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“Tackling severe family disadvantage in Scotland means looking at more than just poverty...”

A WIDER LENS

Louise Bazalgette

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All errors or omissions remain our own.

Louise Bazalgette
Demos
October 2012

Executive summary

The purpose of this study is to develop new data to help us understand the scale and nature of disadvantage affecting families in Scotland. In previous decades policymakers have particularly focused on addressing income-based measures of family disadvantage that might compromise children's outcomes, such as those enshrined in the Child Poverty Act 2010 ('relative' child poverty; 'combined low income and material deprivation', 'absolute low income' and 'persistent poverty'). However, more recently a variety of prominent voices – most notably Frank Field's in the report of the Independent Review on Poverty and Life Chances¹ – have criticised this predominantly income-based approach to understanding disadvantage for reducing the many factors that can threaten children's life chances to purely monetary considerations.

In recent years, researchers have increasingly sought to understand disadvantage from a multidimensional perspective by identifying households that suffer from a combination of disadvantages (such as poor housing, poor health, worklessness and so on as well as low income).² Such an approach has the additional benefit that it can be understood more easily by the public, while complex income-based measures are often poorly understood.³ Multidimensional measures of disadvantage can also contribute to better informed policy responses at a national and local level by identifying a broader set of policy priorities and increasing understanding of how various types of disadvantage can interact in people's lives. Demos's own multidimensional poverty study (forthcoming) is a key example of this approach.

However, little research has been conducted in Scotland to identify the nature of Scottish families' experiences of multiple disadvantage. Therefore, the purpose of this study is to conduct

new secondary analysis of a large-scale survey of Scottish households to develop new knowledge of experiences of multiple disadvantage in Scotland. The key research questions are:

- How many households in Scotland experience multiple disadvantage?
- Does the prevalence of multiple disadvantage vary by local area?
- Which types of household are most at risk of multiple disadvantage?

In exploring ‘multiple disadvantage’, this report does not in any way seek to replicate the ‘troubled families’ policy agenda currently being pursued in England, which focuses on families ‘characterised by there being no adult in the family working, children not being in school and family members being involved in crime and anti-social behaviour’.⁴ The estimates used to arrive at the 120,000 ‘troubled families’ figure recently quoted by the Troubled Families team at the Department for Communities and Local Government (DCLG) used different datasets, different indicators of disadvantage, and different thresholds of the most disadvantaged households. Perhaps even more importantly, this study (like the Cabinet Office’s study, quoted by DCLG, which originally estimated that approximately 120,000 families in England have multiple problems⁵) does not include any measures of crime or antisocial behaviour and seeks to identify a group of families that are at greater risk of poor outcomes, rather than families identified as posing a threat to the safety and cohesion of their wider community.

Methodology

In this study Demos worked with researchers at NatCen, who performed secondary analysis of the latest available two-year dataset of the Scottish Household Survey (covering 2009 and 2010), which contains information from over 28,000 households in Scotland.

The large size of this survey means that it is possible to look at multiple disadvantage within local areas, and also according to sub-groups of the population (eg families with children, working age adults without children and older people).

The seven indicators of disadvantage identified in this study are:

- low income
- worklessness
- no educational qualifications
- overcrowding
- ill health
- mental health problems
- poor neighbourhood

Households are categorised according to the number of these types of disadvantage they experience:

- households with no disadvantages
- households with one to three disadvantages
- households with four or more disadvantages⁶

The study then looks at the prevalence of each individual disadvantage indicator in each local authority and across Scotland as a whole, as well as the prevalence of multiple disadvantage. It also compares the type and number of disadvantages experienced by the three population sub-groups (families with children, working-age adults without children and older people).

A more detailed methodology can be found at the beginning of chapter 2.

Key research findings

Overall rates of disadvantage in Scotland according to population sub-group

These are the results of the analysis performed for this study on the overall rates of disadvantage in Scotland:

- 20 per cent of families with children had low income (compared with 16 per cent of working age households without children and 17 per cent of pensioner households).
- 10 per cent of families with children were living in overcrowded accommodation (compared with 1 per cent of working age households without children and <0.5 per cent of pensioners).
- 18 per cent of families with children had poor health (compared with 24 per cent of working age households without children and 54 per cent of pensioner households).
- 4 per cent of families with children had poor mental health (compared with 5 per cent of working age households without children and 3 per cent of pensioner households).
- 15 per cent of families with children were workless (compared with 24 per cent of working age households without children).
- 12 per cent of household representatives for families with children had no qualifications (compared with 19 per cent of working age households without children and 47 per cent of pensioner households).
- 8 per cent of survey respondents for families with children rated their neighbourhood as 'fairly poor' or 'very poor' (compared with 7 per cent of working age households without children and 4 per cent of pensioner households).

Overall rates of multiple disadvantage in Scotland

These are the overall rates of multiple disadvantage in Scotland for each of the three sub-groups in this study:

- 4 per cent of families with children have four or more of the seven disadvantages identified in this study.
- 5 per cent of working-age households without children have four or more disadvantages.
- 8 per cent of pensioner households have three or more disadvantages.⁷

Total numbers of multiply disadvantaged households in Scotland

In 2010 there were approximately 2.3 million households in Scotland. On the basis of these findings, we can make the following estimates:

- There are approximately 24,000 families with children in Scotland that are affected by four or more of the seven disadvantages identified in this study.
- There are approximately 55,000 working age households without children affected by four or more disadvantages.
- There are 52,000 pensioner households with four or more disadvantages.

Prevalence of multiple disadvantage by local area

This was the prevalence of multiple disadvantage across all three population subgroups by local area:

- Glasgow had the highest proportion of households with four or more disadvantages.
- North Lanarkshire also had higher than average rates of multiple disadvantage.
- Edinburgh had the highest proportion of households *without any* disadvantages.
- Other areas with a high proportion of households *without any* disadvantages were Highlands, Grampian and Central.

Within the population sub-group of families with children:

- Glasgow was again the most disadvantaged area, with one in ten (11 per cent) families with children in Glasgow experiencing four or more disadvantages.
- South Lanarkshire had the second highest rate of families with children that had four or more disadvantages (7 per cent). South Lanarkshire also demonstrated high inequalities as a relatively high proportion of families with children (58 per cent) did not have any disadvantages.

Characteristics of households that are most at risk of multiple disadvantage

Looking across all three population sub-groups, certain characteristics were linked to multiple disadvantage, such as:

- single person households (including lone parents) and large households
- women (likely to be lone parents)
- separated or divorced households
- rented households.

These patterns generally hold within the sub-groups, although certain patterns stand out:

- Among working age households without children, those who live alone (without a partner) and are renting their accommodation appear most at risk of experiencing multiple disadvantage.
- Among pensioner households, those most at risk are the oldest old, women, widowed people and people who rent their accommodation.

Profiling of families with children that have four or more disadvantages demonstrates the following:

- Half (51 per cent) are lone parents, compared with 21 per cent among all families with children.
- Three-quarters (77 per cent) are living in social rented housing.
- Half (50 per cent) live in large urban areas.

Families with children that have low income, poor health and no educational qualifications

We performed additional analysis to identify the proportion of families with children that experienced a specific set of three disadvantages: low income, poor health and no educational qualifications:

- Overall, 2 per cent of families with children had this combination of disadvantages (they may also have had additional disadvantages).
- Within local areas, the proportion of families with this set of disadvantages ranged from <0.5 per cent in Dunbartonshire to 3 per cent in Glasgow; 3 per cent of families with children in North Lanarkshire and South Lanarkshire also had this combination of disadvantages.

The structure of this report

Chapter 1 describes the broader social and economic context for this research project by outlining some of the facts and figures on how families with children in Scotland are currently experiencing various types of disadvantage, or risk of harm. Types of disadvantage explored include child poverty, poor housing and worklessness.

Chapter 2 presents NatCen's new analysis of the Scottish Household Survey (2009/10) to provide a statistical portrait of Scottish families' experiences of seven types of disadvantage (low income; worklessness; no educational qualifications; overcrowding; ill health; mental health problems; poor neighbourhood).

This analysis will provide new evidence of:

- the proportion of households in Scotland that experience multiple disadvantage
- the prevalence of multiple disadvantage according to local area
- the types of household that are most at risk of multiple disadvantage

Chapter 3 will set out a succinct summary of current policy responses to tackling family disadvantage in Scotland. These findings will inform the next phase of Demos's research on families experiencing multiple disadvantage.

The next phase of research

The purpose of this initial scoping study is to understand the scale and nature of disadvantage in Scotland, with a particular focus on families with children.

This study will be used to inform the next stage of Demos's research project, which will use in-depth qualitative research techniques (including focus groups, diary-prompted interviews and ethnographic visits to families' homes) to develop a detailed knowledge of the aspirations and challenges experienced by families suffering from multiple disadvantages. These are some of the key research questions for this next phase:

- What are the current limitations in support for families experiencing multiple disadvantage? Where are the gaps, tensions, and duplications of effort resulting from silo-based working or attempts to tackle problems in isolation from people's families or wider communities?
- Which types of support and approaches do families themselves believe would help them the most?
- How might effective approaches to family support build on existing community and family supports and build families' resilience?
- Which examples of good practice in family support can we learn from that are effective *and* cost effective in improving outcomes for families experiencing multiple disadvantage?
- What lessons can service providers and policymakers in Scotland and the UK draw from these new research findings?

We expect the findings from this second research phase to be published in autumn 2013.

1 Types of disadvantage affecting families in Scotland

This chapter will describe the broader social and economic context for this research project by outlining some of the facts and figures on how families with children in Scotland are currently experiencing various types of disadvantage, or risk of harm. The chapter is divided thematically into the following sections:

- low income and child poverty
- poor housing and area-based deprivation
- educational disadvantage and worklessness
- health inequalities
- alcohol consumption and drug use
- child abuse and neglect

This overview will set out existing evidence on how a variety of types of disadvantage, such as poverty, area-based deprivation, poor health and worklessness, interact in families' lives. This evidence will provide a descriptive context for the new analysis presented in chapter 2, which details the proportion of families that are currently experiencing 'multiple disadvantage' in Scotland.

