Poverty and Social Exclusion in the UK: The 2011 Survey

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Access to Public and Private Services in the PSE Survey

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Overview

The Poverty and Social Exclusion in the UK Project is funded by the Economic, Science and Research Council (ESRC). The Project is a collaboration between the University of Bristol, University of Glasgow, Heriot Watt University, Open University, Queen's University (Belfast), University of York, the National Centre for Social Research and the Northern Ireland Statistics and Research Agency. The project commenced in April 2010 and will run for three-and-a-half years.

The primary purpose is to advance the 'state of the art' of the theory and practice of poverty and social exclusion measurement. In order to improve current measurement methodologies, the research will develop and repeat the 1999 Poverty and Social Exclusion Survey. This research will produce information of immediate and direct interest to policy makers, academics and the general public. It will provide a rigorous and detailed independent assessment on progress towards the UK Government's target of eradicating child poverty.

Objectives

This research has three main objectives:

- To improve the measurement of poverty, deprivation, social exclusion and standard of living .
- To assess changes in poverty and social exclusion in the UK
- To conduct policy-relevant analyses of poverty and social exclusion

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Contents

Abstract

This paper presents indicators relating to public and private services for use in the 2011 Poverty and Social Exclusion survey, focusing particularly on services relating to health, services for specific groups such as elderly, disabled and young people and public transport. Although many such services are ostensibly 'universal', both the quality and quantity of services is typically lower in poor areas, and families in poverty may face additional barriers accessing services. There is a strong case for including public services in the PSE survey as the level of access to services has significant effects on both standard of living and quality of life of households. Moreover, public services represent a significant part of the real income of households on low incomes. Differences in access affect key private services too, and boundaries between public and private services may be blurred and liable to change over time, hence the need to include certain key private services as well. This paper argues that there is a need for some innovation in the public and private service questions on the PSE survey due to the changing nature of public service provision. As many public services now require internet in order to be used to their full potential, *virtual access* may be as important as *physical access*. Additionally, suggestions are made to include questions about the constraints on access to specific services, including health services, as well as difficulties travelling to regular food shopping and constraints in access to public transport services. Finally, as part of the shifting focus across income groups, it is suggested that the PSE includes a question about private health insurance.

Key words: poverty, social exclusion, poverty measurement, inequality, deprivation, financial exclusion, digital inclusion, digital divide, public services, public sector, private services, utilities, health, health insurance, health inequalities, disability, elderly people, children, child care, young people, home care, education, public transport, bus services, mobility

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Aim and Approach

This paper presents indicators relating to public services which might be used in the next Poverty and Social Exclusion survey. Access to Public and Private Services constitutes Domain 2 of the BSEM and questions relating to these were included in the previous PSE and (in some cases) the1990 Breadline surveys. These indicators generally did not contribute to the core identification of poverty based on material deprivations, but rather helped to define a distinct concept of 'service exclusion' which represented one of the dimensions of wider social exclusion. As such they enabled us to examine how far those who were materially poor, or socially excluded in other ways, were also disadvantaged in the service domain. Within the BSEM framework services are conceived as one of four types of 'resources' that people draw on in maintaining their standard and quality of life, alongside material economic, social and cultural resources.

The main aim of this review is to generate a set of questions and indicators within this domain which have a good claim to be included within the next PSE survey. Our approach is to start by casting the net more widely by identifying a range of relevant questions and indicators which have been used in a range of surveys within UK and across Europe, these surveys are listed in Annex 1. We then examine these against a range of criteria and try to sift down to a more manageable set of plausible candidates.

The main *criteria* applied were:

- How the need for, or use of, this service relates to poverty
- Whether lack of access to this service could have adverse consequences for key outcomes such as health, learning and work.
- Whether access or use of this service raises issues of affordability (particularly relevant to private services, utilities, transport, etc)
- Whether (non-)use of this service may be taken as an effective marker of social (exc/inc)lusion, in terms of participation in normal social life, or whether it is too affected by differing lifestyles/preferences
- Where there is a cluster of similar and related indicators, whether one can be chosen to represent or proxy that cluster
- International recognition and comparability
- The ability to set a defensible threshold of access or appropriateness of service
- Clarity of terminology and question wording
- Existing data on the prevalence of (lack of) access or use of this service

Implicit in these criteria is the point that we are trying to relate our selection of measures to the core objectives of the PSE study, which is concerned with individual and group experiences of poverty, deprivation and exclusion. In

some service areas there is a plethora of indicators to choose from, but it is also apparent that some of these are more concerned with the detailed assessment of the performance of service providing organisations than with the impact on individuals or households. This is particularly apparent in the field of health services, for example. This is one general reason for not prioritising some of these indicators.

