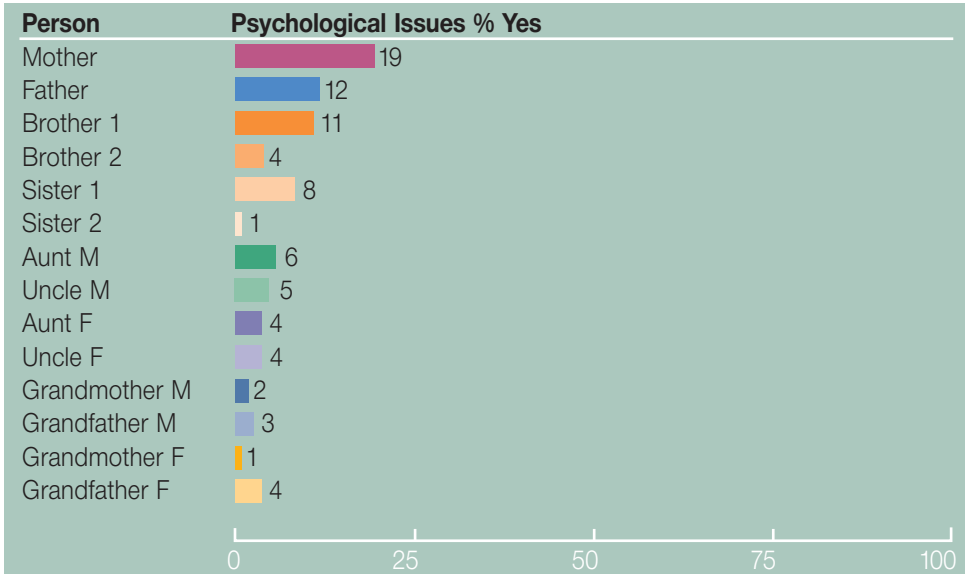


Figure 4 **Percentage number of individuals who reported specific close family members with alcohol and/or drug dependencies and/or mental health issues**



M = Mother F = Father





Another adverse experience during youth was homelessness:

- 29% of those questioned were homeless before 18 years old with individuals being just less than 15 years old, on average, when they first experienced homelessness
- The average number of times these individuals were homeless was 4.6.

Our findings reveal that when a child has a poor relationship with their mother and father they are more likely to experience homelessness before the age of 18. This suggests good relationships with parents may be crucial to preventing homelessness at a young age. The good relationships with parents become even more important when considering the evidence that those who were homeless as a child are significantly less likely to have close friends as adults.

If the seeds of social exclusion have been sown in the childhood experiences of this generation of homeless people, the concern from the study findings is that these seeds will be further propagated in their next generation. Of those interviewed more than half of the women and slightly less than half of the men have children.

- However, of those with children 38% of the women and 42% of the men have no contact with their children currently.

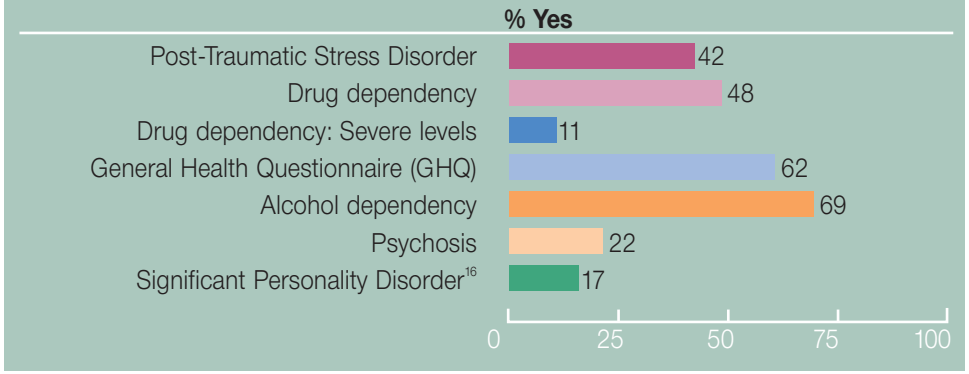
Wellbeing

An indication of the lack of wellbeing in this population is demonstrated by the high numbers of those who reported that they had previously attempted to take their own life.

- 36% of the men and 47% of the women interviewed confirmed this to be the case.

Further indicators of this lack of wellbeing can be found within the screening assessment summarised in Figure 5.[14]

Figure 5 **Percentage number of interviewees who screened positive for specific mental health conditions**[15]



This study shows the high level of trauma experienced by the interviewees. More than 40% of those interviewed screened positive for Post-Traumatic Stress Disorder (PTSD). Those suffering from PTSD report that 30% of trauma was associated with death (grief or witnessing experiences relating to death), 20% child abuse (including neglect) and 11% relationship breakdown (divorce, separation from children and loss of contact with immediate family).

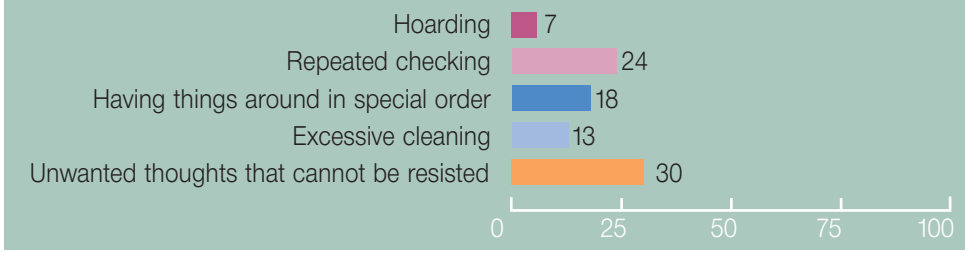
14 Whilst disorders identified via the screening assessment are not clinical diagnoses, they do suggest high probability that the person has these conditions.

15 General Health Questionnaire: measure of Anxiety and Depression, Social Dysfunction, and Loss of Confidence.

16 The questionnaire used in this study (Personality Diagnostic Questionnaire-4th Edition+) can either be used as an index of overall personality disturbance in which case a score of 50+ indicates a substantial likelihood that the interviewee has a significant personality disturbance, or it can be used to screen for Specific DSM-IV Personality Disorder Diagnoses.

Another disorder of anxiety is obsessive compulsive disorder. However, this is more common than PTSD within the general population. It is the second highest mental health disorder, with depression being the most common.

