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AT A DISADVANTAGE

This discussion paper argues that, while public and independent sector policy makers, designers and providers of goods and services frequently need to gain a more sophisticated understanding of ‘vulnerability’, they also need to reflect on how their actions or inactions can place people – unnecessarily – ‘at a disadvantage’. It is proposed that the term or concept of being ‘at a disadvantage’ could be a more robust and informative starting point than concepts such as ‘disadvantaged or vulnerable consumers’.

1. Introduction

Although there is an unprecedented variety of services and goods available in this country, there is also great potential for confusion - and disadvantage - in today’s complex and rapidly-changing society. People who lose out as a result are often described as being `vulnerable’. But public policy-making and company practices frequently fail to address the nature of consumer vulnerability, either treating people as if they are homogenous or regarding particular `groups' as automatically vulnerable by definition.

A better understanding is required of the conditions and circumstances that are likely to lead people to be vulnerable – in the short or long term – as consumers of goods and services. However, the very concept of vulnerability can be crude and unhelpful because it often stereotypes people or ignores the needs of those who do not fit into certain broad categories. Moreover it is frequently the inter-action between an individual’s circumstances and the operations of a sector or provider that places a consumer in a vulnerable situation. The concept of consumer vulnerability fails to encompass the crucial role played by designers and providers of goods and services, whose actions (including omissions) can place people at a disadvantage.

It is important to note that, although much of the focus of this paper is on people’s inter-actions with private sector goods and services, the concept of being `at a disadvantage’ is also applicable to much of the public sector. It is of course currently the case that many `public services’ are now delivered by private sector providers. The purchaser/provider split has become commonplace in the public sector, accompanied by increasing involvement of private organisations and independent agencies and by growing emphasis on business models and marketisation, almost regardless of who the provider is.

The paper is aimed at contributing to discussions of notions of consumer vulnerability. It argues that we could instead examine the concept of consumers being at a disadvantage, rather than vulnerable. The concept of at a disadvantage also helps to clarify who should do what in order to guard against consumers being at a disadvantage.

(The paper is a shortened version of research commissioned by Which?. The opinions are those of the authors and do not necessarily represent those of Which?)
2. **Things have changed**

The mid-1950s is often characterised as the beginning of the ‘consumer society’, with an explosion of new products and designs. But consumer durables were usually limited to a vacuum cleaner, iron, radio, gramophone and fridge; it was only as the 1950s turned into the 1960s that black and white televisions and washing machines became much more common, for instance, and the first credit card - the Barclaycard - wasn’t introduced until 1966.

1956 marked the beginning of the current Retail Price Index (superseding a less sophisticated measure introduced in 1947). The RPI ‘basket’ originally consisted of 200 types of expenditure, it now contains some 650 expenditure items. Also, the weightings given to different types of household expenditure are telling: clothing and footwear accounted for 11% of spending in 1956, declining to 5% in 2004; on the other hand, housing in 1947 was on average 9% of household expenditure, but increased to 22% in 2004, and the weighting for travel and leisure doubled during this period.

There are several dimensions to the changes over the last fifty years or so in ‘consumerism’ and ‘markets’. Some 16% of the present population were teenagers or older in 1956 and, although it would be quite wrong to characterise all over-65s as finding the pace of change problematic, it would be equally wrong to deny that some do. Much of what we learn - and especially much of what we learn that becomes quickly routinised - occurs in the earlier stages of our lives.

For instance, instead of applying common knowledge and experience about which coal would burn well in our grates, we now have to choose energy suppliers and tariffs based on website information, TV adverts, mail shots, or supermarket brochures. At one time we had a Post Office savings account and maybe a bank account. Now we’re bombarded with unsolicited leaflets or phone calls from companies trying to sell us a variety of ‘financial products’.

People used to have a radiogram and TV; choosing them wasn’t that complicated. Now there’s an array of CD players, digital radio and TV sets, audio cassettes, i-Pods, DVD players, etc, with lots of remote controls, buttons and manuals about how you should make the machine work (often in small print and not that easy to follow).