The services and related indicators considered start from those asked about in the previous PSE, but go on to examine further certain types of service suggested in the BSEM work or elsewhere as warranting further examination. These include health services, 'utilities' (water, energy, telecommunications), transport and financial services. However, some services (education, culture/leisure and internet) are to be discussed under Domain 4. We also discuss some services which are primarily relevant to particular demographic groups (the elderly, children and young people)

The review of indicators and survey questions takes the form of a table, which occupies the main part of this working paper. The first column presents the basic question or measure. The second provides some data on incidence and prevalence. The third identifies some of the surveys which have included this question or indicator. The fourth column provides some comments on the suitability of the measure in terms of the above criteria, including its international relevance and comparability. This is preceded by a concise textual discussion, within which we highlight our provisional recommendations on which indicators seem potentially more suitable for inclusion in PSE.

Introductory Discussion

There is a general perception that public services have an important role in combating social exclusion and poverty. Much public policy and political debate focuses on public services, and this is particularly sensitive at the current juncture with major public spending cuts in the offing. For large parts of the public sector, particularly local government and the NHS, it is through public service design, delivery and monitoring that effect can be given to general anti-poverty strategies and actions

The belief that public services are important in countering poverty and exclusion often rests on the universal nature of such services, although in some cases it is more to do with their explicit allocation on the basis of need (and in some cases means testing). However, universality is no guarantee of an equitable distribution of services and indeed the thrust of much past work in this area has been to question this. For example, it has been argued that for some universal services there is still a tendency, for various reasons, for middle class or affluent groups to make more frequent or effective use of them (Le Grand, Propper, & Smith, 1992)). In part this may be because of cultural or human capital differences between individuals or groups in terms of their abilities to engage with services, which may reflect earlier outcomes of other services, notably education. Part of the reason for this, also, may be to do with geographical variations in the quality of service provision, and it is frequently observed or asserted that the quality of public services can be worse in poor areas. For example, the Black Report (Townsend & Davidson, 1982) showed that poor areas often had older and less competent GP's, a lower number of medical practises and more single-handed practices. More recent examples of variation in the quality of public services from our own work include the low quantity and quality of local public green space in deprived urban neighbourhoods in England (CABESpace 2010). Some of these issues, particularly those relating to local public good or environmental services, are picked up in greater detail in our working paper on Domain 9: 'The Living Environment'. The variation in the quality of public service delivery demonstrated in a variety of public services, underlines the importance of identifying the type of neighbourhood and locality within which survey respondents live (a weakness of the 1999 PSE).

The PSE Survey of 1999 included an array of private services alongside a set of local public services. This reflects a recognition that similar issues of quality, availability and accessibility may affect both private and public services. For example, in the 1990s there was a growth of concern about the possibility of 'food deserts' within poorer urban areas (Wrigley 2002), and about the withdrawal of banks and other financial services from such areas (Leyshon & Thrift 1995, Leyshon et al 2008, Marshall 2004), although these supply-side issues may have been overstated relative to other causes of poor diet or financial exclusion. However, there are obvious differences between private

and public services in terms of payment for such a services at market prices, so that issues of affordability for consumers (and viability for providers) are more critical. Some services are provided through voluntary, non-profit social and collective enterprise, and these may have a mixture of the characteristics of public and commercial provision.

In some service areas, public, private and third sector provision may exist side by side. Furthermore, the boundary between these may shift over time. For example, in relation to several services considered in the 1999 PSE, there was evidence of a longer term decline in the usage of publicly-provided services, and also in the proportion regarding them as 'essential', which might have reflected the growth of private sector activity (e.g. sport and leisure) or self-service (e.g. transport – see in particular Gershuny 1978, 2000), a trend which could serve to undermine the universal character of the public service and threaten to create a more 'residualised' picture**.**

Given the developments in technology in the last decade, the survey needs to address the *virtual* access of public services as well as *physical* access. Many public services now require internet in order to be used to their full potential, especially given the drive towards 'e-government' accelerated by both technology and resource stringency (this can be regarded as an example of the shift to 'self-service'). Such online information includes public transport connections and tickets, health information and location of medical services, online information from libraries and government information about benefits and entitlements. While 'digital inclusion' is considered in Domain 4, it is increasingly relevant to this service domain, and there is considerable evidence of a continuing digital divide whereby a substantial minority, typically older people with lower educational attainment and literacy and low income, remain largely excluded from effective use of the internet (Sinclair & Bramley, 2011 forthcoming).

In general, across this domain we are interested in questions and indicators which focus on use of services, conditioned often by questions of relevance to the individual/household concerned, but also in questions about factors which may discourage or prevent use, including poor quality of provision and problems of access, which may be physical (and related to geographical factors) or cultural.