Low income and child poverty

A large body of evidence demonstrates that children growing up in low-income households are at greater risk of poor outcomes across a variety of domains including health, emotional and behavioural problems, risky behaviours and educational attainment.⁸ In response to this serious moral and social problem, the UK Government enshrined four UK-wide targets

for reducing child poverty in the Child Poverty Act 2010, to be met by April 2020:

- *relative child poverty*: less than 10 per cent of children to live in households that have a household income of less than 60 per cent of median household income
- *combined low income and material deprivation*: less than 5 per cent of children to live in households that have a household income of less than 70 per cent of median household income and experience material deprivation
- *absolute low income*: less than 5 per cent of children to live in households that have a household income of less than 60 per cent of the median household income for 2010
- *persistent poverty*: to reduce the proportion of children who experience long periods of relative poverty (eg are in relative poverty for three consecutive years within a four-year period)⁹

To inform Scotland's own strategy for reducing child poverty, the Scottish Government published evidence on current rates of child poverty in Scotland in November 2010.¹⁰ This demonstrated that with 21 per cent of Scottish children living in relative poverty in 2008/09, child poverty levels in Scotland are similar to the UK-wide level of 22 per cent. Although more than a fifth of Scotland's children were living in relative poverty in 2008/09, this represents a decline in the poverty rate since 1998/99, when the figure stood at 28 per cent.¹¹ In 2008/09, 16 per cent of Scottish children were living in 'combined low income and material deprivation' (this proportion has remained roughly constant since 2004/05) and 11 per cent of children, or 110,000 children, were living in 'absolute poverty' (a reduction from 28 per cent in 1998/99). 13 per cent of children lived in persistent poverty between 2004 and 2007, a slight reduction from 15 per cent of children living persistently in poverty between 2001 and 2004.¹²

Research by the National Centre for Social Research, published by the Scottish Government in 2010, analysed data from the project Growing Up in Scotland (between 2005/06 and 2008/09) to identify which children were particularly at risk of

experiencing persistent poverty. For the purposes of this study, children were categorised as being ‘persistently poor’ if they were living in relative poverty during at least three out of four of the annual surveys carried out for Growing Up in Scotland. This study found that the family’s employment status had the largest impact on the child’s risk of persistently living in poverty, with families that were consistently out of work most at risk of persistent poverty.¹³ Nearly all workless families in the survey experienced poverty at some point, while approximately eight out of ten workless families experienced persistent poverty.¹⁴ Other risk factors included:

- *Lone parent families*: 73 per cent of birth-cohort children who lived in lone-parent families throughout the study period were persistently poor, compared with only 12 per cent of children from stable couple families.
- *Larger families*: 37 per cent of birth cohort children who lived with two or more other children were persistently poor, compared with 21 per cent of solo children.
- *Families with a young mother*: 50 per cent of birth-cohort children whose mother was aged under 25 experienced persistent poverty.
- *Families with parents with low educational attainment*: 49 per cent of birth-cohort children whose mothers had low educational attainment experienced persistent poverty.
- *Families living in rented housing (especially social housing)*: 59 per cent of birth-cohort children living in the social rented sector experienced persistent poverty.¹⁵

The study by the National Centre for Social Research also found that children from minority ethnic backgrounds were at greater risk of persistent poverty than white children, as were those children whose mother had a long-standing health problem or a disability.¹⁶

Data published by the Scottish Government also highlight the greater risk of relative poverty for children whose family includes a disabled adult (approximately 17 per cent of Scottish children). This evidence suggests that approximately a third of children who live with a disabled adult (60,000 children) live in

relative poverty, in comparison with 19 per cent of children (160,000) living with non-disabled adults. The same heightened risk of poverty applies to disabled children: 26 per cent of families that include a disabled child live in relative poverty, compared with 19 per cent of families with non-disabled children. This study suggests that ‘parental disability can be a barrier to labour market participation, preventing families with children from gaining sufficient resources from employment to escape poverty’.¹⁷

Poor housing and area-based deprivation

Poor housing

In 2004 Scotland’s Minister for Communities announced the new Scottish Housing Quality Standard (SHQS), with an agreed target that all social landlords must ensure their properties meet the standards by 2015.¹⁸ The SHQS includes five criteria; properties must:

- be above the statutory tolerable standard
- be free from serious disrepair
- be energy efficient
- have modern facilities and services
- be healthy, safe and secure¹⁹

The Scottish Government’s recent report on the SHQS found that approximately 1.4 million homes, or 61 per cent of all properties, failed to meet this standard in 2010.²⁰ A recent report by the housing charity Shelter acknowledged that ‘the number of homes which fail the Scottish Housing Quality Standard (SHQS) is falling’.²¹ However, the report highlights the problem that too many children still live in homes that do not reach the SHQS. They also estimate that 186,000 children live in houses that have condensation or damp, increasing children’s risk of asthma or other respiratory problems, and approximately one in ten (96,000) children live in overcrowded housing.²² The Scottish Government’s 2010 report on child poverty points out that social housing landlords are making greater progress on

meeting the SHQS than private landlords, as 66 per cent of private sector homes, compared with 61 per cent of social housing properties, failed to meet the SHQS in 2008.²³

Evidence published by the Scottish Government demonstrates that the social housing sector has a much stronger association with child poverty than other types of housing tenure: 63 per cent of children living in relative poverty live in social housing, while only 16 per cent of children who are not in poverty live in social housing. This research also found that 32 per cent of children who live in private rented housing are in poverty (although this equates to only one in ten of children who are living in poverty). A further 18 per cent of children who are in poverty are living in an owner-occupied home. However, the study observes that children living in a home that was bought with a mortgage are at lower risk of poverty.²⁴

One of the types of poverty most strongly associated with housing quality and type is fuel poverty. Households are classified as living in fuel poverty if they need to spend more than 10 per cent of their income on household fuel.²⁵ The Scottish Government's *Scottish House Condition Survey* in 2010 observed that tenants of local authority properties are most likely to be living in fuel poverty, with housing association tenants the next most likely. However, 'extreme' fuel poverty, whereby the household needs to spend more than 20 per cent of its income on fuel, is three times more common in privately rented or owned homes than in homes rented from a housing association.²⁶ In 2010 28 per cent of Scottish households (658,000) were fuel poor and 7.8 per cent of households (185,000) were in 'extreme fuel poverty'.²⁷

Shelter's recent research on the quality of children's housing in Scotland estimates that almost 20 per cent of children (179,000) in Scotland are currently living in fuel poverty. This report observes that in the previous year (between 2009 and 2010) there had been a 40 per cent increase in fuel poor households with children. It suggests that this is due to the cost of fuel increasing faster than family incomes.²⁸ The 2010 *Scottish House Condition Survey* identifies other types of household that are at greater risk of experiencing fuel poverty, including older

people who live alone (55 per cent of older people who live alone experience fuel poverty and 23 per cent are in extreme fuel poverty); other small pensioner households (eg pensioner couples), of which 40 per cent are in fuel poverty and 18 per cent are in extreme fuel poverty; and lone parents, of whom 31 per cent are fuel poor.²⁹ Other risks of fuel poverty relate to the type of building (detached houses present the greatest risk of fuel poverty, as do older buildings, while terraced houses and tenement flats present less risk). There are also varying risks of fuel poverty associated with the geographical area, with extreme fuel poverty twice as common in rural areas (14 per cent of households) than in urban areas (7 per cent of households).³⁰

Area-based deprivation

A variety of other research has also demonstrated the link between area-based deprivation and household poverty. The Scottish Government's child poverty review identified the fact that child poverty is particularly prevalent in deprived areas, with 45 per cent of children in the 15 per cent most deprived areas in Scotland living in relative poverty; 17 per cent of children in the remaining 85 per cent of Scotland are living in relative poverty.³¹ Shelter's report also observes that Scottish children who are living in social housing are more likely to live in deprived areas, as 53 per cent of all social housing is located in the 15 per cent most deprived areas.³²

In contrast to fuel poverty, the Scottish Government's review observes that there is some evidence that *relative poverty is less prevalent in rural areas*, with 13 per cent of people in rural areas, in comparison with 18 per cent of people in urban areas, living in relative poverty.³³ Data from the Growing Up in Scotland study also substantiate this, as analysis by the Scottish Centre for Social Research found that 'families living in cities faced higher risk of poverty in general, and persistent poverty in particular, than families living in towns or in rural areas'. This study also found that families living in more deprived areas according to the Scottish Index of Multiple Deprivation had a greater risk of persistent poverty.³⁴

Other data suggest that children living in a deprived area have a greater risk of:

- lower participation in education (see more on educational attainment below)
- school exclusion
- unemployment on leaving school
- being a victim of crime (including property crime and violent crime)³⁵

The Scottish Government's 2008 strategy for tackling poverty *Achieving our Potential* observed that the number of deaths that result from violent assault in the most deprived areas are ten times higher than those in the least deprived areas.³⁶

Independent research by Susan Deacon for the Scottish Government to explore how children can be given the best start in life from the early years onwards, published in 2011, considered some of the evidence on how area-based deprivation can shape children's experiences in the early years. Her report drew on a variety of sources, including evidence from Growing Up in Scotland, and found that children growing up in more deprived areas are disadvantaged in various ways:

- 20 per cent of parents with children under 5 perceived their neighbourhood to have low child-friendliness.
- Parents living in deprived areas are more likely than other parents to report low access to services like childcare, health and leisure facilities.
- Parents living in deprived areas and social housing were more likely to be dissatisfied with local facilities.³⁷

These findings illustrate how children growing up in more deprived areas can have fewer educational opportunities and access to services from the start, with implications for their early development and potentially their subsequent educational attainment and employment opportunities later in life.

Educational disadvantage and worklessness

Educational disadvantage

These are the figures on educational disadvantage from the Scottish Government's annual report on attainment, leaver destinations and healthy living for 2012:

- 52.5 per cent of school leavers left with one or more passes at higher or advanced higher level and 45.4 per cent of school leavers left with one or more passes at Scottish Credit and Qualifications Framework (SCQF) levels 3–5 as their highest qualification.
- 2.1 per cent of school leavers attained no passes at SCQF level 3 or better. This included 5.4 per cent of those who left school at age 16 or under, 0.3 per cent of those who left school at 17 and 0.6 per cent of those who left school at 18 or above.
- 12.8 per cent of school leavers did not go on to a 'positive destination' (defined as higher education, further education, training, voluntary work, employment and 'activity agreements').
- The average tariff score (calculated according to the number and type of educational qualifications achieved) of school leavers in positive destinations (409) was more than double that of school leavers who did not go on to positive destinations (188).³⁸

This report also demonstrates the link between young people's educational attainment and the characteristics of the area where they went to school. In 2010/11, the average tariff score for young people who went to school in large urban areas was 375, compared with an average score of 424 for children who went to school in remote rural locations. 85.7 per cent of young people who went to school in a large urban area had a 'positive destination' in comparison with 91.3 per cent of those educated in a remote rural location.³⁹ An earlier annual report notes that it is likely that this disparity is linked to different levels of deprivation in the areas.⁴⁰

Analysis directly linking the location of the young person's school to the Scottish Index of Multiple Deprivation also demonstrates the link between the school's location and the school leavers' average attainment. School leavers who went to school in the 20 per cent most deprived areas in Scotland had an

average tariff score of 250, which was less than half the average score achieved by school leavers educated in the 20 per cent least deprived areas (531). Over three-quarters of young people (77.9 per cent) leaving schools in the 20 per cent most deprived areas went on to a 'positive destination', compared with 94.5 per cent of young people leaving schools in the 20 per cent least deprived areas.

Research by a Literacy Commission (commissioned by Scottish Labour) in 2009 estimated that approximately 19 per cent of children (equating to 13,000) in Scotland are not 'functionally literate' when they finish primary school (national data are not collected). The same study found that over 20 per cent of children in two local authorities have not reached the required standards in reading at age 14 and 10–19 per cent of 14-year-olds had not reached these standards in six other local authorities. Half of 14-year-olds in two local authorities and just under a third in six local authorities did not reach appropriate standards in reading.⁴¹

A report published by the Scottish Government in 2008 estimated that 39 per cent of men and 36 per cent of women of working age had a level of literacy that was likely to have a negative impact on their employment opportunities and life chances.⁴² The Scottish Government's review of evidence on child poverty in 2010 observed: 'Education is strongly linked with employment for parents, with those parents taking part in Working For Families who did not have any qualifications having a lower likelihood of entering paid employment.'⁴³ These various findings illustrate how area-based deprivation, poor educational attainment and poor subsequent employment opportunities could contribute to the intergenerational transmission of poverty from parent to child.

