

# Poverty and trauma

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# Executive summary

## What are poverty and trauma and how are they experienced in Scotland?

- Poverty is understood as being an inability to meet day to day minimum needs and to be able to fully participate in society.
- Poverty is not a static condition and many people experience poverty as short-term or temporary, often resulting from a change in circumstance including ill-health, job loss, or the breakdown of a relationship.
- Rates of poverty have been increasing in Scotland, and across the UK more general over the last decade. The two main reasons for this are changes in the labour market and changes to the social security and benefits system.
- Complex trauma is a psychological disorder that can develop in response to prolonged, repeated exposure to interpersonal trauma from which they have little or no chance of escape. Developmental trauma is a related term that is specifically used to describe the impact of early, repeated abuse, neglect and adverse childhood experiences (ACEs) that happen within a child's important relationships.
- The toxic stress caused by ACEs can result in physiological changes to a person's body, e.g. by affecting physical brain development. The impacts of ACEs can linger long beyond childhood and can seriously affect individual's life chances and experiences.
- The relationship between poverty and ACEs is complex and there is not a causal line between the two. However, there is a growing body of evidence showing an association between deprivation and ACEs.
- It should be recognised that poverty and ACEs are not in themselves predictors of poor outcomes and that it is crucial to look at the whole picture around an individual and not to make assumptions based on one or two factors.

## What are the drivers of poverty?

- While the causes of poverty are mainly structural (e.g. linked to housing, the labour market, cost of living, benefits etc.), the impacts are almost always felt at individual, household and community level.

- The most effective way to address material deprivation is by reducing material deprivation itself. This requires addressing the underlying structural causes which affect poverty. Focussing on individuals or households is only likely to mitigate the problem and to support people's experience of poverty to be briefer and less damaging. Addressing household and individual issues only will not eradicate poverty.
- There are certain groups of people that have a higher risk of experiencing poverty, e.g. lone parents, women, and certain geographic areas.
- Most people's experience of poverty happens at times of transition, e.g. taking on caring responsibilities, job loss, or the breakdown of a relationship.

## What are the impacts?

- People living with poverty and trauma face financial hardship, stress, social isolation, shame and stigma. In the longer term, poverty affects people's health, wellbeing and life chances and can lead to a wide range of lifelong negative outcomes.
- The main impacts of poverty and complex/developmental trauma fall under three overarching themes:

**Financial and material impacts** – at the most basic level, poverty affects people's ability to meet the day-to-day costs of living, e.g. food, clothing, heating and transport.

**Emotional, physical and relational impacts** – poverty can have negative impacts on a child and adult's physical and mental health, cognitive development, social and emotional development, relationships, self-esteem and physical health.

**Educational and vocational impacts** – there is a clear link between childhood disadvantage, low educational attainment, and future poverty. This is largely due to challenges with access and engagement around education

- People's experience of poverty can also be compounded by a range of overlapping causal and contributory factors including weak family ties, experiences of ACEs, a lack of wider social networks, low levels of education, low self-esteem & confidence, inadequate services and community support.

- For some people, experiences of poverty can become entrenched because of other issues such as acute mental health problems, homelessness, experiences of violence, or substance misuse.
- In considering the impacts of poverty, we need recognise that there is often not a clear causal link between one factor and its consequences. It is the interplay between various factors that can shape individuals' experience of poverty.

## What are the solutions?

- This chapter focusses on solutions which address the impacts of poverty and trauma on individuals, families and communities rather than presenting solutions to the state and market drivers of poverty
- Given that these state and market level conditions are the main drivers of poverty, it should be acknowledged that focussing on interventions at individual and community level can only ever act as mitigators of poverty. Eradicating poverty in its entirety requires action by state and market alongside any supports provided to individuals.
- Poverty has structural causes such as the shape of housing, skills, labour markets, cost of living and the organisation of the social security system. These then interact with an individual's circumstances, capacity and choices. Quite how these factors interact will vary across Scotland and any solution offered need to be tailored to meet specific local needs. However, solutions must also address the structural causes.
- While the approaches for addressing poverty have been categorised separately, it is acknowledged that they are most likely to be successful when coordinated.
- Where possible, the focus should always be on addressing the underlying financial pressures for individuals and families. Given that poverty is a financial resource problem, the solutions to it lie fundamentally in addressing this underlying need.
- There are a range of protective factors which have been identified as supporting children who have been exposed to financial disadvantage or ACEs growing up, e.g. developing a positive relationship with at least one parent/carer, having resilience and being happily engaged in school. These are most likely to be developed by working with individuals, families and in community settings.

- Communities and neighbourhoods are recognised as key environments for supporting people with the challenges they may be facing through building social capital.
- Targeting support at key points of transition in people's lives can have a positive impact on reducing their risk of experiencing poverty, or the long-term impacts it will have if they do experience it. The same is true for targeting support at people experiencing or at risk of severe or multiple disadvantage (SMD).
- Services and systems need to be joined-up and to place the individual at the centre.
- Interventions which are proven to work in one location or context still need to be tested to see if they can translate into other environments.
- Effective support should be poverty informed, trauma informed, and rights based.

## What is the policy context?

- The Scottish Government has shown a continued strategic commitment to mitigating the effects of poverty across the lifespan, and ultimately eradicating poverty. However, there is still a lot of work to be done to make the recommendations a reality.
- The Scottish Government has also shown a continued commitment to mitigating the impact of ACEs and developmental trauma, e.g. by embedding trauma-informed approaches across different areas of work.
- Relevant policies cut across a number of portfolios including criminal justice, health, education and fair work.
- As earlier sections have shown, while the immediate effects of poverty are experienced at the individual, household and society level, the majority of government policy recommendations are directed at the structural level.

# 1 Introduction

This paper provides an overview of some of the causes and effects of poverty and complex trauma, as well as highlighting some high-level solutions and approaches to mitigating their impacts. It draws on desk-based research and aims to further the Trust's understanding of these areas so that we can ensure the next phase of our strategy development is evidence-informed, particularly with regards to the development of our overarching themes and funding approaches.

## 1.1 Where we have come from

At the start of our strategy review process, we published three context papers: one on challenges facing individuals and communities in Scotland; one on challenges facing third sector organisations; and one on funding approaches. The first and second papers, coupled with the stakeholder feedback that NPC gathered, have led us to agree that poverty and complex trauma are two of the main issues facing individuals and communities across Scotland now, and areas in which we might be able to add most value.

