

Scottish Centre for Research on  
**SOCIAL JUSTICE**



**Deprivation and social exclusion  
in Argyll and Bute**  
*Report to the Community Planning Partnership*

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## **Authorship and acknowledgements**

This report has been written by a team from the Scottish Centre for Research on Social Justice. The quantitative work (Sections 3 and 4) was carried out by Nick Bailey and Jon Pickering based in the Department of Urban Studies at Glasgow University. The qualitative work (Section 5) was carried out by Jennifer Spratt from the Arkleton Centre at Aberdeen University. Nick Bailey was responsible for overall management of the project. The work also benefited from the advice and support provided by Robina Goodlad and Mark Shucksmith.

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## **Executive summary**

### ***Aims***

The aim of this study is to develop an authoritative account of deprivation and social exclusion in Argyll and Bute. It provides robust evidence on the scale of need and its distribution between different places and between different groups. It also examines the causes and consequences of disadvantage for individuals, as well as offering some discussion of the implications of the research for policy. The work was commissioned by Argyll and Bute Community Planning Partnership (CPP).

### ***Approach and methods***

The study had two main elements. The first took a spatial focus, examining relative levels of need for different areas within Argyll and Bute. It starts with the Scottish Executive's Scottish Index of Multiple Deprivation (SIMD). This provides broad-based measures of area and individual deprivation for the local authority area and the wards within it. The SIMD data was also combined with Census data to provide estimates of deprivation scores for smaller areas, including Census Output Areas (OAs), Social Inclusion Partnership areas (SIPs), settlements and inhabited islands.

The second element provides a deeper understanding of some of the causes and consequences of exclusion, and of the variations in need between different groups. This used qualitative methods: in-depth interviews with over 60 individuals with direct experience of different aspects of deprivation and exclusion; and follow-up focus group meetings with professionals and volunteers who work directly with disadvantaged groups.

### ***Definitions – deprivation and social exclusion***

In theory, there is little separating the terms deprivation and social exclusion. Both are multi-dimensional concepts which focus on the (in)ability of individuals to play a full part in the life of their community or society. In practice, deprivation has been associated with a narrower emphasis on living standards and the financial or material resources which play a significant part in determining these. Social exclusion has been associated with a broader focus which emphasises the importance of relational aspects of life – social, cultural or political – as well as distributive or material. We follow this convention in this study.

### ***Deprivation – scale and spatial distribution***

Taking the first element of the study, the report argues that Argyll and Bute is not highly deprived in relation to other parts of Scotland. It is the 15<sup>th</sup> most deprived local authority area on the main SIMD measure, with high levels of access deprivation as would be expected for a rural authority, but notably low levels of education

deprivation. Even so, the area contains a substantial number of people in deprivation – an estimated 11,200 income deprived individuals on the SIMD measures.

A focus on deprived areas alone can give a misleading impression of the distribution of deprivation across the area. Deprived *areas* are concentrated into the larger urban areas but deprived *individuals* are found in urban and rural areas across the authority. There are some locations, however, which do have significantly higher levels of need than average. Dunoon, Rothesay, Campbeltown and Islay, in particular, have both high concentrations of deprived individuals and large numbers in absolute terms. Some smaller settlements and islands also have high concentrations though absolute numbers involved are much smaller.

Looking at a finer spatial scale, there are clusters of OAs where the concentration of deprived individuals is particularly high. Again, these are concentrated into the largest settlements. These clusters include many OAs already targeted by SIPs but also several others in addition.

### ***Social exclusion – issues, groups and processes***

In this element of the study, qualitative data was collected from three case study areas: a remote, rural part of one of the larger islands; an economically depressed town in a remote area of the authority; and a more rural part of the mainland. Social exclusion and deprivation were experienced in widely varying ways by different groups within these locations, with significant variations between them as well.

A number of factors contributed significantly to levels of social exclusion as well as influencing the experience of exclusion for those affected. The nature of the employment market trapped people in poverty through high unemployment in some parts and the low paid, unskilled nature of much of the work, some of which was seasonal. The housing systems contributed to exclusion in different ways. In the more rural areas, low incomes and a shortage of affordable housing resulted in people residing in temporary or unsuitable accommodation. Conversely in the town, there was an excess of housing, leading to areas of low demand where physical conditions were poor and where residents were stigmatised by others. Lack of education or training opportunities for school leavers led to a two-tier system. Well qualified youngsters left the area to enter higher education, while the less well-qualified remained, with many joining the local unskilled workforce or becoming unemployed. On health, access to specialist care was impeded in all areas by distance and poor transport links.

Three particularly vulnerable groups were much in evidence in the data collected. Young people faced specific problems in their transition to adulthood, as the issues of employment, housing, training and transport all acted as obstacles to their gaining independence. Older people were often increasingly dependent on public transport, health and benefit systems, and failures in these could impact heavily on their quality of life. Social exclusion for older people could be exacerbated by the isolation of living in remote areas. And people with disabilities, and those who cared for them, were often unable to access the specialist help and support necessary for social integration.

***Conclusions and discussion***

There are a number of issues for policy and for further discussion arising from this research. From the work on the spatial distribution of deprivation, one message for policy would be that services or actions to meet needs have to be accessible across the local authority area. Deprivation is not so highly concentrated that efforts can focus on one set of areas. A second message, however, is that there are some areas where needs are significantly higher than average and this is likely to lead to additional demands or stresses on some public services in these locations. A key issue for the CPP is ensuring that these needs are adequately reflected in the distribution of resources across the authority. Finally, for the clusters of deprived OAs within the larger settlements, the issue is whether the degree of concentration of deprived individuals into these areas warrants special actions through area-based initiatives and on what basis.

The diversity of experiences of social exclusion and deprivation both between different groups and between different types of area emphasises the importance of flexibility in service provision. Providers need to be aware of and be able to respond to the different contexts in which they work. Local consultation becomes particularly important. The evidence from this research is that it is also strongly welcomed, provided it is done in an inclusive manner. This means finding more ways of engaging with the most excluded groups directly.





## 1. Introduction

The aim of this study is to develop an authoritative account of deprivation and social exclusion in Argyll and Bute. This work has been commissioned by the Community Planning Partnership (CPP) to inform internal decision making processes, but also to assist in making the case for adequate resources to other bodies. The study is intended to provide robust evidence on the scale of need in Argyll and Bute, and its distribution between different places and between different groups. It also examines the causes and consequences of disadvantage for individuals, as well as providing some discussion of the implications of the research for policy.

There is of course a great deal of research on deprivation and social exclusion already available and this study seeks to draw on that work. Much of the existing work has been conducted in urban settings, especially in large cities. There is a concern that this may constrain our thinking about these problems in rural or small town settings as deprivation or exclusion may take different forms in these areas (Shucksmith, 2003). Previous research has also argued that exclusion in rural areas may be hidden because of associations between the “rural” and “idyllic” ways of life (Cloke et al, 1994 and 1995; Philo, 1997; Milbourne, 1997). While we are aware of these issues, our starting point is that the main dimensions of deprivation and exclusion are the same in urban and rural areas, and these include low income, unemployment, poor health and low educational attainment (Bailey et al, 2003).

The research has been commissioned to help the work of the CPP in tackling social exclusion. Following the Scottish Executive’s Community Regeneration Statement, *Better Communities in Scotland*, local public services have a central role to play in narrowing the gap between more deprived areas and others. Community planning is the key mechanism for co-ordinating actions to improve these services. It is important, therefore, that partners start from a shared understanding of the nature of the problems they face. As an independent inquiry into the circumstances of people living in Argyll and Bute, we hope this report will provide part of the foundations on which such a shared understanding can be developed.

More specifically, CPPs are taking greater control over existing area-based actions to tackle social exclusion through Social Inclusion Partnerships (SIPs). In future, CPPs will be responsible deciding whether SIP programmes should continue largely as they stand, whether there should be significant changes or, indeed, whether an area-based approach is appropriate at all for a given authority. A key challenge for this work is to say something about the spatial distribution of need between different areas, the extent of concentration of households in need and the extent to which the existing SIPs successfully target those groups.

The first element of the work therefore provides a detailed picture of the distribution of needs across the whole authority. This requires a quantitative approach, making full use of existing data sources. The analysis starts with the new Scottish Index of Multiple Deprivation (SIMD) which was commissioned by the Scottish Executive (Noble et al, 2003). While the SIMD is useful for the range and quality of information it provides, it is of limited value in understanding the needs of different parts of the

authority as it is based on wards. The research therefore develops an innovative approach, combining the SIMD with data from the 2001 Census, to produce a measure of deprivation for much smaller areas.

The quantitative approach is essential for establishing relative levels of need in different areas on a consistent basis. There is a concern, however, that such an approach will provide only a partial picture of the nature and extent of problems in Argyll and Bute. The SIMD measures the characteristics of whole population of each area but does not distinguish between the needs of different groups. Nor does it allow us to say anything directly about the causes of problems or the consequences for individual lives. It is also constrained by the need to work with existing sources of data; it is “data driven” to some extent.

The second element of our research therefore provides a deeper understanding of some of the causes and consequences of exclusion, and of the variations in need between different groups, by using qualitative research methods. This element is primarily based on a great deal of original fieldwork carried out in Argyll and Bute over the summer and autumn of 2003. This included: in-depth interviews with over 60 individuals with direct experience of different aspects of deprivation and exclusion; and follow-up focus group meetings with professionals and volunteers who worked directly with disadvantaged groups.

The structure of the report is as follows:

- the second section sets out the definitions of deprivation and social exclusion on which the remainder of the report is based, as well as introducing some important points affecting the measurement of deprivation;
- the third section examines the SIMD data to see what picture of deprivation it provides for Argyll and Bute, down to the level of wards;
- the fourth section presents the analysis of deprivation for smaller areas (Census Output Areas, SIPs and settlements) to give a more detailed picture of deprivation in the authority;
- the fifth section summarises the results of the qualitative research, with an emphasis on the experiences of different groups of people and different parts of Argyll and Bute;
- the sixth section provides concluding comments about the implications for policy arising from this analysis.

Full details of technical and methodological issues for both elements of the work are provided in the appendices, along with more detailed results (tables of data from quantitative work in Appendix A and a detailed account of the interview and focus group material from the qualitative work in Appendix D).

## 2. Defining and measuring deprivation and social exclusion

People use terms like deprivation and social exclusion in different ways. It is useful to start by setting out the definitions we are working with in this report, highlighting the similarities and differences between the terms. In general, we would argue that there is significant overlap between them and the differences should not be overstated. It is also necessary to examine some of the practical barriers to measuring deprivation, particularly for small areas, and the consequences of these for this research.

### 2.1 Defining deprivation

Most of the research on deprivation starts from the definition given by Townsend (1993) and this has a very clear *social* dimension. In Townsend's view, people are deprived if they lack the resources to participate in the normal social life of their community:

*“People are relatively deprived if they cannot obtain, at all or sufficiently, the conditions of life – that is, the diets, amenities, standards and services – which allow them to play the roles, participate in the relationships and follow the customary behaviour which is expected of them by virtue of their membership of society.”* (Townsend, 1993: p.36)

The major cause of deprivation is poverty (or a lack of financial resources), as the continuation of the above quote shows:

*“If they lack or are denied resources to obtain access to these conditions of life and so fulfil membership of society, they may be said to be in poverty.”* (Townsend, 1993: p.36)

This definition is important because it highlights two issues which need to be taken into account when measuring deprivation. First, deprivation is a *relative* concept, defined in terms of the standards or customs of the society in question. As standards or expectations rise in society as a whole, so the threshold or cut-off point for identifying deprived individuals will rise. Second, deprivation is *multi-dimensional*. People may be deprived in different ways – some through lack of adequate diet, others through inadequate services and so on. To properly measure deprivation, we need to capture these different dimensions.

### 2.2 Defining social exclusion

Although there is a wider range of views about what the term social exclusion means, it tends to be defined in very similar ways to Townsend's view of deprivation. It is concerned with the ability of individuals to participate in the life of their community. Where deprivation research has emphasised lack of financial or material resources, however, social exclusion emphasises a wider range of factors – social, cultural and political as well as economic – which may lead to individuals or groups being

marginalised in society. There is a stronger emphasis in the exclusion literature on *social or relational* issues – “inadequate social participation, lack of social integration and lack of power” (Room 1995, p5). To be “included” may therefore require not just adequate income (absence of poverty) but also access to work for those who want it, opportunities for social integration, cultural respect or esteem, or political empowerment. There have been attempts to measure exclusion on these various dimensions at national level (Gordon et al, 2000; Hills et al, 2002) but none can provide evidence for Argyll and Bute.

Some writers on social exclusion argue that it is difficult, if not impossible, to separate social, cultural or political dimensions from the economic. They argue that the poorest in society also tend to be most excluded in other terms. From this point of view, the gap between deprivation and social exclusion concepts should not be overstated.

The broader approach inherent in social exclusion is apparent when we look at the types of factor said to cause exclusion. For example, Reimer (forthcoming 2004) argues that resources are determined by four separate factors or systems. These are:

- “market” (private systems, such as labour markets);
- “bureaucratic” (systems involving allocations of rights and entitlements through authority structures and legal processes, such as welfare benefit systems);
- “associative” (including voluntary and collective action, such as voluntary services or trade unions); and
- “communal” (family and friendship networks).

Collectively the four systems act together to promote social inclusion, but the failure of any one of them can cause exclusion. The four systems should not be viewed as mutually exclusive but as overlapping and interdependent. At times, the boundaries between them may be quite unclear. Much associative or voluntary activity (such as housing associations) is underpinned by public sector support or funding, for example, while differences between public and private sectors have also become increasingly blurred by policies such as the “public-private partnerships” used to deliver large capital projects for transport, education and other areas.

We would also recognise that the wording Reimer chooses may be seen as overly value laden. In particular, the term “bureaucratic” is a rather negative way to refer to public services. Nonetheless, the concept of four interlinked systems provides a useful framework for our enquiry.

This type of framework is useful in drawing attention to a wider range of factors than deprivation studies. It is somewhat limited, however, as it fails to say anything about the relative importance of different systems or about how they interact. For example, are problems arising in market or bureaucratic systems the dominant problems in a place like Argyll and Bute, or are the problems mainly ones of (lack of) community or association? Can the presence of strong communal or associative systems compensate for unemployment or inadequate welfare benefits? On the other hand, are people with high incomes affected by bureaucratic systems or by the lack of associative or communal ties? Part of the objective of this work is to say something more about these sorts of question and so help guide the development of policies to tackle deprivation and exclusion in Argyll and Bute.

### 2.3 Individual and area deprivation measures

Ideally, measures of deprivation or exclusion would be based on *direct* measures of these problems. Following Townsend's definition, for example, a deprivation measure would capture the number of people who do not have access to those items or activities (the "conditions of life") regarded as necessary or customary in the society in which they live. This direct approach is possible when the focus is on the national or local authority level as surveys can be used to identify people who lack items or activities regarded as essential (see, for example, work by Gordon et al, 2000). This type of approach provides a measure of the *absolute* level of deprivation in the area, i.e. the number and proportion of people who deprived.

When the focus is on identifying levels of need for small areas, however, it is not possible to use direct measures. It would take a very large survey to be able to say what proportion of individuals was deprived in every ward of Argyll and Bute. Deprivation indices for small areas therefore rely on *indirect* measures. These focus on factors associated with deprivation. They may be causes of deprivation (low incomes, unemployment or poor access to services, for example), or they may be problems resulting from deprivation to a large extent (poor health or low educational attainment, for example). A single indirect measure might be biased so area deprivation indices tend to rely on a collection of indicators. The SIMD contains around 30 individual indicators, grouped into five domains (see Section 3 below).

It is important to realise that this type of area index cannot tell us how many people are deprived or where they live. An area deprivation score is a *relative* measure (ranking areas as more or less deprived relative to each other at a given point in time), not an absolute one. Looking at the places identified as "deprived" using the area approach, we cannot say whether these contain almost all the people who would be considered "deprived individuals", or even a majority of them. Yet this information might be very important when judging whether an area-based approach to tackling deprivation is useful or not. A high level of concentration suggests that targeting deprived areas would be an effective means of reaching a significant proportion of the most deprived individuals.

While area deprivation indices do not tell us about the distribution of deprived individuals, it is possible to get *some* information on this from the separate indicators which go into them. In the SIMD, for example, one indicator measures the number of people in each area who are "income deprived", i.e. on low incomes. This information can be used to identify the proportion of people "income deprived" in each ward, and hence the extent to which "income deprived" individuals are concentrated into "deprived wards". It is important to remember, however, that people regarded as "income deprived" would not all be regarded as "deprived individuals" and that some "deprived individuals" would not be "income deprived". Measuring the distribution of "income deprived" individuals between areas provides only a guide to the distribution of "deprived individuals", but it is very useful nonetheless.

## **2.4 Summary**

In theory, there is little separating the terms deprivation and social exclusion. Both are multi-dimensional concepts which focus on the ability of individuals to play a full part in the life of their community or society. In practice, deprivation has been associated with a narrower emphasis on living standards and the financial or material resources which play a significant part in determining these. Social exclusion has been associated with a broader focus which emphasises the importance of relational aspects of life – social, cultural or political – as well as distributive or material. We follow this convention in this study.

Area deprivation indices rely on indirect measures of the level of deprivation. They provide relative rankings for different areas but do not enable us to identify the absolute number of deprived individuals in each area or the extent to which deprived individuals are concentrated into deprived areas. Some insight into the distribution of deprived individuals can be gathered by examining indirect indicators of deprivation, such as the distribution of people on low income (“income deprived”). While not a perfect measure of the distribution of deprived individuals, this is nevertheless a very useful guide.

### 3. The scale and distribution of deprivation

The aim of this section of the report and the next is to provide an analysis of the scale of deprivation in Argyll and Bute relative to other parts of Scotland, and of the relative levels of need in different parts of the authority. This section focuses on the local authority and ward levels, while the next takes the analysis down to a much finer spatial scale.

The SIMD is used as the basis for this work partly on pragmatic grounds. It is not only the official measure of deprivation but it is up-to-date and based on a robust, transparent methodology. The choice is also justified by the quality of the measure. In using a single measure of deprivation, however, there is a danger that a biased picture may emerge; the measure may pick up certain types of need but neglect others. The SIMD minimises this danger as it is so broadly based, with over 30 separate indicators from a range of different sources.

#### 3.1 The Scottish Index of Multiple Deprivation (SIMD)

The SIMD was commissioned by the Scottish Executive and published in 2003 (Noble et al: 2003). It is the official measure of area deprivation for wards in Scotland. The methodology and data sources are very similar to those used for the corresponding indices in England, Wales and Northern Ireland. Unlike previous Scottish indices, the SIMD draws largely on non-Census data, allowing for regular updating. It is also based on more direct measures of the causes and consequences of deprivation than previous indices, particularly those reliant on Census data. As such, it represents a considerable advance on previous area deprivation measures (Bailey et al, 2003).

The SIMD is based on Townsend's model of deprivation, discussed in section 2, which sees deprivation as multi-dimensional. It covers five domains or aspects of deprivation:

- income;
- employment;
- health;
- education, skills and training; and
- geographical access to services.

The published data give an overall deprivation score for each ward in Scotland and rank them from most to least deprived. Data is also provided on the five domain scores for each ward so the nature or make-up of problems in each area can be examined. The income and employment domains are regarded as the most important contributors to deprivation and each make up 30 per cent of the final index. Health and education are afforded weightings of 15 per cent each, while access accounts for 10 per cent. The full list of indicators included in each domain is given in Appendix A. In most cases, the data for the SIMD is taken from 2001 data sets, although in some instances, earlier data is utilized.

The SIMD has the further advantage that it provides an estimate of the absolute number of people who are “income deprived” in each ward. While the overall deprivation score or ranking is a relative measure, the score for each ward on “income deprivation” (the income domain) measures the proportion of people on low incomes. This is based on the numbers claiming a specific means-tested benefit (see Noble et al, 2003 for details). This study uses both the (relative) overall deprivation score and the (absolute) income deprivation score.

In the past, there have been a number of criticisms made of area deprivation indices from a rural perspective as they were seen as being biased towards urban areas (Shucksmith et al., 1996). In indices based on Census data, for example, it was common to use car-ownership as a proxy for income levels. This tended to understate income deprivation in rural areas where private transport is often a necessity. In general, the SIMD marks a very substantial improvement in this respect (Bailey et al, 2003). There are direct measures of low income based on benefits data and a new domain has been added to capture an aspect of deprivation typical of rural areas (access to services). This is not to say that there are no residual problems of “urban bias” but their impact is likely to be minor.

One issue which is frequently raised is with the measure of “income deprivation” as it is based on the number of people *claiming* particular means-tested benefits. The concern is that this may underestimate the level of income deprivation in rural areas. The reason given is that the number of people *eligible* for benefits but not claiming them is thought to be higher in rural areas than urban. Research has shown, however, that under-claiming is most affected by the overall affluence of the areas rather than rurality per se (Bramley et al, 2000). In this sense, the benefits measure should still provide a good indication of the distribution of income deprived individuals across Argyll and Bute.

Shortly after publishing the SIMD, the Scottish Executive also commissioned work on a long-term strategy to develop the index in future (Bailey et al, 2003). This identified the need for additional data to cover a number of further aspects or domains of deprivation not captured by the current measure. An updated index will be published in 2004. This will incorporate measures of housing deprivation and extend the measure of access to services. Subsequent updates (from 2006) will add in measures of other aspects of financial resources, crime and social disorder, physical environment, and social relations and social capital. These changes are unlikely to produce a significant shift in overall rankings as the core elements of the index will be unchanged.



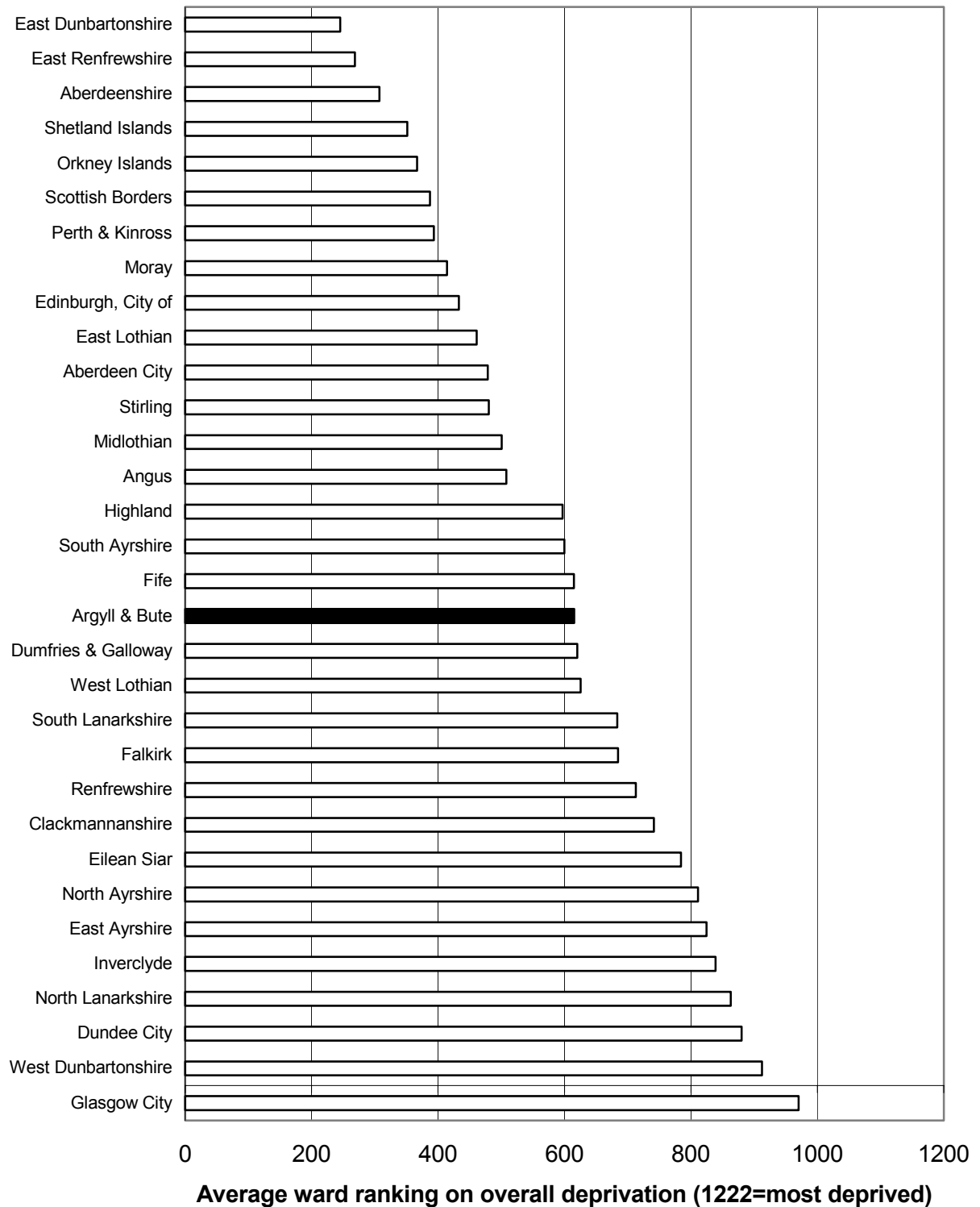
### 3.2. Argyll and Bute within Scotland

The first question the SIMD data can be used to address is the level of need in Argyll and Bute relative to other authorities in Scotland. Figure 3.1 shows one measure of deprivation for LAs, based on the average overall deprivation rankings for the wards in each. Glasgow has the highest average, followed by other predominantly urban LAs. The least deprived areas are suburban commuter areas together with Shetland and Orkney. Argyll and Bute is ranked the 15<sup>th</sup> most deprived local authority on this measure. It has a similar position to other rural areas such as Dumfries and Galloway, and Highland but it is also close to South Ayrshire, Fife and West Lothian.