Worklessness

Data published by the Office for National Statistics (ONS) found that approximately 29 per cent of households in Scotland were workless in 2011 (no working-age adult in the household was in work). Glasgow City had the highest percentage of

where more adults are working.⁴⁸ Correspondingly, the risk of child poverty is greater in workless families than in families where at least one adult is working; 71 per cent of children in workless families are in poverty, while 11 per cent of children in working families are in poverty. However, as this review observes, children in working families still make up more than two-fifths (42 per cent) of children in poverty.⁴⁹ Therefore, work (especially part-time or low-paid work) is not always protective against poverty.

In 2011 the Scottish Centre for Social Research conducted analysis of the Growing Up in Scotland study to explore, among other things, the risk factors for parental unemployment and job loss (defined as a substantial decrease in household employment, equivalent to a single parent losing a part-time job or one parent in a couple family losing a full-time job). The authors of this study observed:

*Parental unemployment is related to lower educational attainment and higher probability of economic inactivity, psychological distress and smoking among young adults, with the experience of parental worklessness in early childhood (aged 0–5) having the strongest influences on later educational attainment and economic inactivity.*⁵⁰

This analysis of five years of survey data relating to the Growing Up in Scotland birth cohort (collected between 2005/06 and 2009/10) contributed the following findings regarding parental characteristics that increased the risk of job loss:

- Lone parents were much more likely than couple families to experience ‘sustained job loss or substantial reduction in working hours’ (13 per cent of lone parent families in comparison with 5 per cent of couple families).
- Lone parents who were at greater risk of job loss included mothers with more than one child and those living in urban areas (as opposed to small towns or rural areas).
- Couple families had an increased risk of job loss if they lived in social housing or had a low income. Likelihood of job loss was lower if they had more than one child.

- Both lone parents and couple families were at greater risk of job loss if the mother was younger (aged under 20), the mother had poor physical health, the main earner was from a lower occupational class, the family was living on a low income, or the family lived in a deprived area.⁵¹

This study also explored family outcomes relating to job loss (as measured in the survey wave that took place in 2009/10). The authors found that when stably employed families were compared with those that had experienced job loss, for both lone parents and parental couples, the families that had job loss were more likely to show:

- a high level of ‘home chaos’
- income poverty
- high conflict in the parent–child relationship

However, income poverty was higher among lone parents than parental couples, and lone parents that had a substantial reduction in working hours were more likely to experience poor mental health. The same deterioration in mental health was not apparent in parental couples, which led the authors to comment: ‘This may indicate that the support of a partner may have a protective influence following job loss, or it may indicate a more voluntary (or unconstrained) reduction in work intensity among couple families.’⁵²

Overall these findings highlight the impact of parents’ work status on the family environment in which their children grow up, with important implications for their children’s subsequent development and employment prospects. We can also see how parents’ own characteristics (including age, health and relationship status) are related to their employment opportunities.

Health inequalities

UK-wide statistics tend to identify some areas of Scotland as being particularly at risk of health inequalities in comparison

with other regions within the UK. For example, data on life expectancy published by the ONS in 2011 found that across the UK male life expectancy at birth was highest in Kensington and Chelsea (85.1 years in 2008–10) and lowest in Glasgow City (71.6 years in 2008–10), with a gap of 13.5 years between the two areas.⁵³

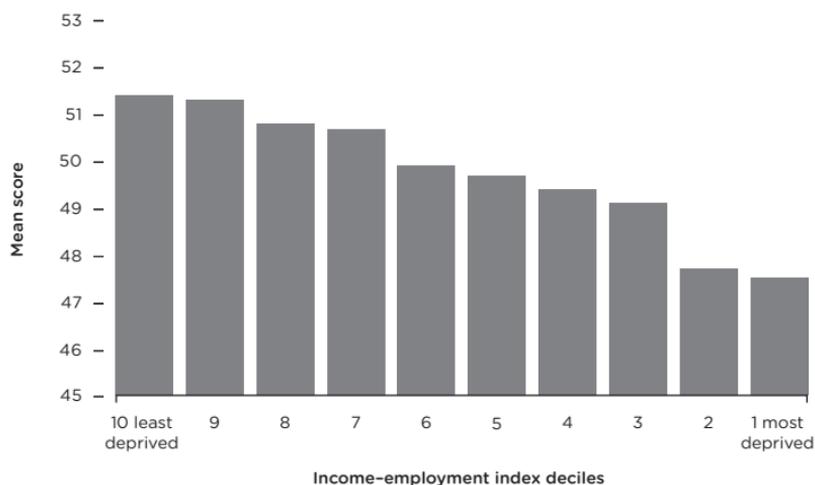
Within Scotland, data on health inequalities collected by the Scottish Government demonstrate substantial divergence on a number of health indicators between more and less deprived areas in Scotland. For example, the ‘premature mortality’ indicator (measuring deaths among people aged under 75) finds that premature deaths are considerably less common in areas of low deprivation. In 2008, the rate of premature death per 100,000 people was 698 in the 10 per cent most deprived areas, in comparison with 205 in the 10 per cent least deprived areas (more than three times higher).⁵⁴

The ‘healthy life expectancy’ indicator (measuring ‘the number of years people can expect to live in good health’) provides similar findings, with healthy life expectancy lower for both men and women in deprived areas than in areas of low deprivation. In 2007/08, men living in the most deprived decile could expect to live 18.8 fewer years in good health than men in the least deprived decile. Women from deprived areas could expect 17.1 fewer years of good health.⁵⁵

These health inequalities are not only limited to physical health; the same trends are also apparent in mental health. Between 2008 and 2010, the Scottish Health Survey included a measure of wellbeing called the Warwick-Edinburgh Mental Wellbeing Scale. The Scottish Government’s statistics on health inequalities report that there was a difference of 3.9 points between the Warwick-Edinburgh Mental Wellbeing Scale scores of men and women in the most deprived decile and those in the least deprived decile (see figure 2).⁵⁶

Data derived from the Growing Up in Scotland study can shed light on the impact of maternal and child health inequalities on children’s health and development in the early years. Findings from a study published by the Scottish Government in 2010, *Growing Up in Scotland: Health Inequalities in the Early Years*, include:

Figure 2 **Mental wellbeing scores by income-employment index deciles in Scotland, ages 16+, 2009⁵⁷**



- 41 per cent of mothers living in the 20 per cent most deprived areas smoked when their child was in early infancy compared with only 8 per cent of mothers living in the 20 per cent least deprived areas.
- Nearly a quarter (23 per cent) of children in the most deprived areas ate one piece of fruit a day or less, compared with 8 per cent of children in the least deprived areas. 37 per cent of children in the most deprived areas, compared with 22 per cent of children in the least deprived areas, ate only one type of vegetable a day or less.
- Approximately one third of children in the least deprived areas ate sweets or crisps daily, while half of children in the most deprived areas ate these unhealthy foods every day.
- The 25 per cent least active children at age 34 months included about twice as many children from the least deprived areas (34 per cent of children from 'least deprived' areas, in comparison with 18 per cent from the most deprived).
- In 27 per cent of families in the least deprived areas, the mother had experienced a long-term health problem or disability once or

more since their child's birth. In the most deprived areas 42 per cent of mothers had experienced a health problem or disability.⁵⁸

Another study of the Growing Up in Scotland survey, which looked specifically at mothers' mental health (published in 2010), found that overall about a third of mothers who took part in the survey experienced mental health problems at some point during the four year period after their baby's birth.⁵⁹ At any one wave of the survey, between 12 per cent and 14 per cent of mothers were experiencing poor mental health. Mothers who reported low mental health at the time of the first survey were more likely to have problems during subsequent sweeps of the survey. The authors observed: 'Mental health difficulties were associated with a mother's social circumstances: those who experienced poverty and those living in an area of deprivation were more likely to experience brief and repeated mental health problems.' They also found that recurring mental health problems were associated with experiences of relationship difficulties or a lack of wider social support.⁶⁰

These mothers' experience of good or poor mental health was found to be associated with their child's developmental outcomes:

Children whose mothers had good or average mental health throughout the survey period had better social, behavioural and emotional development than those whose mothers had brief mental health problems, and they in turn, had better development than those whose mothers had repeated mental health problems.⁶¹

This relationship remained statistically significant when other social and economic factors were controlled for. However, the relationships between children's cognitive development at age 34 months and their mothers' mental health did not remain significant once controls were applied.⁶²

Other research cited in the Scottish Government's child poverty review measures the self-rated health of young people in Scotland according to their level of affluence. This research found that young people's self-rated health was similar in

Scotland and England, with 80 per cent of Scottish young people and 81 per cent of English young people rating their health as excellent. However, self-rated health varies according to gender and level of deprivation. Among young people from the most affluent backgrounds, 87 per cent of men and 79 per cent of women rated their health as excellent, in comparison with 76 per cent of men and 74 per cent of women from the least affluent backgrounds.⁶³ As evidence in other sections of this review suggests, adults' health status has implications for their employment prospects and likelihood of experiencing poverty once they have a family, as well as for their quality of life. Therefore this disparity in self-rated health between young people from more and less affluent backgrounds could have substantial implications for the future life chances of young people from more deprived backgrounds, and even for the life chances of their children.

Alcohol consumption and drug use

Alcohol consumption

The Scottish Government's 2009 strategy document Changing Scotland's Relationship with Alcohol observed:

*Excessive drinking can cause families to break down; it can result in crime and disorder, especially at weekends; and it causes loss of productivity through sickness. Estimates are that alcohol misuse costs Scotland £2.25 billion every year.*⁶⁴

It also noted that alcohol misuse is now a mainstream issue, with as many as 50 per cent of men and 30 per cent of women in Scotland drinking more than the maximum recommended weekly limits.⁶⁵

Data tracking health inequalities in Scotland demonstrate that between 1997 and 2008 there was a 19 per cent increase in new hospital admissions for alcohol-related conditions among people aged under 75, with 15,000 new cases recorded in 2008. These data suggest that alcohol misuse is more concentrated in deprived areas, with 661 new alcohol-related hospital

admissions per 100,000 population in deprived areas, in comparison with only 145 admissions per 100,000 people in areas of low deprivation.⁶⁶

National statistics collected by the Scottish Government also monitor rates of alcohol-related deaths among people aged between 45 and 74: there was a 13 per cent increase in alcohol-related deaths among this age group between 1998 and 2008, with the annual number of deaths reaching 1,800. Again, area-based deprivation appears to be strongly associated with the rate of alcohol-related deaths in this age group, with only 28 alcohol-related deaths per 100,000 population in the 10 per cent least deprived areas in 2008, in comparison with 259 alcohol-related deaths in the 10 per cent most deprived areas.⁶⁷

In 2007 the Scottish Centre for Social Research analysed the Growing Up in Scotland study for the Scottish Executive, to explore rates of alcohol consumption among Scottish parents in 2004/05 (including 5,217 parents of babies aged 10 months and 2,859 parents of toddlers aged approximately 34 months). This study found that, overall, approximately 80 per cent of parents of children in both cohorts drank alcohol at least monthly, with approximately 20 per cent drinking more than once a week. Parents of babies drank fewer units of alcohol each week (an average of 3.8 units), compared with the parents of toddlers (an average of 4.4 units each week).⁶⁸ In both the birth and toddler cohorts, just under three-quarters of parents reported occasionally drinking more than five units of alcohol in one instance (above the maximum recommended daily intake for women of three units), with 22 per cent of babies' parents and 27 per cent of toddlers' parents doing this two or three times a month or more.