Figure 6 **Percentage number of interviewees who screened positive for symptoms that relate to Obsessive Compulsive Disorder (OCD).**



Taking this into account the prevalence of significant obsessive compulsive symptoms in this sample ranges from 7-30% which is higher than expected, although not all of the people who have screened positive for individual symptoms would meet strict diagnostic criteria for OCD. However, it is known that the presence of OCD symptoms (whether clinically significant or not) increases the risk of having a wide range of other mental disorders.

This complex range of disorders is demonstrated in the analysis below which shows the percentage of interviewees who screened positive for more than one psychological problem area. These problem areas include significant personality disorder, alcohol and drug problems, anxiety/depression, PTSD and psychosis.

- 65% of those interviewed had two or more significant problem areas.

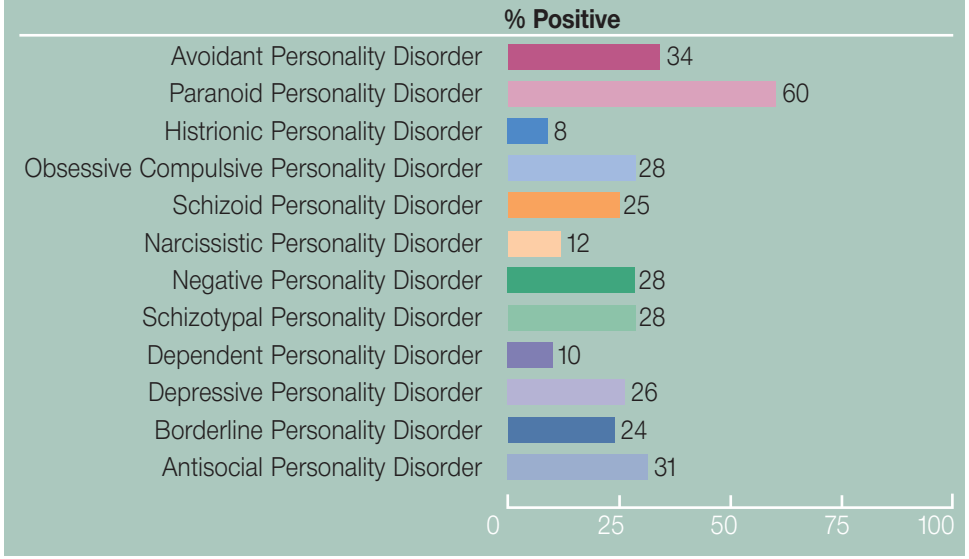
This complex interaction of problem areas is further complicated by the involvement of alcohol and drug problems, which might either be a significant factor in causing the mental health disorder or could be a result of the disorder itself.

Figure 7 **Percentage number of interviewees who screened positive for multiple problems: Post-Traumatic Stress Disorder (PTSD), general mental health problems (GHQ), psychosis, significant personality problems, alcohol and drug problems.**

Number of problems

		Percent
Valid	0	11
	1	24
	2	30
	3	20
	4	12
	5	2
	6	1
	Total	**100.0**

Figure 8 **Percentage number of interviewees who screened positive for symptoms of specific personality disorders.**



Disorders of personality are only diagnosed in adulthood, but fundamental to the diagnosis is that they had their origins in childhood or early adolescence and persisted into adult life. The traits which make up the disorders are long-standing and sufficiently severe to interfere with the person's wellbeing and ability to function effectively in society.

The data shows a link between a poor relationship with their mother in childhood and a range of conduct disorders including irritability and antisocial, behavioural and borderline personality disorder.

Screening positive for psychotic behaviour or personality disorders also correlated with whether the individual had been arrested and charged with any criminal act.

During their lifetime,

- 48% reported having been arrested and charged with non-violent crimes
- 39% reported having been arrested and charged with violent crimes.

The origins of this criminal behaviour appear in some part to be rooted in the interviewee's childhood experiences.

Traumatic experiences in early life (feeling ignored at home and physical and emotional abuse, see figure 3) positively correlate with whether an interviewee has been arrested and charged with a criminal act.

Likewise the quality of the relationship with their father, in childhood, is also linked to their likelihood of being involved with the criminal justice system.

Support for vulnerable people

Moving into and out of a controlled environment[17] can be a traumatic and stressful experience and involves significant personal adjustment.

- Nearly a quarter of the interviewees reported that they had been in a controlled environment within the last 30 days.

- 12% of those interviewed had been released from prison during the 30 days before they arrived.

17 These include prison, mental and general health services and the Armed Forces

Social and Healthcare support

A characteristic of the population surveyed in this report is that they have difficulties in engaging with statutory services. This might be due to a lack of appropriate services, lack of willingness of health and social care professionals to work with people with complex needs, and the stigmatisation of the person discouraging homeless people from seeking help from the statutory services.

- 54% of the respondents reported that their health had limited their wellbeing or activities over the last year.
- 38% were receiving medications for physical health issues.

The most frequent physical health problems were:

- 17% headaches
- 16% respiratory problems
- 10% liver problems

These conditions are most probably related to the highly stressful lifestyles which are further compounded by destructive behaviours such as smoking (83% stated they smoked tobacco regularly in some form), excessive alcohol and drug use (69% and 48% respectively) and the general poor living circumstances.

It is unsurprising that this population have had most hospital-based contacts with physical health-based services. Just over 60% of individuals have had at least one major head injury at some stage during their lives and 45% have had other serious injuries (highest cited injuries related to violence). The high proportion of people sustaining injuries and of those who report having been involved in violent crimes would suggest that this population live in an aggressive and hostile environment.

Figure 9 **Percentage number of individuals who engaged in hospital and community-based services within the last 3 months.**

Hospital-based service	**% engaged on service**
Psychiatric ward/outpatient	4
Other department ward/Outpatient (not A and E)	20
A and E	15
Community-based services	
GP (CB nurse or HC assistant)	29
Psychiatrist, CPN, CMHT	7
Psychologist	2
Alcohol worker	11
Drug worker	16
Advocate/counsellor	8

- Only 11% of interviewees consider that they are receiving mental health care.
- Though 22% are on medication for mental illness.

What is concerning about this information is that, despite the high proportion of individuals who have previously screened positive for mental health issues, the data suggests that they are not receiving treatment or support. Only 7% have had contact with the community mental health services and 4% the psychiatric services within hospital-based care. However, 55% reported that receiving treatment for their health concerns (physical or mental) was important to them now.

Conclusions and recommendations

Relationships
Among people who are socially excluded, relationship breakdown issues are key factors leading to people becoming homeless.

The findings of this UK-wide study indicate that current and past relationship problems are a characteristic of people who use the homeless services provided by The Salvation Army.