These brief examples are not meant in any way to imply that older people aren’t able to ‘keep up’, but they and many younger people too can find the pace of change difficult. Equally many people make perfectly rational decisions not to buy all the latest ‘gadgets’ - they may simply wish to spend their time in other ways – or they may take a conscious decision to reduce consumption for environmental reasons, or they might simply be too poor to afford it all.

Also, there are well-grounded arguments that designers and producers of systems, equipment and services have a tendency to place their own needs above those of the accessibility, useability and overall ‘use value’ for consumers. These developments involve passing on to consumers the effort, and responsibility, of making ‘informed’ complex choices and of setting up complicated equipment. Meanwhile modern business concepts such as ‘just-in-time’ can mean that suppliers’
stocks are minimal, putting customers at risk of finding that their local stores have run out of the specific goods they require.

Of course, in many areas of our lives we do have more choice than ever before, few would want to go back to the days of having only one type of phone located in the hallway. But if there is a price to pay for this, it is the increased potential for confusion and uncertainty. This applies equally to many public services, including the NHS and social care where people are increasingly expected to make some sort of choice of provider and type of care.

3. At a disadvantage

So, many aspects of life have for most people become more complicated – and sometimes more uncertain. At the same time there has been a continuing ‘ratcheting up’ of consumer expectations by producers, retailers, and the media. More and more expectations are being placed on consumers: they are expected to make choices in complex markets – often with no certainty that the product or service will meet their needs and represent value for money.

Consequently it is easier than ever for individuals to feel that they are being left behind or that they are excluding themselves from ‘the good life’ by not being able to take advantage of all the best deals or smartest products. Such feelings and perceptions are likely to impact significantly on people’s sense of self-worth, self-esteem, and self-confidence.

Paradoxically, recognition of ‘social exclusion’ and a drive for ‘inclusion’ are key features of modern life, or at least modern rhetoric. Within just two generations we have rightly ceased to find acceptable the institutionalisation of large numbers of people with learning difficulties or mental health problems, for instance. And over the past 15 years in particular there has been a strong emphasis on promoting people’s *rights to* an independent life, and to a reasonable quality of life.

Nevertheless, some people will be vulnerable in some way in the short or long term. This does not necessarily mean that they are vulnerable in general – although for specific reasons some people will be generally frail and vulnerable, finding all or most aspects of everyday life difficult. However, most vulnerable people are likely to be vulnerable in relation to particular things, anything from infection following surgery, for instance, to the possibility of abuse from care staff.

Such types of vulnerability may not always put people at a disadvantage in the consumer society; there are plenty of people with physical disabilities for example who have well paid jobs and a full social life. But a person with a disability can be put at an immediate disadvantage if a shop isn’t accessible. Equally, an agency which interfaces with the public only through a complex automated phone system will, by definition, *disable* some people. The social model of disability, which emphasises why and how people can be disabled (by inaccessible services for instance) rather than focusing solely on individuals’ functional problems or incapacity, is reasonably well-reflected in the 1995 and 2005 Disability Discrimination Acts. However the effective ‘reach’ of the legislation is still limited – leaving numerous people at a disadvantage.
Many people with particular needs or vulnerabilities prefer not to be categorised according to their disability or illness, unless it’s really necessary. Others wish to do so, though usually on their terms – for instance someone who is profoundly blind may preface introductions by stating that they are a blind person. Some carers identify strongly with the term; others do not.

So calling someone, or a group of people, ‘vulnerable’ could be seen as patronising or inaccurate. On the other hand it is perfectly reasonable to highlight and seek to address the reasons why some people are at a disadvantage - not necessarily all the time, not necessarily in all circumstances.

The ‘at a disadvantage’ concept may also be better at capturing the interface or relationships between the individual/household and designers or suppliers of goods and services, whether private or publicly provided. The emphasis is on how well, or poorly the consumer is treated, rather than focusing solely on their individual abilities or circumstances.

The concept/term can be used to address the increasing complexity of numerous market sectors (including public services). Put bluntly, there are probably more ways now to encounter problems with goods, and with interfaces with suppliers or their agents - and therefore more ways in which one can find oneself placed at a disadvantage by the very organisations that provide goods and services.