Parents' alcohol consumption was related to the level of deprivation in the area where they lived, as well as their household income and relationships status. Mothers living in the 20 per cent most deprived areas were more likely to say that they never drank or did not drink in the previous year (26 per cent) than those in the 20 per cent least deprived areas (12 per cent). However, mothers from the more deprived areas who did drink were more than twice as likely as mothers from the least deprived

areas to say that they drank five or more units on a single occasion each week (15 per cent in comparison with 7 per cent). This suggests that mothers from the most deprived areas may be at greater risk of developing problem drinking behaviours. Analysis of parents' alcohol consumption according to their household income provided similar findings. Overall, fewer parents in the lowest household income bracket drank alcohol once a week or more (8 per cent), compared with those in the highest income bracket (36 per cent). However, mothers in the lowest income group were less likely to say that they never drank five or more units in one instance (20 per cent) than those in the highest income group (33 per cent).⁶⁹

This study also found that lone parents were more likely not to drink at all than parents in couple relationships (22 per cent of lone mothers in the baby cohort in comparison with 18 per cent of partnered mothers). Parents in couple relationships were also more likely to drink alcohol each week than lone parents (21 per cent in comparison with 6 per cent). However, despite this, overall lone parents drank more units of alcohol each week (4.2 on average in comparison with 3.7 for partnered parents). Lone parents were also more likely to drink five or more units of alcohol in one instance than parents in couple relationships (15 per cent compared with 8 per cent).⁷⁰ Again, this may suggest that lone parents are at greater risk of developing problematic drinking behaviours than two-parent couples, with associated risks for their children.

Drug use

The Scottish Government's 2008 strategy for tackling drug abuse observed that approximately 52,000 people in Scotland were problem drug users while between 40,000 and 60,000 children were estimated to be affected by the drug problems of a parent. The strategy estimated that the cost of drug abuse to the public purse in Scotland amounted to £2.6 billion each year.⁷¹

The 2010/11 Scottish Crime and Justice Survey reported that between 2008/09 and 2010/11, self-reported drug use in the last year among people aged over 16 had decreased from 7.2 per

cent to 6.6 per cent. In the same survey, 3.5 per cent of adults said they had used drugs in the last month, compared with 4.2 per cent of adults the previous year.⁷² However, at the most serious end of the scale there is also evidence that levels of problematic drug use in Scotland have increased, with 584 drug-related deaths in 2011, 'more than in any previous year and an increase of 99 (20 per cent) compared with 2010 and 76 per cent more than in 2001'.⁷³ These deaths were particularly concentrated in two health authority areas: the Greater Glasgow & Clyde NHS Board area (33 per cent of the deaths) and Lothian (13 per cent of these deaths).⁷⁴

Annual drug misuse statistics collected by the Scottish Government annually include information relating to people who received a specialist assessment for their 'drug use and care needs for the first time'. The report for 2011 recorded 10,813 'new' assessments for drug support services (equivalent to 219 per 100,000 of the Scottish population).⁷⁵ The people covered by the report had the following characteristics:

- 71 per cent were male and 29 per cent were female.
- The median age was 32, with 60 per cent aged 30 and over.
- 96 per cent were 'white Scottish'.
- 67 per cent were unemployed (a smaller proportion than in 2009/10 when 73 per cent of individuals were unemployed).
- 70 per cent said they funded their drug use with benefits, 22 per cent funded their drug use with crime, and 15 per cent funded their drug use with debt.
- 72 per cent of those who provided information on their tenure lived in owned or rented accommodation (a reduction from 80 per cent the previous year), 12 per cent were homeless and 1 per cent lived in supported accommodation.
- 19 per cent had previously been in prison.
- 25 per cent had a drug-related physical health problem and 26 per cent said they had mental health problems; 16 per cent reported alcohol problems as well as their drug use problems.
- 41 per cent said they had dependent children under the age of 16 years old (this is fairly constant since 2006/07).

These statistics give an indication of the types of disadvantage that may be associated with problematic drug use (eg unemployment, homelessness, physical health problems and mental health problems). They also highlight the fact that a substantial proportion of problematic drug users (approximately two-fifths) have dependent children, a group of children that a sizeable body of research suggests will be at higher risk of experiencing neglect or maltreatment.⁷⁶

Child abuse and neglect

For children and young people, abuse and neglect are hugely important indicators of disadvantage. In a substantial review of evidence on child neglect published by the NSPCC in 2012, Radford and colleagues observed:

Abuse and neglect by parents or guardians was found to be associated with children's and young people's poorer emotional wellbeing, including current thoughts about self-harm and suicidal ideation. Witnessing domestic violence was also related to poorer emotional wellbeing. Experiencing physical violence from a parent or guardian and witnessing domestic violence were also associated with higher levels of delinquent behaviour.⁷⁷

A review of child neglect in Scotland carried out by researchers at the University of Stirling for the Scottish Government sought to calculate the prevalence of child neglect in Scotland. This report found that in 2011 child neglect continued to be the most frequent reason for a child being made subject to a child protection plan. In 2010 there were 1,098 registrations for neglect, which equates to 0.12 per cent of children aged 0–15 in Scotland (or approximately one in every 1,000 children).⁷⁸

Other national statistics demonstrate that 39,217 children were referred to the Children's Reporter in 2010/11, approximately 4.3 per cent of all children in Scotland. Of these children, 13,006 (1.4 per cent of all children in Scotland) were referred 'due to lack of parental care'. Stirling University's study also cites a 2011 YouGov poll, which asked questions about child

neglect to 2,062 adults in the general public and 2,174 professionals (in jobs including teaching, social work, policing and health). This poll found that about 30 per cent of the Scottish public (compared with 29 per cent of the public in Wales and 26 per cent of the public in England) said they ‘had been worried or very worried about a child’. The same poll found that about 52 per cent of the Scottish public were confident that professionals would respond adequately to concerns about a child, compared with 39 per cent who were less confident that the professional response would be adequate.⁷⁹ The adequacy of professional responses to abuse and neglect of children is clearly of immense importance to the effectiveness of public policy and services in addressing childhood disadvantage.

We will look in more detail at the current policy frameworks in place in Scotland to tackle disadvantage affecting families in chapter 3. Chapter 2 presents new findings on the rates of multiple disadvantage currently affecting families in Scotland.

2 Quantifying experiences of multiple disadvantage among families in Scotland

The purpose of this study is to develop new data to help us understand the scale and nature of disadvantage affecting families in Scotland. The key research questions are:

- How many households in Scotland experience multiple disadvantage?
- Does the prevalence of multiple disadvantage vary by local area?
- Which types of household are most at risk of multiple disadvantage?

Demos commissioned researchers at NatCen to perform secondary analysis of the latest available two-year dataset of the Scottish Household Survey (2009/10), which contains information from over 28,000 households in Scotland. The large size of this survey means that it is possible to look at multiple disadvantage within local areas, and also according to sub-groups of the population (eg families with children, working-age adults without children and older people).

Methodology

There is no established method for choosing which disadvantages should be considered in an investigation of multiple disadvantage, but previous research has sought to gain a spread across a variety of issues.⁸⁰ In this report we were only able to select types of disadvantage that were asked to the whole Scottish Household Survey sample to ensure that the sample size was large enough to enable us to examine multiple disadvantage at a local area level and according to population sub-groups. No

appropriate indicators relating to alcohol or drug use or experiences of crime were available for this purpose.

We selected seven types of disadvantage for the purpose of this report (these are defined in more detail in box 1):

- low income
- worklessness
- no educational qualifications
- overcrowding
- ill health
- mental health problems
- poor neighbourhood

Box 1 Definition of the indicators of disadvantage

We use seven indicators of disadvantage in this report. Much of the information in the Scottish Household Survey is collected from the highest income householder about the household or themselves (which is then used as a proxy for the household).⁸¹ These are the indicators:

- **Low income:** *The highest income householder is asked about his or her income and that of their partner and one further random adult in the household.⁸² The total weekly net income of the household is then calculated but not equivalised. Rates of low income are set to match estimates from Households Below Average Income.⁸³*
- **Worklessness:** *The highest income householder is asked about the employment status of each of the people in the household. If the highest income householder is not of working age then the household is set to missing for this indicator. For all other households, each person in the household is assessed, with those who are 'self employed', 'employed full time' or 'employed part time' set as working, and those with any other response set as not working. A household where everyone of working age is not working is set as workless.*
- **No educational qualifications:** *The highest income householder is asked about their highest educational*

qualification. If they record a response of ‘no qualifications’, then the indicator for the household is set as lacking educational qualifications.

- *Overcrowding: This indicator is similar to the official ‘bedroom standard’ approach of measuring overcrowding. The bedroom standard allocates a separate bedroom to each married or cohabiting couple, any other person aged 21 or over, each pair of adolescents aged 10–20 of the same sex, and each pair of children aged under 10. Any unpaired person is allocated a separate bedroom. This is then compared with the actual number of bedrooms, which was self-reported by the highest income householder from the question ‘How many bedrooms do you have in this property? Please include any bedrooms that are currently being used for other purposes.’ Any household with a bedroom allocation higher than the number of actual bedrooms is said to be overcrowded.*
- *Ill health: The highest income householder is asked whether each of the people in the household has any long-standing illness, health problem or disability that limits their daily activity or the kind of work that they can do. They are then asked what this ill health or disability is. Any response other than ‘mental health problems’ is recorded as someone having poor health.*
- *Mental health problems: The highest income householder is asked whether each of the people in the household has any long-standing illness, health problem or disability that limits their daily activity or the kind of work that they can do. They are then asked what this ill health or disability is. A response of ‘mental health problems’ is recorded.*
- *Poor neighbourhood: The highest income householder is asked how they would rate their neighbourhood as a place to live. A response of ‘fairly poor’ or ‘very poor’ indicates a poor neighbourhood.*

The investigations begin by looking at the prevalence of each disadvantage indicator for Scotland as a whole and within each local area. The number of disadvantages that each

household has is then calculated, and again compared across local areas. The types of households most at risk of multiple disadvantage are explored by using other socio-demographic characteristics contained in the Scottish Household Survey dataset, such as age, family composition and tenure. Findings for Scotland as a whole are presented separately for households in three separate population sub-groups; households with children; working age households without children; and pensioner households.⁸⁴

The findings presented in this chapter adopt the same conventions for conveying research findings as the Scottish Household Survey reports produced by the Scottish Government.⁸⁵ The most common statistic presented in the report is a percentage, for example the percentage of households with four or more disadvantages. Percentages produced in a survey such as the Scottish Household Survey have a degree of error because they are generated from a sample of the population rather than the population as a whole. Needless to say, percentages within this report should be compared with caution, especially when the sample size is small. However, we have sought to maximise sample size by using the two-year version of the Scottish Household Survey and a local area variable on the Scottish Household Survey dataset that combines local authorities with small sample sizes (see appendix B for more details).