## 1.2 What does it mean for us?

When we talk about poverty, we are concerned specifically with the experience of individuals, families and communities who, through a lack of material resource, face a struggle to pay for essentials and to participate fully in society. As a funder, our work in this area will focus on intervening early in order to stop individuals and communities from experiencing the worst impacts of poverty, stepping in to mitigate the effects of poverty and supporting people to reduce the impact of ACEs and trauma on their lives. This is where we can use our resources most effectively and bring the most added value.

It is important to note that we will not directly seek to address the structural causes of poverty (housing, tax, social security) but will work alongside organisations seeking to do so, where appropriate.

In terms of developmental and complex trauma, and adverse childhood experiences (ACEs) we recognise the role of developmental and complex trauma, and adverse childhood

experiences, in affecting people's long-term wellbeing and experiences of poverty. Developmental or complex trauma is a psychological disorder that can develop in response to prolonged, repeated or interpersonal trauma (e.g. neglect or abuse) in a context in which the individual has little or no chance of escape.

We recognise the link between poverty and complex trauma, but we recognise that complex trauma exists across the population and should not solely be viewed in the context of poverty. This means that not all our work will address poverty and trauma together, but we *will* take a poverty and trauma informed approach to all our work.

## 2 What are poverty and trauma and how are they experienced in Scotland?

### Overview

This chapter considers definitions of poverty and trauma, how they interact and why they matter. It also provides details on the current levels of poverty and trauma in Scotland.

### Key findings

- Poverty is understood as being an inability to meet day to day minimum needs and to be able to fully participate in society.
- Poverty is not a static condition and many people experience poverty as short-term or temporary, often resulting from a change in circumstance including ill-health, job loss, or the breakdown of a relationship.
- Rates of poverty have been increasing in Scotland, and across the UK more general over the last decade. The two main reasons for this are changes in the labour market and changes to the social security and benefits system.
- Complex trauma is a psychological disorder that can develop in response to prolonged, repeated exposure to interpersonal trauma from which they have little or no chance of escape. Developmental trauma is a related term that is specifically used to describe the impact of early, repeated abuse, neglect and adverse childhood experiences (ACEs) that happen within a child's important relationships.
- The toxic stress caused by ACEs can result in physiological changes to a person's body, e.g. by affecting physical brain development. The impacts of ACEs can linger long beyond childhood and can seriously affect individual's life chances and experiences.

## Key findings (cont.)

- The relationship between poverty and ACEs is complex and there is not a causal line between the two. However, there is a growing body of evidence showing an association between deprivation and ACEs.
- It should be recognised that poverty and ACEs are not in themselves predictors of poor outcomes and that it is crucial to look at the whole picture around an individual and not to make assumptions based on one or two factors.

## 2.1 Poverty

### 2.1.1 What is poverty?

Poverty is an inability to meet day to day minimum needs, and to be able to fully participate in society, as a result of some combination of structural, social and individual factors.

The Joseph Rowntree Foundation (JRF) defines poverty as being 'when a person's resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation).<sup>i</sup>

Poverty means not being able to heat your home, pay your rent, or buy essentials for your children. It means waking up every day facing insecurity, uncertainty and impossible decisions about money. The constant stress it causes can overwhelm people affecting them emotionally and depriving them of the chance to play a full part in society.<sup>ii</sup>

The sociologist Peter Townsend, who was a founding member of the Child Poverty Action Group, defined poverty in 1979,

Individuals, families and groups in the population can be said to be in poverty when they lack resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged and approved, in the societies in which they belong.<sup>iii</sup>

Poverty is not quite the same thing as having low income. People and families can have different costs to contend with which will affect the level of income they need to stay out of poverty, e.g. childcare, costs associated with disabilities etc.<sup>iv</sup>

The effect of poverty at an individual and societal level, are wide and broad ranging and go far beyond the immediate inability to meet a financial need. They also impact on everyone in society, not just those directly affected,

People in poverty experience daily insecurity and uncertainty and are excluded from the norms of a wealthy society, facing impossible decisions about money and getting into debt. Poverty causes families significant harm affecting people's health and wellbeing, eroding confidence and capability and damaging life choices. But it also damages wider society and the economy depriving it of the skills and talents of people who could otherwise contribute.<sup>v</sup>

It has also been estimated that the UK spends around £78 billion per year to reduce or alleviate poverty.<sup>vi</sup> This includes costs relating to healthcare, school education, justice, children's and adult's social services, and housing.<sup>vii</sup>

It is important to distinguish poverty (in terms of achieving a balance of resources and needs) from other concerns about inequality generally (whether of income, wealth, or wider outcome between different groups) and other related factors such as wellbeing, area deprivation, social mobility, social justice and social exclusion. JRF has asserted that although there can be overlaps between these different concepts, 'poverty is centrally defined by a general lack of sufficient material resources' and that if this definition is broadened out too far it risks strategies and interventions becoming diluted and not addressing the key issues.<sup>viii</sup>

Poverty is not a static condition. Many people experience poverty as short term or temporary, often resulting from a change in life circumstances, such as a job loss. Between 2013 and 2017, 11% of people in Scotland, and 17% of children were in persistent poverty (i.e. in poverty for three out of the previous four years) after housing costs.<sup>ix</sup> Over the course of a year, there will be significant changes of people experiencing poverty at any one time. Figure 1 demonstrates this constantly changing environment.