A large proportion of the homeless people interviewed had poor or even abusive relationships with close family either currently or when they were children. They also reported having significant periods when there were serious problems with various relationships within their lives.

Many also had difficult experiences with relationships when they were growing up. Nearly 30 per cent of the interviewees had been homeless before the age of 18, some on multiple occasions, and there are links between this and the quality of the relationship the interviewee had with their mother and father during childhood. These important relationships are further highlighted when considering the significance of those who were homeless in their youth and the correlation between this and the lack of close friends. This suggests that these early experiences may have damaged their ability either to make or want to form close relationships.

'It is all very easy to say if you had a bad time in childhood that you are going to have problems as an adult. What we need is to be more precise about what kind of a bad time in childhood is associated with particular problems in adult life. Here, we need to know what would have to be done to help children specifically to prevent homelessness.'
Professor Pamela Taylor

This study has identified that there is a link between a poor relationship between

mother and child and a range of conduct disorders. The extent to which conduct disorders result from poor maternal relationships and the extent to which they cause them, are still matters for speculation, but either way, mother and child are likely to need help with their relationship. The importance of fostering these positive relationships cannot be underestimated when considering the rise in antisocial behaviour and criminal activities among children.

A high proportion of the people we interviewed had been subjected to abusive or neglectful situations when they were children and some of these experiences significantly correlate with their future involvement with the criminal justice system.

There is also a significant association between the quality of the relationship the interviewee had with their father and involvement with the criminal justice system.

'Social capital has been linked with health, wellbeing, crime, education and drug taking. People who are married, have close friends, go to church or are members of clubs, in roughly this descending order of importance, have significantly better health than those who do not…' (Halpern 2005).

Healthy communities result from healthy individuals who are capable of forming good networks with others within their community. Relationship issues contribute significantly to some people becoming disconnected from society. This research shows the quality of relationships experienced by the interviewees in their early years appears to be a key determinant of their successful participation within the community.

Any intervention should take into account the need to enhance these relationships.

The role of faith-based organisations, recognised by the Social Exclusion Task Force, as noted earlier, highlights the importance of spirituality in the development of social capital – that is to say, the networks that people can draw on.

'On a personal level if you took spirituality out of family life I don't know how you do family life. The principles of forgiveness, getting a second chance when you make a mistake are only found in faith. Families are not about being selfish, but about giving. If you take spirituality out of it, it becomes a very self-centred thing.' Philippa Stroud

When personal difficulties arise in children and young adults who have little or no immediate family support, they can become vulnerable to a range of problems. These may be exacerbated by high levels of exposure to alcohol and other drugs. Another predisposing factor to vulnerability is when close family members also have mental health problems.

This leads to critical questions relating to the family: How do you support vulnerable young people when they experience issues such as this within the family unit?

The role of the mother is, beyond doubt, biologically and psychologically highly significant in a child's development. However, the role of the father must be understood and supported too. Fathers have both a direct and indirect impact on the wellbeing of children. Direct effects include the link between involvement of the father and cognitive ability and educational achievement. Indirect effects are related to the relationship between father and mother in that children are likely to develop more strongly emotionally and psychologically if the father and mother have a good relationship. Additionally, children model their behaviour on both mother and father and are significantly influenced by the quality of the mother-father relationship.

To compensate for discontinuities in parenting a number of Government strategies have developed. The Sure Start programme has led to the development of Children's Centres. The Children's Act (2004) led to the development of integrated services which

include the establishing of 2,500 Children's Centres by 2008, and a further 1,000 by 2010. These centres bring together a range of early learning, health and parent services 'to promote the physical and intellectual and social development of young children'.

Whilst these centres, which provide Sure Start and other programmes, are clearly well intentioned, there are some concerns that they are not engaging many parents and children who would benefit from this targeted support. There is a need to have services that are already embedded within the community to provide this support.

'Sure Start is great but overused by the middle classes. We need a renewed Sure Start for the desperate people who are not currently engaging with it.' Baroness Murphy

Recommendations

Support services need to be developed which facilitate the nurturing of good quality relationships between children and their parent or parents.

We need to engage families who may be at risk of social exclusion with services that reach the wider community with the emphasis on building social networks and consequent social capital. Faith-based organisations are well placed to do this as they already have a function in creating networks within communities. Indeed the role of these organisations in community development generally should not be underestimated.

In view of the problems of engaging vulnerable people with statutory services, there is a clear need to use Government funding to increase the capacity of the third sector to work in the community to connect with people at risk of social exclusion. The development of partnerships with other non-statutory and statutory agencies will help to fill in the gap in this support in a non-threatening way.

'The statutory services don't have enough respect for or understanding of the role of the third sector. It would be so helpful if there could be more secondments or role swaps between the sectors to overcome this.' Baroness Murphy

Wellbeing

Analysis of the data from this UK-wide survey indicates a high suicide attempt rate and very high levels of multiple and complex needs in the homeless population, with approximately 65 per cent of the people we interviewed having two or more significant problems of:

- traumatic stress,
- generalised mental health problems,
- psychosis,
- significant personality problems,
- problematic alcohol and/or drug misuse.

Generalised mental health problems might be anticipated in homeless people who are experiencing current challenges in relation to issues such as their accommodation, family relationships and basic survival needs.

However, a surprising new finding from this research is the high level of severe mental health problems, such as post-traumatic stress reactions, psychosis and personality disorders. Some of these can be linked to adverse childhood experiences, and others with criminal behaviour, as people with psychosis and personality disorders are significantly more likely to become involved in both violent and non-violent crime.

Although this is an initial screening assessment (ie diagnosis has not been confirmed), the high proportion of people who screened positive for paranoid personality disorder was one of the most striking findings in this group. This interferes with a person's ability to form trusting relationships, which would, in part, account for the isolation of

these people, and can interfere to the point of impairing someone's confidence to live in one place. However, it should be noted that the stress associated with street life can also increase paranoid thinking.

Treatment for such disorders is not widely available, but should clearly be a priority if people with these problems are to be helped towards stable accommodation and the possibility of enjoying safe and satisfying relationships.

'The probation people, the social workers working particularly with vulnerable young people, the psychiatrists, in particular the adolescent specialists – where are they in all this? Why aren't they shouting louder about the problems?' Baroness Neuberger

People with mental health problems, whether or not they had poor early childhood experiences, may need help in learning how to cope independently. This help should span all areas of their daily living including basic life skills such as proper nutrition, health and hygiene, time management and financial planning. Interventions should also include helping people to develop independent structured lifestyles. This would consist of support in developing appropriate eating behaviours and social behaviours and the development of interpersonal and coping skills. This set of skills should also include anger management, in order to reduce aggression. All of this would increase the possibility of the person becoming a functional member of a social group leading to mental health and happiness.