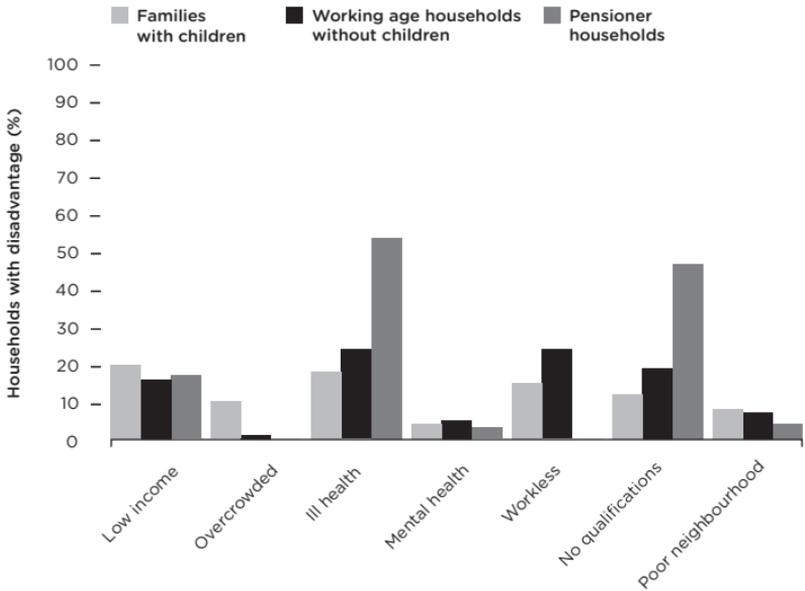
Main findings

We analysed each population sub-group – families with children, working age households without children, and pensioner households – separately. The report particularly focuses on findings for families with children, but also presents new evidence on the other sub-groups.

Prevalence of disadvantage

Figure 3 presents the prevalence of each of the seven separate indicators of disadvantage by sub-group.

Figure 3 **Prevalence of disadvantage by population sub-group, Scotland, 2009 and 2010**



As we would expect, some forms of disadvantage are more prevalent for particular sub-groups:

- Families with children have higher rates of overcrowding, as a result of the number of rooms required to house parents and children.
- Working age households without children have higher rates of worklessness; these households are more likely than those with children to contain students and single people (who are more likely to fall into the 'workless' category as there is only one person in the household who can work).
- Pensioner households have higher rates of ill health and are more likely to have no qualifications; this is because health tends to deteriorate with age and many older people left school without qualifications before changes to the educational system.

It is important to note that the data these indicators draw on are self-reported, rather than objectively assessed; for example, the data are based on individual people's assessments of their health rather than those of medical practitioners. Older people's lower willingness to report detrimental aspects of their lives may explain their relatively low rates of mental health problems and neighbourhood dissatisfaction compared with people in the other population sub-groups.

Table 1 presents the seven indicators of disadvantage by local area, again categorised separately into each of the three population sub-groups. These are the general findings for all three sub-groups:

- Glasgow records high rates of households with low income, which were overcrowded and workless, and had no educational qualifications and a poor opinion of their neighbourhood.
- Fife and North Lanarkshire also record high rates of households with no educational qualifications.

These are the findings for families with children:

- Glasgow clearly comes out as the most disadvantaged area, with high ratings for disadvantage across all seven indicators.
- Lothian, Grampian, Highlands and Edinburgh show the lowest levels of disadvantage across the seven indicators.

Prevalence of multiple disadvantage

In this study we have calculated multiple disadvantage by counting the number of disadvantages each household had (from nil to seven).⁸⁶ We then created three categories to enable us to compare households with different numbers of disadvantages:

- households with no disadvantages
- households with one to three disadvantages
- households with four or more disadvantages

Table 1 **Prevalence of disadvantage indicators by local area and population sub-group, Scotland, 2009 and 2010**

Families with children	Low income (%)	Over crowding (%)	Ill health (%)	Mental health (%)	Work-less (%)	No quals (%)	Poor neighbourhood (%)	Base
Edinburgh	16	10	15	3	15	6	8	390
Glasgow	31	16	21	5	26	20	18	591
Fife	20	8	20	4	16	18	10	377
North Lanarkshire	21	10	18	5	15	19	8	345
South Lanarkshire	21	11	15	4	15	13	8	321
Highlands and Islands	16	7	19	2	10	10	3	805
Grampian	14	8	17	3	9	6	6	512
Tayside	18	11	22	3	14	10	6	393
Central	23	6	17	3	15	8	6	380
Dunbarton-shire	17	9	15	2	15	11	12	213
Renfrewshire & Inverclyde	21	11	19	4	15	10	8	466
Ayrshire	21	9	15	4	18	15	7	421
Lothian	17	8	16	3	11	11	8	455
Southern Scotland	22	6	19	2	10	12	4	251
Scotland	20	10	18	4	15	12	8	5,920
.....								
Working age households without children								
Edinburgh	17	2	14	4	27	10	6	924
Glasgow	24	3	25	7	35	20	11	1,142
Fife	17	1	24	6	25	27	9	701
North Lanarkshire	15	2	32	7	25	30	8	504
South Lanarkshire	13	1	28	6	22	21	8	482
Highlands and Islands	10	1	25	4	14	16	3	1,479
Grampian	13	2	21	3	19	15	6	900
Tayside	16	1	25	4	24	17	8	733
Central	18	<0.5	20	4	22	16	6	602
Dunbarton-shire	11	1	26	8	21	18	6	319
Renfrewshire & Inverclyde	16	2	31	9	26	25	10	690
Ayrshire	17	1	28	6	23	24	8	717

Table 1 **Prevalence of disadvantage indicators by local area and population sub-group, Scotland, 2009 and 2010 - *continued***

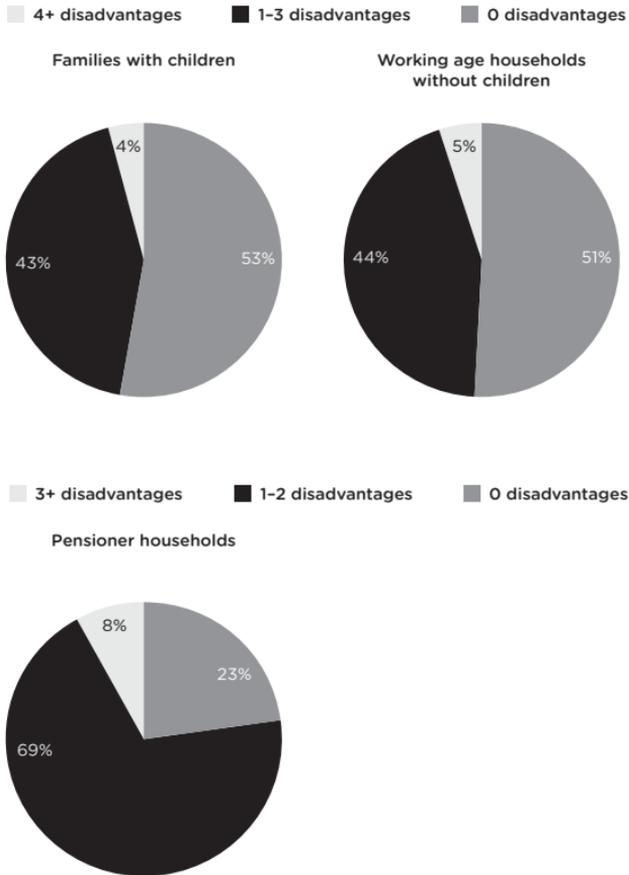
Working age households without children - <i>continued</i>								
Lothian	13	1	24	4	20	18	5	658
Southern Scotland	13	<0.5	23	5	18	24	4	487
Scotland	16	1	24	5	24	19	7	10,338
Pensioner households								
Edinburgh	15	1	47	2	-	29	5	508
Glasgow	19	1	63	5	-	60	8	624
Fife	18	<0.5	55	2	-	54	4	521
North Lanarkshire	12	1	66	4	-	59	5	357
South Lanarkshire	21	<0.5	56	4	-	54	4	376
Highlands and Islands	16	1	51	2	-	44	2	1,216
Grampian	14	<0.5	50	3	-	43	2	612
Tayside	19	1	56	2	-	34	4	614
Central Dunbartonshire	13	<0.5	49	2	-	40	3	453
Renfrewshire & Inverclyde	15	<0.5	55	3	-	43	5	477
Ayrshire	16	<0.5	51	2	-	50	4	592
Lothian	22	1	51	2	-	42	3	486
Southern Scotland	23	1	46	1	-	54	3	509
Scotland	17	<0.5	54	3	-	47	4	7,615

Base: Households in Scotland

Source: Scottish Household Survey 2009/10

There was little variation in rates of multiple disadvantage between families with children and working age households without children (see figure 4). Pensioner households had noticeably higher rates, mainly as a consequence of the higher prevalence of ill health and lower educational attainment in this sub-group.

Figure 4 **Prevalence of multiple disadvantage by sub-group, Scotland, 2009 and 2010**



How many multiply disadvantaged households are there in Scotland?

In 2010 there were over 2.3 million households in Scotland.⁸⁷ The number of multiply disadvantaged households in Scotland can therefore be estimated by applying the analysis in this report to that overall number. Table 2 shows population estimates according to the number of indicators of disadvantage that households had. As presented in this table, it is estimated that there are

Table 2 **Population estimates of multiply disadvantaged households in Scotland, 2010**

Number of disadvantages in household				Total
	None	1-3	4+	
Families with children	299,000	243,000	24,000	566,000
Working age households without children	558,000	487,000	55,000	1,101,000
Pensioner households ⁹¹	157,000	482,000	52,000	691,000
Scotland	1,014,000	1,212,000	131,000	2,357,000*

Notes: *Number of households taken from government estimates from Scottish Household Survey⁹²

Base: Households in Scotland

Source: Scottish Household Survey 2009/10

approximately 24,000 families with children in Scotland that are experiencing four or more of the seven disadvantages.

It is important to note at this point that it would not be correct to compare the number of families with children in Scotland with four or more disadvantages with the 120,000 ‘troubled families’ figure first produced by the Cabinet Office in 2007⁸⁸ and recently quoted by the Troubled Families team at DCLG.⁸⁹ As well as taking into account the caveats described in this report, the estimates use different datasets, indicators of disadvantage and thresholds of the most disadvantaged households.

In addition to this point, there are several important caveats to these estimates:

- The estimates depend on the methodology used in this report – the definitions of the sub-groups, of the disadvantage indicators and of multiple disadvantage; and the estimates could change if any of these methodologies are modified.
- Households that have missing data on at least one of the disadvantage indicators are excluded from the calculation of multiple disadvantage. There is an assumption therefore that households with at least some missing data are similar to those with no missing data.
- Likewise, there is an assumption that the estimates from the survey are representative of all households in the population.

This is despite some people electing not to take part in the survey (they may be systematically different from those who did); the survey not covering accommodations such as prisons, hospitals, military bases and larger student halls; and the sample having some variability because of the random selection of households. Other research has suggested that the most disadvantaged households are less likely to take part in surveys – either by choice, because they are hard to contact or because they are excluded from the sampling frame.⁹⁰ Therefore, *surveys may in fact underestimate the levels of the most vulnerable households.*

- There is an assumption that rates of multiply disadvantaged households in 2010 are the same as estimates from 2009/10 (separate analysis, not presented in this report, suggests they are very close).