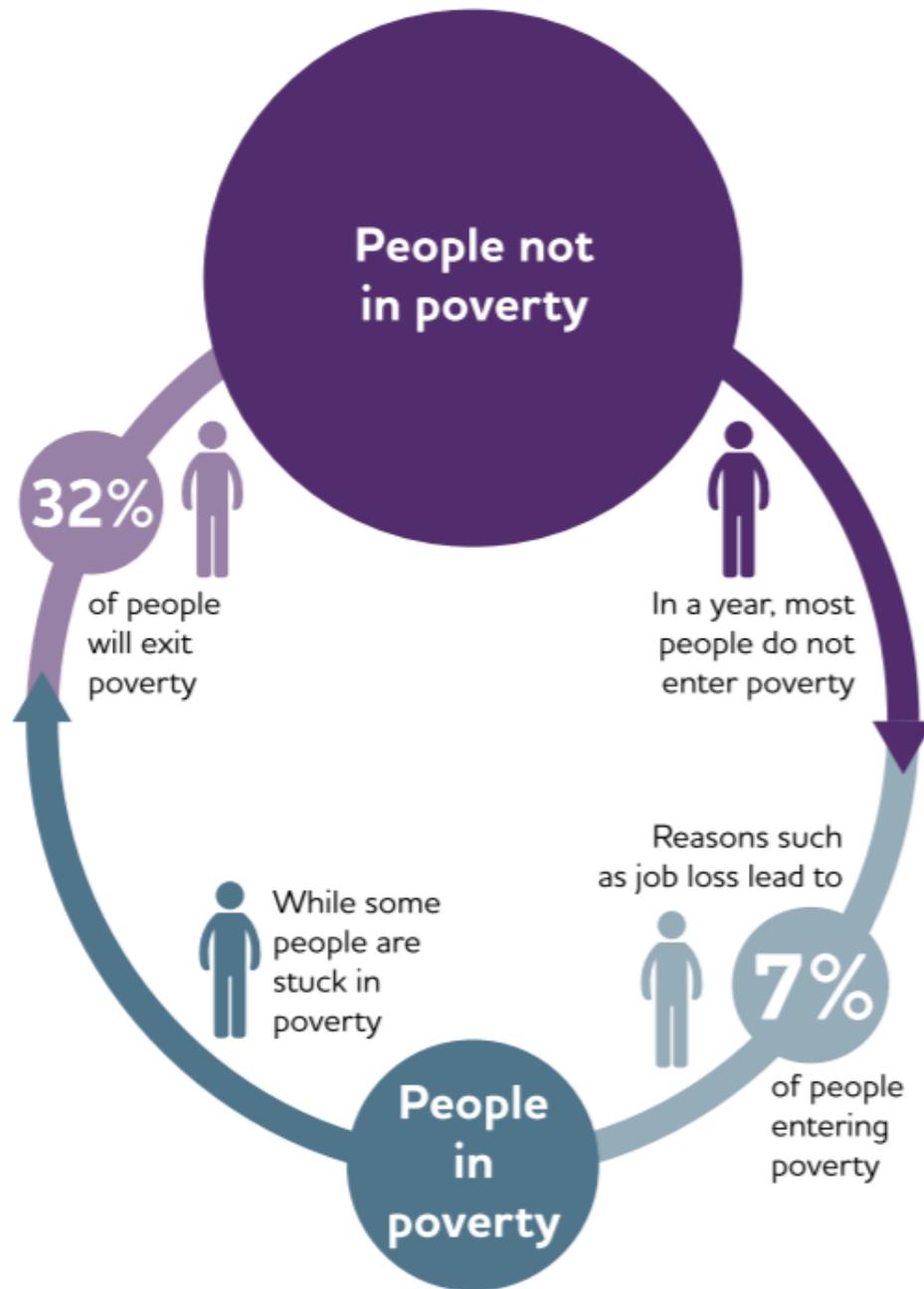


Figure 1 - the yearly dynamics of poverty x

It is also useful to recognise that peoples experience of financial hardship and poverty can vary from experiencing a **level of financial vulnerability**, whereby an unexpected event could push them into poverty, to actual **poverty** as identified by measures such as the median income (struggling to pay for home, pay rent, or buy essentials) to **destitution** (where they are unable to afford a number of essentials like food and clothing).

The Child Poverty Action Group have created this infographic to distinguish between destitution, poverty and inequality:



Figure 2 - the difference between destitution, poverty and inequality.<sup>xi</sup>

Certain demographic groups within society are statistically more likely to experience poverty than others. For example, 35% of Minority Ethnic people are in poverty as opposed to 18% of White British people, 45% of lone parents are living in poverty and 23% of people in a family with a disabled adult live in poverty.<sup>xii</sup> People can also be affected by where they live, their kind of neighbourhood and the access it provides to jobs and services such as transport, education and social care. These poverty related inequalities are looked at in more depth in section 3.2 of this paper.

### 2.1.2 Poverty in Scotland?

Poverty in Scotland is on the increase. Figures show that, overall, poverty and child poverty declined in the first decade of 20<sup>th</sup> century before beginning to rise again from around 2012.<sup>xiii</sup> Predictions are that levels of poverty will continue to rise over coming years. Overall, around 1m people in Scotland are living in poverty. This includes 1 in 4 children (24% or 240,000) and around 1 in 5 people of working age (20%).<sup>xiv</sup>

Some other key facts, figures and trends:

- Poverty in households where at least one person is in work is at its highest ever level. In 2015-2018, 60% of working-age adults in poverty were living in working households.<sup>xv</sup>

- 65% of children living in poverty in Scotland are in households where someone works.<sup>xvi</sup>
- In Scotland in 2014, 19% of employees (444,100) earned less than the living wage.<sup>xvii</sup>
- Child poverty rates in Scotland across all 32 local authorities is 22% - ranging from 10% in Shetland to 33% in Glasgow<sup>xviii</sup>
- 30% of families with a child aged one or under are in poverty<sup>xix</sup>
- 45% of lone parents are living in poverty
- 91% of lone parents in Scotland are female<sup>xx</sup>
- 41% of children in lone parent households live in poverty compared to 24% of children in 2 parent households<sup>xxi</sup>
- 23% of lone parents experience persistent poverty (experiencing poverty in 3 out of the previous 4 years) compared with 9% of couples with children<sup>xxii</sup>
- From 2015-2018 the poverty rate for people in families with a disabled person was 24% compared to 17% for families without a disability<sup>xxiii</sup>
- 40% of children living in poverty live in a household where someone has a disability<sup>xxiv</sup>
- Poverty levels are significantly higher among non-white minority ethnic groups than they are for those for white British people. There are significant variations between different minority ethnic groups: 38% for 'mixed, black, or black British, 34% for Asian or Asian British compared to 18% of white British<sup>xxv</sup>
- The proportion of Muslim adults living in poverty is significantly higher than adults overall at 41% (compared to 18% of all adults)<sup>xxvi</sup>
- Pensioners living in poverty have declined significantly from a level of 31% in 1994-1997 to 15% in 2015-2018<sup>xxvii</sup>
- Single female pensioners are more likely to be living in poverty (19%) than single male pensioners (13%)<sup>xxviii</sup>
- 3% of all people living in poverty are experiencing additional complex needs arising from issues such as substance misuse, domestic abuse or involvement with criminal justice system<sup>xxix</sup>

## Overview of relative child poverty, after housing costs, 2014–17



Source: JRF analysis of Households Below Average Income (DWP, 2014–17)

Figure 3 - overview of relative child poverty, after housing costs, 2014-17

The upward trends in poverty figures over the last decade in UK are attributed to two main factors: changes in the labour market towards more part time, less secure, lower paid employment, and changes to the social security and benefits system, which has included real terms reductions in the level of benefits available to individuals, changes to who can access benefits and increased barriers to accessing benefits that may be available. Other drivers of poverty are discussed in more detail in chapter 3 of this report.