**Note**

In the report on the SIMD published by the Scottish Executive, the most deprived ward has the highest deprivation score but the lowest deprivation ranking (i.e. “1” is the most deprived, “1222” the least deprived). In this report, the ranking scale has been inverted so that figures are easier to read. Here, the higher the ranking, the more deprived the ward, with 1222 being the most deprived. In the figures, a taller bar represents a higher level of deprivation.

**Figure 3.1: Overall deprivation for local authorities**



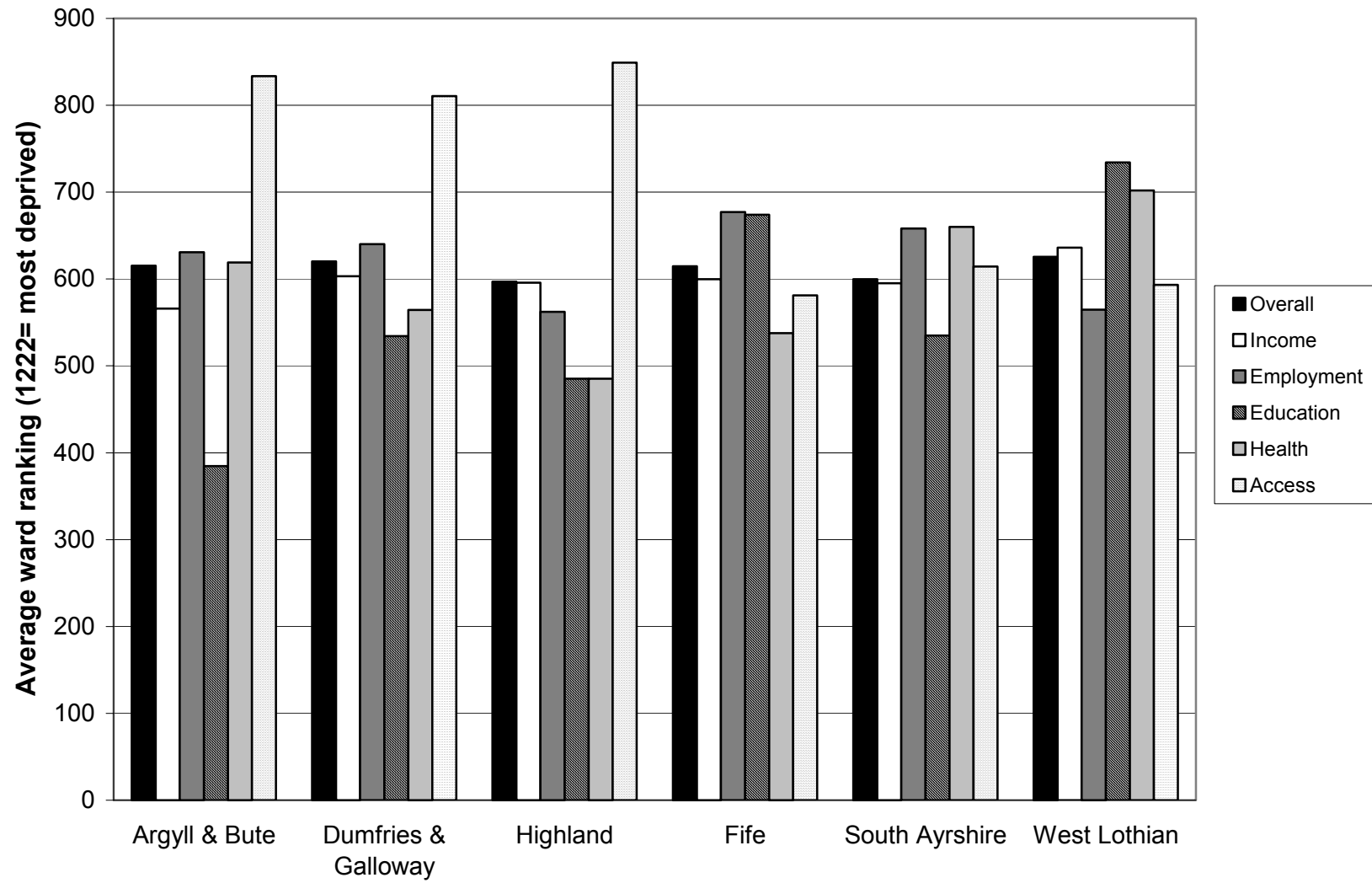
The SIMD can also tell us something about the nature of deprivation in Argyll and Bute by using average ward rankings for each of the five domains which make up the overall index (Figure 3.2). Levels of income, employment and health deprivation for Argyll and Bute are broadly in line with its overall score. As would be expected for a rural area, access deprivation is significantly higher (ranked 5<sup>th</sup> most deprived overall). Dumfries and Galloway and Highland show a similar pattern.

The most striking finding, however, is the low level of education deprivation in Argyll and Bute. While the authority ranks 15<sup>th</sup> most deprived on the overall measure, it ranks 27<sup>th</sup> on the education measure. Dumfries and Galloway and Highland also have lower levels of education deprivation than their overall ranking would suggest but the gap is nowhere near as great. In West Lothian and Fife, the situation is the opposite, with educational problems worse than the overall level of deprivation would suggest.

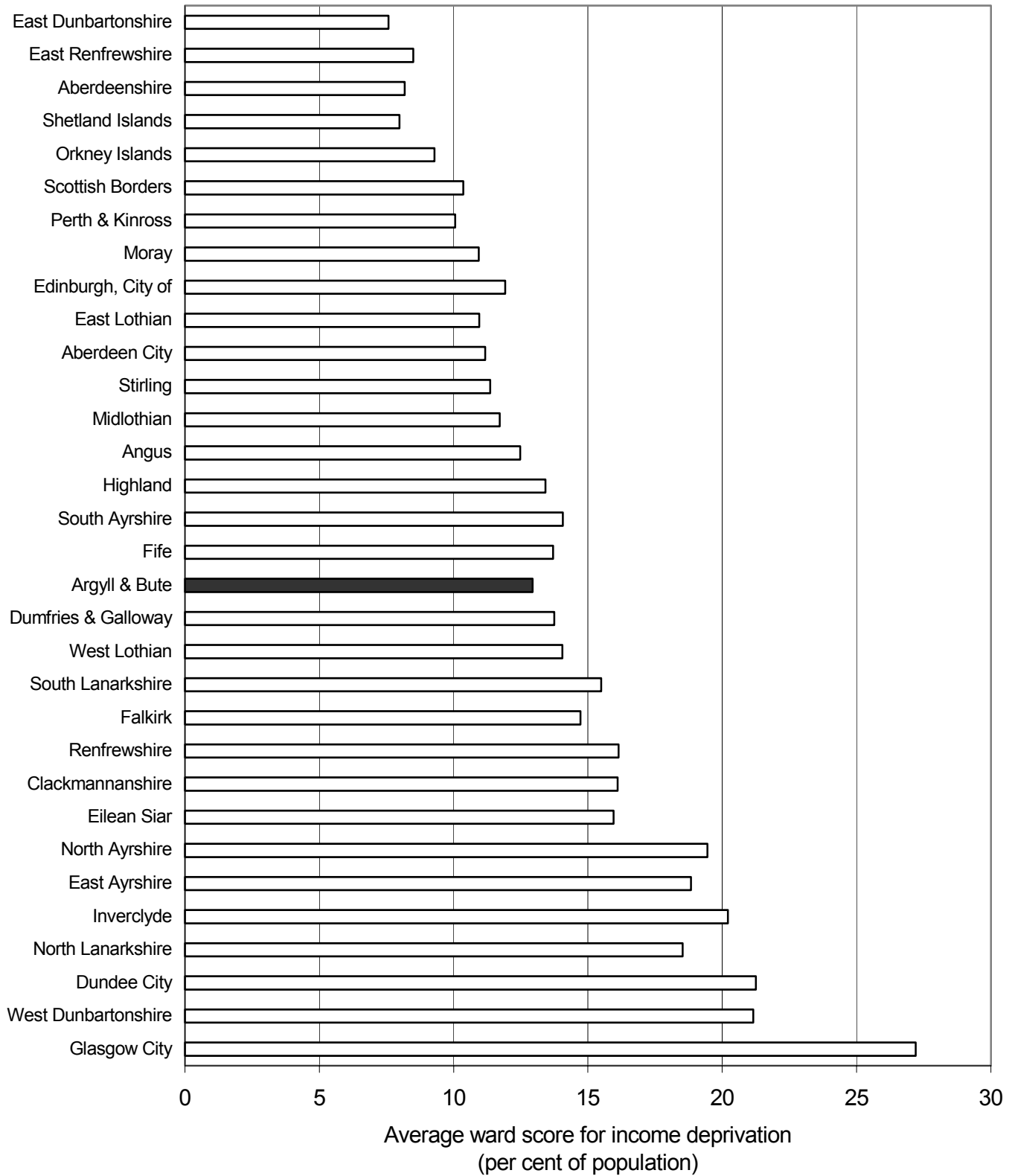
On the one hand, this can be seen as a positive story for Argyll and Bute. Attainment in school exams is a major element of the education deprivation score so this may suggest that the school system in the authority is working particularly well or that pupil and family attitudes to educational success are particularly positive. On the other hand, levels of adult qualifications are also a factor and, in this respect, the story may be more negative. It may suggest that, for some adults in Argyll and Bute, having qualifications is not sufficient to avoid unemployment or low income. A breakdown of the education score should be published with the revised deprivation data later this year and this may shed more light on this issue.

An alternative measure of the overall level of deprivation in Argyll and Bute is provided by the income deprivation measure, which shows the proportion of people income deprived in each authority in Scotland (Figure 3.3). The authorities are shown in the descending order of overall deprivation, as for Figure 3.1. This illustrates the very high level of correlation between income deprivation and overall deprivation. Glasgow has by far the highest proportion of people income deprived at 27 per cent. Argyll and Bute is ranked 18<sup>th</sup> on this measure with 13 per cent of people income deprived. In absolute terms, this means 11,200 people are on low income and claiming a means-tested benefit in the authority.

**Figure 3.2: Nature of deprivation across Local Authorities**



**Figure 3.3: Income deprivation for local authorities**



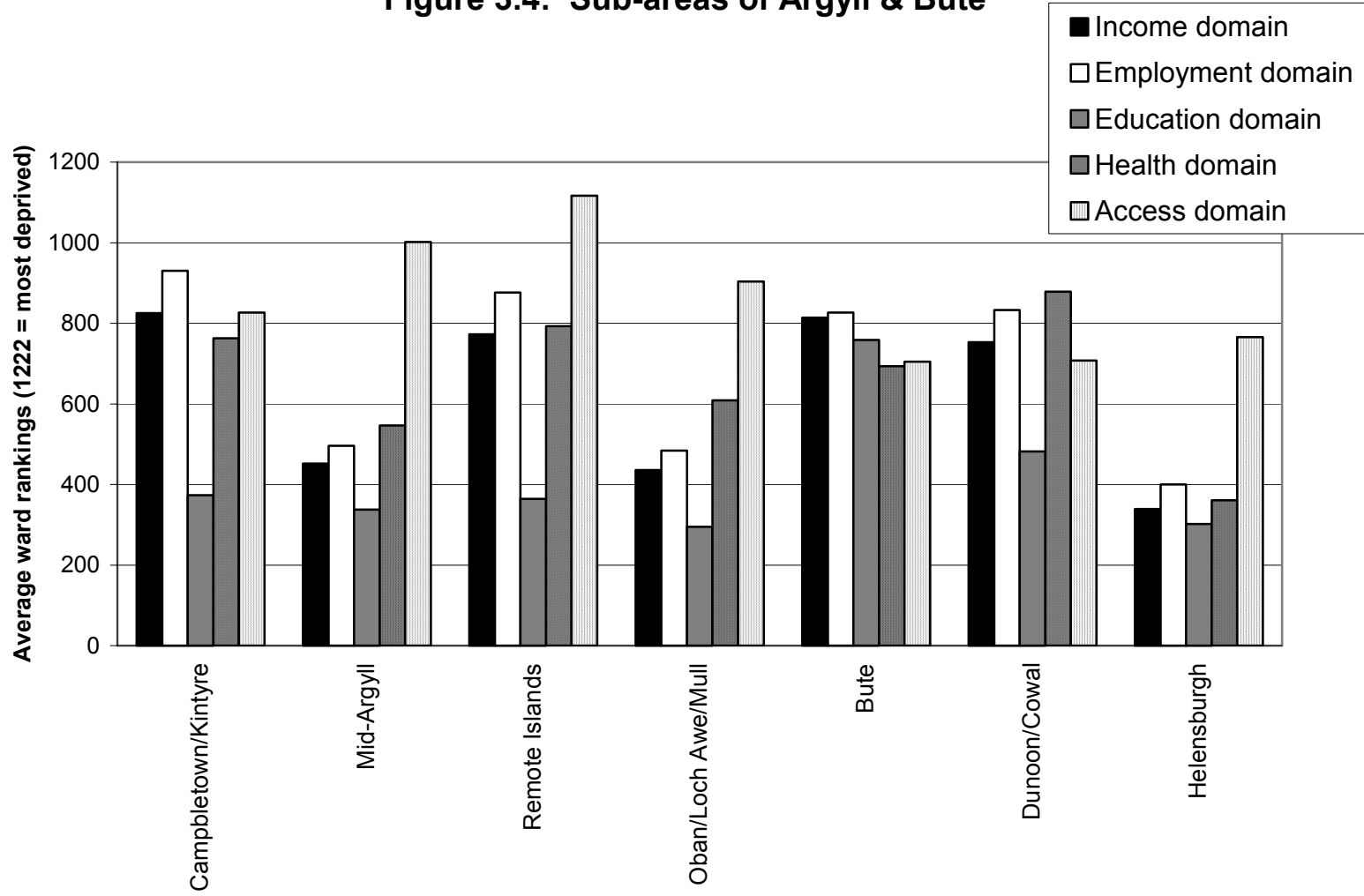
### 3.3 Areas within Argyll and Bute

Average ward rankings can also be used to provide an initial exploration of the different levels of deprivation within Argyll and Bute. This can be done by grouping together wards on the basis of geographical proximity or, in the case of the more remote islands, geographical similarity. Thus, wards within Argyll and Bute have been categorised into seven broad areas:

- Campbeltown and Kintyre;
- Mid-Argyll;
- the Remote Islands;
- Oban, Loch Awe and Mull;
- Bute;
- Dunoon and Cowal; and
- Helensburgh.

Figure 3.4 shows the average overall deprivation rankings and the average domain rankings for wards in each of these areas. In general, the parts of Argyll and Bute which are more accessible by road to the rest of Scotland tend to have lower levels of deprivation (Helensburgh; Oban, Loch Awe and Mull; and Mid-Argyll). Helensburgh, in particular, is the least deprived across all the domains with the notable, and perhaps anomalous, exception of access. Educational deprivation is low in all seven areas with the exception of Bute.

Figure 3.4: Sub-areas of Argyll & Bute



### 3.4 Deprivation at ward level

Going down to the level of wards, the SIMD can be used to identify the most deprived areas within Argyll and Bute and the extent to which deprived individuals are concentrated into these areas. Looking at overall deprivation rankings, none of the wards in Argyll and Bute is situated in the most deprived decile (the worst 10 per cent) in Scotland. There are six wards which feature in the second decile, however, and they appear distinctly more deprived than others in the authority (Figure 3.5). To put this in context, Ardenslate is ranked 1048 out of 1222 and is therefore more deprived than Parkhead in Glasgow (1041), an area which might commonly be thought to have a high level of deprivation. There are a further three wards in the third decile for Scotland while 21 wards are in the least deprived half.

The most deprived wards tend to be located in the larger urban centres across Argyll and Bute (Rothesay, Dunoon and Campbeltown) although two more remote wards also figure (Islay South, and Tiree and Coll). Of the six least deprived wards, four are located in or around Helensburgh.

Figures on income deprivation give some idea of the distribution of deprived individuals across the authority (Table 3.1). Wards are divided into six groups based on overall deprivation rankings (with “1” the most deprived group). There is significant variation between wards in terms of individual deprivation levels. In the most deprived groups of wards, the income deprivation rate is over three times higher than in the least deprived group (23 per cent compared with just 7 per cent). At the same time, the level of concentration appears relatively low. The most deprived six wards contain just 30 per cent of all the income deprived people but 17 per cent of the population as a whole.

Income deprivation rates for individual wards are shown in Figure 3.6. Wards are shown in descending order of overall deprivation, so the figure again illustrates the correlation between the two measures. The two most deprived wards have just over a quarter of residents regarded as “income deprived”.

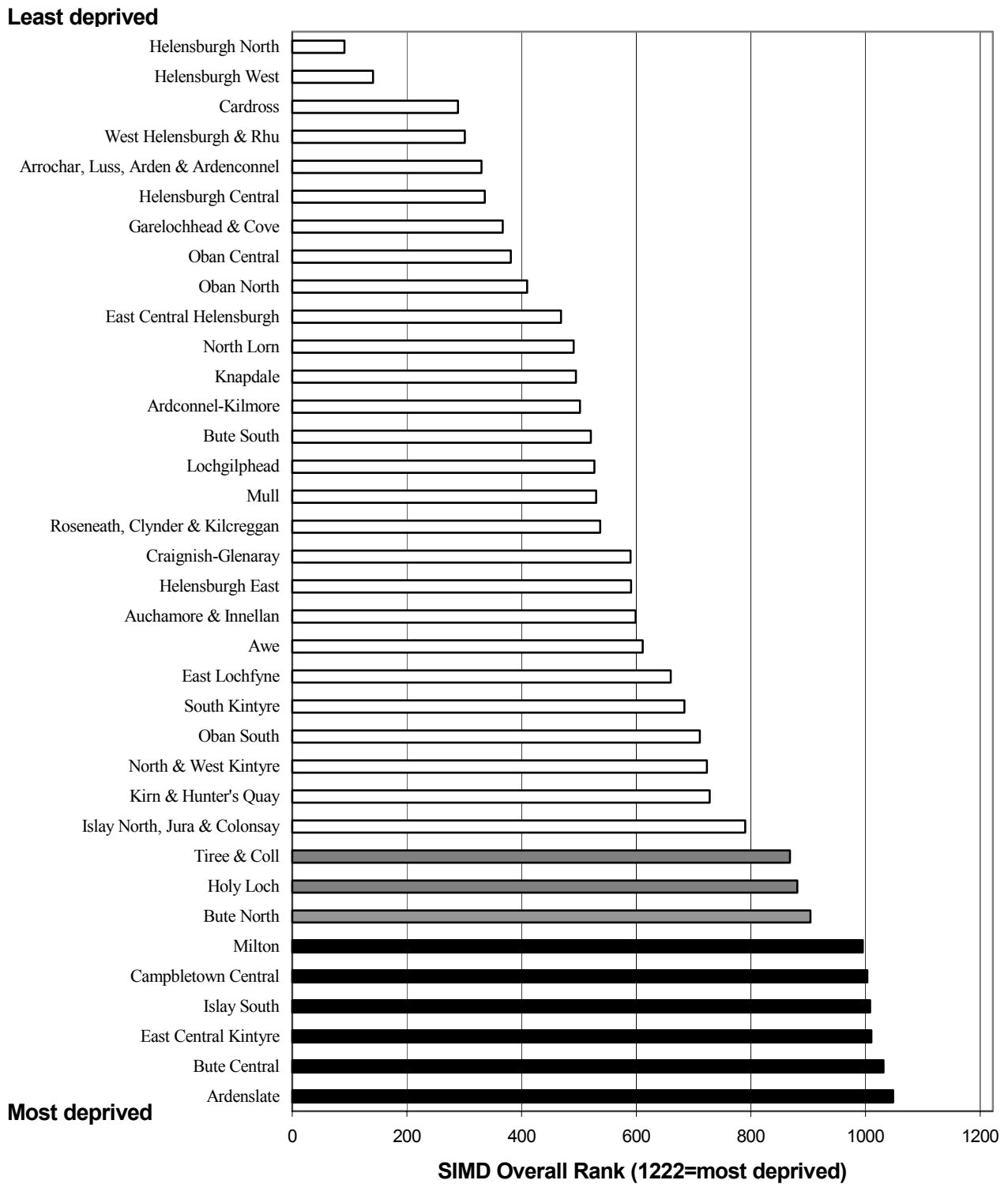
*Table 3.1: Income deprivation for wards*

Deprivation group	Popln.	Income deprived	% of popln.	% of all income deprived	% income deprived
1	14,634	3,373	17%	30%	23%
2	12,180	1,866	14%	17%	15%
3	15,262	1,853	17%	17%	12%
4	15,524	1,705	18%	15%	11%
5	14,321	1,366	16%	12%	10%
6	15,482	1,028	18%	9%	7%
<b>All</b>	<b>87,403</b>	<b>11,192</b>	<b>100%</b>	<b>100%</b>	<b>13%</b>

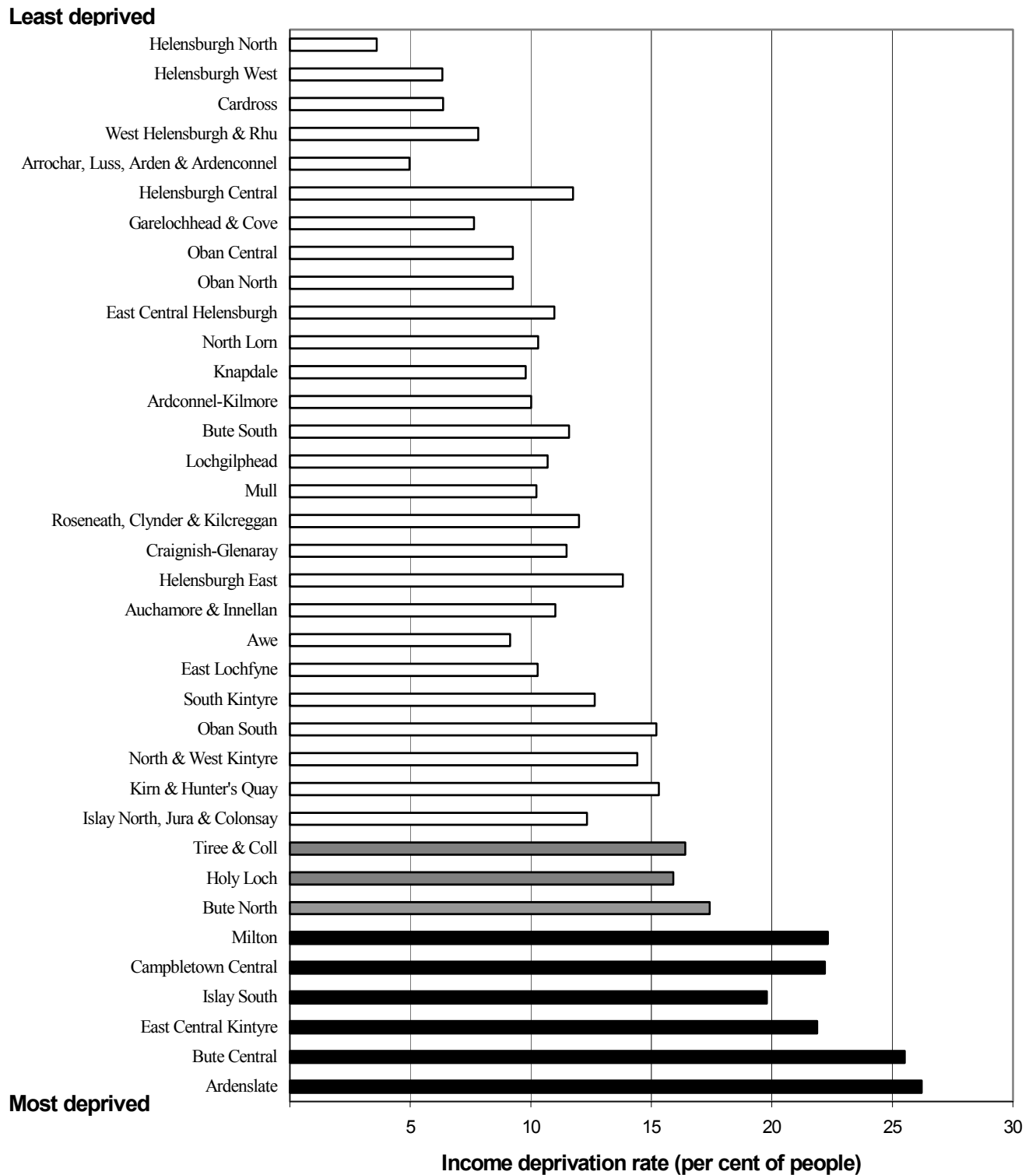
Notes: Wards grouped by level of overall deprivation, with “1” the most deprived.



**Figure 3.5: Overall deprivation rankings for wards**



**Figure 3.6: Income deprivation rates for wards**



This analysis has two implications for policy. The first is that wards are not a useful scale to identify the areas which are home to deprived individuals. Even in the most deprived group, less than a third of people would be considered income deprived. In these circumstances, it would not make sense to use wards to define the areas for targeted interventions, such as the SIPs, as they contain too many non-deprived individuals. On the other hand, it is clear that there is substantial variation across the wards in terms of levels of income deprivation. This may result in higher levels of demand for some types of service or greater stress on some services in more deprived areas. It may be useful to look at these figures when considering the distribution of resources within the authority.

