

**Response to the Scottish Government Discussion Paper:**

**Taking forward the government Economic Strategy:**

**A Discussion Paper on Tackling Poverty,  
Inequality and Deprivation in Scotland**

***Addressing the needs of vulnerable populations***

**Joint response from:**

Scottish Drugs Forum, Alcohol Focus Scotland  
and the Scottish Poverty Information Unit

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**ScottishdrugsForum**



## Context to this response

1. Scotland and the rest of the UK are developed nations with considerable wealth yet with stubbornly high levels of poverty and inequality that are not improving significantly. Extensive international research has shown that in countries where income differences are large, inequality weakens the social fabric, damages health and increases crime rates. It has also been well argued that a wide range of social costs reflect the corrosive effects of inequality<sup>1</sup> thus suggesting that reducing inequality should be the key priority.
2. Therefore, we believe that social problems such as our nation's sizeable alcohol and drug problems - which continue to create wasted social, economic and human potential - are intrinsic to the poverty and income inequality issues which must be tackled if Scotland is to achieve a more cohesive society and sustainable economy.
3. Scotland's poverty figures are stark. There are 910,000 people in poverty, including one in four of our children.<sup>2</sup> Those at risk of poverty change over time. While poverty levels among children and pensioners have dropped recently, the levels among working age adults, especially those without children, have increased. The main route out of poverty for working-age adults has been a mix of welfare-to-work programmes (e.g. the New Deal) and in-work benefits (tax credits). This response may reduce poverty but it does not eliminate it.
4. According to the latest Scottish Government Drugs strategy, the total social and economic costs of problem drug use may amount to £2,600 million per annum<sup>3</sup> and a recent discussion paper on tackling our nation's alcohol problem suggests that it acts as a brake on social and economic growth, costing an estimated £2,250 million each year.<sup>4</sup>
5. The combined social and economic cost of Scotland's alcohol and drug problem may be a staggering £4,850 million annually. This is at least 11 times the size of the Scottish Government's Fairer Scotland Fund (FSF) three year budget of £435 million aimed at tackling poverty - or the equivalent to just over 16% of the block grant for all Scottish Government spending of £33.3 billion, for 2008-09.
6. We recognise that issues such as alcohol and drug problems do *not* exclusively affect people experiencing poverty, inequality and deprivation. However, as this response highlights, there are strong links to poverty, deprivation and widening inequalities which, unless fully addressed, will ensure that this £4,850 million 'bill' will strongly impede fulfilment of the Scottish Government's economic golden rules of Solidarity, Cohesion and Sustainability.

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<sup>1</sup> Wilkinson RG (2006) 'The Impact of Inequality'. Social Research: An International Quarterly of Social Sciences, 73 (2): 711-732

<sup>2</sup> McKendrick, J. et al (eds.) Poverty in Scotland. 5<sup>th</sup> Edition. Glasgow: SPIU and CPAG in Scotland

<sup>3</sup> Scottish Government (2008) The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.

<sup>4</sup> Scottish Government (2008) Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach.

## Drugs, alcohol and inequalities

7. Scotland has one of the highest levels of problem drug use in Europe – almost 52,000 people (2% of the adult population) have a serious drug problem. Most drug-related harms, such as dependency, infections, crime and deaths occur in our most socially deprived areas where many drug users face a range of health, economic, social and criminal justice problems impacting adversely on individual wellbeing and economic potential.

For example:

- Scotland has one of the highest prevalence rates of injecting drug use in Europe, with Hepatitis C prevalence running at double the UK rate. Ninety percent of the estimated 50,000+ infected with Hepatitis C virus acquired it through injecting drugs
  - The unemployment rate among people entering drug treatment is 70 percent, way above the national average of 4.5 percent. Many are long-term unemployed, and rely on insufficient welfare benefits such as Income Support which allows, for example, a weekly payment of £60.50 to single adults. This amount is nearly 60 percent less than a recommended weekly Minimum Income level of £144.51 for single adults suggested in a new Joseph Rowntree Foundation report.
  - The new Scottish Prisons Commission report states that our imprisonment rate is near the top of European league tables and is more similar to former Eastern-bloc nations. With over 35,000 people entering prison each year, the average daily population has reached a record level of 7,183, and nearly half of all new prisoners have a drug problem.
8. Historically, Scotland has also had a longstanding difficult relationship with alcohol. Although its damage can be found across all sections of society, there is evidence to suggest that alcohol consumption is greater in our most deprived communities with people living in these areas suffering from a range of inequalities as a result of problematic drinking. For example:
    - In Scotland the percentage of men drinking more than 50 units per week (nearly 2½ times the recommended limit) was highest amongst the bottom fifth of the population<sup>5</sup>. Figures for 2005/6 reveal that people from our most deprived areas in Scotland are six times more likely to be admitted to hospital with an alcohol-related diagnosis than those living in the most affluent areas. They are also eight times more likely to be admitted to psychiatric hospitals compared to other affluent social groups.