Assessment of Indicators

Health services:

The first group of measures in Table 1 relate to health, and it is clear that there

is a large number of potential indicators to choose from. However, the cautionary note offered in the first section of this paper, that we should not get bogged down in issues of assessing the performance of health service providers, is particularly apposite here. We focus mainly on measures which can be obtained from general population surveys. There are rich datasets to be derived from administrative and clinical records, particularly where these can be linked together with each other or with address-based neighbourhood characteristics, which provide strong evidence on inequalities in health service utilisation, health needs and outcomes. However, on the whole it is not possible to link general population surveys to these administrative data owing to issues of personal data confidentiality. Therefore, these kinds of measures do not feature in this review.

There is a commendable emphasis in UK health policy, particularly in public health circles, on health inequalities. However, health inequalities are strongly related to cultural and material factors as well as access to health services. This perspective needs to be reflected in the analysis of PSE evidence within Domain 9 on Health and Well-being. Within this domain we are primarily interested in the issues of access to relevant services, but this needs to be conditioned by awareness of the great variation between individuals in their current health status and need for access to services.

Of the questions reviewed in the Table, the best in terms of our general criteria and the above considerations are arguably the pair of questions on “Needed a medical examination or treatment but did not receive it in the last 12 months” followed by the reasons for not receiving it (as used in EU-SILC and GLS). These are clear and specific, highlight a specific shortcoming but recognise and evidence the range of factors which may account for it. There is a parallel question on dental treatment, but it might be argued that given the limited number of questions the medical one should take priority.

The PSE 1999 question on medicines prescribed seems to attract a high level of agreement as a necessity (90%), but it is not clear that many would say they haven’t got this in the UK, and this would have to be subject to establishing whether they had needed such medicines in the relevant period.

The ‘Draft Zero’ question on access to doctor, dentist, medicine or medical equipment seems to roll too many things together, and ‘access’ is vaguer than the question about needing examination or treatment but not receiving it.

The Eurobarometer question seems vague and overcomplicated and too focussed on change and on affordability, which may be less of an issue in UK, while it is insufficiently discriminating.

The questions on number of GP visits and prescriptions in 4 weeks is more relevant to national usage statistics than to the purposes of PSE.

PSE 1999 asked about whether five health resources were ‘essential’ vs

'desirable'. Although the classification of 'essential' parallels the treatment of individual consumption items in the PSE methodology, in retrospect these seem rather weak and generalised indicators. The question does not specify the degree of availability and access. Also, for some of this group (e.g. optician) this is may not be regarded as a universal need, while often (e.g. with hospitals) the need is episodic or selective.

The remaining questions in this section seem either too specific or geared more to measuring general service utilisation frequencies or service satisfaction rather than highlighting lack of access. It may be worth having one question on private healthcare but this might best be focussed on having private healthcare insurance.

Specific services for elderly and young people

The PSE 1999 questions on services relevant to children and young people (child care, play facilities and youth) were interesting for throwing up some of the strongest evidence of inadequacy of current provision in terms of availability and quality (Fisher & Bramley, 2006). For this reason alone it would be valuable to include these again. It would be desirable to seek out international comparators for these. Child care may well raise a lot of issues about affordability and the relationship with employment exclusion. This earlier evidence suggested quite strong links between these indicators and poverty, and it would be valuable to explore the neighbourhood dimension of this. Policy developments in terms of nursery education, Sure Start and the like may have changed the picture a bit (overlap with Domain 4 discussion of pre-school provision). For play and youth facilities, there may be significant links with the living environment and crime domains.

School meals service tends to be pro-poor through the effect of free meals. It is possible that the intervention of celebrity chefs and healthy eating initiatives had some impact.

The home care service is important for elderly and disabled people, and should probably continue to be a focus. Targeting of publicly-funded home care has allegedly shifted towards higher dependency cases following 'Community Care' reforms, although this may be partly offset by development of 'Supporting People' services. The boundary between public and private provision may be blurring in some areas. Informal support may be significantly related to local social capital. Evidence from PSE suggests this service is not particularly pro-poor, perhaps because it is driven by health/disability conditions rather than socio-economic conditions, and middle class people live much longer.

Services related to personal development and social inclusion
Currently the table includes a range of services in the cultural and leisure fields which perhaps belong in Domain 4. These are therefore not discussed

further here.

Nevertheless, Libraries are particularly interesting because, in their information centre role, they provide a local gateway and access point to many other services and information. In that sense their role somewhat resembles public transport. Despite efforts to prioritise and make services more friendly and relevant to deprived neighbourhoods, libraries remain moderately pro-rich/middle class/educated in their usage patterns.