### 2.1.3 Note on statistics

A common way to measure poverty (and the main one used when discussing poverty in Scotland) is to consider how the lowest income households compare with average income households. A household is considered to be in poverty if their income is less than 60% of the median income for that household type.<sup>xxx</sup> This is referred to as 'relative poverty.'

However, it is important to recognise that there are a range of ways of defining and measuring poverty and different organisations will use different methods. As poverty is not a static concept – people move in and out of it – statistics should also be considered as a snapshot in time. It is therefore important to consider the figures below as highlighting trends rather than be absolute numbers which we can rely on.

## 2.2 Trauma

### 2.2.1 What is trauma?

Complex trauma is a psychological disorder that can develop in response to prolonged, repeated exposure to interpersonal trauma in a context in which the individual has little or no chance of escape. It can have long term impacts on individuals' psychological health, physical health and ability to successfully participate in society. Complex trauma is relational in nature i.e. it has to do with the nature of one person's relationships with another person or group of people over a period of time.

Developmental trauma is a related term that is specifically used to describe the impact of early, repeated abuse, neglect, separation and adverse experiences that happens within the child's important relationships. <sup>xxxi</sup> Adverse Childhood Experiences (ACEs) are closely linked to developmental trauma.

Complex and developmental trauma (brought about by ACEs) have been evidenced to be linked to a wide range of health, social and emotional problems that can last long beyond childhood.

### 2.2.2 Adverse childhood experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences with the ability to impact on individuals' health and wellbeing across their lives.

The term Adverse Childhood Experiences (ACE's) originated from a study carried out in the US between 1995 – 1997 which demonstrated a link between childhood trauma and a range of health, social and emotional problems.

The original ACE study identified 10 types of events or conditions (including emotional, sexual and physical abuse, parental separation or divorce, mental illness of a family member) and found that ACEs have a cumulative effect: the greater number of ACE's an individual has, the greater the likelihood they have of health risking behaviour, disease and social problems across their lifespans.<sup>xxxii</sup>

The Scottish Government, among others, recognises that:

There are a range of other types of childhood adversity that can have similar negative long-term effects. These include bereavement, bullying, poverty and community adversities such as living in a deprived area, neighbourhood violence etc.<sup>xxxiii</sup>

The toxic stress caused by ACEs can affect healthy brain development, as well as making physiological changes to a person's body. Indeed, there are links between ACEs and the likelihood of developing long-term health problems like heart disease, stroke, cancer, and diabetes. It can lead to people experiencing poorer social, educational and health outcomes beyond childhood.

An ACE survey with adults in Wales found that compared to people with no ACEs, those with 4 or more ACEs are more likely to

- have been in prison
- develop heart disease
- frequently visit the GP
- develop type 2 diabetes
- have committed violence in the last 12 months
- have health-harming behaviours (high-risk drinking, smoking, drug use)<sup>xxxiv</sup>

ACEs (in the form of its original 10 question test) has been challenged as a blunt tool which can lead to further stigmatisation for individuals. The initial study (and the ACEs "test") doesn't acknowledge the wider factors that can impact on a child's life (bereavement, bullying) or the wider structural factors such as poverty which can impact on it. Also, the science around it is still emerging. Caution is required around using experience of ACEs, and wider events acknowledged to cause stress and trauma, as a deterministic tool – lots of people experience aces and don't go on to have these visibly poor outcomes. However, there is enough evidence of the hugely detrimental impact of ACEs on the lives of people and communities for it to be a useful tool, if employed sensitively and with knowledge.

### 2.2.3 Trauma and ACEs in Scotland

In Scotland, there has been no published study showing the prevalence of ACEs in the general population. However recent studies in England suggested that 9% of the population reported 4 or more ACEs. In a similar study in Wales, the figure was 14%. If these estimates are transposed into a Scottish setting, this could mean that between 500,000 and 750,000 are affected by their Adverse Childhood Experiences.<sup>xxxv</sup>

It is possible to consider the criminal justice system as a way of understating how adverse experiences and trauma can impact on people's lives. There is growing evidence which shows that young offenders are almost always amongst the most vulnerable, victimised and traumatised within our society.<sup>.xxxvi</sup>

In its 2016 key messages briefing paper, The Centre for Youth and Criminal Justice (CYCJ) highlighted that:

- 81% of under 12s referred to the Children's Hearing System had parents who pose a risk
- 70% had educational problems
- 43% had mental health difficulties
- 60% of those being supported by youth justice services had speech or language problems
- 80% of young men in Polmont Young Offenders Institute (YOI) had experienced school exclusion
- 75% of young men in Polmont YOI had experienced traumatic bereavement (murder, suicide) and two thirds suffered from substantial bereavements (four or more).<sup>.xxxvii</sup>

In relation to this last point, the report notes that:

The complex emotions associated with this are often manifested as anger, difficulty concentrating, risk taking behaviour and substance misuse and are subsequently interpreted (and therefore responded to) as bad behaviour from a very early age.<sup>.xxxviii</sup>

The Edinburgh Study of Youth Transitions and Crime, a longitudinal programme of research on pathways in and out of offending for a cohort of around 4,300 young people, found that serious offending is linked to victimisation and social adversity. The study also found that those involved in violent offending were the most vulnerable and victimised young people in the cohort.<sup>.xxxix</sup>

Those in custody are also more likely to be care experienced than the general population with a Scottish Prison Services survey from 2013 finding that 27% of prisoners had been in care. <sup>.xl</sup>

The CYCJ report states that:

The link between vulnerability and offending is retrospective not predictive, in that most children who experience adverse childhood experiences and trauma do not go on to seriously offend, but children who are involved in serious offending or frequent offending almost always have experienced trauma.<sup>.xii</sup>

Involvement in offending is only one of a range of poor outcomes associated with adverse childhood experiences and trauma. A Youth Justice Board for England and Wales report on the risk and protective factors associated with youth crime found that:

The risk factors for youth offending and substance abuse overlap to a very large degree with those for educational underachievement, young parenthood and adolescent mental health problems.<sup>.xlii</sup>

With this awareness that there a range of risk factors which can affect outcomes for young people, including leading them to involvement in the criminal justice system, we are interested in understanding more about these factors and what works in supporting young people, (and particularly those at risk) to achieve positive outcomes.

## 2.3 How do poverty and trauma interact?

The links between poverty and ACEs are complex and there is not a straight causal line between the two. There is, however, growing evidence of an association between deprivation and ACEs<sup>.xliii</sup> and, that risk factors “cluster together in the lives of the most disadvantaged young people”.<sup>.xliv</sup> There is also evidence that people who experience ACEs are more likely to experience poverty as an adult. When children experience poverty and trauma at the same time, the impacts can be even more profound and damaging and can extend well beyond childhood.