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<sup>5</sup> Scottish Health Survey (2003)

- Fifteen of the 20 council areas throughout the UK with the highest male mortality rates from alcohol were in Scotland.<sup>6</sup> Furthermore, the relationship between deprivation and alcohol-related deaths has not changed during the last five years - 64% of alcohol-related deaths in 2005 occurred within our most deprived communities.
- Recent research also suggests that, for some families, the economic consequences of expenditures on alcohol can perpetuate the effects of poverty.<sup>7</sup> Single parent households, low income and parental unemployment are all significant risk factors for heavy alcohol use by children and young people.
- According to the Scottish Crime and Victimization Survey (2004) the majority of the surveyed adult population (66%) rated alcohol as a big problem. When questioned about quality of life and level of contentment with local neighbourhoods, those living in the most deprived areas were more likely to be affected by alcohol use - 55% reported public drunkenness or rowdy people having an effect on their quality of life.

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<sup>6</sup> Office of National Statistics (2007) Geographical analysis of alcohol-related deaths in the UK, February

<sup>7</sup> Alcohol misuse: tackling the UK epidemic – February 2008, BMA.

## Structure of this response

In making this response, we recognise that a great deal of work is ongoing that seeks to address a wide range of issues connected with drug and alcohol problems, such as the recent launch of the new drugs strategy and a consultation discussion paper on Scotland's relationship with alcohol.

This response does not attempt a detailed analysis of these, but puts forward some responses to specific questions raised in the discussion document on Tackling Poverty, Inequality and Deprivation and suggests some alternative approaches.

However, before doing so, we would like to briefly comment on work recently completed by the Scottish Futures Forum (SFF) - the Scottish Parliament's "think tank".

The SFF has completed a year long programme of work seeking to answer the question: "*How can Scotland reduce the damage to its population through alcohol and drugs by half by the year 2025?*" We agree strongly with the conclusion of the Forum's work that the association of alcohol and drug problems with inequality is high and that reducing inequality is critical to reducing alcohol and drug problems in Scotland.<sup>8</sup> Amongst the approaches that SFF suggest is that:

**"Greater accountability for making a significant contribution to preventing alcohol and drugs damage should be accepted by those responsible for *developing and implementing mainstream policies aimed at reducing inequalities* of income, employment, housing and social support for the most vulnerable people in Scottish communities."**

**(SFF, 2008:57)**

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<sup>8</sup> Scotland's Futures Forum (2008) Approaches to Alcohol and Drugs in Scotland: A question of Architecture, p57. Edinburgh: Scotland's Futures Forum

## Response to discussion paper questions

### *Q1. Where can the Scottish Government contribute most to tackling poverty?*

There are key policy areas which can play an important preventative role in alleviating and preventing poverty and in reducing the prevalence of future drug and alcohol problems. Therefore, our joint response will focus in detail on four important areas:

- 1. Regeneration policies and programmes**
- 2. Social protection and employability**
- 3. Housing**
- 4. Strengthening child welfare – the role of kinship carers**

Most of the focus of this response has been towards question 3 (*“How should the Scottish Government maximise the impact of these policies and programmes?”*)

NB: Although it will not be covered within the scope of this specific response, it is important that the impact of wider changes, especially on vulnerable populations, are recognised and responded to within the Scottish Government’s devolved powers, where possible. The wider changes include the global economic downturn including rising food, fuel and credit costs.

### *Q2. To what extent are current policies and programmes fit for purpose?*

There is a need to consider and understand more about the unintended negative impact of policies decisions for vulnerable populations. This is covered in detail within the four important areas requiring further attention - see Q.3.

We have also made reference to the policy interface between Community Planning Partnerships and Urban Regeneration Companies - see Q.4.

### *Q3. How should the Scottish Government maximise the impact of these policies and programmes?*

There are four key areas where the government could maximise the impact of policies and programmes:

- 1. Regeneration policies and programmes**
- 2. Social protection and employability**
- 3. Housing**
- 4. Strengthening child welfare – the role of kinship carers**

## 1. Regeneration policies and programmes

Future regeneration policies and programmes can play a long-term social and economic preventative role in addressing destructive drug markets and illicit economies thus reducing Scotland's damaging levels of drug and alcohol use.