'Belonging to a faith community appears to protect people against most forms of less severe mental illness, various forms of substance misuse and depression and anxiety disorders.' Professor Chris Cook

Recommendations

Within homeless support services there needs to be a much better understanding of what it means to have 'mental health needs' as these often involve a complex interaction of issues including childhood experiences. There needs to be appropriately researched interventions if these individuals are to be supported back into successful community.

There needs to be a greater understanding of the link between personality disorder and socially inappropriate behaviour which is often criminalised, and the way to best manage this.

Innovative approaches to supporting individuals with enduring mental health issues both within the community and semi-structured units are needed. A better understanding of how these individuals can 'maximise' their potential and be supported to lead meaningful lives needs to be reviewed in the light of good quality evidence.

Support for Vulnerable People

Nearly a quarter of the interviewees reported that they had been in a controlled environment, such as a care home, prison, or health and social care unit, within the last 30 days.

Whilst there is Government funding of rehabilitation programmes in prisons, costing many millions of pounds, these interventions will be ineffective if not followed by appropriately resourced aftercare.

These important transitions between controlled environments and independence are critical periods in a person's life. When someone leaves prison, a mental health unit

and even the Armed Forces, this experience has the potential to be very stressful for that individual.

The link between stress and anxiety and the onset of mental illness has already been discussed. Physical and emotional violence and poor parental support in childhood can result in a legacy of high and chronic levels of stress in adult life. This will then be further compounded if that individual moves from one controlled environment to another with insufficient support.

If the individual experiences a lack of resources such as in accommodation, employment and life structure, compounded by a lack of social support, re-engagement with society can be extremely difficult. In some cases, the services which are in place are failing to engage with the individual.

Whatever the reason, without adequate support, safety nets and early interventions at such times, there is a danger that people may be at greater risk of becoming socially excluded when moving from controlled environments.

The lack of aftercare for these 'at risk' people suggests the need to develop integrated support planning to bridge the gap between controlled environments and the community.

Third sector organisations that provide services within both controlled environments and the community are uniquely placed to provide this continuity of support.

'When you take a drug addict off drugs you are asking them to exchange everything – to exchange one lifestyle and a habit for a different lifestyle and one group of friends, one whole community, for another. Nine times out of ten, they don't return to the community from which they came without regressing. You see it with celebrity drug takers who go into The Priory for several weeks and then come straight back to the same social group only to return a year later to go through the whole process again. This is why third sector organisations and faith groups are often more successful, because they are able to offer not just the programme but a whole new community to come out to at the other end.' Philippa Stroud

Recommendations

More consistent and integrated personal support is needed for people leaving controlled environments, particularly for those individuals who have no significant social networks, have substance misuse problems and mental health issues.

Aftercare should be managed in a more seamless way in order to keep the vulnerable person engaged with appropriate services. This might be best undertaken by third sector organisations with good links both within controlled environments and with local communities.

Social and Healthcare support

A high proportion of the people in our survey have serious and largely untreated mental health problems. The evidence in this study shows they do not have access to appropriate health and social services, either currently or in earlier periods of their lives.

'Mental health services are not terribly well resourced and often have to choose how they are going to spend those resources. If staff think that they can scratch the surface of one person's problems but they can actually solve someone else's, they are probably going to be inclined to solve the easy problems.' Professor Pamela Taylor

The recent Kings Fund report[18] highlights the lack of appropriate resources for mental health services in the community. It has been estimated that approximately 17 per cent of the general population have mental disorders. Adjusting this data to show the percentages of these conditions in the general population the primary conditions are

18 *The Cost of Mental Health Care in England to 2026*, P. McCrone et al, June 2008

anxiety (4 per cent), depression (2 per cent), personality disorders (5 per cent), schizophrenic disorders (2 per cent), dementia (1 per cent), child/adolescent disorders (1 per cent) and eating disorders (0.2 per cent). The cost of treating these conditions is £48.6 billion, expected to rise to £88.45 billion by 2026.

This information on the prevalence of specific major health problems in England does not include people with alcohol and drug problems and those who are homeless (as stated by the authors of the Kings Fund report). In comparing the figures above with those within this report it can be seen that the homeless population has a significantly higher prevalence of mental health issues than the general population.

As the Kings Fund data (in conjunction with other sources) is used in influencing mental health funding streams these vulnerable groups are unrepresented in mental health care planning and as a consequence there is an under-resourcing of services for these people with complex needs through the main funding strategies currently in place.

The current study highlights the need for more research into mental health issues and the continuing importance of adding to the evidence base for future resourcing of services for vulnerable people.

As highlighted earlier the Public Service Agreement 16 for socially excluded people which has set out to invest £515 million in the third sector programme to promote social economic regeneration, does not address the needs of the homeless people with complex needs turning to third sector providers such as The Salvation Army for support. Of the four groups targeted, homeless individuals with mental health issues are not included. This is because there is a lack of evidence and understanding of the needs of this important sub-population.

Information on people using statutory and third sector social care (including that of The

Salvation Army) is collected routinely in order to provide funding for the provision of services. However, this data collected is very limited in its depth and is often captured at a time when a person is seeking accommodation and might not wish to reveal their underlying reasons for homelessness for fear of not being given assistance.

Until this lack of knowledge is redressed, people delivering frontline services, formulating policy and commissioning services will be doing so with an incomplete and inaccurate understanding of how the needs of these vulnerable people might best be met.

Recommendations

Appropriate surveys and studies using valid assessments are needed to understand the individual needs of socially excluded people with complex needs. This data should be used to inform social policy.

Provision for marginalised people must take account of the range of needs and required 'holistic' support for people with multiple complex needs.

'We need to recognise that these seriously ill people can benefit from specialist mental health treatment but services have to be organised in such a way that homeless and other socially excluded people can access them. Services should be long-term and managed sensitively to gain the trust of people who have previously had appalling experiences of mental health services or even never engaged with them at all.' Baroness Murphy

The Role of the Third Sector

Many of the needs highlighted in this report are best provided in a non-clinical, non-statutory and therefore less threatening, more supportive environment.

'My very real concern about the way we treat mental health issues in this country is that we medicalise it or sticky-plaster it rather than address it, and help the person resolve it.

The voluntary sector is critical to provide the personalised care needed for effective, compassionate solutions.' Philippa Stroud

As discussed previously in the report, the individuals researched within this report are not receiving appropriate resources from Government funding strategies and frequently look to charities within the third sector to provide support.