### **3.5 Summary**

The SIMD presents the most comprehensive and up-to-date source of data on area deprivation in Scotland, as well as containing useful data on income deprivation for individuals. It certainly represents a significant improvement on previous indices, particularly in respect of rural areas.

The SIMD results show Argyll and Bute was the 15<sup>th</sup> most deprived LA overall, using average ward rankings for overall deprivation. It was ranked 18<sup>th</sup> most deprived in terms of the income deprivation measure. The LA has high levels of access deprivation as would be expected for a rural authority, but notably low levels of education deprivation. The latter may be seen in both positive and negative terms. While the authority is not amongst the most deprived in Scotland, it is still home to a substantial number of deprived individuals – 11,200 on the SIMD's income deprivation measure.

None of the wards in Argyll and Bute ranks in the most deprived decile for Scotland but six appear in the second decile and three in the third decile. The most deprived wards are found mainly in the larger urban centres, particularly in Dunoon, Campbeltown and Rothesay, but also Islay, and Tiree and Coll. The most deprived wards have rates of income deprivation over three times higher than the least deprived. This suggests there may be a need to ensure that services in the most deprived wards are adequately resourced to cope with any pressures which result from increased levels of need or demand for services. Wards do not appear to be a useful basis on which to identify areas in need of special interventions such as area-based initiatives as, even in the most deprived ward, only 1-in-4 people is regarded as income deprived.

## 4. Estimating deprivation for smaller areas

As the previous section highlights, the SIMD is of limited value in identifying the most deprived areas within Argyll and Bute as wards are too large for this purpose. Even the most deprived ward has a relatively low income deprivation rate. This section attempts to get beyond this limitation by combining the SIMD data with data from the 2001 Census to provide estimates of deprivation for much smaller areas.

### 4.1 The approach

There is a general problem with the use of wards to identify areas of concentrated deprivation, and this affects urban and rural areas alike. Wards may miss even quite large areas of concentrated deprivation if the boundaries divide those areas between two or more wards. There is also a long-standing concern that a ward-level analysis may disadvantage rural areas as it is said that deprived individuals or groups tend to be more widely dispersed in rural areas (Countryside Agency, 2003; Shucksmith et al, 1996). Small pockets of rural deprivation may be obscured within broader areas which are more affluent on average. At the same time, it has also been noted that the use of wards in the SIMD gives rural areas some advantages. Wards in rural authorities are smaller on average than those in more urban areas, so the use of wards provides more detail in rural areas (Bailey et al, 2003). For Scotland as a whole, the average ward has a population of 4100 but this varies from around 8000 in Edinburgh and Glasgow to less than 1000 in the three Island councils. Argyll and Bute has 36 wards with an average population of 2500.

An important objective for this work has been to find a way of measuring deprivation for areas smaller than wards. The work is fortunate in being able to take advantage of the newly published data from the 2001 Census. This provides information on population characteristics down to very small units called Census Output Areas (OAs). OAs are designed to have a minimum of 50 people and 20 households in order to preserve individual confidentiality. In Argyll and Bute, there are 785 OAs with an average of 110 people; the largest has 282.

One approach to measuring deprivation at this level would have been to construct a separate area deprivation index based entirely on Census data. There are several drawbacks with such an approach. First, on its own, the Census is not well suited to measuring deprivation. Although there is useful data on employment status, health and education, the Census contains no data on incomes or living standards, while social aspects of deprivation are not covered at all. Second, a separate index would require decisions to be taken about which indicators to include, how to combine these and what weights to give to each. Rather different results might be obtained as a result of these decisions and any index could be challenged as a result. Third, this method would produce a ranking of areas but no information on absolute levels of deprivation within these areas.

The alternative approach adopted here was to use Census indicators to “model” or estimate SIMD scores for smaller areas. The Census is used to provide small area detail but it is the SIMD which provides the definition of area deprivation. The same approach is also used to estimate levels of individual deprivation. Full details are provided in Appendix B but, in brief, the process was as follows.

For the first stage, Census data for *wards* was used to provide the best estimate of SIMD overall rankings and income deprivation rates (already available for wards). For overall deprivation, the final model contained six Census-derived variables covering:

- low educational attainment (proportion lacking qualifications);
- ill health (proportion reporting a limiting long-term illness);
- demographic profile (proportion of the population in households 16-34);
- unemployment (number unemployed as proportion of working age population);
- lone parent households (proportion of population living in lone parent households);
- and
- population density (persons per hectare).

For income deprivation rates, the model was much simpler, relying on the ill health variable alone.

It is important to stress that these indicators were not selected because they are thought to be good indicators of deprivation in their own right; some may be (e.g. health, education or unemployment variables) but others clearly are not (proportion 16-34 or population density). These variables were selected because, in combination, they gave the best means of predicting SIMD rankings for each ward.

The model for overall deprivation rankings had a very good “fit” which means that, using the six variables listed, we were able to predict the SIMD ranking of each ward with a high degree of accuracy (an “adjusted R<sup>2</sup>” of 93 per cent, for those familiar with the jargon). For four variables (low educational attainment, poor health, unemployment and lone parent households), a *higher* score was associated with more deprivation. For the other two (proportion 16-34 and population density), a *lower* score was associated with more deprivation (all other factors being equal). The model for income deprivation rates was not quite as successful at predicting SIMD scores but the fit was still very good (an “adjusted R<sup>2</sup>” of 71 per cent).

For the second stage, the same set of variables was extracted for each OA and combined using the weightings from the two models to give estimates of overall deprivation rankings and income deprivation rates for each area. Data was also extracted for SIP areas, SIP sub-areas, and settlements and used to estimate area and individual deprivation scores in the same way.

Comparisons between estimated deprivation rankings for OAs or other small areas, and those for wards need to be made with some caution. OAs are much smaller than wards on average and some of them are therefore likely to have more extreme levels of deprivation (or non-deprivation) than the most or least deprived ward in Scotland. It is not surprising that the estimated SIMD rankings for OAs in Argyll and Bute ranged from 55 to 1801, the latter score indicating a higher level of deprivation than the most deprived ward in Scotland. If the analysis were repeated for all OAs in Scotland, it is very probable that even more extreme results would be obtained. Rather than focussing on the actual score for each OA, the analyses therefore focus on the relative position of different OAs within Argyll and Bute.

## 4.2 Results

### 4.2.1 Deprived wards and deprived OAs

One question this analysis can shed some light on is whether wards are a good means of identifying the most deprived areas with Argyll and Bute. In other words, do we find that most of the deprived OAs fall within the deprived wards or is there great variation within each ward? The evidence of this analysis is that wards are a poor guide to locating the most deprived parts of the authority. We would have a very different map of area deprivation depending on whether we used wards or OAs as the unit of analysis. To take one example, Ardenslate (Dunoon) is the most deprived ward in Argyll and Bute, and ranked in the second most deprived decile of wards in Scotland. Seven of the 25 OAs in Ardenslate had estimated deprivation rankings which would have put them in the *least* deprived half of wards in Scotland.

Table 4.1 summarises the picture for all OAs and wards in Scotland. Looking at the most deprived group of wards (the first column), some 41 per cent of OAs in these wards are regarded as deprived. This is twice the proportion for the next group of wards (the figure of 19 per cent) and over ten times the proportion for the least deprived group of wards (4 per cent). Even so, nearly 60 per cent of OAs in the most deprived wards would not be regarded as deprived and 25 per cent of them fall into the least deprived half of the distribution.

*Table 4.1: Estimated OA deprivation by level of ward deprivation*

OA deprivation	Ward deprivation						All
	1	2	3	4	5	6	
1	41%	19%	17%	12%	8%	4%	17%
2	21%	18%	21%	15%	15%	11%	17%
3	13%	28%	17%	16%	18%	10%	17%
4	9%	18%	18%	27%	15%	13%	17%
5	13%	14%	16%	19%	21%	15%	17%
6	3%	3%	10%	11%	23%	48%	17%
<b>All</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Notes: OAs and wards grouped by level of overall deprivation, with “1” the most deprived.

### 4.2.2 Deprived OAs and deprived individuals

Having argued that OAs are a better means of identifying the most deprived areas, the next question is the extent to which deprived individuals are concentrated into these areas. Does a focus on OAs rather than wards enable us to target deprived individuals more effectively? Table 4.2 provides some answers to this. OAs are again grouped into six bands, with “1” the most deprived. The most deprived group has an income deprivation rate nearly ten times higher than the least deprived (29 per cent, compared with 3 per cent). OAs are therefore a much more effective means of identifying areas with concentrations of deprived individuals than wards (where the ratio between most and least deprived areas was just over three – see Section 3.4 above).

Nevertheless, there are doubts about whether OAs would provide a useful means of targeting additional support to deprived groups. First there is a practical question about how services could be targeted at such small areas (given they have an average population of just over 100 people). This is less of a problem than it might seem as deprived OAs tend to cluster together, as shown below. Second, and more importantly, the most deprived OAs still contain only a minority of individuals regarded as income deprived (36 per cent). If the intention behind an area-based intervention, such as a SIP, is to reach a large proportion of the most deprived individuals, this is a significant problem.

Of course, there are other reasons for using area-based interventions and these might justify continuing the SIP programme. These reasons include the argument that a concentration of deprivation may itself give rise to additional problems which need to be tackled directly. For example, areas with a concentration of deprivation may become stigmatised within the wider community, and this may create additional barriers to finding employment or accessing services for residents (Dean and Hastings, 2000). We found some evidence of such processes in relation to one of our case-study areas, discussed in Section 5. The general point is that this analysis suggests that the CPP needs to be clearer about the precise reasons for maintaining a programme of area interventions.

*Table 4.2: Income deprivation by level of OA deprivation*

<b>OA deprivation</b>	<b>% of popln.</b>	<b>% of all income deprived</b>	<b>% income deprived</b>
1	17%	36%	29%
2	17%	23%	19%
3	17%	17%	13%
4	17%	12%	10%
5	17%	8%	7%
6	17%	3%	3%
<b>All</b>	<b>100%</b>	<b>100%</b>	<b>13%</b>

Notes: OAs grouped by level of overall deprivation (estimated), with “1” the most deprived.

### 4.2.3 Urban and rural dimensions

Having argued that OAs are a better scale at which to identify the most deprived areas, the next stage is to identify the areas where the most deprived OAs are located. One of the arguments against using wards to identify deprived areas is that these may obscure the true level of problems in more rural areas as deprived individuals in these places are thought to be more widely dispersed. The analysis at OA level suggests that deprived *areas* are still heavily concentrated into the more urban locations but that deprived *individuals* are more widely dispersed (Table 4.3).

The five largest settlements in Argyll and Bute (Helensburgh, Dunoon, Oban, Campbeltown and Rothesay) have a population of 5000 or more. (Rothesay has 4928 or 5017 depending on whether residents in communal establishments are included in the total or not.) Between them, they account for just under half the total population (49 per cent) but two thirds of all deprived OAs (67 per cent). The proportion of OAs in these settlements which are deprived is much greater than for rural areas (23 per cent, compared with 5 per cent). The concentration of deprived OAs is actually highest in the smallest settlements (37 per cent of all OAs are deprived) but these areas are few in number (just 5 per cent of the population).

Looking at individual deprivation, however, the picture is rather different. The more urban locations still have higher concentrations of deprivation but not to the extent suggested by the area based measures. The five largest settlements account for 54 per cent of income deprived individuals, but this is barely more than their share of population (49 per cent). The proportion of people income deprived in these areas is greater than for rural areas but the gap is not great (15 per cent, compared with 11 per cent).

**Table 4.3: Deprivation by settlement size**

Settlement size	% of total popln.	% of all depvd. OAs	% of all income deprived	% OAs depvd.	% income deprived
> 5000	49%	67%	54%	23%	15%
1000 – 5000	14%	13%	13%	16%	13%
500 – 1000	5%	11%	6%	37%	17%
Others/rural areas	32%	9%	27%	5%	11%
<b>All</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>17%</b>	<b>13%</b>

Note: “Deprived OAs” defined as those in worst 17 per cent on estimated deprivation rankings. “Income deprived” estimated from model. Definitions of settlements are those provided by the General Registers Office for Scotland, based on Census OAs. Population also taken from Census, excluding those in communal establishments.



#### 4.2.4 Settlements

The analysis can be taken a stage further by looking at figures for individual settlements (Table 4.4). This shows the wide variation between the five largest settlements. Dunoon, Campbeltown and Rothesay have far higher levels of deprivation than the other two. Between them, the three towns are home to a fifth of the authority's population but a third of all deprived individuals. This level of deprivation must raise concerns about stress on public services as a result.

There are also significant levels of individual deprivation in smaller settlements, particularly Dunbeg, Port Bannatyne, Rosneath and Bowmore which might also present particular challenges for public services. Two of these are on Islay and, as the next section shows, the island as a whole has quite a high level of deprivation.

*Table 4.4: Deprivation by settlement*

Settlement	Popln	% of popln	% of popln in depvd OAs	% of popln inc. depvd.
Helensburgh	16,153	18%	9%	11%
Dunoon	8,798	10%	34%	21%
Oban	7,835	9%	11%	11%
Campbeltown	5,049	6%	47%	17%
Rothesay	4,928	6%	43%	20%
Lochgilphead	2,218	3%	15%	14%
Cardross	1,904	2%	3%	9%
Kilcreggan	1,414	2%	0%	12%
Port Bannatyne	1,354	2%	33%	19%
Tarbert	1,338	2%	23%	8%
Garelohead	1,265	1%	43%	16%
Ardrihaig	1,260	1%	0%	12%
Innellan	1,188	1%	16%	14%
Tobermory	974	1%	0%	8%
Rosneath	931	1%	31%	19%
Bowmore	842	1%	53%	18%
Port Ellen	819	1%	31%	14%
Dunbeg	730	1%	79%	27%
Rest of A&B	28,403	32%	5%	11%
<b>All</b>	<b>87,403</b>	<b>100%</b>	<b>17%</b>	<b>13%</b>

Note: "Deprived OAs" defined as those in worst 17 per cent on estimated deprivation rankings. "Income deprived" estimated from model. Definitions of settlements are those provided by the General Registers Office for Scotland, based on Census OAs. Population also taken from Census, excluding those in communal establishments.

#### 4.2.5 Inhabited islands

The data relating to inhabited islands is provided in Table 4.5. Figures for some islands are subject to high levels of uncertainty due to the very small size of the population; the proportion of the population living in deprived OAs becomes particularly unreliable as a guide to deprivation in these cases. Nevertheless, there is evidence of substantial variations in levels of need between them

Of the larger islands, Bute and Islay have both high concentrations of people in deprived OAs and a high proportion of individuals estimated to be deprived, particularly in comparison with Mull. The problems on Bute have already been highlighted as Rothesay is one of the three deprived larger towns noted above. Islay also warrants attention by virtue of the level of concentration and the absolute scale of deprivation there. Of the smaller islands, Lismore and Colonsay emerge with the highest concentrations of deprived individuals. It should be remembered that the absolute numbers of people concerned is very small in these cases. For example, there are ten times as many deprived individuals on Islay as on Lismore and Colonsay combined. Even so, the concentration of deprivation combined with the problems of living on islands in terms of access to services warrants further attention for these areas.

*Table 4.5: Deprivation by inhabited island*

Island	Popln	% of popln	% of popln in depvd OAs	% of popln inc. depvd.
Bute	7,053	8%	37%	19%
Islay	3,436	4%	28%	16%
Mull	2,679	3%	4%	9%
Tiree	755	1%	9%	10%
Seil	556	1%	0%	7%
Luing	220	0%	0%	11%
Jura	184	0%	0%	15%
Coll	164	0%	0%	14%
Lismore	146	0%	0%	22%
Colonsay	110	0%	100%	21%
Gigha	110	0%	0%	0%
Iona	103	0%	0%	0%
Easdale	58	0%	0%	0%
Rest of AnB	71,829	82%	15%	13%
<b>ANB</b>	<b>87,403</b>	<b>100%</b>	<b>17%</b>	<b>13%</b>

Note: "Deprived OAs" defined as those in worst 17 per cent on estimated deprivation rankings. "Income deprived" estimated from model. Definitions of settlements are those provided by the General Registers Office for Scotland, based on Census OAs. Population also taken from Census, excluding those in communal establishments.

#### 4.2.6 SIPs

Finally, this method can be used to examine the targeting of the current SIPs. Figures 4.1a and 4.1b compare deprivation scores for the SIPs with those for the towns in which they are located. Detailed maps of the towns show the relationship between deprived OAs and SIP boundaries (Figures 4.2a to 4.2e below).

The five SIPs cover 5600 people or 6 per cent of the total population of Argyll and Bute (equivalent to about two wards). Within the SIPs, 76 per cent of OAs are regarded as deprived areas, while 30 per cent of people are regarded as income deprived. This is a much higher level of concentration than for any of the wards, suggesting the SIPs are well-targeted on the whole. Even so, the five SIPs together cover just 14 per cent of those regarded as income deprived in Argyll and Bute – a small proportion of the total. This suggests that the justification for maintaining the SIP programme cannot be based on the argument that area targeting is an efficient means of reaching a substantial proportion of the deprived population.

All of the SIPs have deprivation scores above those for the authority and above those for the settlement in which they are located, as would be expected (Figures 4.1a and 4.1b). The Dunoon SIP appears most heavily deprived on both measures. The Oban SIP is least deprived on both measures.

Looking at the maps, in four of the SIPs (excluding Oban), the great majority of OAs are deprived (or nearly deprived). This suggests that these are well targeted. Even so, it is important to note that in all four of the towns, there are several deprived OAs outside the SIP areas. There is therefore a case for re-examining the boundaries of the SIPs to see whether additional areas could be included. The danger with expanding boundaries is that the resources may become spread too thinly, and the initiative may lose its focus on a particular “neighbourhood”.

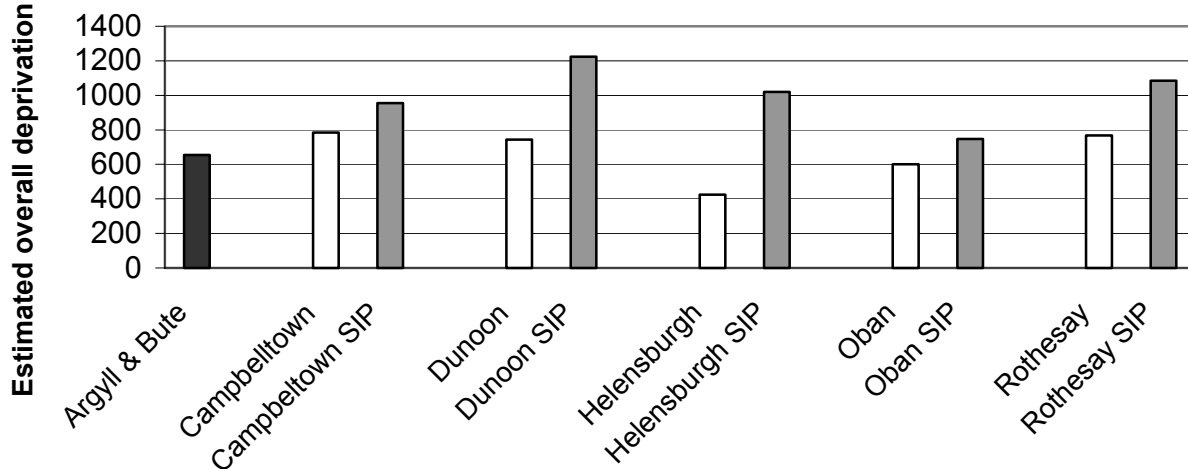
In the case of Oban, however, there are some additional questions about the SIP boundaries. The SIP area is barely more deprived than Argyll and Bute as a whole. As Figure 4.2d shows, two of the four OAs are deprived (but only moderately so) while the other two are not even in the “possibly deprived” group. There are other deprived OAs in Oban but these lie outside the SIP area.

#### Note on the maps

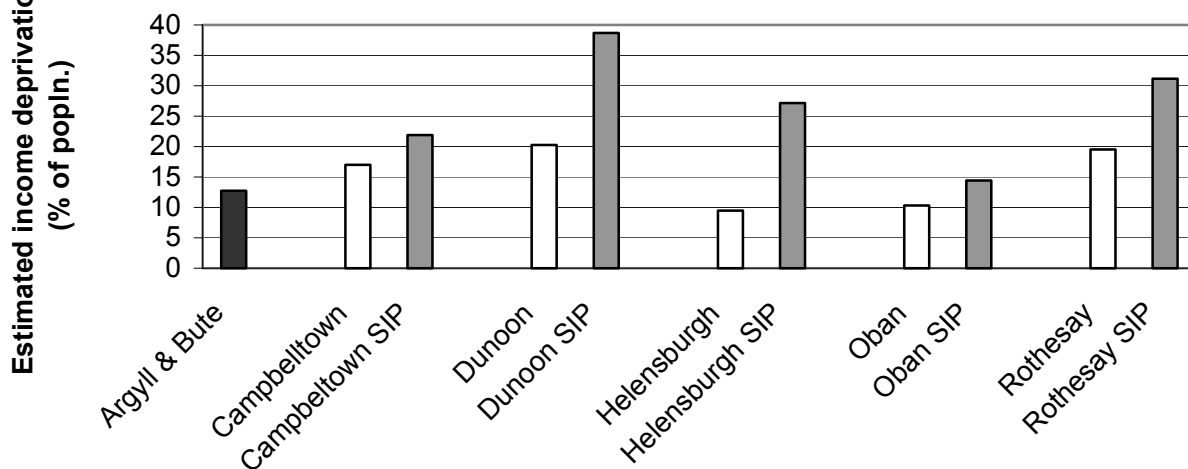
On all the maps, “deprived OAs” (those in the most deprived 17 per cent within Argyll and Bute) are indicated by a “+”, with the most deprived (those in the worst 8 per cent) are indicated by a “☒”. Given the uncertainties contained in these estimates, the maps also show all the OAs whose score is outside the 17 per cent cut-off but which might be deprived. These are marked “0” covering the areas from 17 to 31 per cent most deprived.

The maps show boundaries for *Census* wards (thick lines) and OAs (thin lines). OAs are constructed by amalgamating postcode units to meet the minimum population thresholds (50 persons and 20 households). These may cross *actual* ward boundaries. The Census wards are constructed by amalgamating OAs to give a “best fit” to actual wards (as at 1999). As a result, this can lead to significant differences between Census wards and actual wards and this should be borne in mind when examining the maps.

**Figure 4.1a: Overall deprivation rankings for settlements and SIP areas**



**Figure 4.1b: Income deprivation rates for settlements and SIP areas**



Several explanations might be made for this discrepancy. First, there may be some errors in the results reported here, although we have allowed for a substantial margin of uncertainty in drawing the maps. It would certainly be useful to compare our results with those based on the 1991 Census data which was used to define the SIP boundaries in the first place. Second, there may have been significant improvement in conditions in Oban SIP since 1991. This is possible but unlikely given that none of the other SIP areas has seen such a degree of change. Third, the SIP may have been designated on grounds other than general deprivation. It may have been designated to capture the needs of a particular group or a type of problem (such as poor housing) not measured in the current deprivation index or not typical of problems in the authority as a whole. Whatever the explanation, this is an area which the Partnership might usefully explore further.

### 4.2.7 Detailed maps

Detailed maps for the different areas of Argyll and Bute are provided in Figures 4.3 to 4.6 below. These reinforce the point noted above about the extent to which deprived OAs are concentrated into the larger settlements within Argyll and Bute, rather than being widely scattered across towns and rural areas. There are relatively few deprived OAs outside the towns.