Transport

Lack of appropriate transport may deter people from using public services, and may also affect other areas of life, including access to jobs and the ability to visit friends and family, It would be interesting to look at the impact of transport on these different areas of life, by looking at whether people feel deterred from certain activities because of lack of transport.

The 1999 PSE had four items relating to public transport; bus services generally; special transport (for disabled etc groups); school transport; and train/tube service. Clearly the first of these is the most universally relevant [but Table should comment on all of these]. After a prolonged decline bus services are enjoying a degree of revival, in some areas, partly reflecting generous concessionary free travel schemes as well as quality improvements and bus priority schemes in the face of congestion. Bus use is pro-poor and bus services are particularly relevant to deprived groups and areas and their access to wider opportunities.

Clearly bus service availability and usefulness varies dramatically between urban and rural areas and allowance for geographical context is critical. It is often argued that to live and work in a practical sense in contemporary rural Britain requires the use of a car. This is a particular example of a wider argument that lack of access to a car or equivalent is a significant material deprivation. More detailed evidence on degrees of transport access including by car is contained in some other surveys, e.g. Scottish Household Survey.

Some data may be available across Europe from EU (ESPON) studies of ‘Services of General Interest’, which have provided a range of indicators (some based on GIS analysis) of transport accessibility. .

The BSAS question on difficulties travelling to regular food shopping is an interesting possibility, because it is specific, unambiguous, more or less universally applicable, and capable of yielding new insights into the nature of constraints.

Financial services

There is a good case for having some questions relating to financial services

and financial inclusion, as this has been a growing focus of attention as an aspect of deprivation and exclusion over the last decade or so. The questions here really fall into two groups. Firstly, there are questions about the use of specific services, notably bank current/savings accounts, but also home contents insurance and probably access to credit. Secondly there are questions about manifestations of financial stress, including indebtedness, payment difficulties, and inability to save. These might be regarded as better treated within Domain 1; there is certainly an overlap.

In general we think both sets of questions should be included.

On the financial stress questions, we would favour the more objective and retrospective questions about experiences in the last year as used in the PSE and EU-SILC, over the more speculative forward-looking questions in Eurobarometer.

[Note concerning table – try to include previous PSE % consider essential, % don't have /can't afford/inadequate etc., where available]

Conclusions and Recommendations

There is a strong case for including the domain of local services within the PSE as these underpin the standard of living and quality of life of households and represent a significant part of the real income households on low incomes. This is particularly so at the present time when local public services in particular are threatened by cutbacks and service redesign brought on by the public deficit crisis. It is also important to cover a range of private services which also affect living standards and where issues of affordability and payment/debt issues may also be significant. The 2011 PSE provides a better opportunity than its predecessor to utilise fine-scale locational linkage to attribute local provision levels and physical accessibility to enhance the analysis of inequalities of outcome which may be related to supply-side factors.

The core questions on use of local services worked well before and there is a general case for continuity here. The standard question distinguished 'use – adequate'/'use – inadequate' / don't use – inadequate or inaccessible' /'don't use – can't afford' / 'don't use –don't want to' and so enables analysis of both utilisation rates and the incidence of different kinds of constraints on usage. There may however be a case for slight changes in the list and specification of particular services included. We are less convinced about the case for retaining the parallel questions of how far these services are 'essential' vs 'desirable'. Although there is a loose parallel with the definition of essentials derived from the Omnibus survey (and maybe this question should be used

there), this is not used in the core definition of poverty as material deprivation. Also, it is not clear what these services are essential *for*.

There is a case for giving rather more attention to certain services which are critical in giving access to a wider range of opportunities (e.g. transport) or where technological change is altering the typical means of access to services (e.g. internet), although the latter issue has been picked up in the Discussion Paper on Culture, Education and Skills (Domains 4 & &). There is also a case for seeking opportunities to include well-designed questions which tease out more clearly the constraints on access to certain key services in a way which can be compared internationally. Issues of problems of affordability and payment difficulty/debt in relation to housing and public utility services are picked up within the draft Questionnaire and discussed in the paper on Domain 10.

Additional Questions

Needed a medical examination or treatment but did not receive it in the last 12 months (EU-SILC, GLS), and
Reasons for not receiving it.
Whether has private healthcare insurance (or has paid for private medical treatment in last 12 months) – to pick up patterns further up the income scale.
Difficulties travelling to regular food shopping (BSAS)

Questions that may need modification

Reasons for non-use or limited use of bus services could be asked for in more detail (could be analysed against local data on service availability and/or IMD 'Access' indicators)
The same may be required for car use?
We may need to consider whether asking respondents whether specific local services are essential or desirable may be an over-generalisation. The question does not specify the degree of availability and access.