A significant amount of the Scottish Government's housing and regeneration budget (topping £1.6 billion over the next three years) will be spent in areas containing illicit economies and drug markets that are socially and economically destructive.

To date, traditional law enforcement responses have had little impact on these local drug markets i.e. on the price of "street" drugs, the levels consumed or their availability. Furthermore, regeneration and local planning partnerships may not have a full understanding of the role these destructive economies play in seriously limiting the impact of regeneration initiatives.

Against this backdrop, there is an emerging debate about the potential to develop non-traditional forms of police involvement in harm reduction, which may play a supportive role in the regeneration process. The UK Drug Policy Commission is expected soon to publish a review of the evidence for enforcement efforts within the UK, followed later in the year by more specific work on how enforcement agencies can contribute towards reducing drug-related harms.

That aside, pioneering regeneration developments are taking place with the advent of "community benefit clauses". Current examples are:

- Pilot work carried out by Raploch Urban Regeneration Company in Stirling used legally binding "community benefit clauses" when awarding contracts. This ensured that contractors must legally employ a certain percentage of local people in the Raploch area, including young unemployed people and older jobless people, to renew the local estate.
- Glasgow City Council is to introduce specific clauses into the tendering process for major Commonwealth Games-related projects to create employment and business opportunities for local people and companies. It will focus on local training and employment opportunities, particularly for school leavers, local small business start up and growth, and equalities issues.

This approach could be expanded to inhibit these illicit economies and destructive drug markets and prevent them from undermining the Scottish Government's economic imperatives of Solidarity, Cohesion and Sustainability. It is also worth noting that the Scottish Government's ministerial task force on health inequalities recommends that:

*"Public sector organisations should increase the use of community benefits clauses in their contracting processes."* (Pg 25)<sup>9</sup>

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<sup>9</sup> Scottish Government (2008) equally well - report of the ministerial task force on health inequalities, Edinburgh.

Widespread extension of community benefit clauses has potential to offer a serious alternative to a 'career' involving using and/or dealing in illegal drugs. The challenge is sizeable – one in four of the 42,422 drug offences recorded by Scottish police forces in 2006/07 were for possession with intent to supply.<sup>10</sup>

This new regeneration approach could also have a positive mental health aspect beyond alcohol and drugs. Work carried out by St Andrews University found that between 1980 and 2000, younger people (aged 15-44) living in our poorest areas were more than four times as likely to commit suicide than those in our least deprived areas. More shockingly, nearly 1 in 5 of Scotland's suicides occurred in the east end of Glasgow where high unemployment and drug problems (known risk factors) are prevalent.<sup>11</sup>

More specifically, community benefit clauses could address training and skills shortages and also address gender and income inequalities by encouraging unemployed women into traditionally male-dominated trades, such as carpentry and plumbing.

Developing regeneration "community benefit clauses" would involve building partnerships links and shared understandings with the Department of Work and Pensions (DWP). This will become increasingly important as the UK Department of Work and Pensions welfare-to-work target determines to move one million people within the UK off sickness/incapacity benefits and into the labour market by 2016.

## **2. Social protection and employability**

Many people with drug and alcohol problems are unemployed and are likely to be struggling to get by on existing welfare payments. A new Joseph Rowntree Foundation report on a Minimum Income Standard for Britain recommends a weekly Minimum Income of £144.51 for single people.<sup>12</sup> A single person on benefits, such as Income Support, will receive £60.50 which only covers 42 per cent of the recommended Minimum Income. Yet, single unemployed adults without children are not only the biggest rising UK poverty group but a significant group seeking help for a drug problem, in Scotland.

Despite being a reserved matter, it is important that the Department of Work and Pensions consider the role that they can play in reducing levels of poverty.

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<sup>10</sup> Information Services Division, Drug Misuse Statistics Scotland 2007, <http://www.drugmisuse.isdscotland.org/publications/07dmss/07dmss.pdf>

<sup>11</sup> Exeter, D.J. & Boyle, P.J. (2007) Does young adult suicide cluster geographically in Scotland? *Journal of Epidemiology and Community Health*, 61:731-736

<sup>12</sup> Bradshaw, J. et al (2008) A minimum income standard for Britain - what people think., Joseph Rowntree Foundation [http://www.minimumincomestandard.org/downloads/launch/mis\\_report\\_july\\_08.pdf](http://www.minimumincomestandard.org/downloads/launch/mis_report_july_08.pdf)

Developing work opportunities through initiatives such as community benefit clauses will be an important route out of poverty but it will also be important to address the needs of those:

- for whom traditional paid work is not a viable option
- moving from out-of-work to in-work poverty
- facing the biggest barriers to accessing training, education and employment.