## 4.3 Summary

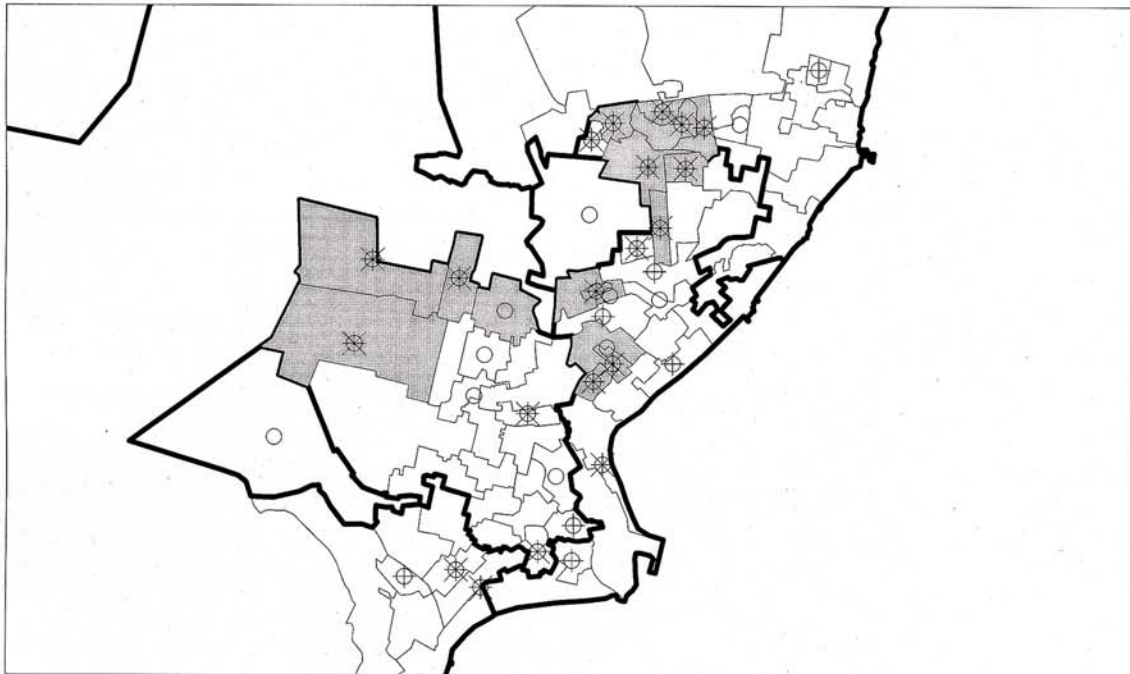
This element of the work has provided an up-to-date picture of the distribution of deprivation across Argyll and Bute at levels below wards. Estimates of area and individual deprivation scores were calculated for OAs, SIPs, settlements and inhabited islands. The main findings were as follows:

- Broad terms such as urban and rural are not very useful for identifying areas of need within Argyll and Bute. Most deprived areas are concentrated into the largest settlements, but deprived individuals are more widely dispersed. The proportion of people deprived in urban areas is only slightly higher than for rural areas (15 per cent, compared with 11 per cent).
- There are important variations in the level of need across the authority, however. In particular, there are high concentrations of need and large absolute numbers of people deprived in three of the largest towns – Rothesay, Dunoon and Campbeltown – as well as Islay. A fifth of people in the three towns are estimated to be income deprived and, between them, they account for one third of deprivation in the authority. The scale and concentration of need in these areas must raise concerns about pressures on public services which would warrant investigation by the CPP. There are also lesser concerns relating to a number of smaller towns and islands identified above.
- At the finer scale, it is clear that OAs are much better at identifying deprived individuals than wards. The income deprivation rate for the most deprived groups of OAs is nearly ten times greater than for the least deprived group; for wards, the ratio was just three-to-one. Even so, the majority of deprived individuals do not live in deprived OAs (at least, if we use the income deprivation measure).
- Deprived OAs do tend to group together in some locations and these clusters could form the basis for area-based initiatives. These clusters are found overwhelmingly in the largest settlements, particularly Rothesay, Dunoon and Campbeltown.
- Overall, the existing SIP areas appear well targeted according to our estimates. The great majority of OAs within them appear deprived as do a substantial proportion of individuals. At the same time, there are a number of limitations with the SIP approach. The current SIP boundaries do not cover all deprived OAs in the five towns. Indeed, the SIPs cover just 14 per cent of all deprived individuals in Argyll and Bute. There may be a case for widening the boundaries, but this might also reduce the effectiveness of this approach, especially if resources do not expand at the same time.
- Finally, there are some specific questions to be answered regarding the boundaries of the Oban SIP.

**Figure 4.2a: Area deprivation in Campbeltown**



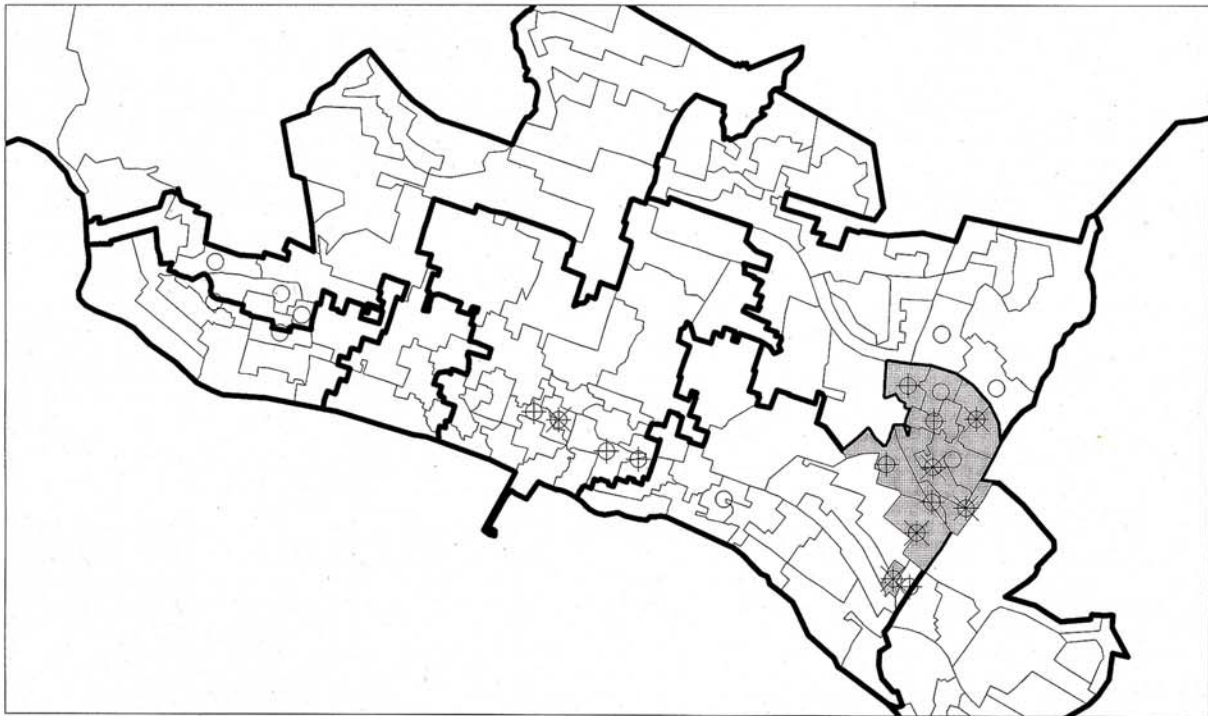
**Figure 4.2b: Area deprivation in Dunoon**



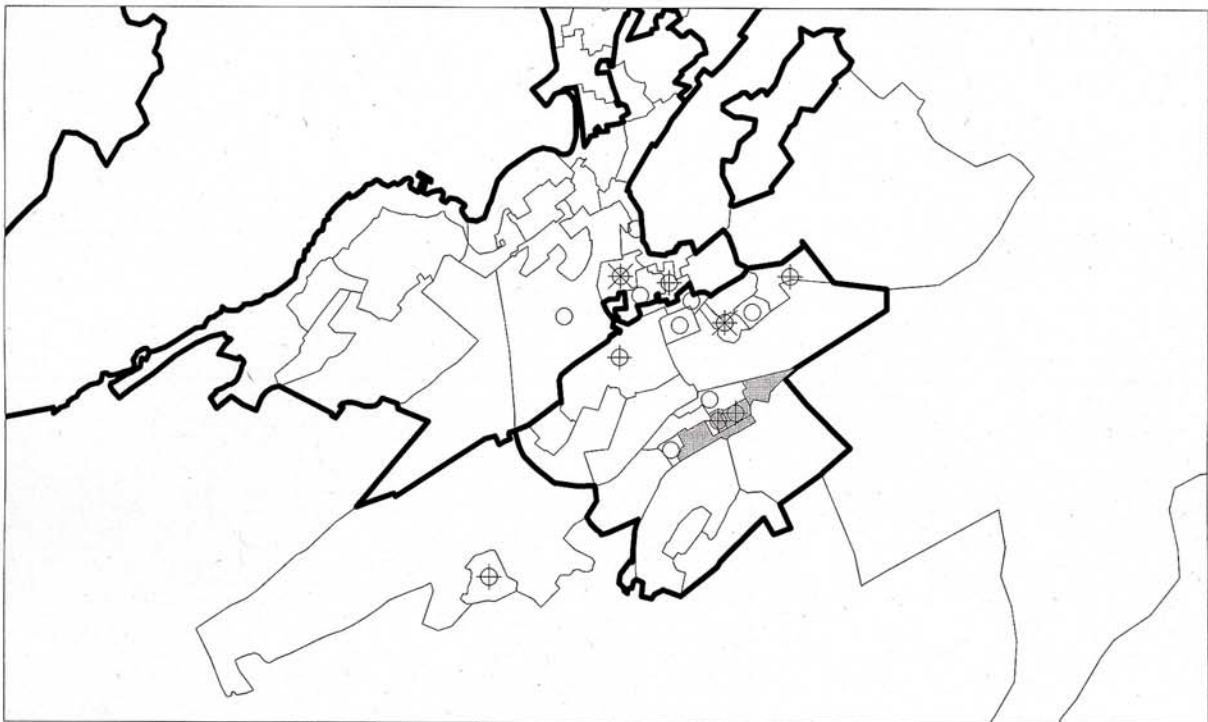
**Notes:**

\* - most deprived 8 per cent; + - most deprived 17 per cent; O - most deprived 31 per cent.  
Shaded areas - OAs with more than 50 per cent of population inside SIP.

**Figure 4.2c: Area deprivation in Helensburgh**



**Figure 4.2d: Area deprivation in Oban**

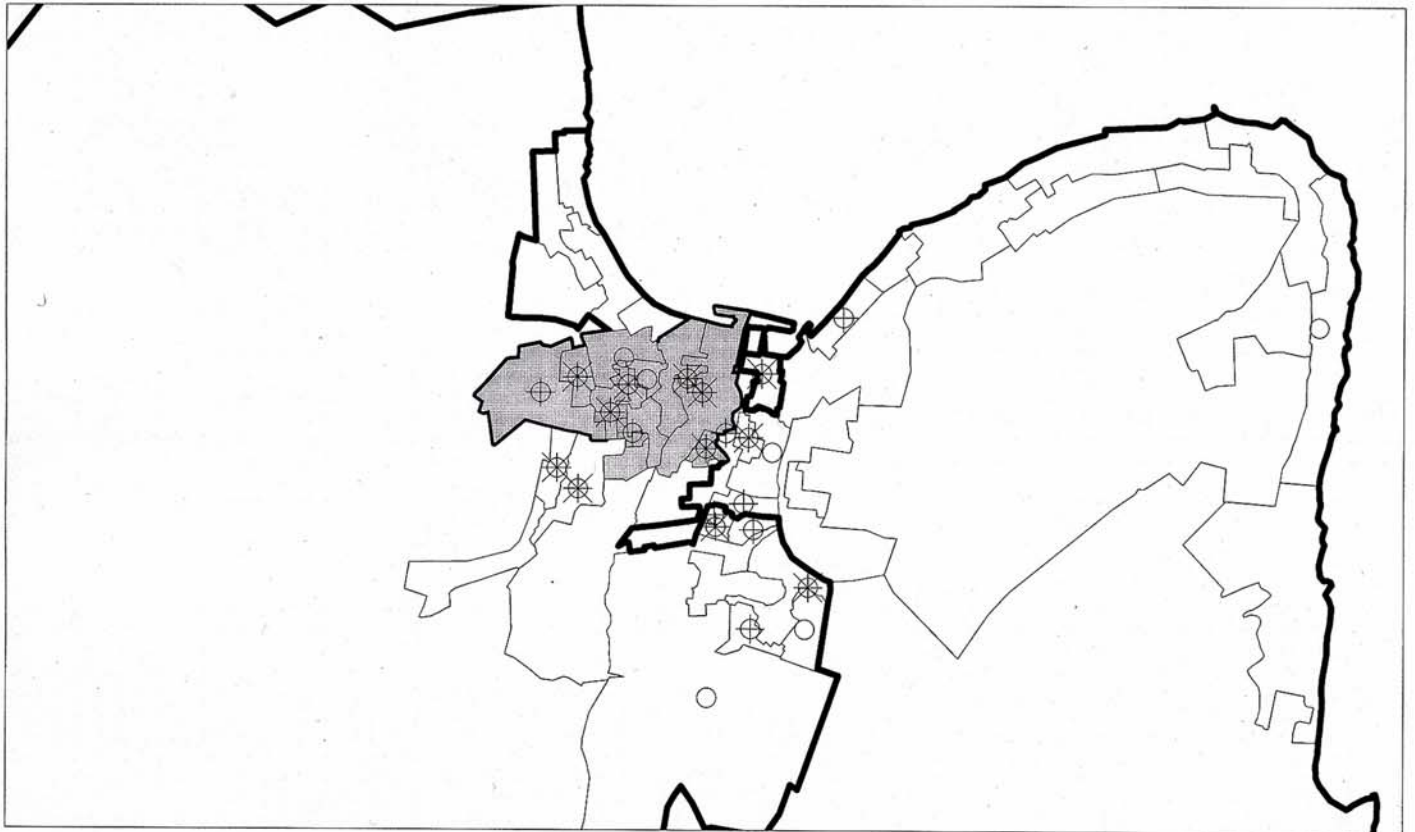


Notes:

\* - most deprived 8 per cent; + - most deprived 17 per cent; O - most deprived 31 per cent.

Shaded areas - OAs with more than 50 per cent of population inside SIP.

**Figure 4.2e: Area deprivation in Rothesay**



Notes:

\* - most deprived 8 per cent; + - most deprived 17 per cent; O - most deprived 31 per cent.  
Shaded areas - OAs with more than 50 per cent of population inside SIP.

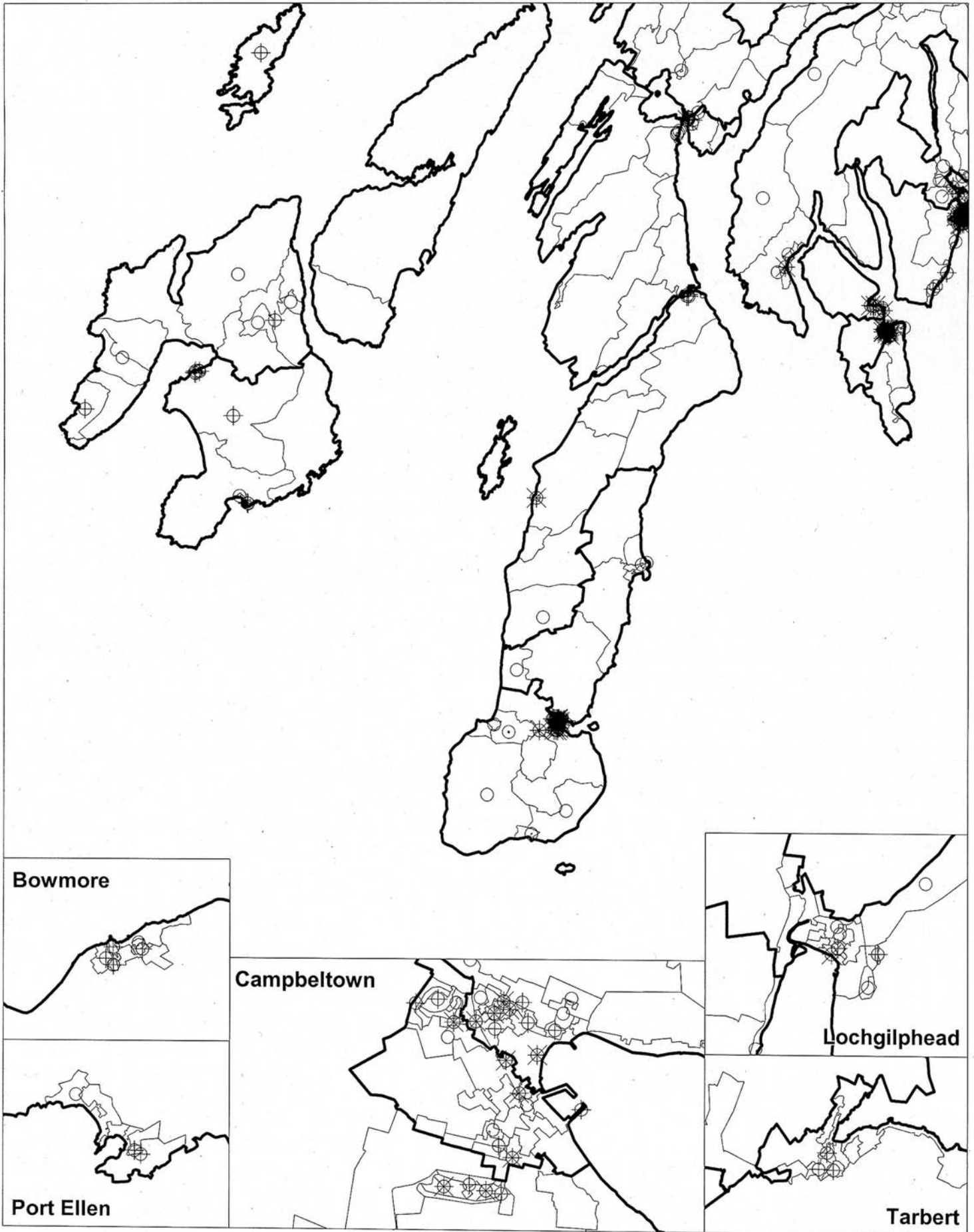


Figure 4.3: Deprivation at output area level - Argyll & Bute



Notes:  
\* - most deprived 8 per cent (est. ranking > 1031);  
+ - most deprived 17 per cent (est. ranking > 887);  
O - most deprived 31 per cent (est. ranking > 762).

**Figure 4.4: Deprivation at output area level - Kintyre, Islay & Jura**

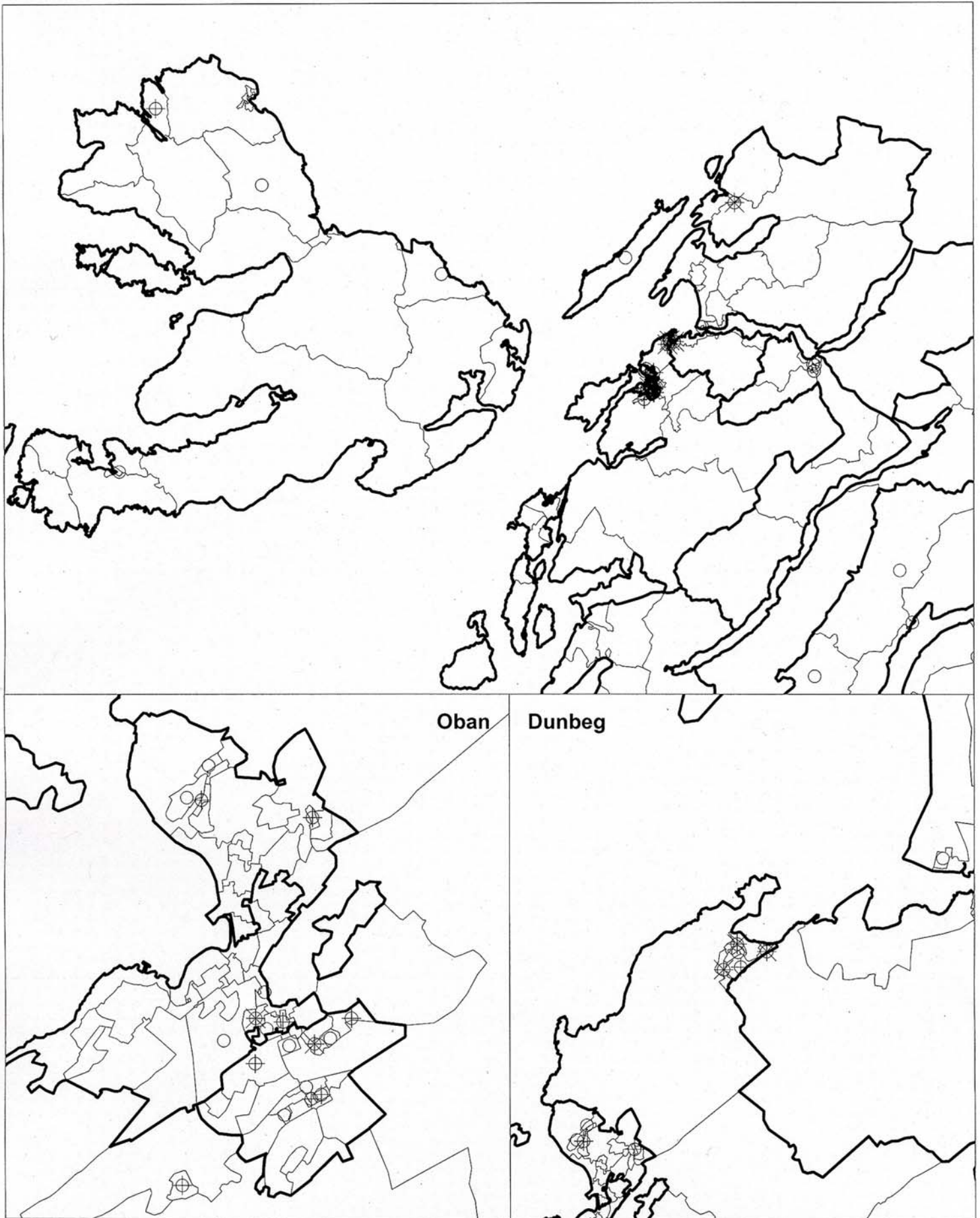


Notes:

- \* - most deprived 8 per cent (equivalent to three most deprived wards);
- + - most deprived 8 to 17 per cent (equivalent to fourth to sixth most deprived wards);
- 0 - most deprived 17 to 23 per cent (equivalent to seventh to ninth most deprived war

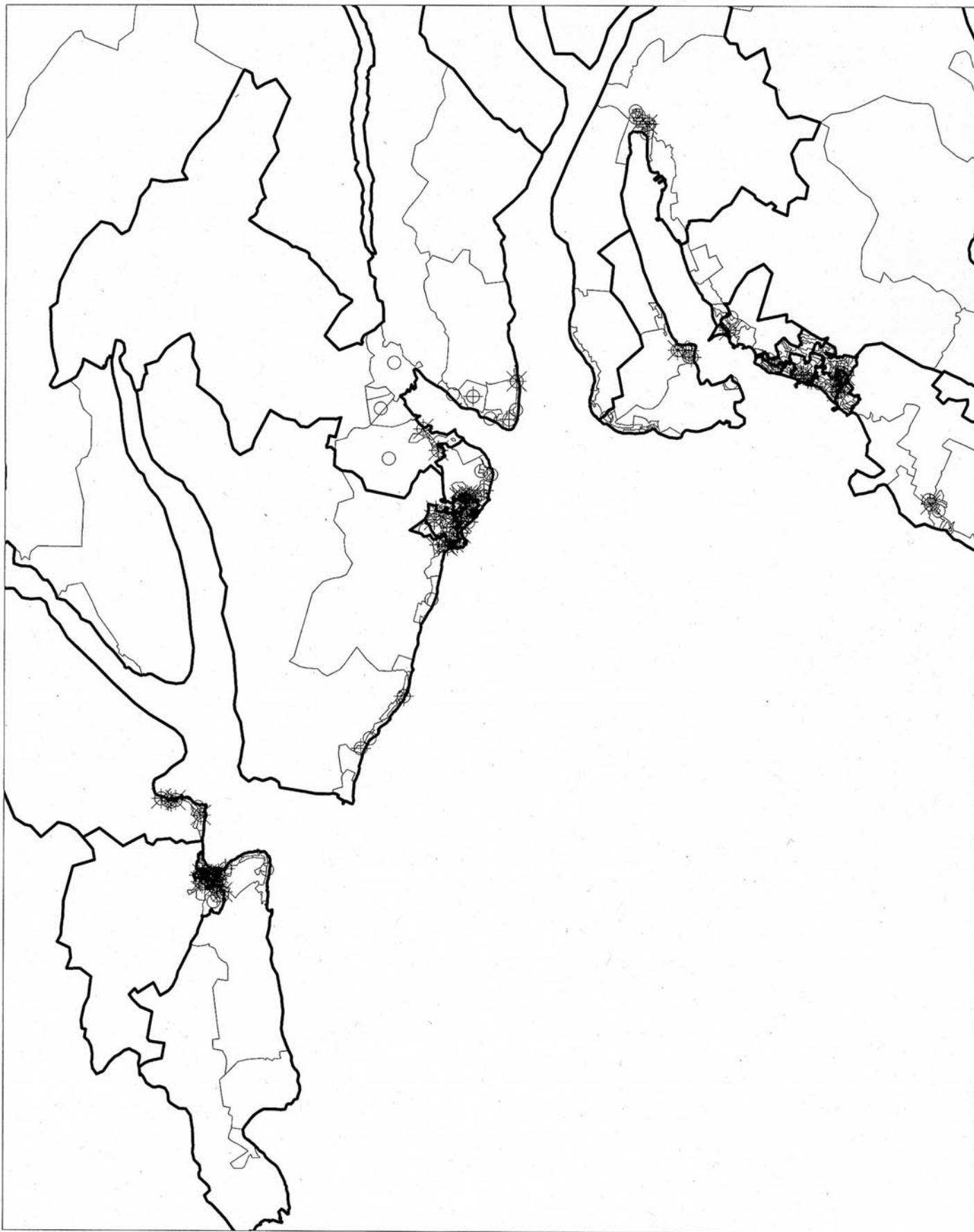


Figure 4.5: Deprivation at output area level - Oban and Mull



Notes:  
\* - most deprived 8 per cent (est. ranking > 1031);  
+ - most deprived 17 per cent (est. ranking > 887);  
0 - most deprived 31 per cent (est. ranking > 762).