There is clearly a role for the third sector in supporting vulnerable people within their community but services must be properly funded. In a recent address the Chair of the Charity Commission, Dame Suzie Leather, stated that 'Only 12% of charities delivering public services achieve full cost recovery all of the time'. In this speech she further states that this 'consistent underfunding cannot but threaten a charity's very existence'.[19]

Commenting in *The Guardian* 4 June 2008 Matthew Taylor says, 'The state sees the [third] sector as a route to more user-friendly and innovative public services. And all of us seeking "meaning" in our lives are attracted by organisations that claim to be driven neither by the logic of profit nor bureaucracy but by values and social impact. ...The third sector would be making a big mistake if it saw its popularity as an excuse for complacency. ... Corporations and agencies of the state expect ever more sophisticated and challenging scrutiny; the third sector is starting to understand that it too will have to answer for its performance.'[20]

There is a strong case for ensuring a greater flow of public funds through the third sector which is capable of engaging and providing cost-effective provision and is more likely to provide longer-term community support and development. However, although charities are well trusted by the general public there is less confidence in these third sector organisations by statutory services often due to the perceived lack of performance management. This is reflected in the imposition of inappropriate and overly-prescriptive measures that judge performance. Third sector organisations need to be given the freedom to be judged on their long-term impact rather than short-term narrowly focused performance indicators.

'If we didn't have non-statutory organisations involved in service delivery there would be not just huge gaps, there'd be huge absence of service provision. So actually we have come to rely on it more and more and to the point where in addictions we couldn't do without it. This is why we need to have a better understanding, a publicly debated understanding, of what the relationship between spirituality, faith and mental health is. Otherwise we can't judge which are the good interventions and which are the bad ones.' Professor Chris Cook

Recommendations

Care and support for socially excluded people has been undertaken by the third sector for many years. The cost benefits of this provision need to be properly evaluated.

A more equitable distribution of funding between statutory and third sector would address the severe under-provision of support for vulnerable people.

Third sector providers are constantly having to adapt to changes in funding strategies and how their performance is managed via outcome monitoring, in order to maintain their funding streams. Long-term policies to foster the third sector should be encouraged rather than quick fixes.

The current process of tendering for funds, based upon simplistic indicators, makes it harder to provide the holistic support required for people with complex needs. A new approach to increasing the capacity of the third sector is required.

19 Suzie Leather *The Guardian*, Wednesday 21 February 2007 edited version of speech given to National Council for Voluntary Organisations conference in London.

20 Matthew Taylor is chief executive of the Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA).

Response from The Salvation Army

In considering the key findings of *The Seeds of Exclusion* and in the context of its review of current social issues in Britain, The Salvation Army proposes a range of new initiatives and renewed focus on some existing current programmes and Government initiatives as part of its contribution to addressing the issues raised.

Supporting and Sustaining Children and Families

There is clearly a need for community engagement which is less 'state run' and can support the emotional needs of vulnerable families. Improved services for children and enhanced education and support for parents would not only benefit family life but also communities.

Many people in Salvation Army homeless centres have come from at best unsupportive and at worst violent and abusive families and they often have poor ongoing links with their families and in many cases no friendships. Many go on to have children of their own and so the cycle of disjointed family often continues.

The Salvation Army believes that families require even more support than has been previously extended from both statutory and third sector organisations. While much of the recent emphasis has been on supporting the role of fathers, this report indicates that the role of the mother and the mother/father relationship are as important.

For its part, in order to support and strengthen bonds within families and the community as a whole and ensure consistent provision across the UK and Ireland, The Salvation Army will:

- enhance and raise the profile of its work with children, parents and families particularly at community level such as parent-and-toddler groups and parenting skills groups
- commit to the development of innovative programmes which will support all families whatever their makeup

- commit to finding new partners in this important work including facilitating stronger partnership with other statutory and third sector agencies and better sharing of information across the sectors.

Supporting People in Transition

Despite various Government strategies to help people leaving care and entering employment, there is still limited provision for those moving out of prison, mental healthcare units and the Armed Forces.

The report shows that these people are at particular risk of becoming socially excluded as they move from a relatively controlled environment into independent living within a community.

The Salvation Army, which is already working with prisoners, socially excluded people and armed service personnel, will bring together its expertise and services in this area into a more unified approach to meeting the needs of people facing these kinds of transition.

This response will include:

- greater emphasis on a shared philosophy of care across The Salvation Army to facilitate an integrated approach to our work.
- the continued development of community-based Salvation Army churches, which already work with people in transition, to ensure that there are places where people who may find themselves living in isolation feel welcomed and supported.
- the creation of programmes specifically designed to help those people who are in transition. Salvation Army centres already run 'Skills for Life' training to help people move into independent living and we intend to provide more of these sorts of programmes at a community level.

Supporting Vulnerable People

This report has brought into sharp focus the severity and complexity of the needs and problems of people currently living in Salvation Army social service centres. Although The Salvation Army recognises that we are often a place of last resort for people with the greatest needs, the report findings tell us much about the seeds of exclusion and highlights some of the wide-ranging factors which have led to people becoming excluded and, in some cases, homeless. The report is a challenge to us all to support those on the margins, to put into place mechanisms to ensure people do not fall through cracks in the official care systems and to investigate and research the factors that can lead to people becoming isolated and excluded.

Integrated accommodation, employment and feeding centre, East London 1895. This was the first Labour Exchange to be established in Britain, twenty similar offices were opened around the UK in the following 12 months.

The Salvation Army at church and community level, and within our social service centres, will continue to address specific needs through a 'holistic approach', providing support for every aspect of a person's life – from their physical and mental wellbeing to their ability to interact within society and their spiritual needs.

This commitment includes:

- Further development of Employment Plus, The Salvation Army's recently re-established employment services facility which is already developing partnerships to deliver programmes for those furthest from the labour market.
- The development of 'Smart Nutrition' based on research which has already resulted in a nutritional strategy for community and residential centres. It is believed that better nutrition supports both the physical and mental health needs of the people we help.
- The potential for linking up these initiatives to support a flexibly responsive approach to the rehabilitation of people and their transition into the community. This will be facilitated through an Effective Interventions Strategy, which will include the development of appropriate psychological support for people with mental health issues.

Speaking out for Marginalised People

Information on people using statutory and third sector social care is collected routinely to facilitate Government funding arrangements for the provision of services. However, routinely collected data is often obtained in a non-standardised way, at a time when a person is seeking accommodation and might not wish to reveal their underlying reasons for homelessness. This leads to inappropriate Government strategies and funding.