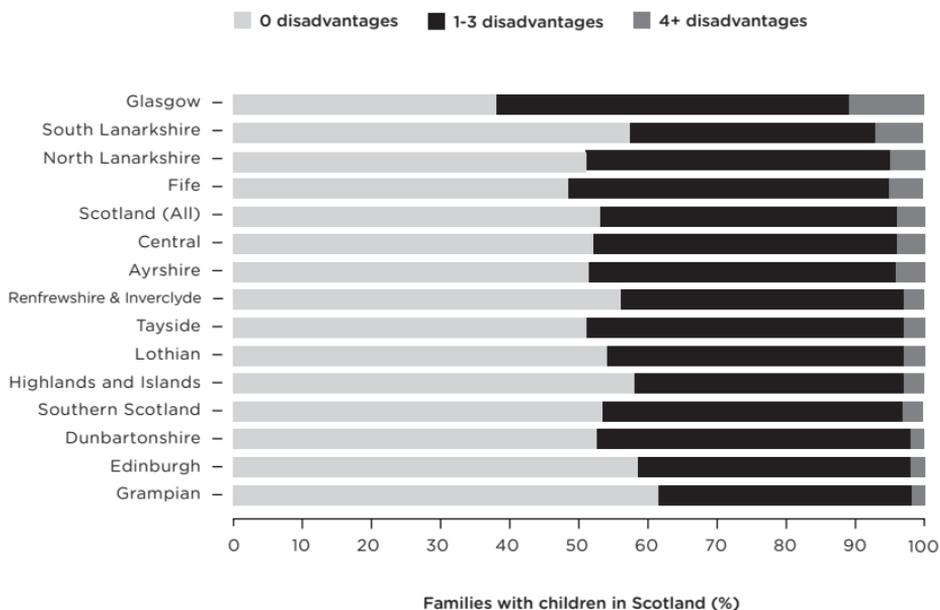
Figure 5 shows the prevalence of multiple disadvantage among families with children, according to local area. The areas are ranked based on the prevalence of families with children that demonstrate four or more disadvantages. This figure illustrates the following:

- Again, Glasgow clearly stands out as the most disadvantaged area. One in ten (11 per cent) families with children in Glasgow had four or more disadvantages.
- South Lanarkshire had the second highest rate of families with children with four or more disadvantages. As rates of the separate indicators of disadvantage were not higher than average in South Lanarkshire, this highlights the high levels of inequality in the area, with some families facing multiple disadvantage (7 per cent) and many avoiding disadvantage altogether (58 per cent).

Table 3 presents the full statistics on multiple disadvantage by local area for each of the three population sub-groups:

- Glasgow had the highest proportion of households with four or more disadvantages for all three sub-groups.
- North Lanarkshire also shows noticeably higher than average rates of multiple disadvantage.

Figure 5 **Prevalence of multiple disadvantage among families with children by local area, Scotland, 2009 and 2010**



- The local area with the highest proportion of households without any disadvantages across all three sub-groups was Edinburgh.
- Other areas with high proportions of households without any disadvantages were Highlands, Grampian and Central.

Households most at risk of multiple disadvantage

The Scottish Household Survey collects detailed information about the socio-demographic characteristics of households, such as family composition, housing tenure and rural or urban location. This makes it possible to profile households at most risk of multiple disadvantage and compare their characteristics to the population in general, thereby highlighting the households that are potentially most vulnerable to experiencing disadvantage. Figure 6 presents the characteristics of families with children that are most at risk of multiple disadvantage.

Table 3 **Prevalence of multiple disadvantage by local area, Scotland, 2009 and 2010**

Families with children				
Local area	Number of disadvantages in household			Base
	None (%)	1-3 (%)	4+ (%)	
Edinburgh	58	39	2	390
Glasgow	38	51	11	591
Fife	49	47	5	377
North Lanarkshire	51	44	5	345
South Lanarkshire	58	36	7	321
Highlands and Islands	58	39	3	805
Grampian	62	37	2	512
Tayside	51	46	3	393
Central	52	44	4	380
Dunbartonshire	52	45	2	213
Renfrewshire and Inverclyde	56	41	3	466
Ayrshire	52	45	4	421
Lothian	54	43	3	455
Southern Scotland	54	44	3	251
Scotland	53	43	4	5,920
.....				
Working age households without children				
Local area	Number of disadvantages in household			Base
	None (%)	1-3 (%)	4+ (%)	
Edinburgh	59	37	3	924
Glasgow	44	48	8	1,142
Fife	44	51	6	701
North Lanarkshire	42	50	8	504
South Lanarkshire	50	44	5	482
Highlands and Islands	59	38	3	1,479
Grampian	57	39	3	900
Tayside	50	46	4	733
Central	57	39	4	602
Dunbartonshire	53	41	5	319
Renfrewshire and Inverclyde	46	47	7	690
Ayrshire	45	50	5	717
Lothian	51	46	3	658
Southern Scotland	51	45	4	487
Scotland	51	44	5	10,338

Table 3 **Prevalence of multiple disadvantage by local area, Scotland, 2009 and 2010 - *continued***

Local area	Pensioner households			Base
	Number of disadvantages in household None (%)	1-2 (%)	3+ (%)	
Edinburgh	32	64	4	508
Glasgow	15	71	14	624
Fife	19	73	8	521
North Lanarkshire	14	76	10	357
South Lanarkshire	18	72	10	376
Highlands and Islands	25	70	5	1,216
Grampian	28	65	6	612
Tayside	24	69	6	614
Central	30	66	4	453
Dunbartonshire	27	68	6	270
Renfrewshire and Inverclyde	23	70	7	477
Ayrshire	21	73	6	592
Lothian	25	67	8	486
Southern Scotland	20	73	8	509
Scotland	23	70	8	7,615

Base: Households in Scotland

Source: Scottish Household Survey 2009/10

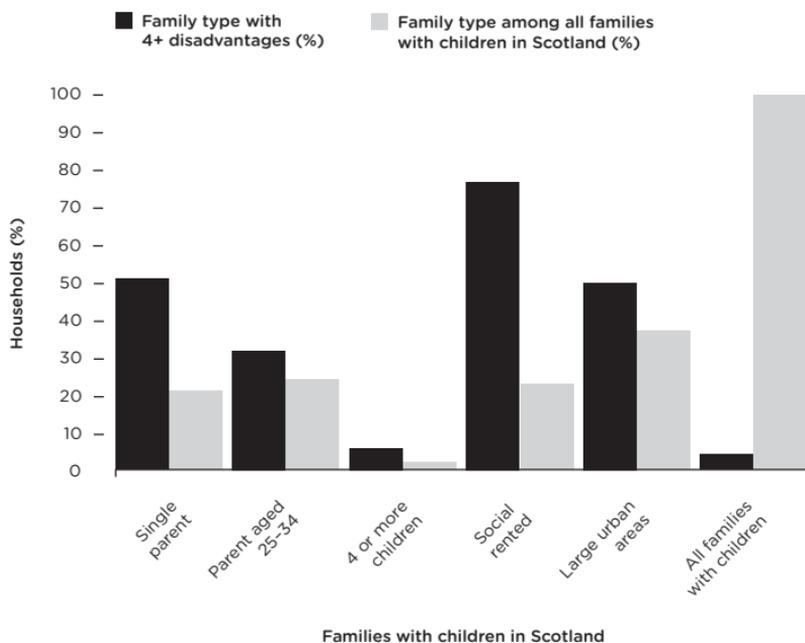
These are the profiles of families with children with four or more disadvantages:

- Half (51 per cent) are lone parents, compared with 21 per cent among all families with children.
- Three-quarters (77 per cent) are living in social rented housing.
- Half (50 per cent) live in large urban areas.

Table 8 in appendix D presents the same statistics separately for all sub-groups. Looking across the three sub-groups, certain characteristics were linked to multiple disadvantage:

- single person households and large households
- women (likely to be lone parents)
- separated and divorced households
- rented households

Figure 6 Families with children with four or more disadvantages by socio-demographic characteristic, Scotland, 2009 and 2010



These patterns generally hold within the sub-groups, although certain patterns stand out:

- Among working age households without children, those who live alone, without a partner and rent their accommodation appear most at risk of experiencing multiple disadvantage.
- Among pensioner households, those most at risk are the oldest old, women, widowed and people who rent their accommodation.

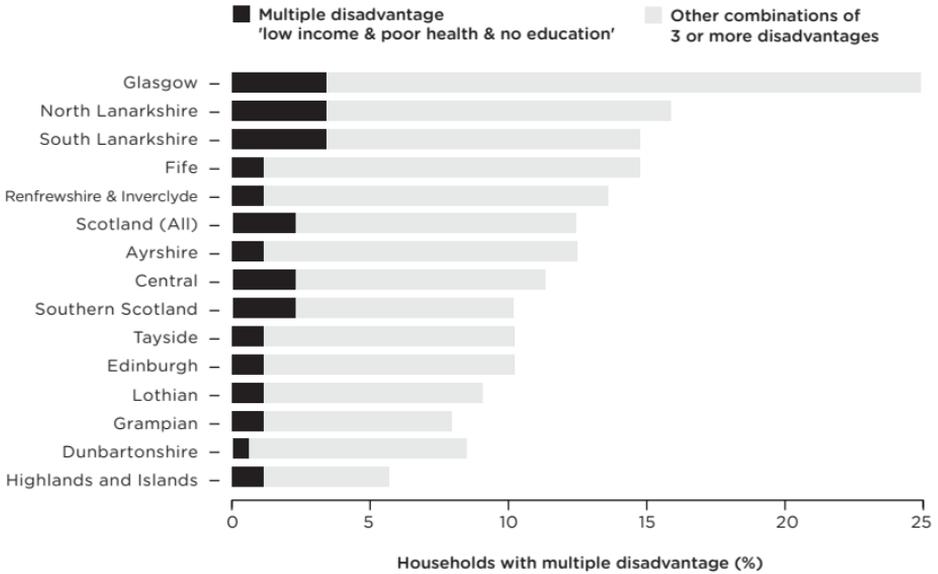
Households with low income and poor health and no educational qualifications

Knowing the types of disadvantages households experience can be important when formulating policy responses to deal explicitly with certain combinations of issues. Such information may help to design and position service provision to meet the needs and location of households at higher risk of multiple disadvantage.

However, counting the number of disadvantages does not convey the specific types of disadvantages that households experience. Therefore, this section of the report takes three disadvantages that often occur together for households: low income, poor health (either physical or mental) and no educational qualifications. Figure 7 illustrates the proportion of families with children that have all of these disadvantages (they could also have additional disadvantages), for each local area. See table 4 for statistics on the rate of this combination of disadvantages for all three sub-groups. It is important to note that because relatively few families with children have this set of disadvantages – only 2 per cent of all families with children in Scotland – there is only a relatively small number of instances of this type of household in the Scottish Household Survey dataset. Therefore it is not possible to further profile these families according to their socio-demographic characteristics.

As well as presenting the proportion of families with children that have ‘low income and poor health and no education’, figure 7 also shows the proportion of families that have other combinations of three or more disadvantages.⁹³ This emphasises the extra granularity that can be gained from this type of analysis. It shows whether areas with high rates of multiple disadvantage per se also have high rates of households with this particular combination of disadvantages. The three areas with the most prevalent rates of multiple disadvantage also show the highest rates of this set of disadvantages. However, some areas, Glasgow, for example, appear to have no higher proportion of families with this set of problems than the other areas, despite having higher overall levels of multiple disadvantage. Further analysis would be needed to identify the most common combination of disadvantages in each local area

Figure 7 **Prevalence of families with children with low income and poor health and no education by local area, Scotland, 2009 and 2010**



(which is beyond the scope of this study). This single example demonstrates the potential usefulness of analysis that can unpick particular combinations of disadvantage experienced by population sub-groups at a local area level.