Poverty is not regarded as an ACE (as it is material and not relational) but many of the causes and consequences (and risk and protective factors) overlap – and where they do happen together the mix can be toxic.

The cumulative impact on children born into and raised in poverty is evident throughout their lives. Causes of stress, such as experiences of poverty during sensitive early development periods, affect biological regulatory systems, neural mechanisms that regulate stress response in the brain with profound implications for both physical and mental health. Recent studies have found that children adapt genetically to cope with stressful developmental environments with long term health consequences.<sup>.xliv</sup>

Across all contributory factors to poor outcomes, it is crucial to look at the whole picture affecting an individual and not to make assumptions based on one or two factors. It should be recognised that experiencing ACEs and poverty are not in and of themselves predictors of poor outcomes.

While most children living in poverty are not affected by multiple ACEs there is a significant proportion of families with multiple ACEs who experience poverty. And when poverty and ACEs coincide, they become more than the sum of their parts. When a child lives with ACEs, and also lives in poverty, the conditions are ripe for long-lasting trauma, or toxic stress, which is devastating to children in childhood, and which continues on into adulthood. The trauma associated with the combination of ACEs and poverty makes it more likely for children to experience deeper and more prolonged levels of poverty throughout their lives and on into future generations.<sup>xlvi</sup>

It should also be remembered that many people who experience poverty or relational trauma growing up go on to have successful and fulfilling lives.

# 3 What are the drivers of poverty?

## Overview

This chapter sets out the main drivers of poverty. It covers the structural causes (including macro/market and state level), societal causes and individual causes.

## Key findings

- While the causes of poverty are mainly structural (e.g. linked to housing, the labour market, cost of living, benefits etc.), the impacts are almost always felt at individual, household and community level.
- The most effective way to address material deprivation is by reducing material deprivation itself. This requires addressing the underlying structural causes which affect poverty. Focussing on individuals or households is only likely to mitigate the problem and to support people's experience of poverty to be briefer and less damaging. Addressing household and individual issues only will not eradicate poverty.
- There are certain groups of people that have a higher risk of experiencing poverty, e.g. lone parents, women, and certain geographic areas.
- Most people's experience of poverty happens at times of transition, e.g. taking on caring responsibilities, job loss, or the breakdown of a relationship.

## 3.1 Structural causes

The structural drivers of poverty relate to work and income, including income from social security, and the cost of living (see Figure 4). These structural drivers are a direct result of influences in the wider market and state.

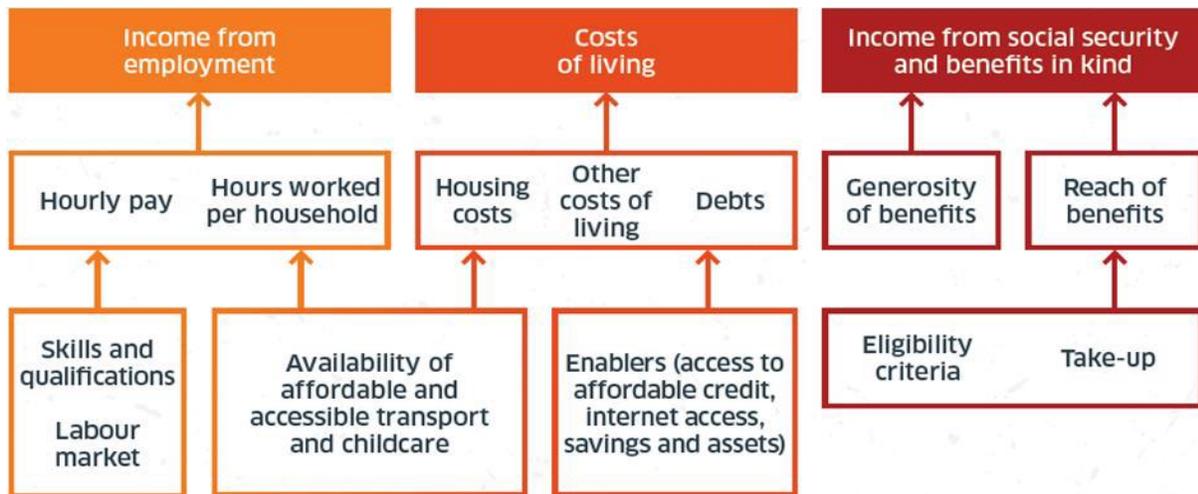


Figure 4 - structural drivers of poverty<sup>xlvii</sup>

### 3.1.1 Macro/market

Some of the key influencers of poverty at a macro/market level include:

#### Work and employment

Employment markets are shifting globally. It is estimated that 35% of jobs that exist in the UK today are at risk of being made redundant by technology over the next two decades. Jobs which pay under £30k per year are five times more likely to be at risk than those paying over £100k.<sup>xlviii</sup>

At a domestic level, the last decade has seen a shift in employment patterns. While more people are in employment, more people are also in low paid, unstable employment. The same period has also seen stagnation in wages growth. This accounts, at least partially, for the steep increase in “in-work” poverty which has been seen over the last decade. Low paid work, is often the only option available to people with other considerations e.g. caring responsibilities, having a disability etc.

#### Higher costs

Changes to the labour market have been compounded by increased cost of living. The last decade has seen higher proportional costs for essential items such as housing, childcare, transport, food and utilities. Poorer income households spend a higher percentage of their

income on household essentials such as rent and electricity – and these have all gone up in costs. From 2008- 2014, the cost of essentials increased 3 times faster than the average wage.<sup>xlix</sup> In Scotland, where poverty figures have been consistently slightly lower than England, this is in part attributed to the lower level of dependence on the private rented sector, which more people living in social rented accommodation.

Some people also face higher costs due to where they live or because they have increased needs, e.g. people with a disability. There is also a recognition that people in poverty often have to pay more than other people (either proportionally or in real terms) to access the same services. For example, accessing credit can be more expensive for people in poverty, not having a bank account can increase the costs of items that may be paid via direct debit, and considerations like the costs of the school day, or covering the costs of a funeral can be significantly more expensive for people who are financially vulnerable.

Housing costs, and specifically the rise in the private rental sector, are a significant contributor people experiencing poverty. Variations in the poverty rates between Scotland and England, with Scotland consistently having a lower poverty rate than England, are attributable in part at least to the higher level of available social housing in Scotland, and the consequential lower levels of private rentals.

## Climate change

Finally, the looming spectre of climate change hangs over all of this. Climate change will affect everyone, but as with most things, it is the people who are most vulnerable who will be affected most by its impact through factors like increased costs (e.g. food, insurance) and by lack of wider protections against the direct impacts of climate change (e.g. insurance).