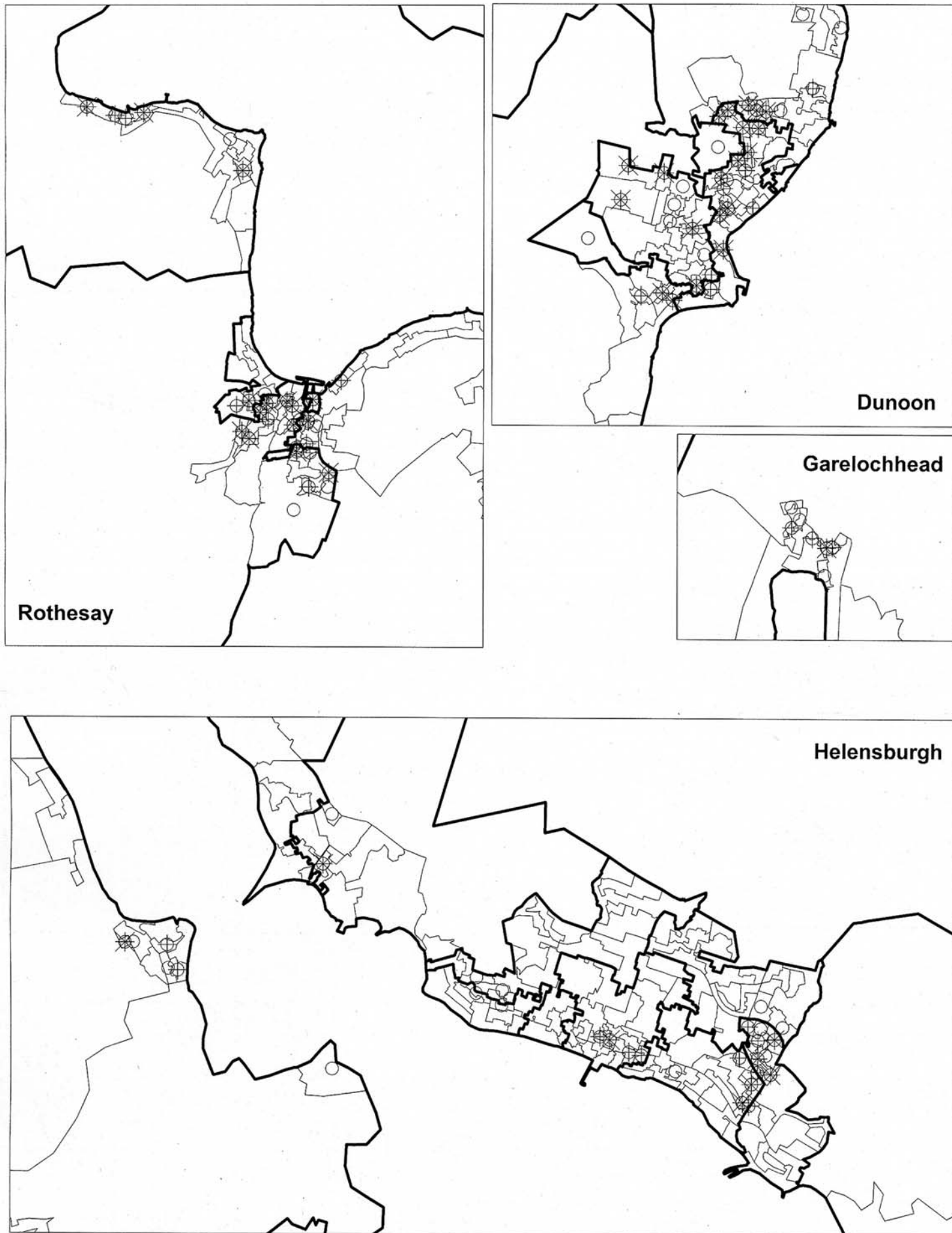
**Figure 4.6a: Deprivation at output area level - Bute, Cowal and Helensburgh**



**Notes:**

- \* - most deprived 8 per cent (equivalent to three most deprived wards);
- + - most deprived 8 to 17 per cent (equivalent to fourth to sixth most deprived wards);
- o - most deprived 17 to 23 per cent (equivalent to seventh to ninth most deprived war

Figure 4.6b: Rothesay, Dunoon and Helensburgh in detail



Notes:

- \* - most deprived 8 per cent (equivalent to three most deprived wards);
- + - most deprived 8 to 17 per cent (equivalent to fourth to sixth most deprived wards);
- 0 - most deprived 17 to 23 per cent (equivalent to seventh to ninth most deprived war

## 5. Experiencing deprivation and exclusion in Argyll and Bute

### 5.1 Introduction

This section focuses on the experiences of people living in deprivation or social exclusion in Argyll and Bute. It is based primarily on the qualitative data collected through interviews and focus groups, but also draws on Census and SIMD data to support and illuminate the findings. A fuller account of the qualitative data is provided in Appendix D.

Case studies were conducted in three areas of Argyll and Bute: the Ross of Mull; South Kintyre (with a focus on Campbeltown); and West Cowal. The locations were selected by the Community Planning Partnership to provide contrasting contexts, although all are fairly or very remote. They are not necessarily typical or representative of the area as a whole.

- As an island, Mull suffers from geographical isolation, and the Ross of Mull is even more remote, given its distance from the more heavily populated northern part of the island. The population of this area is around 500. Employment is mainly in tourism, with self-employment in fishing and crofting being a common source of income.
- South Kintyre is a remote part of the mainland, being about three hours travelling time from Glasgow, at the southern end of the Argyll peninsula. It centres on the small town of Campbeltown, which has suffered the loss of its traditional employment in the mining, manufacturing and shipbuilding industries. In spite of the recent arrival of Vesters, the wind turbine manufacturers, the town is still in a state of economic depression.
- West Cowal is a large and varied area. To the south is Tighnabruaich, a remote town relying heavily on tourism, particularly sailing. The most northerly settlement in the study area, Strachur, lies within easy commuting distance of Dunoon and is even on the fringes of the Glasgow commuter belt, so suffers much less from geographical isolation. Between the two is a large thinly populated area, traditionally a place of forestry and farming.

As noted already, social exclusion can be seen to be the result of the failure of one or more of the systems of relations described by Reimer (forthcoming 2004), namely market (private), bureaucratic (state and legal), associative (voluntary and collective action) and communal (friends and family networks) relations. The data presented here demonstrate how these complex relations interact to enhance or impede the social inclusion of individuals or groups within the rural setting. Caution should be exercised, however, in making assumptions that rurality is in some way standardised (Philo 1997). A clear theme that emerges from this work is the diversity of rural experience in Argyll and Bute both within and between settings. These contrasts and similarities can also be seen within the wider context of rural research within Scotland (e.g. Shucksmith et al 1996, Pavis et al 2001) and the UK (e.g. Cloke et al 1994, 1997).

The section examines five issues that have a critical bearing on the individual experiences of deprivation and social exclusion: income and cost of living; employment and unemployment; housing; education; and health. This is followed by a closer look at three disadvantaged groups whose specific needs and experiences merit particular attention: young people, older people and those with disabilities. Finally, we consider the experiential issues that affect the quality of life in this rural authority, and their role in individual perceptions of deprivation



## 5.2 Income and cost of living

It is often noted (e.g. Cloke et al 1995) that deprivation is more hidden in rural than in urban areas. Rural communities often consist of a heterogeneous population of affluent and poorer people, living side by side, which can mask the evidence of deprivation, and can cause people to conceal or deny their own poverty. Additionally, measures of low-incomes which rely on benefit claims (such as those in the income domain of the SIMD) may underestimate levels of poverty as take-up rates are slightly lower in rural areas although these problems should not be overstated (Bramley et al, 2000). It is also argued that rural areas may have a higher cost of living (Shucksmith et al, 1996) and this would impact heavily on low income groups. As the analysis of SIMD data above shows, there are still a significant number of people claiming means-tested income benefits across Argyll and Bute. All interviewees in the qualitative sample were on low incomes.

The cost implications of living in remote and rural areas were observed across the case studies. Inadequate public transport creates a dependency on private cars, and high petrol consumption. The higher than average car ownership in some rural areas further disadvantages those who do not have access to private transport, as pointed out by Cloke et al (1997):

The increasingly common assumption of countryside people as two car-owning meritocracies ... can only serve to hide, in increasing measure the plight of the non mobile minority in gaining access to basic and necessary lifestyle opportunities. (p98)

For the residents of small rural towns, some local services and workplaces are within walking distance, so the pressures for car ownership are less intense. Consequently, around forty percent of households in the Campbeltown Central, Milton and Ardenslate wards do not own cars. As the SIMD shows, these areas also have markedly lower levels of income. Bute Central has the second highest level of income deprivation in Argyll and Bute and over fifty percent of households do not own a car.

In the case study areas, high transport costs also impact upon local businesses, whose prices are necessarily higher than their urban counterparts. This is particularly in evidence in the small grocer shops seen in scattered settlements of the Ross of Mull and West Cowal. Those who are able to, often devise strategies of reducing dependence on the local shops (stocking up the freezer whenever they visit larger towns, ordering boxes from larger supermarkets), which in turn reduces turnover, drives up prices and limits choice. The people who are most dependent on these expensive small grocers are often the least affluent, particularly pensioners, who dread the possibility of the loss of their shops. Supporting the village shop is seen, by some, as symbolic of community involvement.

Living costs are also inflated by the lack of consumer goods available locally, so purchase of clothes or household items either involves expensive and lengthy trips to Glasgow, or use of mail order, which frequently carries additional delivery costs. Paradoxically, the shortage of local retail outlets also serves to reduce the cost of living for some, as consumer pressures are perceived to be less intense than in urban settings.

### **5.3 Employment and unemployment**

The main sources of employment in Argyll and Bute are the public sector; retail, wholesale and trade; and the NHS and social work - accounting for forty percent of the working population.

Argyll and Bute has, overall, a relatively high percentage of high-income earners with nearly a quarter of the working population employed as managers, senior officials and professionals. However, these people are mostly concentrated within commuting distance of Glasgow. For example, forty percent of the working population in Helensburgh West fall within the highest occupation group. In contrast, in the Bute Central and Oban South wards only an eighth of the working population fall within these occupation groups. The case studies were conducted in areas with relatively few high-income earners.

Bute Central and Oban South also have the highest concentration of elementary workers, over a quarter of the working population. The elementary worker classification covers a wide range of possible occupations, from farm workers and construction labourers to shelf-stackers and administrative assistants. Most of those interviewees who were in employment would fall into this category.

The nature of the job market serves to trap many families in poverty. Whilst patterns of employment in the three case study settings are quite distinct, in all cases the range of work is limited, most is low paid, often part time and requiring little in the way of formal training or qualifications. Employment opportunities are governed by a number of factors, identified in the fieldwork, including the availability of work, transport, community contacts and childcare, and these will be considered in turn, below.

#### **5.3.1 Availability of work**

The seasonality of the job market has a significant effect in the tourist areas, and in particular governs the entire nature of the employment cycle in the Ross of Mull, where the residents do not have the option of commuting elsewhere. Heavy dependency on tourism (more than 6 per cent of the hotel and restaurant sector in Argyll and Bute is concentrated in Mull), produces a multitude of part time jobs in the summer, and many people take advantage of this by working long hours in a variety of different posts. In the winter, conversely, the hotels are empty while the fishing boats are idle for long periods, leading to unemployment for some and underemployment for many.

A quite different situation exists in South Kintyre, where Campbeltown is the main focus of employment. Nearly a quarter of people working in the manufacturing sector in Argyll and Bute live in Campbeltown Central; South Kintyre; Mull; Islay South; Rosneath, Clynder and Kilcreggan and Bute Central. However, the decline of the mining, shipbuilding and manufacturing industries has left in its wake a significant problem of long term unemployment in South Kintyre, again with no prospect of travelling out of the area on a daily basis. The unemployment rate in the Campbeltown Central and Bute Central wards is 7.5 per cent, nearly double the national rate. Nineteen of the thirty-six wards across Argyll and Bute have an equal or greater than national average rate of unemployment.

Whilst the traditional rural industries in West Cowal also no longer support the population, the relatively easier access to and from this area allowed for commuting, and many of the local residents had found their work elsewhere. However this opportunity is available only to those with access to appropriate transport.



### **5.3.2 Transport**

The travel to work statistics in the Census for Argyll and Bute indicate a lower than national average number of people travelling to work by car, bus and rail, suggesting that many people work locally to home. For those people do not find work nearby, and do not have access to private transport, the location of their workplace is dictated by bus routes and timetables. In some cases the absence of suitable transport excludes people from the workforce, this particularly being the case for the residents of Tighnabruaich who are unable to commute to Dunoon, due to an inappropriate bus timetable.

### **5.3.3 Community contacts**

Rural networks have been shown to play a significant role in the allocation of jobs (Pavis et al 2000, Monk et al 1999) with word of mouth being seen by employers as the best recommendation. Whilst this works in the favour of well-established members of the community, in the case studies, it could form an impenetrable barrier for newcomers. Additionally, this system operates to transmit intergenerational unemployment - a parent who does not have the contacts to access the job market cannot act as the point of introduction for their offspring. Community networks can also be seen to actively exclude from the workforce individuals who have acquired a bad reputation, and this effect can also spread through the wider family.

### **5.3.4 Childcare**

There is little evidence from this study of social pressures discouraging rural mothers from economic activity as described by Little (1997) but, with the exception of Campbeltown, organised provision of childcare is lacking. Working parents in the interview sample depend mainly upon family to meet this need, and those who do not have local kinship networks are limited in their options. So in this way, it can be seen that those who fall outside of the community networks are doubly disadvantaged in their employment prospects. This gives rise to a concealed form of unemployment, as married parents whose childcare responsibilities exclude them from the workplace would not appear in unemployment statistics.

## **5.4 Education**

As noted above, Argyll and Bute performs well in educational terms, particularly in relation to overall deprivation levels. It is ranked 27<sup>th</sup> in the education domain of the SIMD, compared with 15<sup>th</sup> overall. Only the Borders, Shetland Islands, Orkney Island, East Renfrewshire and East Dunbartonshire have better education rankings. The quality of school based education is not disputed by any of the interviewees. Primary and secondary schooling is held in high regard by the local population.

Two main educational issues emerge from the qualitative data, however, and will be considered here. The first issue is the opportunity for further and higher education. The second issue, which is specific to the Ross of Mull and Tighnabruaich, is the need for secondary school children to live in hostels during the week.

### **5.4.1 Education post 16**

For the academically able young people in remoter areas, the path through higher education necessitates a move out of Argyll and Bute, to the Central Belt or beyond, and those young people often never return to their home, effectively being “educated out” of the rural areas. This process is typical of remote rural areas throughout Britain (Shucksmith et al 1996, Pavis et al 2001), and offers an explanation for the apparent mismatch between the high

qualifications achieved in schools, and the low educational level of adults in Argyll and Bute. Nearly a third of people aged sixteen and above and living in Argyll and Bute have no formal qualifications. Whilst this is still lower than the Scottish figure, fourteen wards in Argyll and Bute have higher rates of people with no qualifications. The main pockets of people with no qualifications are located in Bute, South Kintyre and Dunoon. Over forty percent of the people living there have no formal qualifications.

For the young people who remain in their home area, there are few educational options, as all of these case study areas are bereft of opportunities for vocational training, or workplace apprenticeships. This would further contribute to the low levels of education seen amongst adults in Argyll and Bute. Consequently school leavers have little option but to take the low paid, unskilled jobs available locally, or in the worst-case scenario, to start their adult life in unemployment.

#### **5.4.2 Hostel accommodation**

Many parents in the Ross of Mull expressed serious concerns regarding the location of their children's secondary school in Oban, and the necessity for the youngsters to board in the hostel on the mainland, in a similar vein to interviewees on Harris and Wester Ross (Shucksmith 1996). This is articulated as feelings of powerlessness, as their children's welfare is taken from their control. They feel alienated from their children's education and unable to maintain an effective home-school relationship. Although the decision is now historic, the siting of the island's only secondary school in Tobermory rather than a mid-point such as Craignure symbolises to the residents of the Ross of Mull their perceived marginalisation within island politics.

By contrast Tighnabruaich parents describe no such problems in sending their children to board in Dunoon, possibly because this is optional rather than compulsory. Their children are on the same land mass, an hour's drive away, and most parents actively choose the boarding option.

### **5.5 Housing**

In Argyll and Bute, twenty per cent of houses are socially rented properties (from the LA or Registered Social Landlords) compared with a quarter across Scotland. Argyll and Bute appears to have significantly greater levels of private rented accommodation than the national average. There are twenty-eight wards in Argyll and Bute where the proportion of privately rented accommodation is higher than the Scottish average. The overall pattern of tenure in Argyll and Bute can be seen in Figure 5.1.

The quality of housing in Argyll and Bute is a significant issue. Nearly ten per cent of the households in Argyll and Bute do not have central heating, two per cent more than the Scottish figure. Mull and Tiree have the highest relative number of households without central heating. Whilst this is not a direct proxy for the general state of repair of dwellings, it does suggest a significant problem with low quality housing across Argyll and Bute.

However, wide local variations on these figures exist, as could be seen clearly within the case study areas. The typical rural problems of housing shortage (Cloke et al 1997) are in evidence in the tourist areas of Mull and West Cowal, whilst the falling population of Campbeltown has given rise to a more urban set of problems with excess housing, empty properties and stigmatised estates. The two situations will be considered separately below.

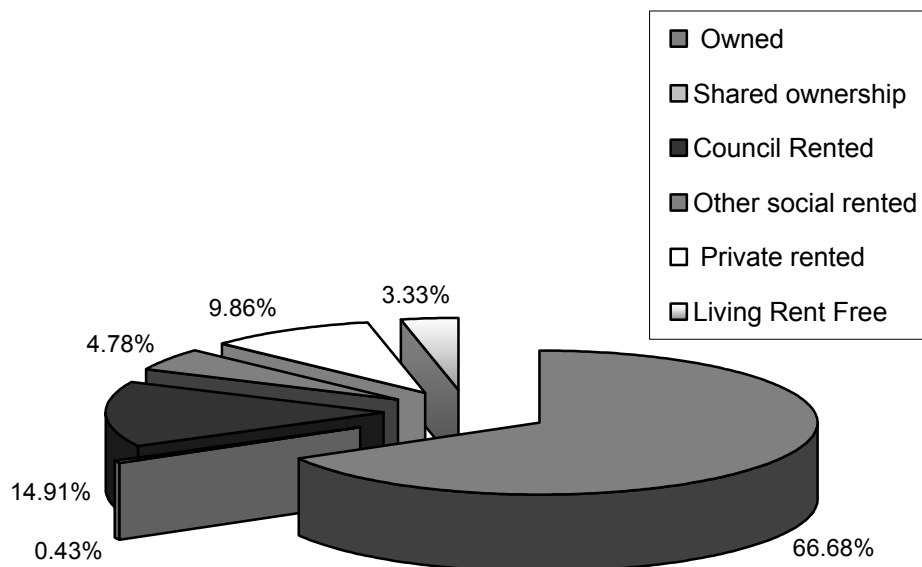
### 5.5.1 Housing shortage

The fieldwork illustrated that the attractions of the ‘rural idyll’ in the Ross of Mull and West Cowal have given rise to large numbers of private houses being bought by retirees or holiday home owners, who are not limited by the economy of the local job market, and whose accumulated housing wealth enables them to out-bid local competitors. This has inflated house prices beyond the reach of local workers. Housing issues could be linked to patterns of social change (Cloke et al, 1997), as the inflated prices are seen as both a cause of out-migration of locals and an effect of the in-migration of more affluent new comers.

The high cost of private housing puts extreme pressure on the limited supply of social housing, with many families waiting for years to be housed. The allocation of vacant council or housing association properties to accommodate cases of urgent social need from outwith the immediate area, in preference to local residents, causes fierce resentment, as it is seen to conflict with local interest.

Housing needs outweigh the current service provision, resulting in people living in insecure or unsuitable accommodation. The problems of caravan dwellers on the Ross of Mull has been the subject of a detailed report (Alexander, 1992), but additionally the use of winter lets, staying with friends, or squeezing families into over-crowded accommodation are all strategies employed by people who are determined to remain in the area. Although Census data suggests that Argyll and Bute has a higher than average proportion of private rented accommodation, this does not appear to alleviate the housing shortages in the case study areas, so possibly much of it is out of the reach of those on low incomes, or only available as off season lets.

Figure 5.1: Argyll and Bute Tenure Split



### **5.5.2 Excess housing**

Milbourne (1997) distinguishes between the distribution of poverty in urban and rural settlements in this way:

Households living in poverty in small and scattered rural settlements tend to remain physically hidden, in contrast to the visual concentration of poverty in the urban, and more specifically the inner city arena. (p94)

Milbourne's urban description would be a more accurate representation of Campbeltown. Between a quarter to a third of the housing stock are council-rented properties in Ardenslate, Campbeltown Central, Islay South Ward, Bute Central, East Central Kintyre and Oban South.

The population of Campbeltown has fallen in recent years, as people have sought opportunities elsewhere, but unlike the other study areas this has not been counterbalanced by an influx of affluent newcomers. A proportion of the large stock of council houses are now empty, boarded up and in some cases vandalised. These houses are concentrated in a small area which was seen as stigmatised by the residents of Campbeltown, often associated with social problems by interviewees.

The reputation of this area is hotly contested by many of its residents, some of whom have lived there for many years, and maintain strong community and family networks in the streets around. None the less, association with these streets is seen as a social disadvantage, a barrier to finding work and is actively avoided by a large section of the community.

## **5.6 Health**

Research has indicated that people in rural areas typically enjoy better health than people living in urban settlements (e.g. Shucksmith *et al* 1996). Less than ten percent of the people in Argyll and Bute report that they are not in good health, which is slightly lower than the national average. The number of people in Argyll and Bute with long-term limiting illness similar to that of Scotland; around twenty percent.

Accessibility dominates the consideration of healthcare in most rural areas. Moreover, this is a major issue in Argyll and Bute given the relatively high number of island communities and remote rural settlements.

Specialist hospital based services are distantly located from the case study areas, with patients travelling to Glasgow, or Inverclyde for many treatments. Out-patients report travelling enormous distances in single days, often impeded by unhelpful bus timetables. Ironically the journeys are most difficult for those who are most likely to need treatment, for example the elderly, disabled or those in poor health. Difficulties of access also imply additional expenses in terms of travelling costs, and time off work. Long stays in hospital isolate patients from their community and create burdens of time and expenditure on relatives, as they travel to visit, sometimes also requiring overnight accommodation.

Not only is there a problem of patients getting access to hospitals, there is the complementary issue of community practitioners trying to serve the needs of a thin and scattered population. The additional resources required appear to result in reduced services in some cases, for example community psychiatric nurses.

Access to medical expertise in small communities is further impeded by the dependence on a single GP who cannot offer the range of specialist knowledge that could be acquired collectively in a practice with several doctors. Hence those patients with uncommon illnesses, such as neuro-degenerative disorders, sometimes find themselves in the care of a doctor with little understanding of the condition. A feature of rural service provision is often the absence of choice. If a patient feels that the GP is unable to meet their needs, they do not have the option to select an alternative.

The close knit nature of the community is often mentioned in relation to supporting people in times of difficulty such as illness. This is in evidence both through the voluntary sector and through informal community networks. However, community can also serve to isolate those with unusual or stigmatised conditions. Living in an area with a small population with an illness that nobody else understands is described as a very lonely experience, and in some cases leads to deliberate concealment of a condition.

## **5.7 Vulnerable groups**

Whilst there are many groups within the rural population that could be considered vulnerable, the three groups included here have been selected on the basis of their prominence within the interview sample.

### **5.7.1 Young people**

The problems in the employment and housing markets, the lack of further and higher educational provision and poor transport links collectively create huge barriers for the youth transition to independent adulthood, as is well-documented throughout rural Britain (Rugg and Jones, 1999; Stern and Turbin, 1996; Pavis et al 2000). The most successful transitions can be achieved by leaving Argyll and Bute. Those who remain are often employed in low paid, temporary jobs are unable to afford to enter the private housing market, and have low priority for social housing. The situation is further exacerbated for many by the need to run a private car.

A particularly difficult prospect faces sixteen-year-old school leavers in areas of high unemployment. The lack of alternative to school based education forces many of these young people into a two-year period of inactivity, until they are old enough for the New Deal training schemes, by which time some find it difficult to adjust back into a routine. Employers are, apparently, unwilling to take on sixteen year olds, when graduates of the New Deal could be employed at no cost for six months.

Young people are further excluded by the lack of facilities for informal leisure. Whilst the number of clubs and activities are rather higher than the young people suggested (Argyll and Bute, Dialogue Youth 2003), there is an absence of meeting places. Particularly in Campbeltown, this leads to the gathering of youngsters in public places causes friction with authorities and creates a poor relationship with the wider community. Leyshon (2003) notes similar instances in other rural settings. Some young people find the close community is suffocating as they resent the level of adult surveillance, and speak longingly of the anonymity of Glasgow.

Considerable concern exists amongst Campbeltown residents about the high levels of alcohol and drug misuse amongst young people, and this is seen to be directly linked to the poor prospects and the lack of amenities for the young people in the area.

### **5.7.2 Older people**

A detailed study of older people in rural Scotland has recently been produced for the Scottish Executive (Philip et al, 2003) and many of the issues raised were in evidence in Argyll and Bute. Nearly a fifth of the Argyll and Bute population is 65 years old or above. This is three per cent higher than the Scottish average. A number of wards have particularly high numbers of elderly people, with around a quarter of the ward population aged 65 and over: Bute North and South, Kirn and Hunter's Quay, East Lochfyne, and Auchamore and Innellen.

Consequently, services for older people are under particular pressure. The interlinking of Reimer's four systems can be seen very clearly with respect to older people. Services such as home helps, sheltered housing, and community nursing, offers practical support. However, these services are stretched to the limit by the large numbers of clients and their diffuse geographical spread. As a result of this, the voluntary sector is very active in all study areas as unpaid workers struggle to fill some of the gaps in the bureaucratic system by offering social activities and operating befriending schemes. However, rural volunteering is in decline (Philip and Shucksmith, 2003), and most volunteers are themselves older women.

In addition to the formal structures, much value is attached to the role of the community and family networks in supporting the vulnerable through informal acts of caring. Yet, in spite of the range of options, some elderly people are outside of all these networks; the mechanism for detection of problems is unsophisticated, and cases exist of elderly people struggling with severe problems in difficult and isolated conditions. These problems are further exacerbated by a general confusion about benefits and entitlements, and a complete absence of any system to disseminate such information.