It will also be important to ensure that any new initiatives aimed at tackling significant poverty levels among people with alcohol and drug problems in Scotland are not weakened by other policy decisions. For instance, the UK Drug Strategy proposes that in return for benefit payments, claimants will have a responsibility to move successfully through treatment into employment.

### *Alternatives to traditional paid work*

Professor Carol Tannahill (Director of Glasgow's Centre for Population Health and a member of the Scottish Government's Health Inequalities Task Force) has suggested that a policy change may be needed to take a broader view of how to improve health. High numbers of people on incapacity benefit in the west of Scotland have led to a focus on getting people back to work. However, Professor Tannahill says activity outside traditional "work" also has an important part to play in promoting wellbeing:

*"There are important roles and activities outside the workplace that are also productive and have considerable benefits to society... Things like parenting or caring for older relatives, but also having a strong network of close friends and neighbours brings health benefits and can have a positive influence on mental health, crime rates and feelings of safety."<sup>13</sup>*

### *In-work poverty*

Another major challenge is creating sustainable jobs and living wages which avoid moving people with a drug or alcohol problem from out-of-work to in-work poverty.

- Warwick University research shows that unemployed people who took a low-wage job were twice as likely to become jobless again compared to someone who secures a high-paid job after being unemployed<sup>14</sup>.

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<sup>13</sup> Sunday Herald (2008) What makes Scotland so sick - Scotland is better off and better, Apr 6, Judith Duffy, health correspondent

<sup>14</sup> Stewart, M.B. (2007) The interrelated dynamics of unemployment and low wage employment, Journal of Applied Econometrics, 22: 511-531

- Save the Children highlights that half of all children in poverty are now in working households and for lone parents:

*“who are more likely to enter part-time and low-paid work, the additional costs associated with employment, like work clothing and childcare, mean that they often struggle to make themselves ‘better off’ in work.”<sup>15</sup>*

### *Employability Barriers*

People with drug and alcohol problems face a range of employability barriers. Various health, social and criminal justice problems can significantly impair their recovery process. These include daily visits to pick up methadone from a pharmacy; past convictions or present criminal justice involvement such as a pending court case; outstanding warrants or unpaid fines; homelessness including ‘hidden homeless’ such as living with friends or relatives, and discriminating employer attitudes towards drug users.<sup>16</sup>

Drug users themselves may be fearful of entering the employability pathway in case they relapse and have difficulty renegotiating welfare benefits.

People with alcohol problems may also face barriers to employment such as discriminating employer attitudes. They may respond to these attitudes by hiding their past alcohol problem for fear that it might leave them open to greater workplace scrutiny and suspicion.<sup>17</sup> Yet entering training or college, and receiving support for other problems such as housing, health and money, are important to ensure a successful transition into sustainable work, which is in itself seen as an important step to recovery for people with alcohol problems.<sup>18</sup>

Even where personal and social barriers are addressed, employer discrimination remains a significant barrier. Scottish Poverty Information Unit (SPIU) research in Glasgow showed that employers’ attitudes were very negative towards hard-to-employ groups, including ex-drug users, homeless people, those with mental health problems, ex-offenders.

The SPIU study found that only one of 33 employers employed people with a known history of substance problems and no employer had hired anyone known to be on a methadone programme. Although one third of employers would happily employ someone recovering from a substance use problem, 70% were “*absolutely certain they would not employ someone on a methadone programme.*”<sup>19</sup>

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<sup>15</sup> Save the Children (2008) Why Money Matters: Family income, poverty and children's lives. Briefing available from [http://www.savethechildren.org.uk/en/54\\_4998.htm](http://www.savethechildren.org.uk/en/54_4998.htm)

<sup>16</sup> Kemp, P.A. & Neale, J. (2005) Employability and problem drug users, *Critical Social Policy* 25 (1) 28 - 46.

<sup>17</sup> Centre for Research in Social Policy (2004) Drug and Alcohol Use as Barriers to Employment, Loughborough University.

<sup>18</sup> Ibid

<sup>19</sup> Scott G & Sillars K. (2003) Employers’ attitudes to hard-to-employ groups: Executive Summary. Report prepared for Westworking Partnership. Glasgow Caledonian University & SPIU, page 4.