Despite product and market differentiation, it is still the case that providers and marketing companies frequently target ‘typical consumers’ who are seen as homogenous economic actors, instead of aiming to understand and address individual circumstances and needs. At the same time, companies often use price discrimination and other methods to target – or ‘cherry pick’ - particular groups of consumers, usually those seen as most profitable, to the disadvantage of others.

Company behaviour places consumers at a disadvantage when consumers are given inadequate or misleading advice or information, resulting in purchases or involvement in schemes that are unsuitable, poor value for money, or even dangerous. Unnecessarily small or ‘fiddly’ controls on goods can disadvantage people and make them feel it is their fault if they cannot use the product. Over-complicated or unclear information can effectively deny people their rights or entitlements, or cause unnecessary confusion and distress. And, in a number of sectors such as communications and financial services, products are increasingly bundled together, making it difficult – or impossible – for consumers to compare like for like and make informed choices.

The use of call centre systems is frequently offputting as well as time-consuming and costly. While people in lower income groups and those with sensory impairments or similar problems often prefer ‘face to face’ contacts, there has been an 80% growth in the call centre industry over the last ten years. This has fundamentally shifted the costs and burden from provider to consumer, placing many at a distinct disadvantage.
Other actions by providers can place people at a disadvantage: these range from requiring people to input a lengthy reference or credit card number before being able to access the system; voice recognition systems which frequently fail to ‘recognise’; not being offered an appropriate option by automated systems; to few call centre systems seeming to offer in any clear way access to interpreters or specialist advisers for people with language or communication difficulties.

Failure to take the trouble to understand the needs and circumstances of individual consumers frequently adds to the ways in which consumers are placed at a disadvantage. For instance, the continuing stigma attached to mental health problems can make it difficult for providers to understand the circumstances under which to maintain a completely non-discriminatory stance, or to adopt policies and practices which can positively discriminate (there are many instances of banks and credit card companies not intervening when a customer racks up large debts very rapidly, even though the supplier is aware that the customer is already in debt).

This particular issue is both substantial and complex. But the fact that mental health problems are so widespread, that they can occur suddenly, and that the consequences for people’s quality of life, health and wellbeing are so potentially severe, means it is crucial for providers to develop a better understanding. A person with a mental health problem is already at a disadvantage – the policies and practices of agencies and providers should not add a further layer of problems.

Similarly for the foreseeable future, private and public providers of goods and services need to accept that there is a wide variety of abilities in the population – including many people with varying types of physical disabilities, and also lower ‘skill’ levels among people with learning disabilities. Meanwhile the starkness and immediacy of the effects of poverty continue to be pronounced - providers need to audit their operations to ensure that they do not further disadvantage or stigmatise those on low incomes.

The causes of disadvantage may be manifold and, whilst there is much validity in identifying and exploring the main risk factors which potentially place people at a disadvantage, it remains a complex topic. Not all people or households in a particular ‘at risk’ category will be at a disadvantage or consider themselves to be so. It is also important to remember that people – regardless of whether they have a particular condition or are in a situation which might put them ‘at risk’ – may make competent and informed decisions to forgo use of certain goods or services, or make alternative arrangements. Moreover, simply summing the numbers in the commonly-used categories of vulnerability could lead to over two-thirds of the population being classified as vulnerable.

Nevertheless, it remains essential to highlight the range of long and short term physical, mental and situational factors which can contribute to consumers being ‘at a disadvantage’. This is vital to help providers of goods and services to achieve a better understanding of these factors and change their practices accordingly. An exploration of these ‘risk factors’ follows in the next section, including a discussion of their possible consequences.
4. Risk factors

To understand why consumers are placed at a disadvantage it is essential to look beyond the headline figures and – crucially – to avoid making assumptions or using sloppy or inappropriate stereotypes.

Many people living with one or more of the following risk factors may not be at a disadvantage regarding access to goods and services. It’s also important to emphasise that these risk factors are not necessarily permanent or unchanging. Indeed it is commonplace for people to face difficulties on a fluctuating or episodic basis. And, in addition, to the risk factors highlighted here, there are many other situations that can place people at a disadvantage for a period, such as bereavement, a family illness or unemployment.