A wide range of problems for older people can be associated with their loss of mobility, both personal and vehicular. Limited bus services, and the physical demands of getting on and off high platforms, created barriers to social interaction, health care and shopping, and generally served to isolate the elderly in their homes.

### **5.7.3 People with disability and their families**

Many of the features of rural life can be seen to give rise to the social exclusion of those with special needs, and this could in turn create problems for the whole family. The patterns of employment seen in the most isolated settings, such as the Ross of Mull, present difficulties for the inclusion of disabled people in the workforce. Small businesses offer a very limited range of roles in the workplace. Consequently employers lack the flexibility of larger firms to be able to create specialised niches to accommodate individual needs.

Access to specialist knowledge about specific conditions is impeded by distance and transport problems, as with other medical conditions, but the problems extend beyond the medical. Support services such as transport, day care, respite care and training premises were largely unavailable, creating heavy burdens for the wider families, to the extent, in some cases of preventing parents from working, creating another example of concealed unemployment.

The disparities between the local need for care provision and statutory services has stimulated the development of the voluntary care sector, particularly in South Kintyre. The density of families experiencing these problems there had been sufficient to allow effective collective action in the formation of mutually advantageous support groups, clubs and other activities.

## 5.8 Experiential issues

It has often been reported that in rural and urban settings the individual's account of their own situation may lie at odds with the objective definition of their disadvantage (Newby 1979, Cloke et al 1995, Gordon et al, 2000, Woodward 1996). All of the interviewees in this sample receive low incomes, yet not all of them would consider themselves to be deprived. Experiential issues such as healthy living, safety, and community networks are often seen as important compensation for material deprivation, and for some the quality of life outweighs any hardship.

That said, not everybody held such a rosy view; one person's tranquillity was another's person's desperate loneliness, and the community that supports some people excludes others. It could be assumed that the quality of rural life is not in itself sufficient for the thousands of young people who leave Argyll and Bute each year in search of better opportunities.

Whilst subjective accounts of individual deprivation vary, there is a remarkable consistency in the feelings of marginalisation through lack of representation. There is widespread dissatisfaction with the tendency for decisions to be made outwith their immediate area, resulting in services that do not meet local need. Examples of this include bus timetables, housing allocation, location of schools and hospitals, and emergency medical provision. It could be argued that social exclusion within these remote communities is enhanced by their peripheral position in the wider political process.

## 5.9 Summary

Many interlinked factors can be seen to interact to promote deprivation and social exclusion in Argyll and Bute. These include the limited nature of the job market, the lack of further and higher educational opportunities, the poor availability of housing, and the access to health care. Inequalities are exacerbated by differential access to transport. The closely interwoven rural communities also have significant impact upon the life chances of individuals, acting in contrasting ways in different circumstances.

Individual experiences of social exclusion vary between the locations, due to the differences in employment markets, service provision and access. But beyond that, individuals within the same setting can have diverse experiences, and in this report this is highlighted by the types of exclusion experienced by three vulnerable groups: young people older people and people with a disability,

The shortcomings in the job markets, housing markets and the post-school education provision give rise to the out-migration of large numbers of able and ambitious young people to enter higher education or pursue careers elsewhere. Moreover, they leave behind a poorly qualified working-age population to support an increasing population of elderly residents.

## 6. Conclusions and discussion

The overall aim of this report was to provide a detailed examination of the problems of deprivation and social exclusion in Argyll and Bute. There were two main elements to the study: an examination of spatial variations in levels of need across the local authority area; and an examination of the problems which different groups of people faced, the processes causing exclusion for these people and the consequences for them.

This section pulls out the main findings and identifies some issues which the CPP may wish to discuss further. We should note, however, that we have not attempted to examine current policies being pursued in the authority. Many of the issues may already have been recognised and efforts may have been made to address them. We would also want to recognise the many constraints under which the partners in the CPP operate, not least in terms of resources. Comments about the limitations of current service provision, for example, should not be taken to imply criticism of the agencies responsible for these.

### 6.1 Level and spatial distribution of deprivation

Taking the first element this work, the report argues that Argyll and Bute is not highly deprived in relation to other authorities in Scotland but it still contains a significant number of people in deprivation – an estimated 11,200 income deprived individuals on the SIMD measures. These people are found in urban and rural areas across the authority. One message for policy would be that services or actions to meet these needs also have to be accessible across the authority.

Some locations, however, do have significantly higher levels of need. Dunoon, Rothesay, Campbeltown and Islay, in particular, have both high concentrations and large numbers of deprived individuals in absolute terms. At this spatial scale, the issue for the CPP must be whether these higher levels of need are adequately reflected in the distribution of resources across the authority. Evidence from other research has suggested that higher levels of deprivation are associated with increased need or demand for a variety of different services. Further discussion of this issue could start by considering which services are most likely to be affected and collating clearer evidence on how different services allocate resources to different areas (if this data is not already available).

At a finer spatial scale, there are some clusters of deprived OAs where the concentration of deprived individuals is particularly high. Again, these are located mainly in the largest settlements. These clusters include many OAs already targeted by SIPs but several others in addition. At this scale, the question must be whether there is a continuing role for area-based initiatives and, if so, what the justifications for such an approach would be.

One justification might be that such initiatives are an efficient means of reaching a significant proportion of the population most in need and providing additional support to them. This argument does not appear to be very strong in the case of Argyll and Bute. Fewer than half the people in the existing SIP areas are income deprived on our estimates and, between them, the five SIPs cover just 14 per cent of all income deprived individuals in the authority. A second justification might be that people living in areas with concentrations of deprivation face additional disadvantages which exacerbate their problems and reduce their opportunities. Such areas may become stigmatised by the wider community, leading to problems for residents in terms of access to employment or to services. The Scottish Executive's



community regeneration statement also emphasises that such areas are more likely to have inadequate public services and to suffer from weak “social capital” or community ties. The reason for intervening through area-based initiatives is then one of social justice; additional resources are used to ensure people in these areas are not disadvantaged by virtue of where they live. The challenge for the CPP would be to specify more clearly the nature of the “area effects” operating in each priority area. From the fairness point of view, it would also be necessary to justify the focus on some areas where deprivation was concentrated and not others.

## **6.2 The four systems of social exclusion**

The qualitative research adds further detail to this picture, particularly in terms of social exclusion and the processes which cause it. First the work shows the dominance of market and bureaucratic or state systems in rural areas as in urban, with their interactive roles in the provision of income, employment, housing, health, education and transport. It highlights the importance of private systems such as employment or housing markets in both reflecting but also creating or reinforcing inequalities. While public services and welfare expenditure make a huge impact in terms of reducing inequality overall, there is also evidence of a range of ways in which some services fail to achieve full inclusion for all: educational systems which draw young people from the islands for secondary schooling, or to large urban areas for higher education; health systems which require attendance at distant centralised services or which fail to provide the full range of primary care services in more rural areas: or public transport services which constrain the lives of those without access to a car.

This point is not made to blame any of these service providers directly for this situation. All operate within constraints already recognised. But it is important to highlight these issues which emerge from our research and to urge that they are given appropriate priority in every discussion on future service organisation.

Other evidence highlights the ways in which communal or associative relationships can act in both positive and negative ways, promoting or hindering inclusion. The strength of rural communities can compensate for certain failures in market or bureaucratic relations with intense activity in the voluntary sector but, for some, they may also be a factor in their exclusion. Personal ties or community standing may influence access to employment, or the availability of childminding or support in an emergency. In this sense, care should be taken that public service providers do not rely too heavily on these systems.

## **6.3 Specific issues**

In addition, three more specific issues stand out from our research. First, transport and access issues merit particular attention as they underlie a wide range of problems in more rural locations. The poorest and most vulnerable in the community are usually the most reliant on public transport services, and these include many older people, young people, and people with disabilities. The diversity of needs for mobility which people face are identified in the report, although a wider and more systematic survey would be a useful next step. A traditional system based on subsidised scheduled bus services may not offer much of a solution. More innovative approaches may be required, including assistance with private transport costs or the development of publicly-supported voluntary transport arrangements (co-ordinated lift-sharing arrangements, for example). The latter undoubtedly exists already on an ad hoc or personal basis, but public support might both encourage growth and ensure

wider, fairer access. Finally, the use of technology to deliver services from a distance could be explored. Whilst care should be taken to avoid excluding certain groups, there is nonetheless considerable scope to reduce the necessity for people to travel in order to access services.

Second, the position of young people in Argyll and Bute is highlighted as the choices which this group make will have a significant impact on the future of the area. At present, many of those who do well at school feel compelled to leave the area to continue studying or to look for work. Those who remain have fewer opportunities for education and training, and also face more limited job prospects or housing choices. This makes it particularly difficult for them to make the transition from childhood to adulthood successfully. Greater investment in efforts to ensure the inclusion of young adults could have significant long term benefits.

Finally, both elements of the study draw attention to the diversity which exists within areas or communities as well as between them. Local context is of great importance to community planning and this implies the need to underpin new initiatives with local consultation. In talking directly to deprived and excluded individuals for this work, we found that they had a great deal to say about their situation and the problems or barriers they faced. They frequently commented on their frustration at their inability have their voice heard. This is not to say that the council did not consult or try to engage “the community” but there is a tendency for these activities to focus on the more articulate or prominent members of an area. More excluded groups are easily overlooked, in rural or urban locations. Community planning needs to recognise this and respond to it by developing more inclusive methods of consultation.

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## Appendix A: SIMD data for wards

The table below lists the different indicators included in the SIMD (Noble et al, 2003). The table on the following page shows the data from the SIMD relating to the wards of Argyll and Bute. Wards are shown in descending order of deprivation. Data covers overall deprivation score and ranking within Scotland, as well as showing scores and rankings for each of the five domains. (The most deprived ward in Scotland on each measure would have a ranking of 1222.) For the income and employment domains, the scores are a measure of the proportion of people in each ward regarded as income or employment deprived. In addition to showing the ranking, the table also shows which decile the ward fell into; decile “10” covers the 10 per cent most deprived wards in Scotland on a given measure (i.e. the 122 wards ranked from 1222 to 1101).

*Table A1: List of indicators in the SIMD*

<b>Income</b>	<ul style="list-style-type: none"> <li>• Adults/children in Income Support households</li> <li>• Adults/children in Income Based Job Seekers Allowance households</li> <li>• Adults/children in Working Families Tax Credit households below a low income threshold.</li> <li>• Adults/children in Disability Tax Credit households below a low-income threshold</li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Unemployment claimant count of those aged under 60</li> <li>• Incapacity Benefit recipients aged under 60</li> <li>• Severe Disablement Allowance recipients aged under 60</li> <li>• Compulsory New Deal participants - New Deal for the under 25s and New Deal for 25+ not included in the unemployment claimant count</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Working age adults with no qualifications</li> <li>• Pupils aged 16+ who are not in full-time education</li> <li>• Proportions of the 17+ population who have not successfully applied to Higher Education</li> <li>• Pupil performance on SQA at Stage 4</li> <li>• Secondary level absences</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>• Mortality (Comparative Mortality Factor or CMF)</li> <li>• Morbidity (Comparative Illness Factor or CIF)</li> <li>• Hospital episodes related to (i) alcohol use, (ii) drug use;</li> <li>• Emergency admissions to hospital</li> <li>• Proportion of population prescribed drugs for anxiety or depression</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>• Low birthweight babies</li> <li>• Road distance to a GP surgery or health centre</li> <li>• Road distance to a general stores or supermarket</li> <li>• Road distance to a primary school</li> <li>• Road distance to a petrol station</li> <li>• Road distance to a bank or building society</li> <li>• Road distance to a community internet facilities</li> </ul>

Ward no.	Ward name	SIMD Overall			Income domain			Emplt. domain			Education domain			Health domain			Access domain		
		Score	Rank	Decile	Score	Rank	Decile	Score	Rank	Decile	Score	Rank	Decile	Score	Rank	Decile	Score	Rank	Decile
423	Ardenslate (Dunoon)	40.3	1048	9	26.2	1094	9	24.1	1074	9	-.11	564	5	1.28	1149	10	-.94	143	2
419	Bute Central	38.1	1031	9	25.5	1076	9	25.1	1096	9	.60	908	8	.42	853	7	-.64	274	3
403	East Central Kintyre	36.3	1010	9	21.9	998	9	23.1	1049	9	-.17	533	5	.76	1000	9	1.07	1052	9
409	Islay South	36.2	1008	9	19.8	941	8	26.1	1123	10	-.27	485	4	.66	951	8	.57	934	8
402	Campbeltown Central	35.8	1003	9	22.2	1004	9	27.5	1145	10	-.38	420	4	.65	947	8	-1.56	36	1
424	Milton (Dunoon)	34.9	995	9	22.3	1005	9	24.0	1071	9	.18	716	6	.89	1042	9	-1.04	110	1
418	Bute North	29.1	904	8	17.4	849	7	22.3	1027	9	.35	789	7	.25	761	7	.14	754	7
426	Holy Loch	27.4	881	8	15.9	776	7	18.0	897	8	-.22	510	5	.57	919	8	1.28	1109	10
417	Tiree & Coll	26.6	868	8	16.4	804	7	15.9	789	7	-.56	330	3	.24	751	7	1.96	1201	10
408	Islay North, Jura & Colonsay	23.1	790	7	12.3	574	5	14.5	718	6	-.67	278	3	.11	676	6	2.12	1215	10
422	Kirn & Hunter's Quay	20.8	728	6	15.3	749	7	15.2	748	7	-.44	391	4	.66	958	8	-.09	622	6
404	North & West Kintyre	20.8	723	6	14.4	701	6	15.7	780	7	-.80	225	2	-.19	519	5	1.38	1130	10
413	Oban South	20.1	711	6	15.2	743	7	13.3	646	6	-.18	530	5	.56	917	8	.12	745	7
401	South Kintyre	19.0	684	6	12.7	597	5	15.1	746	7	-.60	315	3	-.05	585	5	1.21	1089	9
421	East Lochfyne	18.2	660	6	10.3	421	4	13.7	674	6	-.37	421	4	-.42	388	4	1.76	1183	10
410	Awe	17.0	611	5	9.1	351	3	11.3	513	5	-.88	198	2	-.21	506	5	2.04	1209	10
425	Auchamore & Innellan	16.6	599	5	11.0	472	4	11.7	535	5	-.65	290	3	.35	816	7	1.18	1079	9
427	Helensburgh East	16.4	591	5	13.8	675	6	14.0	692	6	-.14	552	5	-.26	470	4	-.06	634	6
407	Craignish-Glenaray	16.3	590	5	11.5	506	5	10.3	450	4	-.61	311	3	-.43	387	4	1.79	1186	10
435	Rosneath, Clynder & Kilcreggan	15.2	537	5	12.0	548	5	12.2	573	5	-.32	458	4	-.42	390	4	.92	1023	9
416	Mull	15.0	530	5	10.2	414	4	9.4	378	4	-1.05	151	2	-.62	288	3	1.98	1204	10
406	Lochgilthead	14.8	527	5	10.7	452	4	13.3	644	6	-.41	402	4	.31	785	7	.01	670	6
420	Bute South	14.7	521	5	11.6	517	5	9.1	357	3	-.09	579	5	-.28	466	4	1.20	1086	9
414	Ardconnel-Kilmore	14.3	502	5	10.0	406	4	11.7	540	5	-1.08	141	2	-.07	571	5	1.24	1098	9
405	Knapdale	14.0	495	5	9.8	397	4	9.6	394	4	-.63	299	3	-.27	468	4	1.48	1149	10
415	North Lorn	13.8	491	5	10.3	424	4	8.3	301	3	-.75	247	3	-.30	457	4	1.62	1170	10
428	East Central Helensburgh	13.3	469	4	11.0	470	4	15.2	750	7	-.79	228	2	-.02	598	5	-.63	281	3
411	Oban North	12.1	410	4	9.2	356	3	10.9	485	4	-.23	501	5	.20	728	6	-.15	575	5
412	Oban Central	11.3	381	4	9.3	357	3	11.4	524	5	-.64	296	3	.33	795	7	-.53	326	3
433	Garelochhead & Cove	10.9	367	4	7.6	273	3	8.7	327	3	-.51	350	3	-.42	392	4	1.13	1069	9
429	Helensburgh Central	10.3	336	3	11.7	529	5	12.2	571	5	-.72	259	3	-.41	395	4	-1.80	18	1
434	Arrochar, Luss, Arden & Ardenconnel	10.2	330	3	5.0	133	2	7.6	262	3	-.71	264	3	-.57	307	3	1.45	1145	10
432	West Helensburgh & Rhu	9.3	301	3	7.8	280	3	7.4	251	3	-.41	401	4	-.40	401	4	.59	942	8
436	Cardross	9.1	289	3	6.4	209	2	8.1	285	3	-1.16	120	1	-.55	315	3	1.17	1075	9
431	Helensburgh West	5.6	141	2	6.3	203	2	7.0	224	2	-1.17	116	1	-.69	261	3	.02	680	6
430	Helensburgh North	4.2	91	1	3.6	72	1	4.3	68	1	-.69	270	3	-1.30	76	1	.20	793	7
	<b>Average</b>	<b>19.2</b>	<b>615</b>	<b>6</b>	<b>12.9</b>	<b>566</b>	<b>5</b>	<b>14.1</b>	<b>631</b>	<b>6</b>	<b>-0.48</b>	<b>385</b>	<b>4</b>	<b>0.01</b>	<b>619</b>	<b>6</b>	<b>0.62</b>	<b>834</b>	<b>7</b>

## Appendix B: Modelling the SIMD

The SIMD is constructed from over 30 variables drawn from a wide range of administrative data sources, such as benefits data, school exam results, the register of deaths, health service patient data and data on the distance to particular services. This places a limit on the minimum size of areas for which results can be produced due to confidentiality issues and the sparsity of some data. The current index is based around wards. The Census collects a much more limited range of information but does so for every household normally resident in an area. There is little or no data on important aspects of deprivation such as low income but statistics on the population can be produced for very small areas with a reasonable degree of accuracy. The smallest areas are output areas with an average population of 110 in Argyll and Bute and a minimum of 50.

Data from the two sources can be combined to provide estimates of SIMD rankings or income deprivation scores for areas smaller than wards, including output areas. The first step is to use Census data for wards to produce a model of SIMD rankings. The results of this model are used to estimate deprivation for smaller areas.

### **Stage 1: Ward-level model**

Several measures were constructed from Census data as possible factors to include in the model of overall deprivation rankings or income deprivation scores. Some of these were indicators which had appeared in previous deprivation indices (lacking car ownership, unemployment, lone parents, limiting long-term illness, housing tenure). Others were obviously related to components of the SIMD itself (poor health, unemployment, housing quality, population density). Finally, additional variables were included from an examination of initial attempts at modelling in an attempt to improve the ‘fit’ of the model (demographic characteristics).

With health and education, raw scores were adjusted to allow for population mix. There are very significant differences in proportions reporting limiting long-term illness (LLTI) or lacking qualifications by age group. For those 16 to 24, 12 per cent have no qualification but for those 50 to 74, the proportion is 56 per cent. (Figures refer to Scotland.) Without standardising for age differences, there is the danger that high proportion with an LLTI or lacking qualifications would reflect age differences rather than deprivation. The procedure for calculating Comparative Education Factor and Comparative LLTI Factor were the same as those used in the SIMD when calculating the Comparative Morbidity Factor (see Noble et al, 2003 – Appendix 3). Both measures were limited to people of working age as the small population of OAs means that numbers in the older age groups are very limited. This can lead to very small numbers of individuals having a substantial impact on overall scores.

The final model contained six variables:

- ill health (the Comparative LLTI Factor, CLF, 16-64);
- lacking qualifications (the Comparative Education Factor, CEF, 16-64);
- demographic (proportion of the population in households 16-34);
- unemployment rate (number unemployed as proportion of working age population);
- lone parent households (proportion of population living in lone parent households);
- population density (logarithm of persons per square kilometre).

It should be stressed that these variables are not included on the basis that the groups they identify are necessarily deprived. They are included because, in combination, they provide the

best estimate of SIMD rankings. Unemployment rates provided a better fit than either employment or inactivity rates. Car ownership (frequently used as a proxy for low income but also a measure of rurality) correlated very highly with the demographic factor (proportion 16 to 34), and the latter provided a better fit overall.

For overall deprivation rankings, six variables produced a model with an extremely good fit overall, explaining 93 per cent of the variance (Table B1). The “unstandardised coefficients” provide the weightings to be used in the Output Area model. Factors increasing the estimated level of deprivation were: ill health, low educational attainment, high unemployment and high proportions of population in lone parent families. Density had a negative association; lower densities (more rural areas) had higher deprivation scores (all other factors being equal). Similarly, lower proportions aged 16-34 were associated with higher deprivation (again, all other factors being equal).

The “standardised coefficients” show the relative importance of each variable in driving the final results; in effect, this makes allowance for the fact that the different variables have different scales. The first five variables have approximately equal weightings, with Population Density (log) slightly lower.

At 63.1, the standard error of the estimate is not as small as might be hoped. This means that the confidence interval for any given value is approximately +/- 125; i.e. an estimated ranking of 1000 suggests that we are 95 per cent sure the ‘real’ value is between 875 and 1125. This is a variation in terms of overall rankings of about one decile either way and suggests that we should not place too much emphasis on precise rankings for individual output areas but should focus on the broader picture.

Figure B1 shows that there was a very good correlation between predicted and actual values. The ward with the highest estimated deprivation was Bute Central (estimated at 1141, actual value 1031). As noted already, data on educational attainment in Bute suggests that there is a slightly different problem in that part of Argyll and Bute and that may lie behind these findings. Table B2 shows the original SIMD rankings for each ward and their estimated rankings based on the regression model.

Table B3 shows the corresponding results for the model for income deprivation rates. The standard error of the estimate is 3.0%, so the 95 per cent confidence interval is around +/- 6 per cent.



Table B1: Ward level model of SIMD Overall Ranking

Variable	Unstandardised Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
Constant	24.225	119.165		.203	.840
Ill health (CLF 16-64)	439.665	102.365	.314	4.295	.000
Education (CEF)	341.842	111.389	.282	3.069	.005
Age 16-34	-21.859	5.668	-.279	-3.856	.001
Unemployment	50.667	15.712	.267	3.225	.003
Lone parent	19.996	6.922	.242	2.889	.007
Population density (log)	-44.440	16.986	-.194	-2.616	.014

Adj. R<sup>2</sup> = .929  
 Std. error of estimate = 63.1

Figure B1: Actual versus predicted SIMD rankings for wards

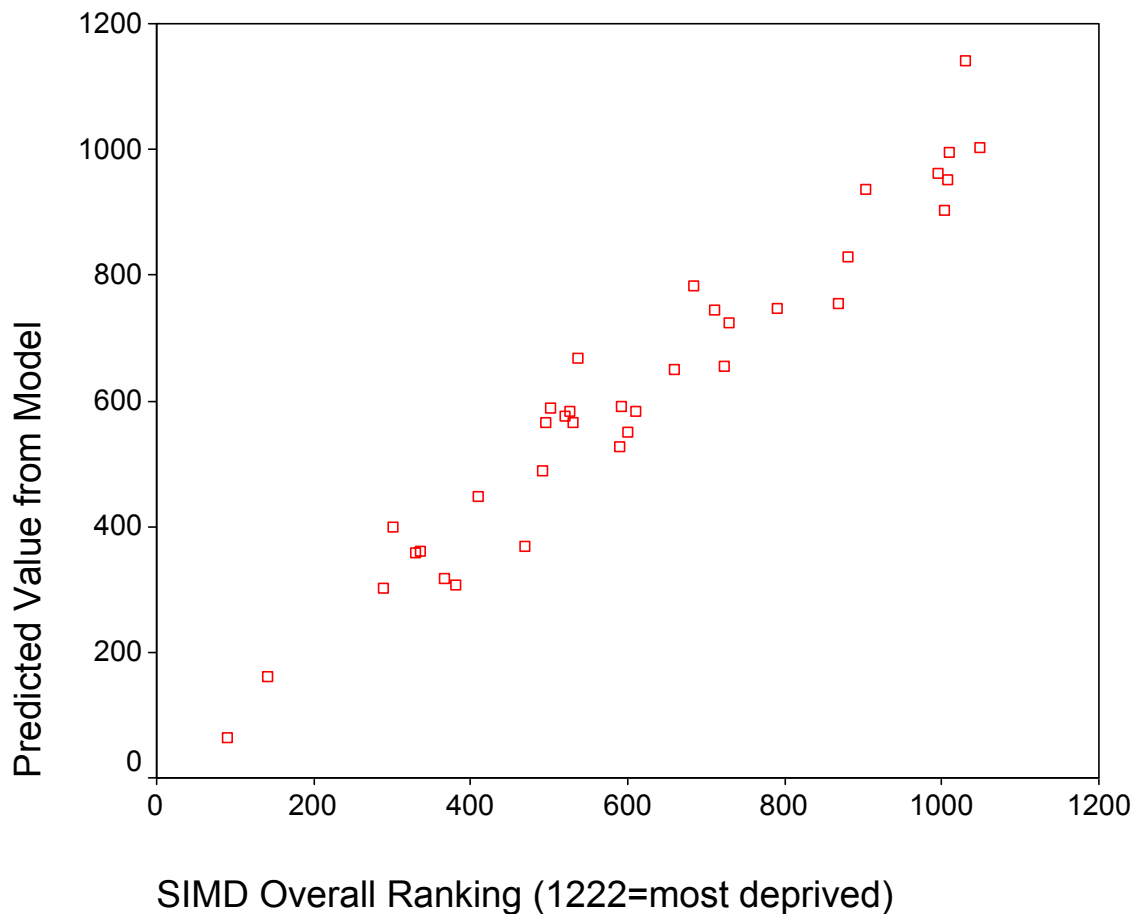


Table B2: Ward rankings – SIMD figures and estimates

Ward	Name	SIMD rank	Estimated SIMD rank	Difference
401	South Kintyre	684	783	-99
402	Campbeltown Central	1003	902	101
403	East Central Kintyre	1010	996	14
404	North & West Kintyre	723	654	69
405	Knapdale	495	566	-71
406	Lochgilphead	527	583	-56
407	Craignish-Glenaray	590	528	62
408	Islay North, Jura & Colonsay	790	747	43
409	Islay South	1008	951	57
410	Awe	611	584	27
411	Oban North	410	447	-37
412	Oban Central	381	306	75
413	Oban South	711	744	-33
414	Ardconnel-Kilmore	502	589	-87
415	North Lorn	491	489	2
416	Mull	530	565	-35
417	Tiree & Coll	868	754	114
418	Bute North	904	937	-33
419	Bute Central	1031	1141	-110
420	Bute South	521	577	-56
421	East Lochfyne	660	650	10
422	Kirn & Hunter's Quay	728	724	4
423	Ardenslate	1048	1004	44
424	Milton	995	962	33
425	Auchamore & Innellan	599	551	48
426	Holy Loch	881	829	52
427	Helensburgh East	591	591	0
428	East Central Helensburgh	469	368	101
429	Helensburgh Central	336	361	-25
430	Helensburgh North	91	63	28
431	Helensburgh West	141	162	-21
432	West Helensburgh & Rhu	301	399	-98
433	Garelochhead & Cove	367	319	48
434	Arrochar, Luss, Arden & Ardenconnel	330	357	-27
435	Rosneath, Clynder & Kilcreggan	537	669	-132
436	Cardross	289	302	-13

Table B3: Ward level model of SIMD Income Deprivation Rates

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	-9.748	2.512		-3.880	.000
Ill health	25.251	2.740	.845	9.217	.000

Adj. R<sup>2</sup> = .714

Std. error of estimate = 3.0

**Stage 2: Output Area and other sub-ward level estimates**

For the second stage, the same set of variables was extracted for all 785 Output Areas in Argyll and Bute. Estimated SIMD rankings and income deprivation scores were calculated using the weights from the regression models. The one adjustment made was with the population density variable in the overall deprivation model. In moving to Output Area level, the range of values for population density increased dramatically because they were so heavily influenced by whether each OA included open space or not. They became less reliable as a guide to wider population density and hence accessibility issues. As a result, it was decided to use the population density figure for the ward in which each OA was located.