Further Suggestions

Needed a dental examination or treatment but did not receive it in the last 12 months
Reasons for not receiving it.
We could consider asking whether a respondent has been refused credit, as this is both a form of financial exclusion as well as a potential consequence of financial exclusion

Table 1 Public Health Indicators

Indicator	Incidence; correlations with other variables	Measured in	National / International recognition, usefulness
Medicines prescribed by a doctor (is it a necessity, can you afford this item)	Chosen by 90% as a necessity in PSE millennium survey (Mckay & Collard, 2006)	PSE 1999	
Access to doctor, dentist, medicine, or medical equipment.	Respondents asked whether they do or do not have this item, whether they consider it a necessity and if they do not have it, why / why not.	Added to PSE 2010 draft zero	Perhaps this item combines too many factors, after all, people may have access to a doctor but not a dentist. If combined, it should perhaps be ALL of these items, rather than the current "or".
In the last six months, have you noted any changes in your ability to afford healthcare for you or your relatives? (IF YES) Has it become much more easy, somewhat more easy, somewhat more difficult, much more difficult?	Used in 2009 Eurobarometer survey on social impacts of the economic and financial crisis. In the UK, 19% perceives it has become *somewhat* or *much more difficult* to bear the costs of general healthcare. About 3 in 10 EU citizens reported that it had become more difficult to bear the costs of general healthcare for themselves or their relatives in the past six months: 11% felt it had become "much more difficult" and 18% thought it had become "somewhat more difficult".	Eurobarometer	The question is too vague to be very useful. Also, it could refer to two things, either health-related costs getting higher or disposable income for these costs becoming lower. This makes the question unsuitable.
Needed a medical examination or treatment but did not receive it in the last 12 months		EU-SILC, GLS	This is an interesting question as it relates to access to healthcare, health inequalities and may provide some insight into reasons for differences in use of medical services
Reason for not consulting a medical specialist	1 = Could not afford to (too expensive) 2 = Waiting list 3 = Could not take time off work (or caring for children or others) 4 = Too far to travel/no means of transport 5 = Fear of doctor / examination / treatment	EU-SILC	

	6 = Wanted to wait and see if problem got better on its own 7 = Didn't know any good medical centre 8 = Other reason		
Number of free GP visits in the last 4 weeks	The EU-SILC uses four weeks, the GLS just two weeks, and unlike the EU-SILC, the GLS question refers directly to a GP on the NHS, which is more applicable to the UK. The GLS also asks whether the consultation took place at the surgery, at home or over the phone. According to information from the GHS, the proportion of the population that has consulted a GP in a two-week time period has been stable over the last thirty years, averaging at around 14%, with elderly people most likely to have used a GP recently (Ali et al., 2010). The CHS phrases the question as " During the last 2 weeks, ending yesterday apart from any visits to a hospital, did you talk to a doctor for any reason at all either in person or by telephone?" This seems to be a more complex way to phrase the same question.	EU-SILC, GLS, GHS, CHS	Considering the relatively small changes in this figure over time, and as the question does not directly relate to poverty, it may not be necessary to include this question in the PSE survey.
Number of free prescriptions filled in the last 4 weeks		EU-SILC	Might be more useful to only ask whether people qualify for free prescriptions
Needed a dental examination or treatment but did not receive it in the last 12 months	CHS asks: " Have you had difficulty in accessing a dentist in the past 12 months? Yes / No" which is perhaps less concrete.	EU-SILC, CHS	Given the limited number of questions, the similar item about not receiving medical treatment should take priority.
Reason for not receiving dental treatment	1 = Could not afford to (too expensive) 2 = Waiting list 3 = Could not take time off work (or caring for children or others) 4 = Too far to travel/no means of transport	EU-SILC	

	5 = Fear of dentist / examination / treatment 6 = Wanted to wait and see if problem got better on its own 7 = Didn't know any good dentist 8 = Other reason		
Received free or subsidised dental, ophthalmic or aural treatment		EU-SILC	Too specific for inclusion
Use of doctor	In the PSE, participants are asked whether this service is essential or just desirable. In the PSE 199, scores range from 99% essential (doctor), 93-95% (dentist, chemist, hospital) to 85% (optician). Usage of doctors and chemists is near-universal for all households, Opticians, hospitals and dentists are used by between 80-90% of all households,	PSE 1999	The meaning of these items is vague in sense of what degree of accessibility / availability is essential or desirable
Use of optician		PSE 1999	
Use of chemist		PSE 1999	
Use of hospital		PSE 1999	Use is infrequent/selective
Use of dentist		PSE 1999	Use is infrequent/selective
Hospital with an Accident and Emergency Department		PSE 1999	See above comments
Attended an outpatient or casualty department in the three months before interview	In 2008, 14 per cent of all respondents had attended an outpatient or casualty department in the three months before interview. This figure has not changed since 2001 (Ali et al., 2010). The CHS asks: “During the months of (3 months ago to 1 month ago did you) attend as a patient the casualty or outpatient department of a hospital (apart from straightforward ante- or post-natal visits)?”	GLS, GHS	Considering the lack of change in this figure in may not be relevant for the PSE survey.