Conclusion

This report has used analysis of the Scottish Household Survey to present top-level findings on the number of households experiencing multiple disadvantage in Scotland. A significant minority of households experience multiple (four or more) disadvantages – 4 per cent of families with children, 5 per cent of working age households without children and 8 per cent of pensioner households. Certain areas, such as Glasgow and neighbourhoods close to Glasgow, and certain types of family, such as lone parents and those in social housing, show higher rates of multiple disadvantage.

Table 4 **Prevalence of households with low income and poor health (physical or mental) and no educational qualifications, by local area and sub-group, Scotland, 2009 and 2010**

	Families with children		Working age households without children		Pensioner households	
	Multiple disadvantage (%)	Base	Multiple disadvantage (%)	Base	Multiple disadvantage (%)	Base
Edinburgh	1	390	2	924	2	508
Glasgow	3	591	4	1,142	8	624
Fife	1	377	4	701	6	521
North Lanarkshire	3	345	4	504	6	357
South Lanarkshire	3	321	4	482	7	376
Highlands and Islands	1	805	2	1,479	4	1,216
Grampian	1	512	2	900	5	612
Tayside	1	393	2	733	4	614
Central	2	380	2	602	2	453
Dunbartonshire	<0.5	213	2	319	4	270
Renfrewshire & Inverclyde	1	466	5	690	4	477
Ayrshire	1	421	4	717	4	592
Lothian	1	455	2	658	5	486
Southern Scotland	2	251	3	487	6	509
Scotland	2	5,920	3	10,338	5	7,615

Base: Households in Scotland

Source: Scottish Household Survey 2009/10

The sample size of the Scottish Household Survey is large, and although segmenting households by too many factors is always going to lead to methodological problems, the data provide a useful profiling tool for identifying those most at risk of multiple disadvantage. Further research is required to provide more granularity to the analysis, including identifying particular combinations of disadvantages that households face.

3 Current policy responses to tackling disadvantage affecting families in Scotland

Having identified the scale of multiple disadvantage affecting Scottish families with children in chapter 2, this chapter will very briefly summarise some of the key public policy initiatives that are currently aimed at tackling disadvantages experienced by families and enabling families to overcome their problems to give their children the best possible start in life.

It is outside the scope of this report to provide an exhaustive review, therefore we have identified four key policy initiatives that are at the centre of this agenda:

- Getting It Right for Every Child
- Equally Well
- the Early Years Framework
- Achieving our Potential and Scotland's Child Poverty Strategy

We will finish by setting out some of the most recent policy announcements that relate to support for families with children, as set out in The Government's Programme for Scotland 2012/13.

Getting It Right for Every Child

Getting It Right for Every Child is the overarching policy framework in place in Scotland to provide practitioners with a structured and coordinated approach to intervening in the lives of children and young people and their families to support improved outcomes. First published in June 2006, the development implementation plan for Getting It Right for Every Child 'highlights the need for appropriate and timely support for children through integrated multiagency intervention'.⁹⁴ The framework of Getting It Right for Every Child identifies eight

indicators of children's wellbeing (enabling children to be safe, active, healthy, respected, achieving, responsible, nurtured and included) to encourage practitioners to think broadly about how they can work with children to improve their lives.⁹⁵

The aim is to use the framework of Getting It Right for Every Child to meet the needs of children and families – where possible within universal services and drawing on support from the local community. Each child is designated a 'named person' within health or education services (usually a health visitor or teacher, depending on the child's age), who can provide that child or their family with 'a point of contact who can work with them to sort out any further help, advice or support if they need it'.⁹⁶ The named person is the first point of contact for taking any action needed to promote that child's wellbeing.

The framework also sets out the role of 'the lead professional' whose job it is to coordinate help for a child if more than one agency is involved. The lead professional is responsible for ensuring:

- the child and their family understands what is happening at every stage and is able to influence decisions
- teamwork between agencies is effectively coordinated around the needs of the child and their family
- the child's plan is put into action and is regularly reviewed⁹⁷

The core components of Getting it Right for Every Child are set out in box 2.

Box 2 Core components of Getting It Right for Every Child⁹⁸

These are the core components of Getting It Right for Every Child:

- *a focus on improving outcomes for children, young people and their families based on a shared understanding of wellbeing*
- *a common approach to gaining consent and to sharing information where appropriate*

- *an integral role for children, young people and families in assessment, planning and intervention*
- *a coordinated and unified approach to identifying concerns, assessing needs and agreeing actions and outcomes, based on the wellbeing indicators*
- *streamlined planning, assessment and decision-making processes that lead to the right help at the right time*
- *consistent high standards of cooperation, joint working and communication where more than one agency needs to be involved, locally and across Scotland*
- *a lead professional to coordinate and monitor inter-agency activity where necessary*
- *maximising the skilled workforce within universal services to address needs and risks at the earliest possible time*
- *a confident and competent workforce across all services for children, young people and their families*
- *the capacity to share demographic, assessment and planning information electronically, within and across agency boundaries, through the national eCare programme where appropriate*

The Highland pathfinder

Between 2006 and 2009 a pathfinder project was developed in the Highlands to trial the implementation of the approach in Getting It Right for Every Child across children's services. The pathfinder area included the City of Inverness and its surrounding area.⁹⁹ The Scottish Government commissioned an independent evaluation of the Highland pathfinder, mainly based on a qualitative methodology involving interviews and focus groups with key practitioners, staff surveys and interviews with children and their families, which reported in November 2009. This evaluation concluded that 'Professional practice within the Highland pathfinder is changing in the right direction, training has helped and professionals are clearly reflecting on and learning from experience.' However, the evaluation observed that ongoing professional development and quality assurance was needed to ensure that all staff practitioners

were able to develop the requisite skills in assessment, planning and reviewing children's progress. It recommended that to facilitate this process, staff needed 'a package of support measures rather than a one-off training package... to accompany the range of changes entailed by the Getting it Right approach'.¹⁰⁰

Following this pathfinder, current government policy is focused on embedding the approach in Getting It Right for Every Child within children's services across Scotland, and using it to provide an implementation for other policy initiatives such as the strategies aimed at reducing health inequalities and the Early Years Framework.

Equally Well

The strategy Better Health, Better Care was launched in December 2007 with the aim of working towards a healthier Scotland. This strategy included three main elements:

- health improvement
- tackling health inequality
- improving the quality of health care

A key focus of this initiative was to reduce the risk of poor health for people from more disadvantaged backgrounds (and thereby tackle health inequalities) by improving the health of pregnant mothers, babies and young children.

Following the publication of this policy initiative, the Scottish Government's Ministerial Task Force on Health Inequalities published its report *Equally Well* in 2008, which recommended to the Government a series of key priorities for tackling health inequalities. These included:

- making NHS boards responsible for improving the capacity of antenatal services to reach mothers at greater risk of poor outcomes, and reduce health risks during pregnancy
- developing improved support services for families during the early years to reduce the risk of poor health (and other developmental) outcomes

- developing an integrated, community-based approach to healthcare in schools, increasing support available to schools from nursing staff and other healthcare professionals
- providing children with physical environments that promote healthy lifestyles (including play, physical activity and healthy diets)¹⁰¹

Alongside this publication, eight Equally Well test sites were established in October 2008 to ‘try out new ideas to redesign and refocus public services, with the aim of tackling health inequalities’. The Scottish Government allocated the test sites a budget of £4 million over three years. NHS Health Scotland commissioned an independent evaluation of the test sites in February 2010 to explore ‘what works when embedding change in the public sector to address health inequalities’. The evaluation mainly used interviews to gather evidence of the experiences of the project coordinators and their local partners in delivering the pilots. The evaluation of the test sites concluded:

*All of the Sites have made progress towards joint working. There were a number of factors which, when taken together, appeared to support the process of effective and sustainable joint working between partners, which could lead to service redesign.*¹⁰²

The authors of the evaluation found that in only a small number of cases had service redesign ‘become embedded in the work of organisations and a systematic, mainstream approach to redesign is emerging’ and observed that ‘less progress has been made with longer term outcomes such as changes for service users’. However, they also conceded that the aim of reducing health inequalities is ‘a long term outcome’ and the pilots had generated valuable lessons, as well as some evidence of progress towards this goal.

The strong emphasis in *Equally Well* on the need for more effective intervention in the early years to prevent poor health and other developmental outcomes has close synergies with the Scottish Government’s Early Years Framework, which was published in December 2008 (see below).

The Early Years Framework

The Early Years Framework seeks to draw together principles from *Getting It Right for Every Child*, *Equally Well* and *Achieving our Potential* (the Scottish Government's strategy for tackling poverty, discussed below) to refocus attention on earlier intervention in children's lives to tackle inequalities and reduce the risk of poor outcomes. It contributes to the delivery of several of the Scottish Government's 16 national outcomes including:

- National Outcome 5: our children have the best start in life and are ready to succeed
- National Outcome 4: our young people are successful learners, confident individuals, effective contributors and responsible citizens
- National Outcome 8: we have improved the life chances for children, young people and families at risk¹⁰³

These are the key messages contained in the Early Years Framework:

- Robust evidence demonstrates that the early years are of fundamental importance to children's subsequent development and future life chances.
- It is essential to redirect efforts away from crisis management to a more effective emphasis on prevention and early intervention.
- If early intervention is implemented effectively this is also more cost-effective and generates savings in the long term.
- The focus should be on enabling people to become self-sufficient and to support their families and communities rather than doing things for them.
- Universal services should be the first port of call for improving outcomes for children and their families.
- Services for children and families should be provided in a child-centred, integrated and coordinated way according to the approach of *Getting It Right for Every Child*.
- The early education and healthcare workforce must be well trained and well supported to deliver early intervention effectively.¹⁰⁴

A progress report published in 2011 highlighted a variety of national and local initiatives that are under way to support the implementation of the Early Years Framework. The latter set of initiatives include a £5 million ‘early years and early intervention fund’ to support third sector to deliver early years and early intervention services, plans for several early intervention pathfinders to be overseen by local NHS boards and their community planning partnerships, and a commitment to share learning from the Getting It Right for Every Child pathfinders and Equally Well test sites.¹⁰⁵

Achieving our Potential and Scotland’s Child Poverty Strategy

In 2008 the Scottish Government launched Achieving Our Potential, a new strategy for tackling poverty and income inequality in Scotland. The new policy framework was supported by a budget of £7.5 million and it describes a shared approach between the Scottish Government, the Convention of Scottish Local Authorities and their partners for tackling poverty. Priorities for action set out in the framework are concentrated in four main areas:

- reducing income inequalities
- introducing longer-term measures to tackle poverty and the drivers of low income
- supporting those experiencing poverty or at risk of falling into poverty
- making the tax credits and benefits system work better for Scotland

Some key commitments set out in this strategy included:

- single outcome agreements between central and local government setting out locally agreed goals and targets for tackling poverty and income inequality in every area of Scotland
- the Government’s solidarity target: a commitment to increase the share of income that the poorest 30 per cent of population in Scotland receives by 2017

- the Fairer Scotland Fund investing £435 million over three years to support the activities of community planning partnerships and target investment at the root causes of poverty in Scotland¹⁰⁶

Alongside Getting It Right for Every Child and the Early Intervention Framework, Achieving Our Potential is central to the Scottish Government's approach to tackling disadvantage in families and improving children's outcomes.