### 3.1.2 State

One of the roles that the state serves is to mitigate for the market. In principle, it should act to plug the gaps and address the inequalities that a free market can create. However, the state can add pressures if interventions are not effective e.g. an inadequate or cumbersome social security system, poor quality education, not addressing inequalities in terms of access to services etc.

Childcare is an example of where the state can step into supplement market availability. When it is not delivered with an equity approach in mind (which takes time to consider

where more support might be required in order to create a level playing field) it can leave those most in need of it without access, or with limited access to services where the quality is not universally good enough to support child development. Findings suggest that, in Scotland, local authority support is inadequate with only 15% of local authorities having sufficient childcare provision available for parents who work fulltime<sup>i</sup>.

The costs and availability of (quality) childcare can act as a significant barrier to people being able to take up education or training opportunities. A 2011 report from Save the Children noted that, of parents in severe poverty 25% had given up work, 33% had turned down a job and 25% had not been able to take up training as a result of difficulties accessing childcare.<sup>ii</sup>

The way that the social security and benefits system works to address the needs of people experiencing poverty is a crucial protective factor for people at risk of financial hardship. Over recent years, income of households in receipt of benefits have fallen substantially relative to minimum income standards. For a couple with 2 kids where both adults are out of work, this leaves them around £65 per week below the poverty line<sup>iii</sup>. Westminster Government has also employed additional measures to limit those who can access benefits, and the levels of benefits they can access through initiatives such as the two-child policy and bedroom tax policy.

## 3.2 Societal

For certain groups of people, who they are or where they live can make them more vulnerable to experiencing poverty. Often, these poverty related inequalities can interact with one another to compound the experience of poverty. The main groups who can experience poverty more acutely than others are:

### Women

Women often have caring responsibilities within the household that limits their access to full time and well-paid work. Women are more likely to take on the childcare responsibilities in the event of family breakdown. Childbearing also impacts on women's income earning potential: lifetime trends in women's pay shows that it reduces around the age that they have children and often doesn't recover<sup>iiii</sup>.

## Disability

In 2017/18, 31% of the 13 million people with disabilities in the UK lived in poverty. An additional 3 million non-disabled people in poverty live in a household where someone is disabled.<sup>liv</sup>

Low income families with disabled children can often find it harder to access family support as well as help such as respite care and suitable childcare. Parents of disabled children are less able to work and are likely to have additional costs.

## Older people

In the UK between 1991 – 2015 – pensioner poverty fell from 40% to 13%. However, it has begun to rise again over recent years.<sup>lv</sup> Inequalities experienced during working life tend to be reflected in older life. Older people can experience extra costs and care needs. Poverty can be a barrier to older people living fulfilling lives and can leave them isolated. Older people who are single, female, BAME or who have a disability are all more at risk of poverty. Half of all materially deprived pensioners are single people living alone. 40% of BAME pensioners are living in poverty.

## Geographical location

Where you live can impact on your likelihood of experiencing poverty. Rural areas in particular are likely to have less access to well-paid employment and residents can also experience additional costs such as transport, food, fuel etc. Living in a neighbourhood with limited assets can be an additional factor impacting on people's financial status as they have less access to services, supports, jobs and other community assets.

## BAME

People from BAME backgrounds can face a range of additional barriers which can increase their exposure to financial vulnerability. This is evidenced by the fact that poverty rates among people who identify as BAME in Scotland is almost double the rate for people who identify as white British.<sup>lv</sup> These barriers can include discrimination, language, access to services and social networks and having larger families.

## Asylum seekers and refugees

Asylum seekers and refugees can face many of the same barriers as people with a BAME background, but this can be compounded by the additional financial restrictions that come with their status.

## Lone parents

Lone parents are twice as likely to be locked in persistent poverty than any other group.<sup>lvii</sup> Lone parents are much more likely to be in low paid jobs than parents in couples (just over ½ lone parents are low paid, compared with 37% of second earners in couples and 21% main earners in couples).<sup>lviii</sup> Lone parents are also vulnerable to the negative effects of stress, shame and stigma that can lead to 'social exclusion, limited social capital, low self-worth and a lack of agency that could serve to prolong poverty (Walker, 2014:47)'<sup>lix</sup>. It is worth noting that, in contrast to the image often portrayed of lone parents, in Scotland 'only 3% of lone mothers are teenagers and only 15% have never lived with the father of their child'<sup>lx</sup>. Financial need is the cause of poverty, not family structure:

It is not the state of lone parenthood nor separation, nor meeting a new partner that is deleterious to child wellbeing but the impoverished and materially deprived conditions that lone parents find themselves living in.<sup>lxi</sup>

## Young men

Younger single males (under 25) not living in the family home face disproportionate risk of poverty and destitution. Care leavers in particular are likely to require additional support.

## Families most at risk of poverty

The Child Poverty (Scotland) Act 2017 identifies higher poverty rates within the following groups:



Figure 5 - families most at risk of poverty<sup>lxii</sup>

### 3.3 Individual

While the drivers of poverty are structural in nature, it is individuals, families and communities that bear the brunt of poverty on a day to day basis. They face financial hardship, stress, social isolation, shame, stigma and in the worst case, destitution and multiple deprivation. It is also worth reiterating that, 'poverty is dynamic – those people living in poverty this year are not necessarily the same group of people who will be living in poverty next year.'<sup>lxiii</sup> This suggests that poverty cannot only be linked to individual choices. Often, what appear to be individual factors resulting in poverty reflect underlying social and economic processes. Over recent years, there has been a strengthening of the media and political narrative that suggests individuals are to blame for their own experiences of poverty, however this is not borne out by the evidence.

There is a clear difference between what is assumed and portrayed as the causes and consequences of child poverty in policy, practice and the media compared to what the research and evidence shows.<sup>lxiv</sup>

This narrative has impacted on how poverty is viewed and understood by many:

The current UK level political and media narrative that attributes child poverty to parental behaviours has created a political backlash and led to those not in poverty blaming those in poverty for their situation. Both have weakened support for the maintenance of anti-poverty strategies.<sup>lxv</sup>

As an example of how this narrative plays out in broader public opinion, 25% of the Scottish public think parents' alcoholism, drug or other substance use is the main cause of child poverty in Scotland in 2014.<sup>lxvi</sup>

The role of narrative is reinforced in the 2019 report of the UN's Special Rapporteur on extreme poverty and human rights' visit to the UK. In it he asserts that due to 'drastic changes in government economic policy beginning in 2010 [...] poverty is again on the rise.'<sup>lxvii</sup> However, he also observes that 'the [UK] Government has made no secret of its determination to change the value system to focus more on individual responsibility'.<sup>lxviii</sup> This suggests that the onus is wrongly being placed on individuals, rather than political and economic choices which are impacting on structural elements in society.