Situational factors

One of the most talked-about features of modern life involves pressures emanating from the world of work. Apart from stresses and strains within work situations, long working hours and, sometimes unsocial or changing, shift patterns, can leave people with too little time to do things which are important to them; like childcare, looking after an ill relative, or just relaxing.

The much-used mantra of ‘our busy lives’ is used very effectively by those selling us goods and services, and it is so effective because that is a common experience or perception among many. Yet at the same time market developments tend to place more responsibility, and effort, at the door of consumers: with the disappearance of many high street travel agents, for instance, people are increasingly expected to choose holiday options through the internet. Similarly we are expected to take responsibility for deciding on fuel suppliers, or deciding between the increasing number of ‘bundled’ packages of digital TV, internet access, mobile phone services, VoIP, and landline services on offer.

This highlights the contradictory reality of choice and value in modern markets. With some justification suppliers argue that they are delivering more to consumers for less money, but this occurs at a cost – happily borne by some, less happily by others. Moreover, as evidenced by numerous investigations and research, markets may not be fully competitive, nor do they necessarily operate in ways that meet the breadth of consumers’ needs.

A further situational factor, which disadvantages people differentially, is the ongoing transformation of towns and villages. As evidenced by the New Economics Foundation (NEF), the individuality and choice of high street shops has been replaced by ‘a monochrome strip of global and national chains’.

‘Clone towns’ have a smaller range of categories of shop than others, and NEF has pointed out: ‘Clone stores have a triple whammy on communities: they bleed the local economy of money, destroy the social glue provided by real local shops that hold communities together, and they steal the identity of our towns and cities. Then we are left with soulless clone towns. The argument that big retail is good because it
provides consumers with choice is ironic, because in the end it leaves us with no choice at all".¹

Physical disabilities or long-term conditions

10.3 million adults have a limiting long-term illness, condition or disability. Over half are aged 60 or over. A further 530,000 live in communal establishments, such as care homes.

As well as being more aware of the numbers involved, there needs to be a more sophisticated understanding of the potential implications for people’s lives. The most common disabilities affect people’s mobility, together with difficulties with lifting and carrying. Problems with manual dexterity also affect many people. Other common impacts include memory, learning or concentration problems, as well as communication difficulties.

Arthritis is a major cause of mobility difficulties and also impacts on people’s manual dexterity. The next most common types of condition are heart and circulatory diseases, followed by respiratory diseases such as asthma and bronchitis. Dyspraxia is also a common cause of problems with dexterity and motor coordination: it can also affect the planning and organisation of tasks, speech and language skills, visual and auditory perception, skills such as driving, and learning, thought and memory. Parkinson’s and several other conditions can also affect dexterity and motor functioning.

The numbers affected by acquired brain injuries are rising, with associated and varied physical, emotional and organisational problems or cognitive difficulties. Problems can be short or long term, and are sometimes episodic. Other conditions affecting many include bladder or bowel problems, and a significant number have skin problems. Every year over 130,000 people have a stroke – with short to long term effects on their abilities and skills.

A large number of people have sensory impairments. It is often assumed that people who are registered blind have no sight at all – this is not necessarily the case. Similarly some people (around 700,000) are profoundly deaf but many others have varying degrees of hearing ability. There are about 23,000 deafblind people: while some are totally deaf and totally blind, others have some hearing and vision. However this estimate does not include the large number of older people who are losing both their sight and hearing.

Many other people may experience disabling conditions or circumstances. For instance people with disfigurements to their face, hands or body may find everyday social interactions uncomfortable. Learning disabilities in general affect some 1.5 million adults and children; and this number is expected to increase.

About 10% of us are affected by dyslexia to some extent. People may not be aware that, although the main impact is on reading ability, it can also affect the organisation

of speech, thoughts and actions, memory, cognitive processing, and auditory and visual perception.

In addition there are growing numbers of children and adults with autistic spectrum disorders (ASD), which can cause difficulty in social interactions and in understanding many aspects of ‘how the world works’. People with Asperger Syndrome do not normally have a learning disability and usually have highly developed language skills but may still have these difficulties. However most other people with ASD have learning disabilities to a greater or lesser extent.