With the SIMD, elaborate precautions are taken to ensure that extreme or outlying values for individual indicators do not unduly influence results. This is a particular problem with smaller areas where data may be influenced by sampling errors and by a very small number of cases. This has resulted in the development of “shrinkage techniques” (Noble et al, 2003 – Appendix 1). No such adjustments were applied in this case for two reasons. First, visual inspection of the six variables and the final estimates suggested that there was relatively little problem with extreme values once the issue with the ill health measure had been dealt with. A very small number of OAs had values on particular variables which placed them apart from the others but these were not so extreme as to skew results overall. Second, the Census provides a very high level of population coverage so problems of sampling error are minimal. Error may be introduced where non-response is low and Census procedures rely on imputing data for missing households but checking these problems was beyond the scope of this work.

A lookup table enabled the characteristics of the 5 SIP areas, 8 SIP sub-areas and 18 settlements (as defined by GROS) to be measures. As a result, estimated deprivation scores could be calculated for these areas as well using the same formulae. As these were larger areas which combined results for several OAs, the population density figure in these cases was that calculated directly.

## Appendix C: Qualitative research methods

The purpose of the qualitative work was to investigate the everyday experiences of deprivation and social exclusion of individuals living in three settings within Argyll and Bute. The first challenge to the researcher was to locate the sample, since rural deprivation is often hidden (Newby 1985, Milbourne 1997), and can be either denied or unrecognised by the more prominent members of the community (Cloke *et al* 1995). For this reason, the snowball technique was employed to find suitable interviewees, whereby “gatekeepers” were used to identify the initial interviewees, who would in turn suggest other participants. This system of informal networking is well recognised as an effective method of sampling within hidden communities. The methodology was necessarily opportunistic, and allowed the researcher to respond to the differing populations in each setting.

Interviews were paired or one-to-one, with a total of forty-nine between the three settings. The interviews were semi-structured, and open-ended, focusing on issues of relevance to social exclusion such as access to employment, education, training, housing, health care, and engagement with the democratic process. A week was spent in each location.

The interviews were followed up by three focus groups which sought to gain further insights into the lives of some of the most vulnerable members of the communities, who were not readily accessible through the snowballing sampling method. The groups had the following purpose and composition

- Social exclusion of the elderly. Group members were professionals or volunteers who worked with the elderly in West Cowal.
- Social exclusion within the SIP area of Campbeltown. Group members were professionals or volunteers who worked with disadvantaged groups in Campbeltown.
- Social exclusion of young people in Campbeltown. Group members were young people and professionals who worked with young people.

Interviews and focus groups were recorded and transcribed. Participants were guaranteed anonymity in the final report.

## Appendix D: Detailed findings from qualitative research

This section sets out, in some detail, the main findings from the interview and focus group work, with an emphasis on the individual experiences of deprivation and social exclusion described by the participants. It is important to note that the views expressed here are those of the participants and as such give a valuable insight into their perceptions of various issues of importance to them. At times these perceptions may be at variance with those of other stakeholders.

The themes within this section arose from the data, and as such reflect the issues thought to be important by the residents of the three study areas. They include a number of inter-linked issues relevant to social inclusion, namely employment, housing, education, health, transport and cost of living. Additionally the specific needs of certain vulnerable groups of people were frequently raised in interviews, namely young people, elderly people and disabled people. These groups, are therefore considered individually. Finally, this section of the report considers the experiential issues of rural life, looking at those less tangible issues affecting quality of life, which are not easily quantified, but intertwine with the other issues in personal accounts of deprivation.

### D1. Employment

In all areas, employment opportunities were limited, although patterns of employment varied between location. Each area will be considered in turn, before leading into other employment related issues that cut across all areas.

#### D1.1 Ross of Mull

A summer visit to Mull found very little unemployment, with most people working in the tourist industry, on ferries, fishing or crofting. There was little variety in the type of work available, and most employers, outside of the public sector, were small businesses offering no promotion prospects. Many jobs were part-time, most were low paid, and it was usual for people to have more than one position. Self-employment was common, particularly crofting and fishing.

Much of the work was seasonal, so unemployment figures would rise in the winter. One ferry worker commented:

Well, the wages are OK that I get, but in the winter it's a bit short when I go on the Brew. That's the worst thing. There's nobody wants anybody in the winter. There's plenty in the summer, but nothing in the winter.

Even those people who were not actually unemployed in the winter could be under-employed, as exemplified by this fisherman:

January to April time is quite difficult for us, for anybody that's in the fishing business. You can earn practically nothing from January until April, with the weather. You make up for it at the other times of the year, you have to just budget.

For the community of the Ross of Mull, the summer was a time of furious activity in order to prepare for the difficult winter ahead. One respondent described how she had four part-time jobs in the summer, mainly in the tourist industry, only one of which would continue through the winter. She remarked:

Just to keep your head above water you have to do as much as possible, especially in the summer. I can't wait until summer's finished for a break

A fisherman's wife described the impact of seasonal work on her family:

He doesn't take a day off, hardly ever, unless it's windy weather. They're all like that, fishermen, when they've got their own boat. If you work for somebody else and you take arranged days off that's fine. But because you lose so many days in the winter, even a family day out, you don't really do that.

The pattern of either self-employment or small businesses appeared to create barriers to the inclusion of people with special needs in the workforce. One interviewee, who was keen to work, was unable to find employment that was appropriate to his particular capabilities, and another remarked:

The only people I know who are unemployed are disabled.

### **D1.2 West Cowal**

In West Cowal the traditional industries of fishing, farming and forestry had declined dramatically. A villager from a remote part of Cowal commented:

There's nothing. On the farms there are still some young sons coming up, some of the farms are still working but they've turned some of the others into holiday lets. The work that was available on farms, the casual work has gone, the forestry work has gone, there is virtually nothing.

In the larger villages, such as Strachur and Tighnabruaich there were limited opportunities in shops and hotels, and some work on fish farms. However, there were insufficient jobs in the area to support the local population. Consequently large numbers of people commuted to Dunoon and even Glasgow. The disparity of access to transport around the region in turn gave rise to differential opportunities to work. Tighnabruaich was particularly badly served with transport to Dunoon, making it impossible for those without cars to commute, and giving rise to a significant level of local unemployment. Strachur, by comparison was better served with daytime buses to Dunoon, and consequently unemployment did not appear to be a problem here.

### **D1.3 South Kintyre**

In South Kintyre there was a severe problem of long term unemployment in the wake of the decline of the fishing, farming, coal mining, ship building and manufacturing industries. One interview began like this:

I've never had a job. I've never had real work.

Interviewer: What do you mean by real work?

I've never had a wage. Since leaving school I've always been on schemes. So each time the government changes its scheme, then I get stuck on it.

Interviewer: how old are you?

I'm 34

Several of the interview sample had been unemployed for a number of years, four had not worked at all since leaving school, and there was frequent reference to friends and family in similar situations. As a result they had, over the years, been involved in a number of training schemes, currently as part of the New Deal. But they felt the schemes had failed them, partly due to the repetitive nature of their content. Without the jobs to go to at the end of the schemes, the people involved viewed them with despondency.

What we're doing here for training is basically nothing. We're just here to bring down the unemployment figures

Even for those in work in Campbeltown, most jobs were unskilled with a rate of pay, apparently, considerably lower than equivalent jobs in the Central Belt.

All the jobs in the Job Centre here that say above minimum wage it will just be five or 10 pence at the most 15 pence. On that you still have to apply for your housing benefit and your council tax rebate. There's no place in the town that will pay you a wage that would allow you to live in the town.

A job in Glasgow that gets six pounds an hour, here its £ 4.20. Its not enough.

#### ***D1.4 The role of community networks in the job market***

In the small communities studied here, social and family networks were important in the allocation of jobs. The situation on Mull was described:

You really have to be here, you can't just turn up and expect to find work, it's all contacts and word of mouth.

For those people who fell outside of these networks, there was a feeling that the job market was rigged, and this sentiment was particularly strong in Campbeltown.

If you were in a bigger place you'd be more on a level playing field. Here, first they deal with their friends first. [Name of Campbeltown employer] have their own list, they'd give them work first before they'd advertise.

Most jobs are taken before they've been advertised. It's who you know really.

A bad reputation in the community could exclude people from the workforce. An unemployed woman described how the disapproval of her private life had acted against her in the workplace and the job market.

Jobs have been going round here and they know I'm more than adequate for it but they put me down

Unemployment was transmitted between generations, since a parent who was not in work, could not act as a contact for their children's employment. One man who had himself been unemployed for a number of years described his son's life since leaving school, and the effect that long term unemployment had on his expectations.

If my son stays at home much longer they're going to start calling us Steptoe and son. He just sits and reads books, plays on the computer, reads books, plays on the computer. He doesn't drink or smoke, he isn't into drugs and that, but he's absolutely no life. He's been used to just schemes, or unemployed since he left school. He's got totally used to having no money. If he's got no money it doesn't put him up or down, it doesn't annoy him, he's just completely used to it. If he's got any money it's a bonus, if he doesn't he doesn't bother.

Bad reputations would also pass down through generations as exemplified by this professional's account of trying to place a youngster in work:

I was asked for an apprentice electrician. I had one boy, he had the qualifications and passed the test but they didn't give him the job because of who his parents were.

### **D1.5 Child care**

In both Cowal and Mull the lack of child care facilities prevented some parents from working.

There's not really any child care here. Nobody wants to look after other people's children. There's not a childminder.

Often parents depended upon their wider family to care for their children, when they worked, but for those who did not have local family connections the situation was impossible. One single parent in Cowal described the barriers that prevented a return to work:

The children are getting older but they're not old enough to come in and do their thing. There's no one in the community who would come in and look after them on a regular basis. And there's no work anyway. I'd have to go into Dunoon. Then, it takes me 45 minutes to get to Dunoon. If I get my son on the bus for quarter to nine, the earliest I could get in would be half nine, I'd have to leave at half two, so there's be five hours I could work. Then out of that there would be petrol, £50 a week. If they are paying the minimum wage or a little bit more, it's not worth it. That's the situation I'm in.

## **D2. Housing**

Throughout the study areas housing issues could be seen to be contributory to social exclusion, but in two quite contrasting ways. In this section the two holiday areas, West Cowal and Ross of Mull are considered together, whilst Campbeltown is considered as a separate case.

### **D2.1 West Cowal and the Ross of Mull**

The attractions of the rural life had brought large numbers of holiday home-owners and retirees to the Ross of Mull and to the waterside towns in West Cowal. The effect of this was to price the private houses beyond the means of those on the low incomes available locally, much to the consternation of the local residents.

That's what's hard for young people here. It's that you cannot afford housing at all. A house will go on the market, but it will be silly money. But it will be sold, and then it'll be a holiday house. Most of the houses round here are holiday houses, and that's sad.

It wouldn't be so bad if they lived here, but they buy their house then they're up for two or three weeks, and its empty over the winter, then let out to tourists in the summer. It's very frustrating. You can't even think about buying a house, because people from England will sell their house for two hundred and whatever thousand. And they'll come here but they'll pay well over a hundred thousand, just for a wee cottage, that no-one here can afford to pay.

This led to a chronic shortage of private housing, as more and more properties were effectively removed from the local pool.

The resulting housing need could not be met by the small number of existing council or housing association properties. Availability was rare and waiting lists were long. Their allocation, caused concern, if not outright resentment amongst the local community. There was a strong feeling that vacant properties should be offered to people with families who already lived in the area and had a role in the community. Interviewees commented that often the houses were offered to "outsiders", who had been in the area for a very short time, or who were moved in from another location. The following interview extracts represent the strength of the feeling on this issue:



The council houses are few and far between, and when they do come up, they bring in people from anywhere, when there are local people waiting. They [the people who were waiting] could be families with kids as well. And they've been on the local waiting list, but people come in from far afield. It's all being controlled from somewhere else. You would think in a rural situation that the local people would get the first choice. If its a worker coming in, that's fair enough, but these people usually don't have work.

I believe that houses that become vacant in the village should go to people within the village. Especially when there are people in the village in employment.

I feel I am a relevant worker to the area. I feel I am a key worker, yet I can't get housed.

A lot of people get annoyed that outsiders can come in and they seem to get houses straight away, whereas there are locals who are working hard and just want a house so they can stay. An outsider will come in and not work and get it all paid for them.

The decisions behind these allocations were incomprehensible to the local community.

As a consequence of the pressure on the housing, a significant population of people were living in temporary accommodation. This Mull couple's pattern of existence in recent years was quite typical:

X: It has been difficult to find somewhere to stay here

Y It's shocking. We're not in long-term accommodation. All the accommodation we've been in has been.... like a winter let.

X: We've both gone from live-in accommodation in our jobs to staying on friends couches to a caravan with no water..

Y: No amenities at all..

X: This was in winter. Then to a caravan that did have water and was quite good, but we had to move out before the summer started, for the tourists to come in. This place came up just at the right time. It was pure luck. We've only got a lease here for a few months. So we're in the same situation again

Caravan-dwelling was common place. It was so usual as to be normalised, seen as the first stage in the housing ladder, and some people lived in the same caravan for years. Those who were now comfortably housed often had an extended period of caravan dwelling in their own history, so there was a feeling of local sympathy for those without permanent homes. Most people living in caravans were young single people or couples, but there were some cases of children being brought up in caravans. The amenities were variable, whilst some had running water, electricity, telephones and television, others were extremely primitive. Winters in the caravans were cold, uncomfortable and could be frightening in the fierce winter storms.

The other option available to people looking for a home was to rent holiday cottages off-season, so some people spent years moving from one insecure tenancy to another, vacating the more commodious accommodation during the tourist season. Again, this gave rise to resentment, as local people passed the summer in uncomfortable conditions in order to make way for the holiday makers.

In West Cowal, the effect of removal of properties from the local housing market was to see families squashed into very small flats, whilst they waited for council properties to become available.

The other problem I feel in this village is the housing situation. There's a very big problem. Using myself as an example, I'm in rented accommodation. There's five of us in a two bedroomed flat. My daughter shares the living room with me and my husband.

It was reported that many families had moved away due to the housing shortage, although, it was beyond the scope of this project to obtain first hand accounts from those who did choose to move away.

## **D2.2 Campbeltown**

By contrast, Campbeltown had a population that was falling in size, and consequently had an excess of council housing, with some properties standing empty. Some of the dwellings were in a poor state of repair, with frequent reports of leaking roofs, damp walls and insecure doors and windows. A typical example:

The council's not too bad except when it comes to repairs. I can't get repairs done. Last time I reported repairs I was told there was no money. I've got water that comes in my back door, I've got water comes in my front door I've got water comes in my living room window. I'm sitting with a good bit of my bathroom wall not there any more. It took them that long to fix a leak which was coming up from upstairs that part of my wall had come down. They came to fix the ceiling, but never fixed the wall.

Not only were repairs left unattended, modifications of properties for people with disabilities were delayed, seemingly indefinitely, with some people struggling with almost impossible provision. An elderly resident described her problem:

I said what I would really like is a shower because I can't use the bath. I can get in but I can't get out. It's a job getting out because I've only got the one good arm, so I'm not going to try any more. I was told "don't ask for a shower because you won't get one because you are upstairs"

In Campbeltown, within the SIP area, was a small and specific region of housing that was stigmatised. These properties were hard to fill, and consequently some were now empty and boarded up. Interviewees from other parts of the town often spoke disparagingly of the area and its occupants, as apparently did some local officials, as reported in this extract:

One tenant came back into the town, and she told me she had said she would take a house anywhere. And she went to the council and said she would take an empty house in Parliament Place. And they said to her, who would want to live in any of these places?

Residents of this area were subject to discrimination in the job market, and parents were concerned that their children were under suspicion:

I found that the police were saying, they quite openly said it [solvent abuse] was just a few children at Parliament Place, as if children in Parliament Place didn't matter. Well that's what we feel, when vandalism goes down, it's the kids from Parliament Place, Parliament Place gets the blame for everything.

Some residents complained that the council deliberately directed its more problematic residents into this area:

They should be selective about who they put into the houses. We've got two drug addicts across the street there.

There was a widespread belief that the empty properties in Campbeltown were used by the Argyll and Bute housing department as an easy solution to the need of emergency housing, throughout the authority. Some people who moved into this area would be escaping difficulties elsewhere, and as such were particularly vulnerable to problems of deprivation. Unfortunately they also provided a scapegoat, and the social problems of this area were often blamed on this group of "outsiders".

However, many residents of this area felt that the reputation was unjustified. One woman described how she had felt obliged to defend the area at a public meeting.

I go to meetings and sometimes I just can't keep quiet. They brought this place down to the lowest. But I'm not taking it I said there are decent people left in those houses in Parliament Place. They're respectable people who are just as good as people up the other side of the town.

Older occupants, particularly, felt a strong sense of community, even though they perceived that the area had “gone downhill”.

Within this area there was a Tenant’s and Residents Association and a community flat, “Broom Cottage” both of which were very active in promoting social inclusion. Amongst the interviewees many examples where their success were cited. Consequently, there was a feeling of optimism and confidence amongst some of the residents of this area, which lay at odds with its’ wider reputation.

### **D3. Health**

Discussions of health care were dominated by issues of access to specialist services, and this could be seen both in the difficulties encountered by patients travelling to hospital, and the in the problems posed for professionals in providing local care and support. Specific problems were encountered by those suffering from mental illness, which will be considered as a separate case.

#### ***D3.1 Access to hospital***

All of the survey areas depended upon the large hospitals of the Central Belt for any serious treatment. But even for minor problems requiring hospital attention, Ross of Mull residents travelled across the water to Oban and West Cowal patients travelled to Dunoon.

The implications of this for people’s every day lives could be far reaching. For example, pregnant women on Mull were required to travel to Glasgow or Paisley to give birth, and they were expected to check in to hospital two weeks before the due date. Accompanying partners faced the expense of hotel accommodation in the vicinity.

Having babies is really frustrating here. They send you away [to hospital] two weeks before your due date. That’s if everything is ok. If there’s any problem they just send you away. If you go away to have a baby you can be away four, six weeks. Unfortunately I didn’t have a very easy time and I was away for about eight weeks in all.

The practicalities of both partners being away from home was further complicated if there were other children. One mother in south Kintyre described the heart-ache, and the practical difficulties involved when she had to balance the needs of her premature baby, left in intensive care in Glasgow, with those of the older siblings.

It was a case that we used to leave [home] after dinner on a Friday, we’d travel to Glasgow, stay there Friday afternoon, Saturday and come back down the road on Sunday night, put my daughter to school, phone three times a day, and that went on for weeks.

Outpatients appointments could be very problematic, particularly for older people. An elderly resident of Mull described his weekly visits to Oban for physiotherapy after a major operation. He would rise at six thirty to catch a bus to the ferry terminal, take a ferry to Oban, then a taxi to the hospital. After an hour of physically exhausting therapy, he retraced his

steps via taxi, ferry and bus, to arrive home at six o'clock to a cold and dark house. Similarly, a man from Campbeltown described his difficulty in attending an outpatients appointment, using public transport:

Last week I went for a scan. I had to go to the hospital in Oban. I had to leave at quarter past seven in the morning and the earliest I could get back was six o'clock, to travel ninety miles. The scan lasted seven minutes

Access deprivation could have particularly serious consequences in cases where emergency treatment was required. This was a particular concern of residents of Tighnabruaich. (Ironically, the islanders of Mull were sufficiently remote to merit emergency airlift to Glasgow, but the peninsula dwellers of West Cowal were not). The Tighnabruaich ambulance, when staffed, did not stay in the area, and could be directed all over Argyll and Clyde, leaving the town without any emergency vehicle. Ambulances coming from Dunoon would take over an hour to traverse the windy single-track roads. The system had, unfortunately, been put to the test in the recent past, and been shown to be sadly lacking:

There was a young boy got run down by a car outside the Royal Hotel last year and that boy lay in the road for an hour and a half before the ambulance got to him.

### **D3.2 Local provision**

Not only was it difficult for individuals to travel to hospital, the provision of specialist services within the community was problematic owing to small population size, and the scattered distribution. People with specific health problems spoke of the lack of expertise and support available in small communities. This included a recovering alcoholic:

There's no help here. I'll tell you now, I've got to be honest, I'm an alcoholic, I went into rehab, I was doing fine, but there's no counselling down here, there's nothing. I came back and I was fine for 10 weeks, but there's no community support. There's a lot of people similar to me, I'll tell you that now.

Someone with Parkinson's disease:

There's not a lot of services about for disabilities. I have Parkinson's disease. I have found it very difficult to find anybody else around, anything here. You have to go outwith to the national things. I'm fortunate I have access to the internet.

And a sufferer of MS:

I depend on local GP and nurses for care. None of them have any specialist training about MS. They leave me up to my own devices which is good, in some ways. There is a lack of medical support for MS here.

Not only was it difficult to access expertise, these people felt very isolated as they were unable to meet with others in the same situation through support groups.

Choice emerged as an issue, regarding medical care, particularly at the local level. In the study areas there were a number of single GP practices, in which the doctor both prescribed and dispensed. For many people this was described as beneficial since close links with patients could be established and maintained. But for those patients who were unhappy with the service provided by their local practice, for whatever reason, there was no other option.

### **D3.3 Mental health**

Sufferers of mental health problems encountered difficulties accessing treatment or support. One interviewee in a remote part of Cowal commented that people were only “allowed” to have mental health problems “so far down the road”. She implied that at a certain distance from Dunoon, it became difficult to provide a service, owing to the costs of time and travel, and that community psychiatric nurses rarely visited remote patients. She went on to say:

To have a mental health problem in this area you have to travel, if you have to go onto hospital you have to travel sixty miles to Lochgilphead, no bus service goes from here to Lochgilphead. There is one goes from Dunoon to Inverary, and you wait in Inverary for an hour and a half for a connection. Its an extremely isolating illness in itself, but that isolates you even more. Living in a village like here its even more isolating because of the stigma, its all very hush hush.

The close community ties, the potential for gossip and the perceived stigma of mental illness all interlinked to isolate the mentally ill. Whilst community support was available in larger centres such as Campbeltown and Dunoon through the “Link Clubs” these were inaccessible to many in remoter areas due to transport issues.

## **D4. Education**

Primary school education did not cause any problems for the interviewees. Parents spoke of small schools, small classes, good relations with teachers and a high quality of provision generally. On Mull and in Cowal rural childhood was often described as idyllic and the village school had a significant role to play in creating that belief.

Nor were parents concerned about the quality of the education in the secondary schools. But two significant issues emerged in relation to educational provision for teenagers, one being the need for island children to live in a hostel during the week, the other being the absence of educational choice at age sixteen and above.

### **D4.1 Hostel boarding**

There was considerable concern amongst parents on the Ross of Mull regarding the location of their secondary school in Oban, and the compulsion to send teenage children away to live in a mainland hostel during the week. The absence of teenagers in the Ross of Mull during the week had a strange effect on the community as it left a gap in the population structure. There was very little provision for youngsters of this age on the island, and no opportunity for adults to interact with them, for example through sports, guides, scouts or youth clubs.