## *Employability responses*

Specific initiatives such as Progress2Work and Pathways to Work have attempted to address the above challenges by providing preliminary support, such as improving literacy and numeracy skills, before people move on. However, it has been argued that this type of provision, which includes simplistic targeting within a competitive culture of short-term funding, is at odds with the need to fit in lengthy interventions, especially for those with drug problems.<sup>20</sup>

Despite these criticisms and employability barriers, Scotland has had a positive track record in addressing these challenges through the New Futures Fund (NFF). Hailed as a successful employability initiative that guided the development of the UK-wide Progress-2-Work initiative, the aim of NFF was to engage and work with those furthest from the labour market, such as drug users. Positive NFF outcome results showed that this approach was working - 21% were employed/self-employed, 12% went into education, 14% went into government programmes and 10% were involved in voluntary work.<sup>21</sup>

On a smaller scale, Scottish Drugs Forum has developed the innovative Addiction Worker Training Project (AWTP) in Glasgow. Set up in 2004, AWTP supports people with a past history of a drug and/or alcohol problem towards a recognised social care qualification and work experience in various social care settings while being waged.

The success of the outcomes of this one-year course is notable. Demand for places is very high, with 49 applications for the 15 positions on the 2008 intake. Nine out of 10 who successfully complete the AWTP course have secured employment - a constant outcome over the last three years. And, crucially, this project is supporting the difficult transition people have to make when they move away from benefits, often for the first time.

This innovative AWTP approach has also been adopted in other areas such as South Lanarkshire and West Dunbartonshire with similar outcomes for participants.

It is important that highly innovative but straightforward small projects like the AWTP and the valuable work enabled by NFF are not overlooked. There are opportunities to build upon the success of these types of project through the Scottish Government's Fairer Scotland Fund (FSF) – a new approach which aims to support Community Planning Partnerships (CPPs) to work together to tackle area based and individual poverty and to help more people access and sustain employment opportunities.

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<sup>20</sup> Klee, H., McLean, I. & Yavorsky, C. (2002) *Employing drug users: Individual and systemic barriers to rehabilitation*. York: The Joseph Rowntree Foundation

<sup>21</sup> Training and Employment Research Unit (2005) *Evaluation of the New Future Fund Initiative - Final Report*. Produced by Cambridge Policy Consultants & Simon Clark Associates Limited.

## *The Fairer Scotland Fund*

Addressing financial exclusion through the new Fairer Scotland Fund should be a priority area. FSF can help prevent and reduce severe financial exclusion among people with drug and alcohol problems. There are significant opportunities over the next three years for Fairer Scotland Fund (FSF) monies to be invested in a range of innovative partnership approaches that tackle significant income inequalities.

The issue of unnecessary personal debt compounds this picture of income inequality. Debt can seriously hamper an individual's ability to move from a serious alcohol or drug problem. A past SDF study involving 115 people stabilised on methadone revealed that one in five owed more than £4,000 with 38% owing between £500 and £4,000. Most of these unnecessary debts were for council tax or owed to mainstream financial institutions and were often linked to poor literacy skills in completing forms.<sup>22</sup>

Despite the excellent but small-scale impact of work done by projects such as AWTP, fear of benefits being withdrawn and the above high debt levels are significant barriers for those able to enter the labour market.

This is exacerbated by the lack of engagement between drug and alcohol, employment and money advice services and lack of specialist help within specialist drug and alcohol services in Scotland. Although there has been a recent history of increased financial support for money advice services in Scotland, this important area is no longer ring-fenced funded.

A Scottish Poverty Information Unit (SPIU) money advice study involving vulnerable populations has found that proactive work remains under-developed in Scotland, and requires commitment of time and resources, including strong and better links with services that are trusted sources of support for people.<sup>23</sup> This will ensure that disadvantaged groups gain access to levels of mainstream expertise that others take for granted.

Innovative approaches to improve access to money advice for people with mental health problems involved offering training for primary health care staff (e.g. GPs) on awareness of money advice issues - including appropriate referral between services.<sup>24</sup>

The above examples illustrate the potential for partnership work involving drug/alcohol services and money advice/employability services which fit with the new Fairer Scotland Fund principles of promoting joint, local work to improve employability and address the underlying causes of poverty among people with drug and alcohol problems.

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<sup>22</sup> Scottish Drugs Forum (2001) Barriers to training and employment - survey carried out by Glasgow Street Intervention Group. Report compiled by Alex Meikle.

<sup>23</sup> Gillespie M, Dobbie L, Mulvey G with Gallacher Y and Campbell J (2007) *Money Advice for Vulnerable Groups: Final Evaluation Report*. Scottish Executive (Web only publication) available at: <http://www.scotland.gov.uk/Publications/2007/03/22115958/0>

<sup>24</sup> Gillespie M and Dobbie L (2007) *Meeting the Money Advice Needs of People in Glasgow with Mental Health Problems*. Report for Glasgow Association for Mental Health

They would not only support successful strategic outcomes for Scotland's new drug and forthcoming alcohol strategies but offer a vital step for people with alcohol and drug problems on the road to recovery.