Overall, there is a well established link between disability and sensory impairment and poverty. Many disabled people in work earn less than non-disabled people. A large proportion of disabled people, and parents of disabled children, do not achieve their full earnings potential, and may encounter discrimination in the labour market. The extra costs of disability can also be substantial. Consequently just under a half of all households containing one or more disabled people fall into the bottom two quintiles of income distribution – compared with 30% of all other households.

**Mental health problems**

One in four people experience some kind of mental health problem in the course of a year. The effects can include anxiety and depressive disorder, episodes of depression, phobias, obsessive compulsive disorders or panic disorder.

Psychotic disorders are far less common. They can include delusional and/or hallucinatory disorders, schizophrenic episodes, or bipolar affective disorder. But these may well be episodic: only 25% of those diagnosed as having a psychotic disorder are thought to have the disorder throughout their adult lives.

Dementias affect about 2% of 65-70 year olds, 5% of 70-80 year olds, and 20% of those aged over eighty. However, some older people diagnosed with dementia or a psychosis may in reality be suffering from severe depression.

People with mental health problems are more likely than others to experience poverty, homelessness, unemployment, and other forms of discrimination. These factors clearly make it harder for people to cope well with everyday life.

**Caring responsibilities**

There is no simple category of people called carers. However, at any one time at least 6.5 million people say they have significant caring responsibilities for an adult relative or friend. Demographic changes suggest that the chances of becoming a carer will increase.

The various impacts of becoming a carer have been exhaustively researched and include the following:

- Having to give up paid employment, change jobs, or reduce hours worked, and lose out on pension entitlements.
Having to rely on means-tested benefits, problems in meeting utility bills, getting into debt, and having to reduce food bills in order to cope.

Even those with sufficient resources not have to rely on means-tested benefits may have trouble paying utility bills, rent or mortgage, and may experience debt.

Many have to give up holidays, cut down on leisure activities, and reduce other spending.

Over half of carers reported having an injury resulting from caring; a quarter reported chronic fatigue, and 30% adduced mental health problems to stresses associated with being a carer.

No less than 87% of carers reported that they incurred extra costs through providing support, including sharing the costs of social care services for the person they care for.²

Most of us are likely at some point to undertake a short or longer period of caring. Sometimes we might have some notice or expectation, sometimes we will have little or none. We may need to reorganise our lives, or start living a different life. The experience may be stressful, and perhaps affect our health, income and resources. It’s clear from the evidence that many, probably most, people undertaking caring are at a disadvantage compared with their life before being a carer (this is regardless of the many positive features reported by carers in surveys).

Finally, many young people are carers: some 175,000 are under 18, though there could be many more (young carers are frequently less likely than other carers to describe themselves in this way). Young carers can miss out on education or social activities, and are often in families with low incomes.

Capacity and skills

The DfES estimates that one in five adults have problems with literacy and/or numeracy, ie 7 million adults with basic skills problems. The reasons are varied, ranging from the various physical and mental conditions and disabilities outlined above, to an inadequate educational history. Plus there are at least half a million more who may encounter difficulties because English is not their first language.

However, the existence of basic skills difficulties may not be immediately obvious. Surveys show that people with lower skills levels may not regard their literacy or numeracy levels as below average. Understandably it is quite common to find people employing coping strategies so as not to expose their limitations.

Skills profiles are often ‘spiky’ – for instance adults operating at broadly the same level can perform at a higher skill level in certain areas than in others. This ‘spikiness’ is more pronounced among people with generally low literacy and numeracy skills levels. The Basic Skills Agency explains that examples of ‘spikiness’ can include people who are adept at working out permutations and combinations in one context (eg football pools), but who may lack the skill to work out and check utility bills.