There was a sense of sadness at children leaving the family home as young as eleven and a half, and in many cases never returning outside of weekends and holidays:

My husband and I both feel that you lose so much, it’s just not the same.

Parents reported the transfer to secondary school as being quite traumatic in some cases:

She was eleven when she went away. It was a big shock for her.

Parents felt cut off from their children’s education; they were unable to participate in the PTA and parent’s evenings involved an overnight stay in Oban, as did attendance at school plays or concerts. One mother stated:

I have no home-school relationship

Parents reported feeling of loss of control over their children's care and well-being.

You don't have control of their nutrition, their discipline, all these are taken from you

We don't know what our kids are doing during the week.

There was a tendency to blame the hostel for any misdemeanours that occurred whilst the children were staying in Oban. (It is difficult to know whether this was justified, as the youngsters were leaving home at an age that is often associated with exploratory behaviour, some of which adults would view as problematic). There were some examples of specific problems with the hostel accommodation, and in one extreme case a young man had left school in fifth year because of his poor relationship with the hostel staff. His mother, commented:

That hostel ruined my son's education.

However, the absence of secondary school pupils on the island during the study period, excluded them from the interview sample, so the views represented here are those of parents. When these issues were raised with young adults who had spent their teenage years in the hostel, their retrospective accounts ranged from the very bleak:

It ruins your whole life. Well, it ruins it from when you are twelve until you leave school.

to some more positive points:

I was one of the ones who enjoyed it, some of my friends didn't, but I enjoyed it. It made you more independent, you learnt how to manage money, and how to iron. For people who went away to university it prepared them for that.

The inhabitants of the Ross of Mull saw the location of secondary schools as a political issue. There was a secondary school on Mull, but it was in Tobermory, a two hour single journey for their children. There was considerable resentment about the decision, in the 1970's, to place the island's only secondary school in a location which effectively prevented their children from living at home during their teens.

That school was built way back in the 70s. Ordinary people weren't asked about this, and it was decided, instead of a central location, like Craignure, the children at this end of the island would all go away to school in Oban.

Most pupils in the West Cowal area travelled daily to school in Dunoon, except those who lived in Tighnabruaich who were offered the choice of hostel accommodation or free daily transport by bus. In this situation where the boarding was not compulsory, and the children remained on the same land mass, parental reaction was quite different, and the majority of parents and children saw hostel dwelling as an advantage over daily travelling.

It's a very personal thing depending on the child. It can be an advantage, socialising and maturing. And if you want your child to go on to further education or to see something of the world, it just gives them that wee step of independence. There's pros and cons. The pros outweigh the cons as far as he's [her son's] concerned.

My kids think it's great. A lot of the kids feel that it's great. I feel that in a way they've got an advantage by their education. They have access to computers, they are made to do their

study, they've got a teacher on hand if they've got any problem with their homework. So that's an advantage there. Plus they can go to the cinema during the week if they want.

#### **D4.2 Education post 16**

Argyll and Bute has a strong educational tradition, and many young people stayed at school until the age of eighteen, then opted for higher education. But this necessarily involved leaving their home towns and moving to Glasgow or further afield. This, in turn, contributed to the low numbers of young people living in the area, and many of these people did not return after their courses finished.

For those who left school at sixteen, the educational options were very narrow. Respondents reported that Argyll College offered distance learning for residents of the Ross of Mull, and had small branches in Dunoon and Campbeltown, offering what was perceived as a limited variety, of mostly IT based courses, with a distinct shortage of vocational training. For variety of choice, most students would have to travel considerable distances, which were often impossible to commute daily on public transport. Amongst the interviewees there were two examples of people who suffered tortuous journeys and high living costs in order to gain access to vocational courses. Further education involved considerable expense and inconvenience for most people, and for many it was an impossibility.

Concern was also expressed at the lack of workplace training opportunities, in all of the study areas. One young man, who would have preferred to take an apprenticeship opted to stay in mainstream education due to the lack of choice. A resident of Campbeltown, concerned for his own son's future commented:

I've been in Campbeltown twenty years and I've never seen an advertisement for apprentice mechanic or apprentice joiner. You never hear that word, apprentice.

It was generally felt that the only young people who had access to apprenticeship opportunities were those who had family members in those trades.

### **D5. Transport**

In rural communities, reliable transport is an essential component of social integration. Car dependency is a common feature, which in turn reduces the need for public transport. But those without access to private transport can find themselves severely disadvantaged. In this section, private transport and public transport will be considered separately. Both private and public service vehicles depend on the road system for their efficacy; this will be the final transport topic under discussion.

#### **D5.1 Private transport**

Car ownership was given very high priority amongst residents of the most remote areas. People would struggle to keep a car on the road, even when they could barely afford it. Quite apart from the purchase and maintenance of the vehicle, the distances necessarily driven gave rise to very high expenditure. An unemployed father described his petrol consumption:

Last year I did 30 000 miles, and that's without going to work every day. I spend about £60 a week on fuel, and I've got no money. That's in and out to Dunoon. There's no shop here, if you want a pint of milk its Tighnabraich or Dunoon. I think I'm probably minus £50 compared to someone who lives in a town and can walk to the shops and walk the children to school. That's without the running costs and repairs. A car here is an essential. It would be awfully difficult, you wouldn't be able to exist. [My daughter's] got one main friend who

lives eight miles away, so its 32 miles just for her to see her friend. That's £5. You want to give your children the best you can.

Yet, there were people, particularly elderly people, living in these remote areas without private transport, and they survived through dependency on friends and family. They would cope with very limited mobility, such as this woman whose one weekly trip from home would sustain all her needs.

We've nothing here. I've got to go to the post office in Dunoon each week for my pension and I don't have a car. So I've got to rely on my friend or my daughter to take me. We've got no shops we've got nothing.

Q: How do you manage?

I get in once a week and I do a week's shopping

Within families that did own a car, there could still be individuals who had little or no access to transport themselves. This was a particular issue for young people who were seeking work or entertainment outwith their immediate environment.

### ***D5.2 Public transport***

The need for transport was varied and complex, buses providing access to employment, leisure activities, medical facilities and essential food shops. Individual perspectives on the failures of the transport system were numerous, but the most significant failings were those that created barriers to employment. A particular absence was found in Tighnabruaich as described here:

Most people around here have their own car. But you can't live here and work in Dunoon if you go back and forwards on public transport because there is nothing at night.

Absence of Sunday buses further limited employment opportunities, as weekly commuting to Glasgow was impossible:

See if I want to go back to Glasgow on a Sunday to go to my work on Monday, I can't get out of this village, there's no bus.

The transport issue did not offer an easy solution, as it was often remarked that the existing bus services, sparse though they were, were not always well used. Individual purposes varied, some requiring transport to employment, or for medical treatment, some for leisure purpose, some for shopping. And needs varied from day to day and week to week. For example, this woman only needed transport for a few weeks in her life:

I had a hysterectomy and I was quite seriously ill with asthma, and there was no bus. I was out of hospital the next day and I had to drive, to get any shopping.

A more flexible solution than running large buses around predetermined timetables was felt to be needed.

### ***D5.3 The road system***

The quality of roads was also seen as a factor which isolated communities. The single track road from the ferry terminal through the Ross of Mull carried dozens of tourist buses each day through to Iona, making progress very slow, and dangerous for those travelling in the opposite direction.

The roads. They'll become impassable soon. Because of the traffic. And a lot of them are in a very bad state of repair. Some of the single track roads are just awful at this time of year. A lot of them have no idea how to drive on a single track road and go straight past their lay-



byes, and have to reverse, or they keep coming. And even the buses have to reverse sometimes. It's a hairy experience.

It takes so long to go anywhere with the single track roads. If you watch the cars coming out of the ferry, very few go north, mostly they come here. In the winter time, if its frosty we have pot holes you can disappear in.

Similarly the single-track access road to Tighnabruaich contributed to its poor transport links and sense of isolation.

You're really cut off here. You might as well be on an island.

However, not everybody relished the thought of improved transport connections. One resident of Bunessan, in the Ross of Mull dreaded the thought of such changes, feeling that they would destroy the tranquillity of the area.

I wouldn't have a new road. I hoped that one up at Tobermory wouldn't get built, but it did and now they want to extend it. I know they need to get their supplies up, but they can get their supplies up. It may take half an hour longer. If you want that sort of service, move away.

## **D6. Cost of living**

All of the interviewees were living on low incomes, so the prices of essential items impacted heavily upon their lifestyles. High transport costs affected both personal finances (as described in the previous section) and commercial finances. A crofter on the Ross of Mull described the problems faced by her family, by both buying and selling from a remote location:

Really, at the end of the year everything is so expensive. Haulage is expensive, everything is expensive. By the time you come to the end of the year and you start over again, there really isn't a great profit margin. Medicines that kind of thing, fencing. Island prices are always that bit higher. Every time the fuel prices go up, that's us, everything's more expensive because everything has got to be transported in. And ferry prices. If you're selling lambs a good percentage goes on Ferry prices and haulage.

The shopkeepers in all of the locations studied were under the same business pressures as described here, and consequently were only able to sell at comparatively high prices, making daily shopping expensive for the residents. Those with large families would find ways of obtaining much of their food through other means.

The food in the shops here is really, really expensive. It's maybe fine for someone who's here on holiday, for a week or whatever, but its very expensive especially if you have a large family. The co-op in Oban, they have provided an island service where you either fax or send a letter by Monday, and its delivered by a carrier service on Friday. Its delivered to the local hall, and the two shops see this, so they get quite upset. But you couldn't realistically go to them all the time.

Consequently the turnover in the village shops was reduced, with associated loss of variety and quality. Some residents were acutely aware of the need to support the local shops in order to maintain them, particularly the elderly, who were most reliant on them. These people would speak vehemently in defence of the shops' pricing policies, and could be very critical of those who opted to purchase groceries elsewhere.

I mostly use the village for shopping. There are two shops and what you can't get in one you can usually get in the other, for small shops they're very comprehensively stocked. Pricewise they're a bit more expensive, but then they have to get the stuff here. Then you have the convenience of it. I was round at the shop eight o'clock last night I'd forgotten to get milk in.

One elderly man pointed to the irony of the poorest sector of the community, pensioners, supporting the shops, which then acted as convenience stores for the more affluent members of the community.

Even in Campbeltown which offered many retail outlets and supported a larger population than the other areas, was not able to offer goods at prices that competed with Glasgow.

There's a big difference: a few weeks ago [my son's] trainers broke, and £29 was the cheapest trainers I could get in the town. Three weeks later I went to Glasgow and it was buy one pair, get one pair free for eight pounds, things like that. The same trainers.

Supermarkets here were perceived to be overpriced, as there was a limited variety of the cheaper products available in the town.

Interviewees also pointed to the reduced cost of living in a rural environment, in that there wasn't very much to spend money on, and consumer pressure was less intense.

We are better off here than most people are on the mainland. We get more individual attention. We don't have to keep up with the Joneses here, so in that way life is cheaper.

But having been away I would say its cheaper living here because there's not so much to spend money on, apart from the pub.

Additionally, some of the major pleasures of rural life, that were valued highly were entirely without cost.

We can go up the hill and walk the dog and have a picnic and you think what do you need money for. We often get wrapped up and just go up the hill

## **D7. Disability**

Issues relating to disability were most in evidence in the south Kintyre study, where several of the interviewees had children with physical disabilities and / or learning difficulties. It appeared that there was a high frequency of disabled children in the area, and it is possible that Kintyre acts as a magnet for such families, since three of them had moved into the area, for the perceived benefit of their children. They were attracted by Argyll and Bute's reputation for good special needs education, the availability of housing in the area, and the health benefits of rural living.

Q: What brought you here?

Basically my son. He's a chronic asthmatic and he has quite a lot of special needs. The air down here is much better, he couldn't breathe in the city.

Q: Why did you move here?

The education down here, the mainstream school instead of the special school that attracted me.

There was a general feeling that the quality of life afforded to their children in South Kintyre was much higher than could be achieved in a more urban setting, and those who had moved away from the Central belt perceived considerable benefits.

I think if I lived up the road there'd be a lot more on offer. There's be a lot more services. But there again he wouldn't have the small community he's got You can take him down to the beach and let him run the length of the beach and you know he's safe. If he was in Glasgow you'd be holding on to him. When we go up the road to the Braehead shopping centre you are holding on to him, watching him all the time. Life would be different.

However, as implied in the above quotation, there was a downside to living in South Kintyre, in service provision, and interviewees felt that the needs of disabled people were marginalised in South Kintyre, compared to other areas of Scotland. All parents were concerned about the lack of support available to them, in caring for the children, and this was particularly difficult for single parents. In a number of cases parents were excluded from employment.

I can't take a job. I was offered the job of [.....], but I couldn't take it. I couldn't get any support with [ my child] to free me up. I need someone to transport her back and forward, and I can't get help.

Even occasional commitments were difficult for these parents to manage.

Hospital appointments are a nightmare, even just trying to get emergency cover. Like if I need a doctor, or I'm wanting to go to a funeral on Wednesday. I can't even find anyone to look after [my son] for an hour to let me go to a funeral. There is nobody you can call upon to help you out.

Social life for some parents was virtually non-existent:

If he didn't have [his disability] I could get a babysitter. I could ask some wee girl to come in and I could say "do you want to watch the children?" Ten pounds, or whatever. I couldn't leave [my son] with anybody. They wouldn't be here when I got back!

Because of her disability she can't walk in the dark or walk in the wind. What I would do to get an hours walk on a summer evening with [a friend], just go out for an hour and come back. I can't do that. She can't be left herself. I've tried and tried to get other people, but there's no one out there saying "you're entitled to a life".

There was no residential respite care available for children in the area, which meant that families were never relieved from the responsibility of caring. One parent described how her role as sole carer had effectively prevented her from entering a new relationship herself for many years.

Whilst the children were at school, parents were generally very pleased with the educational provision, and those who had chosen to live in South Kintyre for this reason felt they had made a good decision. However, the transition to adulthood was problematic, as parents described their ignorance of disabled rights and the difficulties they faced in organising transport and activities during the day.

Despite the difficulties described, opportunities did exist for people with disabilities to be included in the workplace in Campbeltown, and with some employers being particularly helpful and supportive. This was in marked contrast to the situation in the Ross of Mull where the patterns of employment, effectively excluded people with special needs from the workplace.

A particular concern to the parents interviewed was their children's transition to independent living. In the absence of training houses to support the disabled youngsters move from the parental home, parents viewed their future with dismay.

There appeared to be very little structured advice available to these regarding benefits and their rights to services. The complexity of the benefit system where disability was involved, meant that people were often ignorant of their entitlements, and there were many instances of friends being the main source of information.

Awareness of rights is really terrible. In rural communities people don't know what their rights are. That can be in education, or within benefits. If you were in the city people like ENABLE would be able to sort that out for you. The idea with benefits is that you come and you claim them. But if you don't know you're entitled to something how can you go and ask about it?

I think with special needs there should be someone going into the home, because it's a whole range of things that you need to know about. I think you have to be told about things.

The effect of the lack of formal support felt by these families was that informal networks were very strong, and acted as a means of social cohesion. Many parents were involved in voluntary work connected with disability, which acted as a vehicle for their own inclusion as well as supporting others in a similar situation.

If I hadn't had my daughter I would never have chosen to go down this road. And the quality of life that its given me, the people that I've met, the friends that I've made, the people who have supported me, that has given me the courage and the strength to give support back.

## **D8. Older people**

In all of the study areas the population was aging significantly. Concerns relating to the social inclusion of elderly people featured most prominently amongst the West Cowal interviewees, although many of the points raised could be applied more widely. The scattered nature of rural housing lends itself to isolation, and this can be particularly pronounced for older people. The problems described here, whilst relevant to many older people were particularly pronounced for the most isolated. The two most significant barriers to social inclusion will be considered here: mobility, and access to benefits and entitlements.

### **D8.1 Mobility**

For elderly people who did not own cars, but lived outside the rural towns and villages, access to shops, doctors, post offices and banks could be a problem. Even for those on bus routes, the frequency of the buses was unhelpful, and anyway the steps were often too high to allow the more frail individuals to mount and alight.

Some people here, although they could walk to the bus stop can't get on the bus

To survive in such circumstances, they evolved transport strategies that either involved depending on the infrequent bus service, or, as is often the case, relying on friends and family for lifts. In either case, visits to towns and villages would usually be infrequent and require careful planning.

Lack of personal transport could be very debilitating. A particularly frustrating situation was created for the following respondent whose husband was requiring nursing care in a different town:

[My husband's] not well, he's in Dunoon. He's in a home because they say I can't look after him. I couldn't do nights and things. That's my trouble, I don't get to see him very often, because I don't drive. I'm always at somebody else's mercy.

### **D8.2 Benefits and entitlements**

Considerable confusion existed regarding the entitlements of older people, even amongst the professionals in the focus group. For those living alone, there appeared to be no easy way of accessing such information.

I find that generally the old and the infirm do not know what's available to them. There's nothing when you live in a rural area. There is no one. Until you start getting a nurse coming in on a regular basis

This situation was described where an elderly woman who was unaware of her entitlement to chiropody had left her toenails uncut for years:

Take a ninety six year old living alone. Because she had cut her leg, not badly, but was bleeding profusely, we saw her toenails and we thought heaven's above this cannot be right. So we made arrangements for someone to come and do her feet. Now, she's ninety six I would have thought that someone would have been keeping a check on that old lady, like her toenails and fingernails and things like that. Would you not? Because she's almost blind. She doesn't have anybody, see.

This was exacerbated by a reluctance to ask for help, as described by this neighbour of an older woman:

To get her to apply for attendance allowance was like putting on thumbscrews. Even when she got it she said to me "they didn't send anyone to check up on me, do you think they'll send a doctor to see if I'm lying?" I said, "You're 83 years old you can hardly move, you're hardly lying." She didn't understand this at all, she felt very uncomfortable.

A need was identified for a regular visitor to older people living alone to check on their well being, identify problems and to offer help and advice with benefits. However the problem was not this simple, as the professionals and volunteers all knew of older individuals who were in need of help but were determined to maintain their independence. One worker described the situation in terms of housework:

I have no authority to tell people to tidy their houses. I would assume that people with home helps wouldn't live like that. They have to agree to getting a home help, though.

Another interviewee described a relative's refusal to seek medical help:

There's a bit of a... independent streak. She took a funny... she had a really bad depression last year and denied it completely. I would go in and she would be all wrapped up in a blanket ,it was terrible. But she refused all medical help.

Whilst the voluntary and state sectors were highly active in supporting older people in the case study areas, there were numerous examples of people who slipped through the net, either due to the poor systems of detection, or due to their own fierce independence.

## **D9. Young people**

Young people living in rural communities were deprived of many of the leisure activities normally associated with the teenage years, and this led to problems in some communities. Then as they reached the point of transition to independent adulthood, the young people of Argyll and Bute were faced with a series of barriers to making that change successfully. These two issues will be considered here.

### **D9.1 Leisure**

The dearth of leisure facilities was seen as a problem throughout the study. A young woman in Mull made the following point:

There isn't anything to do social wise apart from go to the pub, which isn't very healthy. There's no pictures or bowling. You find that young people who don't go to the pub are kind of excluded.

However, in Campbeltown, there was universal concern about the facilities and opportunities for young people. Being a larger town, there were more young people in evidence, and the problems created by teenage boredom were a considerable cause for concern. Adults expressed concern about the levels of alcohol consumption by young people, and this was confirmed by the youngsters themselves who made comments such as:

We always get drunk at the weekends, that's all there is to do

Reference was also made to high levels of recreational drug use. At the time of our visit, there was a feeling of shock about a recent violent drug related crime in the town.

It was not so much organised activities that were missing; young people complained of a lack of places where they could go, undisturbed, for informal leisure, and there was certainly evidence of contested use of space. For example, in the absence of any other illuminated outdoor space in Campbeltown, a supermarket car park was used as a meeting place in the winter. This had apparently caused such friction with the management that the police had been involved in moving the children along, and this had been followed shortly by vandalism of the supermarket. A poor relationship, generally, was reported between youngsters and the police. A school pupil commented:

The relationship between young people and the police is touchy. You don't hear people in my year being nice about the police and you don't hear the police being nice about us.

When asked what young people needed, the responses were usually similar to this girl's idea:

Something like Biker Grove, have you seen it? Where there is somewhere to go, not activities like badminton, but somewhere with your friends, where the adults are not too strict

A commonly held opinion was that the council officials in Campbeltown, were unsympathetic towards young people, and that by failing to provide facilities and activities, in consultation with the youngsters, they were contributing to the levels of problem behaviour.

### **D9.2 Youth transition**

Problems with housing, employment, transport and education all conspired to make entry into the adult world particularly hazardous for the young people of rural Argyll and Bute. These factors combined to create an exodus of youngsters from the rural areas, often never to return.

For those who remained, further educational opportunities were severely limited, and employment opportunities were largely restricted to low paid, unskilled and often part time work. Lack of affordable housing could delay leaving the parental home, as in the case of this young single mother:

Yes, I've put my name down on the [council] list, but there's just no houses. There's just so many people on the list, I think, they just can't house them. There's a lot of people in my position, living at home with their parents, desperate to move out.

Alternatively it could force some young people into patterns of repeated movement between temporary accommodation. The housing situation was considered to be one of the main reasons why young people left the Ross of Mull and West Cowal, or why many did not return after higher education:

My son was brought up here for nineteen years, and he would never ever get a house up here. That's why he moved away.

There was a particular problem for school leavers in South Kintyre. In common with the other areas, educational opportunities outside of the school setting were limited, but there was also a situation of high unemployment. A particular failure in opportunities was identified, by professionals who worked with young people, for the sixteen year old school leavers. Training through the New Deal was not available until age 18. Employers had an incentive to take New Deal placements, in preference to school leavers, as their wages were paid by the state for six months. Consequently there was a significant problem of young people leaving school, and having no occupation until age 18. By this age they were in a work free routine, and could find it difficult to engage with the demands of the workplace. This depressing entrée to adult life was another factor that was portrayed as a cause of high levels of substance abuse in the area.

## **D10. Quality of life**

In spite of the many and varied problems encountered in rural life, participants commonly valued features of their rural existence over and above the demonstrable disadvantages. Individual perceptions of their circumstances sometimes defied normative definitions of deprivation or poverty. Whilst it was acknowledged that by making the choice to live in a remote setting often involved the sacrifice of a potentially higher standard of living, for a significant number the benefits outweighed the disadvantages.

Commonly cited features of rurality that were highly prized were the beauty and tranquilly of the countryside, safety, and the high quality of the environment for children. Appreciative comments included

It's the quietness. I love it, you can wander, you can go to the beach. My friend down the road he has a boat and I go out with him. We're not rich, we haven't got it we're just surviving. Its grand to have money but you don't really need a lot to get by.

Its quite a safe place, you just go out and leave your door open. I don't suppose you should. You never think of doing these things

I like it here it's a great place to bring kids up. All the kids know all the kids. All the adults know all the kids. Its very safe. I believe I'll stay. I'm happy in the village.

Child-centred decisions brought some families back to their home area, in spite of the detrimental consequences to the adult's careers and income level.

Community issues were at the heart of interviewees subjective accounts of their experiences of rural life. Community was, of course integral to the child safety issue, as exemplified by this quotation:

I like the network of family, I like the network of local people who, while you can construe it as being nosy and wanting to know everything about you, you can also take a more positive view, that they are genuinely interested in you as a person and your family. I was quite determined to bring up [my son] here because I knew it would not just be me looking out for him, but lots of other people looking out for him, not just family. The wee old lady looking out the window knows he's my son and if she's worried at all..... it's a relatively very safe community to grow up.

But it went beyond this into quite sophisticated systems of mutual help. In the crofting community on the Ross of Mull, "lending a hand" was a widely used method of sharing resources:

We get quite a bit of help. Yes, if we're bringing in bales and that sort of thing. One good turn deserves another, that kind of thing. So if you help them out they'll help you in return. You can lend a horse-box off someone, and then they'll borrow something off you

In times of crisis, the community could be relied upon to provide support:

When my husband died we had two fields of hay cut ready to bale, and the neighbours got together and they baled it and brought it in, no problem. At a time like that people do pull together.

However, not everybody viewed the community so favourably. For some it was intrusive:

They all know you business. It is nice in some ways but in other ways.... You know if you've done anything in the pub the night before its all around the village, its that kind of thing. They're always watching what you're doing.

Whilst for those who had acquired a bad reputation locally the community was extremely obstructive:

It's a hard place to try and get on with your life. There are people that try and get you all the time, I find. Too many people know too much about your business.

In addition, a small community could be a lonely place to be for a single person, as described by this recently divorced man:

Well you think how the heck do you ever meet someone else? I suppose it is a thought, how do you get your own life back together? Everyone that is here is settled.

Clearly the experience of rural life is extremely variable, for some the advantages outweigh the disadvantages, but this cannot be seen as the norm. The variety of subjective assessments of rural deprivation serve to highlight the wide ranging diversity of rural experience.



## **D11. Conclusions**

These data highlight a series of issues which can be seen to contribute to rural deprivation and social exclusion. There is evidence of considerable diversity of experience in the contrasting areas of Argyll and Bute, caused by differential access to opportunities and services. This poses challenges for policy makers to meet the varying needs of the wide ranging circumstances within the area.

Within the data are numerous examples where control of services is located outwith the community. Decisions made were perceived as disregarding the specific needs of the smaller communities, often giving rise to inappropriate or failing services, which contribute to social exclusion. The need to consult at local level is apparent from these interviews, and it is also clear that methods of consultation need to access those who are most vulnerable to the problems of deprivation and social exclusion.