how satisfied or dissatisfied are you with the NHS as regards...) e.g. Accident and Emergency departments?, etc (list)		BSAS	Too specific
Number of nights spent as inpatient in private hospital in the last 12 months		EU-SILC	Might be enough to find out whether people have private insurance, see below.
Has private health insurance (in own name or as family member)		EU-SILC	Possibly interesting as this reveals how many people are opting out of public health provision, and which people are able and willing to do so.
Number of nights spent in state-funded hospital	The CHS asks: “During the last 12 months, have you been in Hospital as an inpatient overnight or longer?”	EU-SILC, CHS	Too specific, though a general indication of participants’ health might be useful.
Number of nights spent as inpatient in private hospital in the last 12 months		EU-SILC	

Table 2 Services targeted at the young, elderly and disabled

Indicator (young, elderly, disabled)	Incidence; correlations with other variables	Measured in	National / International recognition, usefulness
Childcare (essential or desirable, use of)	Use has remained the same between 1990 and 1999 at 61% of families (Fisher & Bramley, 2006). This service is not particularly pro-poor.	PSE 1999	Changes in provision and related services; large private sector.
Play facilities	Use has increased between 1990 and 1999. Lack of availability or quality deters usage for a large number of households. About 55% of poor households experienced constraints on usage of this service compared to 26% of those with higher incomes (Fisher & Bramley, 2006).	PSE 1999	
Youth clubs	Lack of availability deters usage for a large number of households (Fisher & Bramley, 2006). Exclusion from play facilities, after school clubs and youth clubs is related to “households with no one in employment”, households in the lowest income quintile, households in receipt of income support or jobseekers allowance (Lloyd, 2006). Youth Clubs seem to be used more by higher-class and non-poor households, but less by higher-income households. this apparent inconsistency may relate urban-rural differences and car ownership (Fisher & Bramley, 2006).	PSE 1999	
School meals	Use has declined very slightly between 1990 and 1999 (Fisher & Bramley, 2006). Pro-poor bias: this service is used more by low income households, though there was a shift towards higher class between 1990 and 1999	PSE 1999	

	(Fisher & Bramley, 2006). Lack of availability/quality deters usage for a large number of households (Fisher & Bramley, 2006).		
Home help	Use has remained the same between 1990 and 1999 (10% of relevant demographic group). The number of people regarding this service as essential has fallen from nearly 100% to less than 80%. This service is mainly targeted towards the elderly and disabled (Fisher & Bramley, 2006). The CHS combines home help with care workers.	PSE 1999, CHS	
Special transport	Continued to be regarded as essential by over 80% of the population between 1990 and 1999.	PSE 1999	
School bus	Around 30% of respondents in the 1999 PSE were deterred in their use of this service, typically because it was either unavailable or unsuitable.	PSE 1999	
Do you think this is enough home help / home care for you?		CHS	Answer may be somewhat subjective.
Meals on wheels	Use has remained the same between 1990 and 1999 (Fisher & Bramley, 2006). This service is mainly targeted towards the elderly and disabled. Pro-poor bias: this service is used more by low income households (Fisher & Bramley, 2006).	PSE 1999	

Table 3 Mainstream local private and public services[1]

Indicator	Incidence; correlations with other variables	Measured in	National / International recognition, usefulness
Libraries	The 1999 PSE showed that libraries have a pro-rich bias, though this bias has reduced between 1990 and 1999.	PSE 1999	Asking respondents whether these services are essential or desirable may be an over-generalisation. The question does not specify the degree of availability and access.
Public sports facilities (e.g. swimming pools)	The 1999 PSE showed that sports facilities have a pro-rich bias, which increased between 1990 and 1999.	PSE 1999	
Museums and galleries	This service has a strong pro-rich bias, though this bias has reduced between 1990 and 1999. The proportion of respondents rating this service as essential declined strongly between 1990 and 1999 (Fisher & Bramley, 2006).	PSE 1999	
Leisure classes	Have an increasing pro-rich bias. For more discussion about leisure classes, refer to our paper on domain 4 and 7.	PSE 1999	
Supermarket	One of the top five most-used services in the 1999 PSE, used almost universally by all households	PSE 1999	
Post office	One of the top five most-used services in the 1999 PSE, used almost universally by all households	PSE 1999	
Corner shop	Has a slight pro-poor bias (Fisher & Bramley, 2006)	PSE 1999	