The Salvation Army has developed the National Monitoring Evaluation Scheme (NMES) – a cutting-edge comprehensive assessment tool which identifies each individual's

complex needs and problems and monitors their overall and specific progress against each area. Through our partnerships with leading academic institutions in this field the comprehensive overview which NMES provides on this population can more accurately inform the ongoing development of Government policy and funding.

The Salvation Army commits to:

- extend the use of the NMES assessment and monitoring system within Salvation Army residential and community-based centres and projects to enable us to continue to develop specific programmes in response to changing needs.
- encourage communities to work hard towards understanding the needs of marginalised people and actively seek to integrate them within community structures and provision.
- ensure that the gospel's bias to the poor and the oppressed is expressed in our

values and attitudes as much as in our social and spiritual programmes.

The Salvation Army will continue to speak out on behalf of voiceless and marginalised people including those whom society finds difficult to 'box' into existing structures, strategies and policy:

- Seeking change to Government strategy where necessary to ensure that people with 'long-term' needs are not ignored in favour of 'quick fix' projects which may have a faster return but may not address the root cause or solve long-term issues facing individuals and communities.
- Challenging statutory funding policy where appropriate. The increasing trend for short-term funding based around the creation of 'new' projects every couple of years is often detrimental to existing and long-term projects which receive statutory funding. In the third sector, this can leave vital services woefully underfunded, relying on public donations for their survival and in danger of collapse, leaving the most vulnerable people unsupported.
- Challenging provision of services. There are those who, due to their many and complex mental health problems, find themselves outside of the healthcare system. For many people the current system of referrals through the primary and in some cases the secondary care system are currently not only inadequate but, in many cases, inaccessible.

Further Research

This report, using detailed screening of people receiving help within Salvation Army homeless social service centres, highlights the need for continuing assessment and outcome monitoring to ensure that, as a leading provider of social welfare provision in the UK, we continue to respond relevantly to the needs of individuals, families, communities and marginalised people. This research is vital if The Salvation Army is to continue to provide a voice for marginalised and vulnerable people and to remain a place of last resort for those who have nowhere else to turn. It is also vital if we, as part of the UK social welfare provision and care structure, are to continue to offer professional and relevant services within the wider third sector and statutory environment. The Salvation Army intends that:

- This report will be the first in a series of annual reviews[21] focusing on the complex needs of the most vulnerable people.
- This data will be published in collaboration with partner universities to provide the basis of subsequent reports on progress made.
- The development of community-based support for people with complex needs will provide a cornerstone for the development of social justice and social work strategies by The Salvation Army which we hope will also inform Government strategy and policy in the future.

21 The next report, to be published within a year of *The Seeds of Exclusion,* will include detailed data from Ireland and more detail on other regions.

In summary, in response to *The Seeds of Exclusion* report, The Salvation Army will:

Support and Sustain Children and Families

- enhance its work with children, parents and families particularly at community level
- commit to the development of innovative programmes to support all families whatever their makeup
- commit to finding new partners and facilitating stronger partnerships and better information sharing with other statutory and third sector agencies

Support People in Transition

- unify its expertise and continue to develop existing and new services to meet the needs of people facing transition

Support Vulnerable People

- continue to address specific needs through a 'holistic approach', providing support for every aspect of a person's life
- This commitment includes further development of Employment Plus, 'Smart Nutrition' and an Effective Interventions Strategy for linking up these initiatives to support a flexibly responsive approach to the rehabilitation of people and their transition into the community

Speak out for Marginalised People

- extend the use of the NMES assessment and monitoring system within all appropriate Salvation Army centres and projects
- encourage communities to work hard towards understanding the needs of marginalised people and actively seek to integrate them within community structures and provision
- continue to speak out on behalf of voiceless and marginalised people – seeking a longer-term approach to addressing the root causes of the issues they face and challenging statutory funding policies and provision of services, particularly where they leave vital services woefully underfunded or are inaccessible to people with many and complex mental health problems

Further Research

- produce a series of annual reviews focusing on the complex needs of the most vulnerable people and published in collaboration with partner universities
- develop community-based support for people with complex needs as a cornerstone for the development of social justice and social work strategies by The Salvation Army and to inform future Government strategy and policy

The work of The Salvation Army

The Salvation Army was formed in England in 1865 by William Booth, who believed that fighting poverty and social justice were an essential part of his Christianity. The Salvation Army is now an international Christian church and charity operating in 115 countries, with a membership of over 1,600,000 adults and children as well as employing over 100,000 people worldwide and thousands of volunteers.

An integral part of our social and spiritual mission is to create a community for those who have none, to fight for social justice where people are oppressed and to move forward in faith as an integral part of the Christian Church.

The Salvation Army is one of the most diverse providers of social welfare in the UK after the Government. Our Christian belief is put into action through a wide variety of programmes.

Summary of the work of The Salvation Army in the United Kingdom and Ireland.

- 754 local church and community centres across the UK offering a wide range of services
- Over 1.5m people attend family-focused and other groups each year
- More than 50 nurseries and playgroups
- 113 social service centres including 57 homeless centres and a further 6 residential projects specifically helping those with addiction issues
- In the community there are outreach teams and drop-in centres for street homeless people
- 3,000,000 meals served every year at community and residential centres
- Chaplaincy and support offered to:
  • prisoners and prison staff • staff and passengers at airports
- 70,000 prisoners visited each year in 85 prisons
- 1 Probation programme
- 4 Children's and 7 Family Centres – helping families who find themselves homeless, between homes or who need extra support with parenting skills
- Over 630 older people cared for in 17 older people's residential centres and 4 older people's day care centres

- 5 centres for people with learning disabilities
- 1 community home for children
- 1 centre for women and children escaping from domestic violence
- 27 'Red Shield' centres providing support to military personnel and their families
- 2 employment training centres
- Family Tracing Service reuniting at least 10 people every day
- In the developing world projects are supported by fundraising and personnel from the UK in Africa, Asia, Australasia, North & South America, Middle East and Europe

Funding

The Salvation Army in the UK had combined income of £213 million (year ending 31 March 2007). Our main sources of funding are Government grants, legacies, public donations, members' donations and trading income.

Homeless people

Working with homeless people remains central to the mission of The Salvation Army. We are one of the leading agencies in the UK working with homeless people, helping to break the cycle of homelessness by getting people into their own permanent accommodation.