### **3. Housing**

A 2006 social housing report predicted that the number of council and housing association homes in Scotland may drop by almost 70% by 2020 and not addressing this drop may lead to a further increase in highly concentrated 'poverty clustering'.<sup>25</sup>

It may also lead to those with urgent needs, such as people with drug problems, being similarly clustered in fragmented, hard-to-let areas, thus fuelling destructive illicit drug economies.

Therefore, we welcome the Scottish Government promise of local authorities being given £25 million to build new council houses over the next three years and the Scottish Government's stated goal to see 35,000 new houses built every year by 2015.

Another important area of work is the recently launched Scottish Sustainable Communities Initiative (SSCI) to encourage local authorities and their partners to develop more sustainable communities to meet these significant housing requirements.

However, if the SSCI goal of seeking ambitious and innovative proposals that address the needs of those on lower incomes is to be achieved, then housing planners/providers must:

- Avoid allocation policies that create more clustering of groups of people with high levels of damaging drug and alcohol use within an area.
- Play an active role in developing sustainable communities by engaging with the previously mentioned 'community benefit clauses' to undermine destructive illicit economies.

### **4. Strengthening child welfare – the role of kinship carers**

Kinship carers have been defined as extended family, often a grandparent or a family friend, being responsible for the upbringing of a child/children not living with or being cared for by a parent.

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<sup>25</sup> The Future for Social Renting in Scotland - Discussion Paper: A report for the CIH in Scotland (2006)  
<http://www.cih.org/scotland/policy/future-social-renting.pdf>

In the UK, there has been a rise in formal and informal kinship care which is occurring within wider policy changes such as residential care scandals, poor outcomes from children leaving care, changing family structures, a shortage of foster carers and financial pressures on children's services and foster carer budgets.<sup>26</sup>

An estimated 120,000 - 160,000 children in Scotland are affected by their parental drug or alcohol use.<sup>27</sup> However, official figures indicate that there are only 2,094 children being formally cared for by a kinship carer (and not all due to parental drug and alcohol problems).<sup>28</sup>

In Scotland, the exact number of kinship carers is unknown but it has been suggested that there could be 20,000 to 30,000, with many looking after children affected by parental alcohol/drug problems.

With no nationally held data of the number of carers receiving kinship payments by local authority area,<sup>29</sup> there may be a significant hidden population of informal carers raising children affected by parental alcohol/drug problems not in contact with support services.

This unclear picture of all carers (formal and informal) is taking place against a backdrop whereby only 17 of the 32 council areas in Scotland are reportedly paying the recommended minimum kinship allowance.<sup>30</sup>

If the national foster and kinship care strategy is to support the Scottish Government's economic golden rules of Solidarity, Cohesion and Sustainability, key areas requiring consideration here are:

- A more accurate national picture of the total numbers of kinship carers (formal and informal) and the number of children being looked after by them
- Avoidance of a postcode lottery system of kinship payment and support developing in Scotland as a result of the new Concordat arrangements
- Adequate funding of the new Kinship Care allowances. The suggested figure of £10 million to support kinship carers, highlighted in First Minister's Questions last September,<sup>31</sup> may be insufficient. If significant numbers were to receive *formal* kinship carer approval, local authority resources would be under huge pressure - 10,000 approved carers on a £119 minimum weekly allowance would cost nearly £62 million.

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<sup>26</sup> Broad, B. & Skinner, A. (2004) Kinship care for children in the UK: messages from research, lessons for policy and practice. *European Journal of Social Work* 7 (2): 211-227.

<sup>27</sup> Scottish Government (2006) Getting our Priorities Right - Good Practice Guidance for working with Children and Families affected by Substance Misuse, <http://www.scotland.gov.uk/Publications/2003/02/16469/18726>

<sup>28</sup> Scottish Government (2007) Getting it right for every child in foster care and kinship care - a National Strategy. <http://www.scotland.gov.uk/Resource/Doc/205513/0054689.pdf>

<sup>29</sup> Written Scottish Parliamentary response from Adam Ingram, MSP, Minister for Children and Early Years, Tuesday 6 May 2008, <http://www.scottish.parliament.uk/business/pqa/wa-08/wa0506.htm>

<sup>30</sup> Scottish Drugs Forum Bulletin (2007), Cautious welcome for kinship care allowances, issues 205 and 206 (November & December).