The Special Rapporteur also argues that while state and market changes underpin the rise in poverty across the UK, other policies which have removed the 'broader social safety net' have impacted on some people's resilience and their ability to cope with changes in their lives:

In the past, the worst casualties of these "reforms" would have received at least minimal protection from the broader social safety net. But austerity policies have deliberately gutted local authorities and thereby effectively eliminated many social services, reduced policing services [...] closed libraries in record numbers, shrunk community and youth centres, and sold off public spaces including parks and recreation centres. It is hardly surprising that civil society has reported unheard-of levels of loneliness and isolation.<sup>ixix</sup>

In reality, most people's experience of poverty happens at times of transition, for example from childhood to adulthood, or as a result of life events for which they may not be prepared: ill health, redundancy/job loss, relationship breakdown, having to take on caring responsibilities. For people who are financially vulnerable, this type of life event could tip them over the edge.

There is a recognition that while personal capacities and choices have a key role to play in building resilience and providing a layer of protection against the impacts of poverty, they are not in themselves responsible for causing or eradicating poverty. Unless the structural factors driving poverty, and the financial need that results from these, are addressed, individuals will continue to experience poverty regardless of how resilient they are or how "good" their choices are deemed to be. Any interventions aimed at addressing poverty which are focussed at the individual level should focus on mitigating people's experience of poverty, by making its duration shorter or its impacts less deeply felt.

# 4 What are the impacts?

## Overview

This chapter considers how poverty and trauma impact on the lives of individuals, families and communities.

## Key findings

- People living with poverty and trauma face financial hardship, stress, social isolation, shame and stigma. In the longer term, poverty affects people's health, wellbeing and life chances and can lead to a wide range of lifelong negative outcomes.
- The main impacts of poverty and complex/developmental trauma fall under three overarching themes:

**Financial and material impacts** – at the most basic level, poverty affects people's ability to meet the day-to-day costs of living, e.g. food, clothing, heating and transport.

**Emotional, physical and relational impacts** – poverty can have negative impacts on a child and adult's physical and mental health, cognitive development, social and emotional development, relationships, self-esteem and physical health.

**Educational and vocational impacts** – there is a clear link between childhood disadvantage, low educational attainment, and future poverty. This is largely due to challenges with access and engagement around education.

- People's experience of poverty can also be compounded by a range of overlapping causal and contributory factors including weak family ties, experiences of ACEs, a lack of wider social networks, low levels of education, low self-esteem & confidence, inadequate services and community support.
- For some people, experiences of poverty can become entrenched because of other issues such as acute mental health problems, homelessness, experiences of violence, or substance misuse.
- In considering the impacts of poverty, we need recognise that there is often not a clear causal link between one factor and its consequences. It is the interplay between various factors that can shape individuals' experience of poverty.

## 4.1 Financial and material

At the most basic level, poverty affects people's ability to meet the day to day costs of living such as food, heat, clothing, rent and transport. The impacts of this are evident through rising levels of food insecurity, fuel poverty and homelessness. The Poverty Alliance reports that more than 1000 emergency food packages are given out every day in Scotland. From April to September 2019, there were 18,645 applications for homelessness assistance. Over the same period, the number of households and children in temporary accommodation increased on a national level compared to the same period in 2018. As at 30 September 2019, there were 11,432 households and 7,252 children in temporary accommodation, an increase of 4% and 6% respectively compared to September 2018.<sup>lxx</sup> In 2016, more than 600,000 households (24.9%) were living in fuel poverty.

The effects of poverty on people's wider lives should not be underestimated. Experiencing child poverty can undermine the health, wellbeing and educational attainment of children. For example, Scottish Government statistics show:

- **61%** of low-income families with children in Scotland can't afford to make regular savings of £10 a month or more.
- **51%** report that they don't have a small amount of money to spend each week on themselves.
- **10%** can't afford to have friends of their children round for tea or a snack once a fortnight.<sup>lxxi</sup>

These wider ramifications of poverty and trauma on people's wider lives are considered in the next section.

## 4.2 Emotional, physical and relational

### Early childhood development

From the very start of their lives, children who grow up in households experiencing financial hardship and emotional stress are disadvantaged.

Poverty has negative impacts on children's health, cognitive development, social, emotional and behavioural development, friendships, self-esteem, relationships experiences of education, educational outcomes and access to employment.<sup>lxxii</sup>

The role of early and secure attachment (whereby parents are able to provide warm, responsive, sensitive parenting) is now known to be vital in allowing children to develop their social, emotional and cognitive abilities. If parents are not able to provide this good early parenting, due to their own stresses (some caused by poverty) and experiences (potentially their own experience of ACEs), it can disadvantage children, not only for their childhood, but for the rest of their lives.

The high levels of stress parents living in poverty experience can inhibit their ability to plan for the future, adopt calm parenting strategies and develop their own or their children's wellbeing.<sup>lxxiii</sup>

The issue is complicated by the fact that

Parents living in poverty (are) likely to have experienced poor transitions to adulthood due to their own experiences of poverty (Harris et al, 2009) they will likely suffer from the structural problems relating to labour, housing and employment markets. Parents in poverty are also at increased risk of arguments about money, relationship strain and breakdown, and poorer mental and physical health (Harris et al, 2009, JRF, 2016).<sup>lxxiv</sup>

Children who have experienced multiple ACEs score lower in cognitive social and behavioural development and are less likely to believe in their abilities or believe that can make a difference in their own life. They do less well in education, have lower self-esteem as teenager and are more likely to become involved in risky or criminal behaviour. Their experiences of ACEs can make it more difficult to form and maintain positive relationships as they get older<sup>lxxv</sup>.

## Family stress

Families are a major defence and protective factor against material and emotional hardship. Children raised in stable secure families have a better chance to flourish and greater prospects. Poverty can put incredible strain on individual mental health, family budgets and relationships. This relationships between family income and child outcomes is set out in the Family Stress model shown in Figure 6.