The Salvation Army social services in the United Kingdom and Republic of Ireland manage 57 homeless centres, 1 bail hostel, 6 detoxification projects, 1 service for homeless young people and 6 non-residential programmes. Every night of the year, The Salvation Army has in excess of 3,200 beds available for homeless people.

Homeless people are among the most marginalised in society. It is not just about housing problems but also a combination of very complex issues that, despite all efforts by Government and voluntary agencies, continue to increase. This trend has devastating consequences for individuals, families and communities. The Salvation Army is committed to assist all these people through a difficult period of their lives to enable them to fulfil their potential.

To find the best way of helping homeless people live independently in their own homes, case workers and resettlement workers in our residential social service centres work alongside them to develop the skills and self-confidence they need and to address any problems they may have.

- Residents are encouraged to undertake 'Skills for Life' training including budgeting, cooking and other skills they may need to look after themselves independently.
- Many Salvation Army centres now accommodate people within kitchen cluster groups where they are encouraged to cook for themselves. They learn to become more independent at their own pace.
- Some centres have studio flats on site into which people can move as they head towards independent living in accommodation of their own.

Social enterprise schemes are an integral part of Salvation Army programmes giving people opportunities to gain skills that prepare them to return to the workforce. In some cases they are being encouraged back into work through The Salvation Army's Employment Plus programme (see below). People are treated as individuals, with an understanding of their particular needs. We continue to develop innovative programmes and partnerships in areas such as mental health and addiction tailored to meet each individual person's needs.

Alongside the work undertaken within residential resettlement centres, many Salvation Army churches offer high-quality programmes and services to homeless single people and families, as part of their community service and Christian mission in their local area. These programmes include:

- Outreach to street homeless people
- Distribution of blankets, sleeping bags and clothes to homeless people
- Drop-in facilities providing meals and advice, linked to statutory services such as local health and addiction services

Through this integrated chain of care The Salvation Army can build ongoing relationships, helping people make progress towards a more stable and fulfilled life.

Older People

The Salvation Army believes our older people deserve to be treated with dignity, to receive care when they require it, and to have the opportunity to retain as much independence as possible. We aim to acknowledge and value older people and the contribution they make to life and society by continuing to provide a wide range of facilities to support their independence. In response to local needs and in conjunction with social services and other local agencies we provide:

- Day care programmes, luncheon clubs often with transport provided
- Drop-in centres and cafes providing nutritious meals and snacks
- Activities (eg reminiscence groups, quizzes, floor and table games, craft sessions, library)
- Resources (eg laundry, hairdressing, chiropody, assisted baths/showers)
- Visits to people in their own homes to help them remain in the community
- Sheltered flats for the more frail, where people can retain some level of independence and also receive assistance
- 17 residential homes for those who can no longer manage in their own homes and require more constant care. The care provided in residential centres includes care for people with dementia and, as a Christian organisation, The Salvation Army also seeks to meet older people's spiritual as well as physical needs, when appropriate

Children, young people and families

Children's and youth work continues to be a core part of The Salvation Army's social and community programme and is primarily run through our local church and community centres. Children's community homes provide both long- and short-term care to young people, when a parent or carer has been hospitalised or to children who are at risk. Other specialist services are operated from adolescent centres which help young men and women make the transition from residential care or homelessness to living in the community.

The Salvation Army also runs hundreds of youth groups and youth clubs within church and community centres. Through our churches for children and young people, innovative programmes to assist and encourage young people are being undertaken. There are opportunities for young people to volunteer developing leadership skills as part of a year's placement within Salvation Army centres and communities and ongoing study. Through Children's Ministries and other programmes for younger children we provide breakfast and after-school clubs, weekly clubs, holiday schemes.

Supporting and assisting families has always been important to The Salvation Army. In addition to family centres which accommodate homeless families, often helping to prevent family breakdown, many Salvation Army churches across the UK run family-orientated programmes. These include parent-and-toddler groups, parenting skills classes, 'Baby Song' nurseries and playgroups, education classes for all ages including pupils excluded from or who have opted out of mainstream school, family contact centres for those requiring supervised access, and much more.

People with Disabilities

The Salvation Army Fellowship of Endeavour (SAFE) works to improve the awareness and understanding of disability and provides fellowship and support for people with disabilities and their carers. Among other activities an annual week-long residential music and drama school is held for people with disabilities. Escorts are arranged for each student. Services for people with learning disability include supported living accommodation, life skills and employment training and advocacy. These services assist people to live independently with support, enhance their personal development and find employment.

Employment Services

The Salvation Army is committed to engage fully in the provision of Employment Services as a further contribution towards achieving a more inclusive society and tackling poverty through better access to employment. Salvation Army Employment Plus UK seeks to help the long-term unemployed out of welfare dependence into satisfying and sustainable jobs by overcoming barriers to work.

These include the hardest to help – homeless people, ex-offenders, sex workers, people with drug and alcohol problems, young people who have dropped out of school and education, over-50s, lone parents, people with disabilities. Working with other employment services organisations The Salvation Army is developing effective programmes including basic skills training, job search, retraining, work placements, social enterprise projects, volunteering and self-employment opportunities. This is all designed to help people who may not currently be able to provide for themselves to develop alternative livelihoods. In turn this may help them become more independent and bring about real change in their lives and the lives of their families.

Chaplaincy

The Salvation Army's belief that every person is of eternal value drives our commitment to chaplaincy. The majority of prisons in the UK are visited by a Salvation Army chaplain either as staff or a volunteer accredited by the Home Office as visiting ministers. Salvation Army centres also try to meet the needs of many prisoners who have difficulties finding employment and accommodation on their release. In addition

we provide practical and spiritual support to families of prisoners. The Salvation Army is also part of chaplaincy teams serving airports and within places of employment.

Emergency Services

The Salvation Army supports the work of the emergency services by providing emotional, practical and pastoral support at and in the aftermath of major incidents. In the UK, purpose-built mobile emergency units are kept stocked and equipped to enable them to be self-sufficient at the site of any emergency incident. These can include fires, environmental disasters such as floods, terrorist attacks, or transport incidents.

In 2007, The Salvation Army responded to 202 different incidents.
Response to emergencies includes the following:

- Providing on-site refreshments and emotional support to emergency services personnel at incident sites
- As part of the faith response to incidents, we provide support to individuals affected by an incident, and their families.