² It could be you, a report on the chances of becoming a carer, Carers UK, 2001, and other publications and website information: www.carersuk.org.
Also relevant are the phobias which can affect people’s ability to cope with everyday life. Some have a phobia about bills, financial matters and arithmetic which may be related to skills and ability levels or personal confidence. Phobias about using the telephone are known to exist, as do phobias concerning lifts or escalators, and some have social phobias which can affect people’s ability to give an opinion or speak to someone in a position of authority. Of course it is often difficult to distinguish between phobias and fears (for instance of making a mistake when filling in a form, or of using a computer). But in some circumstances phobias may impact on people’s literacy and numeracy skills in everyday life, without the cause being obvious as people may well try to disguise their phobia.

It is clear that a very substantial proportion of the population is likely to be or to feel at a disadvantage as a result of their literacy, numeracy or ICT skill levels, in particular circumstances or in general.

**Poverty and deprivation**

The Government’s ‘Households Below Average Income’ figures highlight the substantial inequalities in wealth in the UK.

In 2004-2005, 11.5 million people were living on incomes which were 60% or less than the median household income, which is commonly used as the low income threshold.

Among the key basic figures:

- 3.4 million children live in these low income households.
- There are 3.5 million working-age adults without children living with a low income.
- 23% of working age single-person households are on a low income;
- Disabled adults are twice as likely as non-disabled adults to be living in low income households.
- Minority ethnic households are twice as likely as white British households to be on a low income.
- 19% of single pensioners are living with low incomes.
- 20% of pensioner couples are on low incomes.
- Half of all lone parent households are living on a low income.

After housing costs, the poorest fifth of the population have an average weekly income of £136, compared with the median of £304 per week.

The effects of being on a low income can also be exacerbated by lack of access to bank or building society accounts, or to home contents insurance, as well as difficulties in affording home repairs or being able to replace broken electrical goods or furniture. A sixth of people on low incomes lack at least two of three selected consumer durables (video, freezer, washing machine).

Among the very poorest - households existing on less than 40% of the median level of income - are about a million children who experience the effects of poverty such
as exclusion from school-related activities and many social activities, healthy food, safe play facilities, etc. These households are usually in poor housing, often in poor neighbourhoods, and may well be excluded from mainstream financial services. In terms of home ownership, about half of those buying or who have bought a house are currently existing on a low income.

In general, housing tenure is closely associated with income levels. Almost half of those in social housing are on low incomes. Households in social housing are 50% more likely than the average to experience burglary, as are those renting privately.

At least 2 million households in England were estimated to be in fuel poverty in 2003, according to official figures (the number is likely to be much higher now due to soaring fuel prices over the last couple of years). It is most common among those in private rented accommodation. Utility debt levels are high and also people may well be self-disconnecting if they are on pre-payment meters.

Rural poverty is increasingly being recognised as significant. The prevalence of rural poverty is most closely associated with age, with over-60s accounting for almost 70% of those living in or near the margins of poverty. A number of distinctive, often-related, features in rural areas serve to reinforce economic and social disadvantage. These can include low-waged employment or scarce employment opportunities; lack of central heating; and not being able to afford a holiday. Almost a third of low income households have not had access to a vehicle, limiting people’s ability to access services or shop around.

Poor households, especially those which have been poor for some time, lose out on access to goods and services; the areas of markets from which they drop out through necessity can be many and varied. But of course there are many consistent themes – for instance poor households struggle to pay for many of the most essential of services and goods; they are very unlikely to be able to afford a break from the grinding routine of making ends meet; they are likely to find any significant amount of travel prohibitive; most or all mainstream financial products are out of reach (though loan sharks aren’t); and replacing worn out or broken household goods is not possible or is a big struggle.

**Being from a minority ethnic group**

There has been a great deal of research highlighting the ways in which many people are excluded from various aspects of society on the basis of their ethnicity and/or migrant status.

Whilst there is much variation between and within ‘groups’ (however construed), people from black and minority ethnic groups are more likely than white British people to live in deprived areas, to live in overcrowded conditions and/or in poor housing - which may still be expensive.

Similarly, they are more likely to be unemployed, or to be in low paid, often-insecure, employment regardless of their qualifications and work experience – this mismatch is particularly pronounced for refugees and asylum seekers.
They are more likely to report poor health or illness, and to face the risks of racial harassment, abuse, and other racist crime.