Subsequently, in 2011 the Scottish Government published its Child Poverty Strategy for Scotland, a requirement of the Child Poverty Act 2010. This identified two sets of priorities:

- maximising household resources
- improving children's wellbeing and life chances

The strategy recognises that at the core of any policies aimed at tackling child poverty must be efforts to improve family incomes by enabling parents to access 'good quality employment'. However, as the broader thrust of public policy in Scotland emphasises, measures to increase family incomes alone will be insufficient to tackle child poverty (and the risk of its intergenerational transmission). Therefore, the strategy also includes a strong focus on 'tackling the underlying social and economic determinants of poverty, and improving the circumstances in which children grow up – recognising the particular importance of improving children's outcomes in the early years'.¹⁰⁷

The Government's Programme for Scotland 2012/13

Most recently, in September 2012 the Scottish Government published its programme for 2012/13, setting out its upcoming priorities for legislation, delivery and service development. Key elements of this that relate to tackling disadvantage for children and families include a continuing emphasis on prevention and early intervention, with specific examples of preventative approaches given, including:

- support for parenting and the early years
- continuing action to detect cancer early
- implementing minimum unit pricing for alcohol (the Alcohol (Minimum Pricing) (Scotland) Act 2012 was passed in May 2012)
- action to increase physical activity and participation levels in sport¹⁰⁸

The Programme for Scotland also specifies that the Scottish Government will continue to roll out the Family Nurse Partnership Programme (initially piloted in the City of Edinburgh over a three-year period from 2010¹⁰⁹) across NHS Scotland. It will implement the Getting it Right for Every Child approach across all relevant parts of the health services, through the Early Intervention Change Fund. Further, it will pass a Children and Young People Bill to:

*encourage early years support and early intervention to improve the outcomes for all children and young people in Scotland, in particular the most vulnerable... The Bill will also make real the rights of children and young people by increasing transparency, scrutiny and accountability around the public sector's approach to the practical realisation of those rights.*¹¹⁰

This summary of key recent developments within Scottish public policy demonstrates the plethora of initiatives currently in place in Scotland aiming to tackle disadvantages affecting families with children, such as those identified in our analysis in chapter 2.

In the next phase of this research project we will use detailed qualitative research techniques to learn more about families' direct experiences of living with multiple disadvantage, consider how these policy initiatives are manifested in practice, and explore what further changes to policy or practice could be made to strengthen support for families experiencing multiple disadvantage.

Conclusion

This report sets out a variety of evidence on families' varying experiences of disadvantage in Scotland, including: existing evidence on types of disadvantage currently affecting families in Scotland (chapter 1) and new evidence of the proportion of families that are suffering from multiple disadvantages in Scotland (chapter 2). It also summarises current policy approaches developed by the Scottish Government for tackling multiple disadvantage among families with children and supporting improved family outcomes (chapter 3).

This study will inform the subsequent qualitative research phase for this project, which will invite Scottish families who are experiencing multiple disadvantage to consider the formal and informal support they most value and find most effective. This subsequent phase will also include interviews with service providers and policymakers and identify examples of good practice in family support. These research findings, in combination with the data gathered in this report, will be used to develop a series of practical recommendations for how we might further strengthen policy frameworks and services in Scotland to provide better support to families experiencing a complex set of disadvantages. This subsequent phase of research will report in autumn 2013.

Appendices

Appendix A: Socio-demographic breakdown of the three sub-groups

Table 5 **Socio-demographic breakdown by sub-group, Scotland, 2009 and 2010**

Socio-demographic characteristic		Families with children	Working age without children	Pensioner household	Scotland
Household type	Single adult	0	38	3	19
	Small adult	0	38	3	19
	Single parent	21	0	0	5
	Small family	53	0	0	13
	Large family	26	0	0	6
	Large adult	0	18	4	10
	Older smaller	0	6	39	14
	Single pensioner	0	0	49	14
No of dependent children	0	0	100	99	76
	1	52	0	1	13
	2	36	0	0	9
	3	10	0	0	2
	4+	2	0	0	1
	Household size	1	0	38	52
2		12	44	43	36
3		34	12	4	15
4		37	5	1	12
5		13	1	0	4
6+		4	0	0	1
Tenure	Own outright	8	21	63	30
	Buying with mortgage	58	41	7	36
	Social rented	23	21	25	22
	Private rented	10	16	3	11
	Other	1	2	2	2

Table 5 **Socio-demographic breakdown by sub-group, Scotland, 2009 and 2010 - *continued***

Socio-demographic characteristic		Families with children	Working age without children	Pensioner household	Scotland
Age	16-24	5	8		5
	25-34	24	18		14
	35-44	45	17		19
	45-59	25	46		28
	60-74	1	11	58	22
	75 plus			42	12
Sex	Male	60	65	47	59
	Female	40	35	53	41
Marital status	Single	24	39	9	26
	Married	63	42	41	47
	Separated	5	5	3	4
	Divorced	7	11	9	10
	Widowed	1	3	38	13
Ethnic group	White	96	97	99	97
	Non-white	4	3	1	3
Urban/ Rural	Large urban areas	37	44	37	40
	Other urban	31	29	30	30
	Small accessible towns	9	8	9	9
	Small remote towns	4	4	4	4
	Accessible rural	12	11	12	11
	Remote rural	6	5	8	6
Unweighted base		7,051	12,554	8,799	28,404

Base: Households in Scotland

Source: *Scottish Household Survey, 2009/10*

Appendix B: How local authorities fit into local areas for analytical purposes, Scotland, 2009 and 2010

Table 6 **How local authorities fit into local areas for analytical purposes, Scotland, 2009 and 2010**

Local Area	Local Authority
Edinburgh	Edinburgh City
Glasgow	Glasgow City
Fife	Fife
North Lanarkshire	North Lanarkshire
South Lanarkshire	South Lanarkshire
Highlands & Islands	Eilean Siar Argyll and Bute Highland Moray Orkney Shetland
Grampian	Aberdeen City Aberdeenshire
Tayside	Angus Dundee City Perth and Kinross
Central	Stirling Clackmannanshire Falkirk
Dunbartonshire	West Dunbartonshire East Dunbartonshire
Renfrewshire & Inverclyde	East Renfrewshire Inverclyde Renfrewshire
Ayrshire	South Ayrshire East Ayrshire North Ayrshire
Lothian	West Lothian East Lothian Mid Lothian
Southern Scotland	Scottish Borders Dumfries and Galloway

Appendix C: Missing data analysis

Table 7 shows the valid and missing cases per disadvantage indicator and for the measure of multiple disadvantage. Three of the seven indicators had missing data, which resulted in 16 per cent of households missing on at least one of the indicators. Households were only included in the multiple disadvantage analysis if they had valid information on all seven disadvantage indicators.

Table 7 **Valid and missing cases per indicator, Scotland, 2009 and 2010**

	Low income	Over crowding	Ill health	Mental health	Worklessness	No quals	Poor neighbourhood	Multiple disadvantage
Valid (%)	96	100	100	100	100	100	87	84
Missing (%)	4	0	0	0	0	13	13	16
Base	28,404							

Base: Households in Scotland

Source: Scottish Household Survey 2009/10

Appendix D

Table 8 Number of disadvantages household has by socio-demographic characteristic, Scotland, 2009 and 2010

Socio-demographic characteristic	Families with children			Working age household without children			Pensioner households			
	No of disadvantages	1-3 (%)	4+ (%)	No of disadvantages	1-3 (%)	4+ (%)	No of disadvantages	1-3 (%)	4+ (%)	
Household type										
Single adult	0	0	0	35	43	74	4	3	6	3
Small adult	1	0	0	45	32	15	3	3	2	3
Single parent	11	36	51	-	-	-	0	0	0	0
Small family	66	38	24	-	-	-	0	0	1	0
Large family	23	26	24	-	-	-	0	0	1	0
Large adult	0	0	0	17	17	7	3	4	5	4
Older smaller	0	0	0	4	8	4	46	38	25	39
Single pensioner	-	-	-	0	0	0	43	52	61	49
No of dep children										
0	-	-	-	-	-	-	99	99	98	99
1	51	53	49	-	-	-	0	0	1	1
2	40	34	30	-	-	-	0	0	0	0
3	8	10	15	-	-	-	0	0	0	0
4+	1	3	6	-	-	-	0	0	0	0

Table 8 **Number of disadvantages household has by socio-demographic characteristic, Scotland, 2009 and 2010 – continued**

Socio-demographic characteristic	Families with children			Working age household without children			Pensioner households			
	No of disadvantages	1-3 (%)	4+ (%)	No of disadvantages	1-3 (%)	4+ (%)	No of disadvantages	1-3 (%)	4+ (%)	
Household size										
1	0	0	0	35	43	74	46	55	67	52
2	7	21	24	48	40	19	50	41	27	43
3	37	31	32	11	11	5	3	4	5	4
4	43	31	25	5	4	1	0	1	0	1
5	11	13	12	1	1	1	0	0	0	0
6+	2	5	7	0	0	0	0	0	0	0
Tenure										
Own outright	9	6	4	20	22	10	80	59	49	63
Buying with mortgage	75	41	5	57	30	9	8	7	6	7
Social rented	8	39	77	7	32	69	9	28	38	25
Private rented	7	14	10	15	15	9	3	3	4	3
Other	1	1	4	1	1	3	1	2	2	2

Notes

- 1 F Field, *The Foundation Years: Preventing poor children becoming poor adults*, report of the Independent Review on Poverty and Life Chances, HM Government, 2010, <http://webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf> (accessed 10 Oct 2012).
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- 5 Cabinet Office, *Families at Risk: Background on families with multiple disadvantages*, London: Social Exclusion Task Force, Cabinet Office, 2007.
- 6 A slightly different calculation was used for pensioner households as worklessness is not an indicator of disadvantage for this sub-group, as many are not expected to be in work. Hence there are just six disadvantage indicators for pensioner households and the categories of multiple disadvantage are '0 disadvantages', '1–2 disadvantages' and '3 or more disadvantages'.
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- 35 Scottish Government, *Child Poverty in Scotland*.
- 36 Scottish Government, *Achieving Our Potential: A framework to tackle poverty and income inequality in Scotland*, Edinburgh: Scottish Government, 2008.
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Until now, policy makers interested in tackling disadvantage have mainly relied on income poverty as their key measure. This approach, enshrined in the Child Poverty Act 2010, focuses mainly on income poverty, to the exclusion of other disadvantages like poor housing, worklessness and ill health. Recently, this income-based approach has come under growing criticism – in particular from the Field Review on Poverty and Life Chances – which instead advocated multidimensional measures, which provide a fuller picture of disadvantage.

This report is the first large-scale analysis of Scottish families' experiences of multiple disadvantage. Using data from the Scottish Household survey, it provides new analysis to help us understand the scale and nature of disadvantage affecting families in Scotland. This analysis has two key benefits beyond that of providing a more accurate picture. First, it is more easily understood by the public, while complex income-based measures are not. And second, it can contribute to better informed policy from both central and local government by identifying a variety of factors contributing to disadvantage.

A Wider Lens is the first phase of a research project on family disadvantage in Scotland. The next stage will use in-depth qualitative research techniques (including focus groups, diary-prompted interviews and ethnographic visits to families' homes) to develop detailed knowledge of the challenges experienced by families suffering from multiple disadvantages, and to develop policy solutions to help overcome them.

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