[1] See also our paper on domain 4 and 7 for more services related to culture, education and skills

Pub	Less than 30% of the population regarded this service as essential in 1999.	PSE 1999	
Cinema / Theatre	Only just over 20% of the population regarded this service as essential in 1999.	PSE 1999	
Public / community hall		PSE 1999	
Place of worship	Less than half of respondents considered this service essential in 1999	PSE 1999	

Table 4 Transport

Indicator	Incidence; correlations with other variables	Measured in	National / International recognition, usefulness
(How often nowadays do you usually) ...travel by local bus?		BSAS	
What stops you from making (more) use of local bus services		Suggestion	Could be used to better understand declining use of bus services
Bus services	Use declined considerably between 1990 and 1999, from 67% to 53% (Fisher & Bramley, 2006), although it has probably risen again since then. 93% still regard this service as essential. Pro-poor bias: this service is used more by low income households. About one in four households are constrained in their use of public transport due to inadequacy of local services . Those who feel isolated due to high cost of public transport are more than three times as likely to have poor mental health (Payne, 2006). Policy developments since 1999 include more extensive free concessionary travel for older people, quality improvements in vehicles, information and ticketing, and more attention to disabled access.	PSE 1999	Major urban-rural difference in availability & usefulness of services.
special transport	See table 2	PSE 1999	
school transport	See table 2	PSE 1999	

train/tube service	As with many public and private local services, this service has a pro-rich bias (Fisher & Bramley, 2006)	PSE 1999	
Petrol stations	See above.	PSE 1999	
(How often nowadays do you usually)...travel by train		BSAS	
Which [difficulties] do you usually experience when travelling to... ...the place where you do your main food shopping?	1 = Too far away 2 = Public transport difficulties, eg. no or poor public transport 3 = Traffic congestion 4 = Parking problems - availability or cost 5 = Too expensive to get there 6 = Personal disability 7 = Some other difficulty 8 = Don't have any difficulties	BSAS	Could be interesting to make connections between poverty, transport problems and diet.
[Difficulties when travelling to...] your doctor's surgery?	Similar list of difficulties as above.	BSAS	Interesting in relation to access to health care,, but could also be covered by earlier questions about reasons not to get necessary medical treatment.
[Difficulties when travelling to...] your nearest NHS hospital?	Similar list of difficulties as above.	BSAS	

Table 5 Financial Exclusion

Indicator	Incidence; correlations with other variables	Measured in	National / International recognition, usefulness
Has no bank or building society current account	Counts for 5% of respondents on millennium PSE survey (Mckay & Collard, 2006) Strong correlation with poverty, only 1% of the non-poor lack a current account compared with 16% of those in poverty (Mckay & Collard, 2006). According to the FRS survey 2008-2009, the highest number of households not having any type of account is in the East Midlands, (9%, or 11% if post office accounts are excluded). Outer London and the Southeast have the fewest number of households not holding any type of account (1% including and 2% excluding post office accounts.) Over the UK, 3% of households has no accounts, which rises to 5% if PO accounts are excluded. Households with one or more adults over pension age and households with one or more disabled adults under pension age are more likely not to have any account. Unemployment does not affect likelihood of having no account. Having an account is positively related to the number of adults in the household and to household income (Department for Work and Pensions et al., 2009).	PSE, FRS, ONS 2006	
Cannot afford home contents insurance	See our paper on domain 10, the living environment.		Often-used proxy for financial exclusion.

No savings	According to the FRS survey 08/09 28% of households has no savings. Among the households most likely not to have any savings are: single parent households (63%), Single men without children (33%, note: single women are not more likely to be without savings). Other family types more likely to have no savings are households with one or more disabled adults under pension age and households with one or more adults unemployed under pension age.	FRS, PSE 1999	
Doesn't use banks, or thinks the local service is inadequate	Counts for 13% of respondents of millennium PSE survey (Mckay & Collard, 2006)	PSE	
Has been seriously behind with repaying bills or credit in last year	Counts for 14% of respondents of millennium PSE survey (Mckay & Collard, 2006). Also used in European Union – Statistics on Income and Living Conditions (eu silc). Strong correlation with poverty, only 4% of the non-poor are in arrears compared with 42% of those in poverty. There is also a strong correlation between lacking a bank account and borrowing to meet day-to-day needs, especially among young people. Among those aged over 60, having arrears is strongly associated with not having a bank account. Indebtedness is also strongly related to poor mental health (Mckay & Collard, 2006). Poor mental health is more likely among those indebted to two or more companies in the past year (Payne, 2006). Of those having mortgage arrears, nearly 80% are suffering from mental disorder (Payne, 2006).	PSE; EU-SILC	