<sup>31</sup> First Minister's Question Time (2007) Scottish Parliament Official Report, Col 2222, 27 September <http://www.scottish.parliament.uk/business/officialReports/meetingsParliament/or-07/sor0927-02.htm#Col2221>

- Ensuring that DWP regulations on income limits do not remove the advantage of receiving a kinship care allowance and thus exacerbate levels of child and pensioner poverty in Scotland.
- Revisiting Professor Jane Aldgate's Kinship Care National Study recommendation for a review of the UK benefits system to consider kinship carers as a category of carers.<sup>32</sup> This would obviate the development of a postcode lottery for kinship carers at a local level in different parts of Scotland and remove the onus of funding from hard-press local budgets.

*Q4. Do you consider there are gaps in these policies and programmes that need filling? If so, how should they be filled?*

Please refer to response to Q 3.

In addition, there is a risk that developing structures such as Community Planning Partnerships (CPPs) and the recently established Urban Regeneration Companies (URCs) may become a complicated and bewildering labyrinth that results in confusion at a local planning level.

Regeneration activity is a key area that involves both CPPs and URCs.

Community Planning Partnerships (CPPs) are charged with the regeneration of our most deprived neighbourhoods through key policy areas such as employability, health, access to local services and improving the quality of the local environment. This can involve representatives, such as health and police, taking part in numerous planning partnerships across various local authority areas.

There are also a range of partners involved in the relatively new Urban Regeneration Companies (URC) which are also charged with increasing economic activity. There are six URCs in Scotland - Raploch, Craigmillar, Clydebank, Inverclyde, Irvine Bay and the Clyde Gateway. For example, the Clyde Gateway URC partners are Glasgow City Council, South Lanarkshire Council, Scottish Enterprise National, Scottish Enterprise Glasgow, Scottish Enterprise Lanarkshire and Communities Scotland.

A Scottish Government best practice document on Urban Regeneration Companies has stressed that partnership work between URCs and CPPs will be vital to good practice.<sup>33</sup> Therefore, robust and clear accountability and reporting arrangements across all key areas are important to avoid confusion and duplication, especially between CPP groups involved with The Fairer Scotland Fund and local URCs.

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<sup>32</sup> Aldgate, J. & McIntosh, M. (2006) Looking after the family: a study of children looked after in kinship care in Scotland. <http://www.scotland.gov.uk/Resource/Doc/129074/0030729.pdf>

<sup>33</sup> Shiel, L. & Smith-Milne, D (2007) Best Practice in Establishing Urban Regeneration Companies in Scotland, Scottish Government Social Research

*Q5. How best can the Scottish Government achieve both economic growth and reduced poverty and income inequality?*

See response to Q3.

*Q6. How should the Scottish Government and its partners balance their efforts between the three areas for action outlined at paragraph 43 of the discussion paper?*

It is important to include preventative approaches on poverty and inequality that may involve long-term strategies where success is also more difficult to measure but could nonetheless be crucial for sustainable change. Although what can be done is always constrained by resources and affected by sometimes conflicting priorities, we strongly urge that, as an absolute minimum, no measures are introduced that unintentionally contribute to increasing absolute or relative poverty.

This would require ‘poverty proofing’ of policy and implementation across Government’s devolved responsibilities and should include the scope to identify and address quickly any negative unintended effects of policies and programmes.

Areas where this may arise are the removal of ring-fenced funding for specific services and initiatives that we recommend are monitored closely.

*Q7. With respect to the set of key principles detailed at paragraph 33 of the discussion paper what are your views on the following:*

- *Are they the right principles?*

We agree that the principles identified are important and represent standards to which policy and practice should aspire, but there is a long way to go to achieve these principles, many of which will require additional resources and training for more effective delivery.

- *Are there others that the Scottish Government should be adopting?*

The list of principles appears comprehensive.

- *Is there potential for some to compete with others?*

There is a potential that some principles (which cover UK, Scottish Government and local authority level) could unintentionally compete with each other, such as the need to meet a UK policy target having a negative knock-on effect on a Scottish government or local authority policy area. For example, DWP regulations on income limits may have a negative impact on locally agreed kinship care allowances.

- *How should the Scottish Government ensure that they are in turn adopted by key delivery bodies and agencies?*

The Government has to make decisions in an environment of tighter public spending. The new Concordat arrangements involves less ring fencing, targeting of resources and locally-devolved decision-making. The Scottish Government should take a leadership role in ensuring that local policies are '*poverty proofed*' so as to rule out the possibility that Governmental anti-poverty objectives fail.

For example, the Scottish Government does not appear to hold nationally held data of the number of carers receiving kinship payments by local authority area. Therefore, the government needs to ensure that there is equitable access to financial support for all kinship carers – allowing the national foster and kinship care strategy to support the government's economic golden rules of Solidarity, Cohesion and Sustainability.