Support for the Armed Forces

The Salvation Army has offered support to military garrisons both in Germany and the

United Kingdom for many years. We now operate 27 Red Shield support centres and 12 mobile units and 3 shops for military personnel in the UK, Germany and the Falkland Islands. Services include:

- Canteens, including the provision of non-alcoholic leisure facilities in military training establishments where there are younger military personnel.
- Mobile refreshments for troops in training on camp.
- Family and children's groups and activities to support families of military personnel.
- During times of conflict the Red Shield services support the families left behind at the base practically and spiritually.

International

The Salvation Army is an international Christian church and registered charity working in 115 countries. International work is currently being undertaken in Africa, Asia, Australasia, South and North America as well as Europe.

Across the world, The Salvation Army ministers in 175 languages, has more than 15,000 churches and worshipping communities, nearly 17,000 active officers and more than 1,000 'cadets' training for Christian ministry.

UK support for the international work of The Salvation Army is primarily in the form of financial help to projects. These include anti-human trafficking programmes, clean water provision, work with individuals and families of those affected by HIV/Aids, child sponsorship, agricultural and health programmes and projects encouraging the development of fair-trade and social enterprise initiatives. In addition, the 'Journey' programme encourages volunteers to spend up to a year working and sharing skills with Salvation Army communities in the developing world.

Methodology and Bibliography

Methodology

Mental Health Study

This research was carried out by 15 researchers* (psychology graduates and social healthcare workers) who had received training in using the interview assessments. The researchers collected information from people using Salvation Army services in regions around the UK in 19 residential/day centres**. An initial hour-long interview was conducted and then where possible a follow-up interview was carried out a few weeks later. The first interview contained a battery of self-reporting screening and diagnostic assessments; the second interview used the World Health Organisation SCAN diagnostic assessment. Supervision of this was given by a consultant forensic psychiatrist. Participation in this project was voluntary and no means of payment was given to any service user involved. Participants were selected where possible using random sampling methodology; new residents were approached on a random basis and asked to participate in the study. Further information is available on methodology from the Social Services department of The Salvation Army.

Regional breakdown of interviews conducted

London	78
Midlands	88
South West	32
North West	49
Wales	93
Scotland	98
TOTAL	**438**

- 87.9% male (385), 12.1% female (53)
- Average age = 35.6 years old
- 72.5% have never been married, 14.9% divorced, 8.2% separated, 1.8% married, 1.6% widowed, 0.9% cohabiting

Reason(s) stated by interviewees for their homelessness
(interviewees could select multiple)

	%
Relationship breakdown	45
Financial	30
Drug Problems	22
Alcohol Problem	17
Criminality	13
Mental Health	13
Other	9
Work	8
Bereavement	6
Physical Health	3
Gambling	2

Highest level of education achieved by the interviewees

	%
No qualifications	41
1 – 4 O levels	20
5 or more	16
1 A level	3
2 or more A levels	8
First degree	7
Qualified Health Professional	3
Other	2

Ethnicity of the interviewees

	%
White British	85
White Irish	2
Other White	2
White/Black Caribbean	1
White/Black African	0.5
Other Mixed	3
Pakistani	1
Bangladeshi	0.5
Other Asian	1
Caribbean	2
African	2

Consultations

In addition to the mental health study a number of focus groups where held, in seven regions of the UK (South East, London, Anglia, East Midlands, Merseyside, West Scotland, South Wales) during 2007. The groups included Salvation Army staff and volunteers representing the range of activities undertaken by The Salvation Army in each region. The aim of the focus groups was to identify the key social and community issues and what response The Salvation Army was already providing or should develop in the specific regions. In addition to the regional focus groups, representatives from all 18 Salvation Army regional management teams (divisional headquarters), representing all aspects of Salvation Army activities, were invited and contributed to a consultation workshop during a weekend in April 2008.

Analysis of these consultations and the data from the mental health study provided the basis for response from The Salvation Army to this report.

***Research Assistants**

Joanne Davey
Laura Gamble
Lucy Grayton
Amy Williams
Rachel Dowling
Margherita Giorgi

Researchers

Ben Haley
David McKenzie
Christine Mcintyre
Rachel Traynor
Stephanie Phillips
Jamie Harris
Katherine Luscombe
Debbie Rutter
Bryan Wallace

****Salvation Army Centres**

Birmingham	William Booth House
Bristol	Logos House
Cardiff	Tŷ Gobaith
Edinburgh	Ashbrook Bread Street East Adam Street The Pleasance
Glasgow	Hope House Laurieston Centre Wallace of Campsie William Hunter House
Liverpool	Ann Fowler House Darbyshire House James Lee House Salisbury House
London	Booth House David Barker House Hopetown Riverside House
Nottingham	Acorn Lodge Sneinton House

Delegates at Consultation Workshop:

Major Alan Burns
Adrian Clee
Elaine Cobb
Major Anthony Cotterill
Major Jane Cowell
Howard Dalziel
Major Ian Harris
Major Graham Longmore
Major Paul Kingscott
Major Jim McCluskey
Divisional Envoy Billy McMurray
Helen Robinson
Maureen Ross
Captain Howard Russell
Patricia Simpson
Major Kathy Taylor

Facilitated by: Dr Sarah Johnsen (University of York)

Region Social Service Managers

Major David Coates
Major Richard Cushing
Ian Dixon
Alan Montgomery
Major Paul Kingscott
Nicolas Redmore
Patricia Simpson

The production of *The Seeds of Exclusion* report was overseen on behalf of The Salvation Army by the following people:

Lieut-Colonel Bill Cochrane
Lieut-Colonel Royston Bartlett
Major Ian Barr
Major Ian Harris
Major Jane Cowell
Major Paul Main
Julius Wolff-Ingham
Cathy Le Feuvre
Ann Stewart
Tim Stone
Claire Luscombe

Bibliography

Anon GCI (ed) (1999) *The Paradox of Prosperity*, The Salvation Army/The Henley Centre
Anon GCI (ed) (2001) *The Burden of Youth*, The Salvation Army/The Henley Centre
Anon GCI (ed) (2004) *The Responsibility Gap*, The Salvation Army/The Henley Centre
Anon (2007) *Breakthrough Britain: Ending the costs of Social Breakdown*. Social Justice Policy Group
Anon (2006) *The Social Exclusion Action Plan*. The Cabinet Office.
Booth, W. (1890, reprinted 1984). *In Darkest England and the Way Out*. The Salvation Army
Bonner A.B. (2006) *Social Exclusion and the Way Out: An Individual and community response to human social dysfunction.* John Wiley. Chichester.
Halpern D. (2005) *Social Capital.* Polity Press. Cambridge
Palmer, G., J. Carr, et al. (2005). *Monitoring poverty and social exclusion*. York, Joseph Rowntree Foundation.