This is a vast and complex area of potential and actual disadvantage. It is perhaps invidious to single out particular groups but there is evidence to suggest those who may be most at risk of disadvantage include:

Asylum seekers, who may have little or no understanding of official and unofficial ‘systems’. Most arrive in the UK with little or no money, many are initially dispersed to areas that do not provide much initial support. Also, there is evidence that the National Asylum Support Service (NASS) does not always give asylum seekers much notice that they have to move on from NASS-organised initial accommodation, so they have little chance of securing reasonably suitable accommodation. Many asylum seekers also have to cope with the trauma and stresses of leaving their home (having perhaps experienced hunger, the death of family members, etc.). Those granted refugee status are likely to face many of the same problems.

Other relatively recent migrants may face language and cultural barriers, overcrowding, ‘ghettoisation’, discrimination and racism. Evidence also shows that women from some countries may have problems, for instance with literacy and numeracy (due in large part to cultural norms and assumptions); also, women who become homeless, for example because of domestic violence or as a result of family disputes, are highly vulnerable.

Getting a ‘firm foothold’ in UK society is therefore an important way of not being at a disadvantage – though there is evidence to show that some people have experienced more racism the more they interact with white British society (which could lead them to withdraw). In general it is difficult to overstate the extent to which racism and race discrimination puts people at a disadvantage. It is, therefore, understandable that many people operate primarily within ‘their own’ social, cultural and religious networks and institutions. Of course this does not preclude people from, say, buying a TV from a high street store. But the resulting conditional relationship with mainstream society can put people at specific disadvantage – a classic example is the well-documented reluctance of many Black/Asian people to visit, overwhelmingly-white, rural areas.

Older people

Many studies and schemes focus on older people as a ‘category’ who are more at risk than younger adults, principally because there is a close correlation between age, and disability, illness, and frailty. While this is true some of the time, it is not true for all older people, and such attitudes represent a crude, non-dynamic, non-reflexive approach. On the other hand there is plenty of evidence to indicate that ageism and age discrimination can be significant source of disadvantage.

“I went to a computer class for beginners and the teacher said she was sorry but she thought I was too old” – 62 year old in the study reported in Older people and communications technology, Ofcom Consumer Panel, 2006.
Although some older people may experience difficulties in understanding their finances or in coping with new ways of purchasing goods, this may not necessarily mean they lack literacy or numeracy skills. The National Institute of Adult Continuing Education points out that difficulties often arise because of the increasing mismatch between people's past educational and life experiences, and the changes and complexities which characterise so many aspects of modern life – especially in ICT. Older people can feel very alienated by the increasing complexity of services, and the erosion of ‘personal service’, which lessens their understanding of how decisions about the provision of financial and welfare services are made, and their ability to inter-act with them.

The Ofcom Consumer Panel estimates that 56% of people over 65 have voluntarily excluded themselves from many new communications services (compared with 22% for the population in general). The term ‘voluntarily’ may have different meanings according to individual circumstances. Some older people are unlikely to be able to afford a personal computer and internet access; some prefer to use their money in other ways, and some – with some justification – are no doubt put off by the processes involved, unclear language and use of jargon; also the assumption by the mass media that everyone is ICT ‘literate’ is heavily complexioned by the association of new technologies with youth. Equipment and program designers and suppliers must shoulder much of the blame for not taking sufficient account of people’s needs.

Income and wealth distribution among those of pension age is substantially unequal, with considerable disparities in incomes between those in the top income decile and pensioners who are in the lowest income brackets. No less than 48% of all pensioners fall into the lowest 40% income bracket.

**Other exclusionary factors**

**Access to food:** Official figures and other studies confirm that those on low incomes spend on average a quarter of their weekly budget on food and routinely have to purchase cheaper goods – often high in sugar, salt and fat. And when money is particularly tight, spending on food may be cut and meals missed.

Those on persistent low incomes are particularly likely to lack many essential nutrients, including iron and vitamins. Food campaigners such as Sustain argue that for most people on low incomes it is impossible or very difficult to afford the foods which are most likely to make up a healthy diet.

Another feature which can put many at a disadvantage is the often-poor quality of labelling. Even where it is reasonably clear, many of us do not have sufficient skills to ‘decode’ the extent to which packaged food is healthy or unhealthy.