In debt for rent, mortgage, gas, electricity, water	In millennium PSE. Also used in European Union – Statistics on Income and Living Conditions (EU SILC) (Compare to: Has been seriously behind with repaying bills or credit in last year.) Although debts and financial exclusion are distinct categories, there is a strong degree of overlap (Mckay & Collard, 2006).	PSE; EU-SILC	More specific than the question above. Also, gas and electricity may be switched off in response to debts, and homes repossessed, all of which have serious consequences for poverty.
Which of the following best describes how your household is keeping up with all its bills and credit commitments at present?	Used in 2009 Eurobarometer survey on social impacts of the economic and financial crisis. According to this survey, proportion of those in the UK who admitted facing a constant struggle to keep up with bills, or had already fallen behind was 16%, just below the EU27 average of 20%. In the UK, 47% report being able to keep up without any difficulties.	Eurobarometer	
Is “worried” about having financial debts	Counts for 26% of respondents of millennium PSE survey (Mckay & Collard, 2006)	PSE	
Level of risk that respondents will fall behind with rent or mortgage payments over the next 12 months	Used in 2009 Eurobarometer survey on social impacts of the economic and financial crisis. The survey shows that 42% of those who paid rent or mortgage costs in the UK saw themselves as at risk of falling behind with rent or mortgage payments. Of those who pay rent / mortgage, 14% is of high or moderate risk of falling behind.	Eurobarometer	Gauging “level of risk” asks for a subjective judgement about the future. For the purposes of the PSE, it would be better to look at the past and whether respondents have actually fallen behind.
Level of risk that respondents will fall behind with repaying loans (e.g. loans to buy electrical appliances, furniture, etc.) over the next 12 months.	Used in 2009 Eurobarometer survey on social impacts of the economic and financial crisis. The survey shows that 29% of respondents in the UK saw themselves as at risk of falling behind with repaying loans.		

Has used informal kinds of borrowing, such as moneylenders, or family	11% of respondents had been excluded on this measure in 1999, There is a strong relationship with poverty, 34% of the poor have used informal kinds of borrowing as opposed to 3% of those who are not poor (Mckay & Collard, 2006).	PSE 1999	
Has been refused credit	Has not been used as a question by other surveys looking at financial exclusion, such as the ONS 2006. May be a sensitive question to ask. Expected strong overlaps with measures of indebtedness and use of informal kinds of borrowing. May need indicator of time, e.g. “in the last year” or “in the last five years”.	Suggestion	Form of financial exclusion, may be a consequence of other types of exclusion.

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Annex 1: Abbreviations

BHPS	British Household Panel Survey. Questions are different for each "wave" of this longitudinal survey. BHPS18 refers to the 18th and last wave of the survey.
CHS	Continuous Household Survey (samples approximately 1% of households in Northern Ireland)
EHCS	English House Condition Survey (was combined with EHS after 2008)
EHS	English Housing Survey (since 2008) This survey has three components: a household interview, followed by a physical inspection and a market value survey of a sub sample of the properties.
ELSA	English Longitudinal Study of Ageing: Wave 0 (1998, 1999 and 2001) and Waves 1-4 (2002-2009)
ETHOS	European Typology on Homelessness and Housing Exclusion. A typology of homelessness developed by FEANTSA (European Federation of organisations working with people who are homeless)
FES	Family Expenditure survey, now called Living Costs and Food Survey (LCF)
FRS	Family Resources Survey (linked to PSE and HBAI). Provides information about the living conditions and resources of households in the United Kingdom.
GHS	General Household Survey (linked to PSE 1999). From 2008, the General Household Survey became a module of the Integrated Household Survey (IHS). In recognition, the survey was renamed the General Lifestyle Survey (GLS).
GLS	General Lifestyle Survey (formerly General Household Survey)
HBAI	Households Below Average Income (subset linked to FRS)
LCF	Living costs and Food survey (formerly Family Expenditure Survey)
NIS	National Indicator Set, a set of National Indicators which looks at a range of indicators relating to local authorities, such as satisfaction with local services, parks,
PSE	Poverty and Social Exclusion Survey (linked to GHS in 1999, FRS in 2010)
SAP	The Government's Standard Assessment Procedure for Energy Rating of Dwellings
SEH	Survey of English housing (same as EHS, English housing survey)
SHS	Scottish Household Survey
SHCS	Scottish House Condition Survey