- *With regard to the finite resources available, what would you consider as feasible expectations in tackling poverty, inequality and deprivation, and should some key principles be prioritised over others?*

A key principle, and therefore priority, is the need to focus on tackling the causes as well as the symptoms of poverty and reduce the inequalities that play a significant role in creating and maintaining our sizeable drug and alcohol 'bill' of £4,850 million annually.

As stated throughout this document, income inequality is a vital policy area that must be addressed if we are to have a more equitable and economically vibrant society.

There also needs to be a genuine policy shift away from a dominant response that often leads to people having things *done to them*, towards a culture that is characterised by recognising the agency and capacity of all individuals and local communities.

*Q8. Do you think that reserved and devolved programmes currently complement each other effectively and are there any areas where cooperation can be improved?*

A range of key areas affecting income and wealth are matters reserved to the UK parliament. For example, the Scottish Government does not control social security structures including the payment levels of welfare benefits. The welfare policy nexus between UK and Scottish governments requires careful consideration, as demonstrated by the past example of attendance allowance in relation to free personal care.

For instance, ongoing careful consideration is required to avoid a situation whereby vulnerable groups - *such as grandparents on welfare benefits but receiving kinship carer allowances* - do not end up being worse off. For example, DWP regulations on income limits may have a negative impact on locally agreed kinship care allowances.

*Q9. What are the key barriers to greater partnership working? Can you give an example of how these can effectively be overcome?*

- The corrosive impact of stigma directed towards people with drug and alcohol problems must be addressed. People with alcohol and drug problems living in disadvantaged areas/experiencing poverty must not be not perceived or treated within mainstream services as the 'undeserving' poor
- Mainstream services must avoid insular responses driven by narrow targets or outcomes which would appear to solve some issues but create more serious social and economic problems
- The Scottish Government could take the lead in reducing the stigma faced by people with drug and alcohol problems by developing national campaigns similar to the mental health campaign (See Me - I'm a person)
- The Scottish Government should promote a culture shaped by cooperation and not short-term driven competition for resources.

*Q10. Do you consider that there are any areas where enlargement of the devolution settlement could improve the seamless provision of support and achieve a greater impact on poverty and income inequality?*

Increased devolved responsibilities or closer UK policy alignment between both governments may lead to greater policy flexibility. For example, the burgeoning issue of kinship care could become a policy and fiscal challenge.

*Q11. With which constituencies within Scotland could the Scottish Government do more to influence thinking and action on tackling poverty?*

Anti-poverty areas such as regeneration and money advice could play a more active role in reducing our high levels of damaging alcohol/drug use. Drug and alcohol policy responses must move beyond an exclusive criminal justice and health nexus.

*Q12. How should the Scottish Government best go about engaging with the wider public in its efforts to tackle poverty in Scotland?*

It is important to challenge a widely-held view that people with drug and alcohol problems living in disadvantaged areas/experiencing poverty are the *undeserving poor*.

There is a need for greater public awareness about the strong links between alcohol/drug problems and poverty; and that it is in the interests of ALL of us to address the economic, social and cultural damage which poverty causes.

*Q13. What kind of language should the Scottish Government use in order to communicate effectively on these issues?*

- It is important to be clear that poverty and inequality are not the same experiences. For example, inequality can refer to income but it can also impact on groups of people. For example inequalities can be due to a person's gender, age, disability, ethnic origin, or sexual orientation etc.
- Language must be used sensitively to avoid further stigmatisation of all vulnerable populations, including when referring to people with drug and alcohol problems.

## Appendix 1: About the organisations making this submission

- **Alcohol Focus Scotland (AFS)** is the national charity for alcohol issues. AFS is the only Scottish charity dedicated to raising awareness of, and reducing the significant health and social harm caused by, alcohol. Its long term aim is to achieve a culture change in Scotland where far fewer lives are affected by alcohol misuse, and moderate, responsible drinking is the norm.
- **Scottish Drugs Forum (SDF)** is the national non-government drugs policy and information agency working in partnership with others to co-ordinate effective responses to drug use in Scotland. SDF believes that there is a need for the provision of high quality treatment services and that the vast majority of Scotland's high levels of damaging drug use have their roots in, and is perpetuated by, a range of inequalities that must be addressed.
- **Scottish Poverty Information Unit (SPIU)** believes that poverty is caused by the unequal distribution of opportunities and resources rather than the lack of resources in society. SPIU aims to assist those committed to eradicating poverty in Scotland through robust policy analysis, quality research and widespread dissemination of poverty information. SPIU seeks to work in partnership with others towards the goal of reducing poverty and extending social justice in 21st Century Scotland.