Limited availability of food outlets and retailing policies also put people at a disadvantage. The price of ‘healthy’ foods may be higher in deprived areas than in wealthier areas. The choice and availability of healthier foods can be more restricted in deprived areas. Meanwhile the onward march of supermarkets and hypermarkets...
not only disadvantages those without a car, the large sizes of many items can
disadvantage those on low incomes or in small households.

**Affordable credit:** One in five are denied access to high-street credit (nearly 8 million
people). Households and individuals on low incomes often have to borrow as a
matter of necessity. Problems identified by the National Consumer Council include:

- a lack of trust or familiarity with providers;
- application procedures which are difficult for some, such as form-filling;
- the frequent need for access to a telephone or the internet;
- lack of certainty over the likelihood of an application being successful;
- higher minimum loans than the £150 average that low-income consumers
tend to borrow;
- the need for a bank account to receive the loan and make repayments;
- monthly repayments that do not fit with budgeting cycles;
- penalties and hidden charges; and
- the serious legal consequences of defaulting.

(*Affordable credit*, NCC factsheet)

Consequently nine out of ten seek alternatives. The Social Fund is notoriously poor
at meeting such needs, so people resort to high-cost home credit companies,
payday lenders, pawnbrokers, mail order catalogues, buy-back stores, sub-prime
credit cards, or various informal (and potentially unpleasant) sources.

Poor households not only pay more for credit, they are usually not in a position to
take advantage of reduced or discounted prices available to those who can pay by
direct debits. Meanwhile many fuel-poor households pay more for their energy as
they have prepayment meters.

**Drug and alcohol abuse:** This can have profound effects for individuals and
households: people can lose their jobs; much of the household’s income can be
diverted; there is often diminished capacity in decision-making skills and ability, and
there can be a slide into chaotic lifestyles (including major problems with
accommodation). All of the consequences of substance abuse can put individuals,
and their families, at a disadvantage.

**Offending:** Substance abuse is often also a major feature in offending. Unless
suitable treatment and support are available, many return to society with the same
sorts of problems.

Over 150,000 people are committed to custody each year. Whether or not they have
a substance misuse problem, other problems are common: though there is a dearth
of large-scale evidence, it appears that many with custodial sentences have various
literacy and numeracy problems, a high proportion have some sort of mental health
problem, some are known to have learning difficulties. Women in prison are
particularly likely to develop anxiety and/or depression. The relatives of prisoners
also experience severe problems, and often feel they are being penalised as well.
After the shock of arrest and separation comes the struggle to pay the bills and bring
up a family. The needs of prisoners’ families are largely ignored and they may feel
unable to confide in anyone. Consequently whole households can be put at a disadvantage as a result.

5. Conclusions

The category-based approach towards consumer vulnerability fails to capture the dynamic and changing nature of people’s circumstances, and effectively ignores the height and complexity of ‘hurdles’ placed in front of them by organisations (for instance, the moves by banks from ‘face to face’ interaction to automated phone systems, or call-centres).

Instead, At a disadvantage covers both people who – through individual circumstances such as long-term illness, disability or poverty – are in today’s society likely to be economically and/or socially excluded, and everyone who is actively placed at a disadvantage as a result of the policies and practices of organisations providing services and goods. So the concept should provide for a well-grounded, reflexive and flexible approach.

Public policy-makers, regulators and companies need to take action to achieve a more thorough understanding of the breadth and extent of factors that place consumers at a disadvantage, and ensure that this is incorporated and reflected in all systems and processes: from the design and provision of products and services through to their contacts and interface with consumers. Also, they should examine critically whether any existing ‘special schemes’ actually meet the needs of people with particular problems or requirements (eg low incomes, disability) – or whether by product or service re-design everyone can access the ‘mainstream’ of provision. Ultimately they should adopt an inclusive approach along the lines of “design for all’ principles.

“Design for all’ principles should not be regarded as aspirational, but as the cornerstones of an inclusive society, and designers, producers and suppliers should be judged on the basis of whether their actions unnecessarily put people at a disadvantage.

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