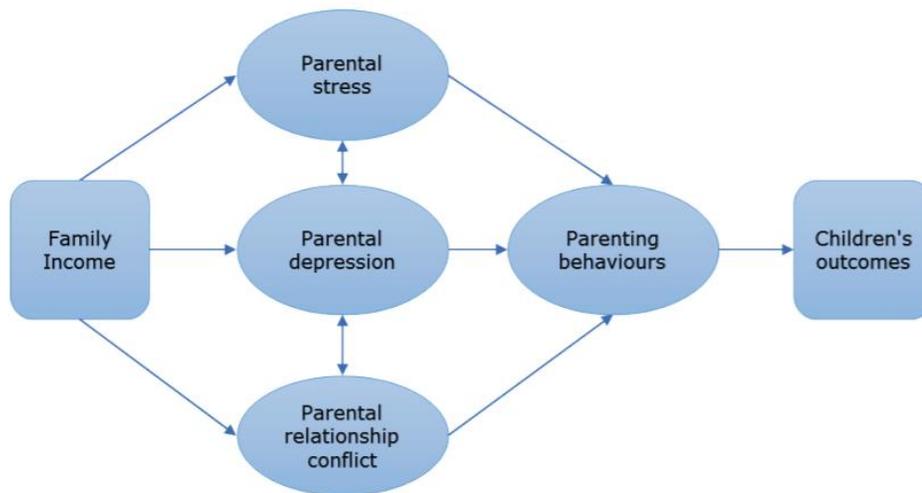


Figure 6 - Family Stress Model<sup>lxxvi</sup>

New work by the Early Intervention Foundation has looked specifically at the implications for parental relationships in families experiencing poverty and disadvantage. DWP analysis shows that 28% of all children living in workless couple-parent families, live with parents who report having a distressed relationship. This is almost three times greater than is reported where both parents are working.<sup>lxxvii</sup>

It is worth noting that family stability is more important than specific family structure. That is, it is not being a single parent family in and of itself that is the problem but the financial hardship (through higher living costs and reduced household income) that can accompany this.

It is also important to note that good parenting takes place regardless of income, and that families living on low incomes employ a wide range of strategies to cope with their situation. These can include drawing on support from family, friends, neighbours and their wider community, accessing support from good quality community based and public services such as health and education, and utilising their own parenting and budgeting skills. However, as JRF note 'living in poverty does make it undeniably more difficult' for families to do so.<sup>lxxviii</sup>

## Mental health and wellbeing

As outlined in the family stress model, the stress associated with poverty is associated with high levels of anxiety and depression. There is emerging evidence that having to deal with poverty on a day to day bases impairs cognitive capacity and the ability to make rational decisions.<sup>.lxxix</sup> Living with access to limited financial and social resources and with greater likelihood of stress, anxiety and depression makes it harder for parents to support children's development.

The impacts of financially related stress within the family can impact on children as well as adults. New research using Growing Up in Scotland (GUS) data involving more than 5,000 children shows the negative associations between financial vulnerability, maternal emotional distress and children's wellbeing.<sup>.lxxx</sup> These cycles of stress and mental ill health can be cyclical: poverty can lead to chronic stress which can lead to anxiety/mood disorder, which can lead to further financial hardship.

There are strong links between the experience of child poverty and poor mental health. One study shows that children living in low-income households are nearly three times as likely to suffer mental health problems than their more affluent peers<sup>.lxxxii</sup>. The 2015 report on Scottish Adolescent Lifestyles highlighted the inequalities around mental health, reporting that there were higher incidences of mental health issues amongst young people with limiting illnesses or disabilities, those of multiple or mixed ethnicity, care experienced young people, those who disliked, felt stressed by, or had been excluded from school. There is also evidence of the correlation between higher levels of deprivation and poorer mental health.<sup>.lxxxii</sup>

In Scotland, it is estimated that poor mental health costs £10.7bn per year.<sup>.lxxxiii</sup> Life expectancy for someone with poor mental health is 15 to 20 years lower than in the general population.<sup>.lxxxiv</sup> Studies have shown that many mental health problems start in childhood; half of adults who are mentally ill have experienced the onset of their mental health problems by the age of 15.<sup>.lxxxv</sup> The 2003 Scottish Needs Assessment Report on child and adolescent mental health estimated that around 10% of young people have mental health problems which cause them substantial difficulty.<sup>.lxxxvi</sup> Recent referral rates to Child and Adolescent Mental Health Services (CAMHS) in Scotland show that the prevalence of mental health problems appears to be on the increase, with 30,208 referrals made in 2015 compared to 26,606 in 2013 (13.5% increase).<sup>.lxxxvii</sup> Emotional problems in 15 year old girls were also reported to have risen from 28% in 2010 to 41% in 2013.<sup>.lxxxviii</sup>

A US study of 12-17-year olds enrolled with the Medicaid programme demonstrated the link between ACEs and the risk of developing a mental illness. The prevalence of mental health problems rises from 11% in children experiencing no ACEs to 44% in those who had experienced five or more ACEs.<sup>lxxxix</sup> Research carried out in the US has suggested that eradicating ACEs would lead to a 29.8% reduction in all mood, behaviour and substance disorders.<sup>xc</sup>

## Physical health

There is a long standing, and persistent link between poorer health outcomes and poverty. Children growing up in low income households have poorer mental health and physical health than better off families. Three-year olds in households with incomes below £10,000 are two and a half times more likely to suffer chronic illness than children in households with incomes above £52,000.<sup>xci</sup>

Perhaps most important to recognise about ACEs is that they impact on physical health as well as mental health. And that these impacts are not just short term. The CDC-Kaiser Permanente ACE Study and subsequent studies show that people with four or more ACEs have a huge risk of adult onset of chronic health problems such as heart disease, cancer, diabetes, autoimmune diseases such as arthritis, suicide, and alcoholism. There is also evidence that toxic stress caused by ACEs damages the function and structure of developing brains. There is also evidence that toxic stress caused by ACEs can alter how our DNA functions, and how that this can be passed on from generation to generation.<sup>xcii</sup>

## Shame, stigma and isolation

People experiencing poverty often experience shame and stigma as a result. Some of this can relate directly to the financial hardship that poverty can bring about, for example not being able to take part in school activities, not being able to buy toiletries. Some of it relates to the public and political narratives which views poverty as an issue of personal responsibility, and one of personal failure.

The result of this can be further isolation, loneliness and exclusion and a sense of powerlessness. Poverty is a barrier to taking part in wider social networks and activities. The amount of social capital that is found in communities (consisting of factors like social networks; community environments, safety, and trust; levels of volunteering and

engagement and sense of empowerment) can all have an impact on people's wellbeing and quality of life. A recent Scottish Government report highlighted that 1 in 5 people experienced loneliness in the last week and only 1 in 5 say they have influence over local decisions.<sup>.xciii</sup> The report also notes that there are lower levels of social capital found in more deprived areas.

Poverty and social isolation can also bring about a sense of powerlessness for people experiencing them, that they have limited agency to make changes either for themselves, for their families or for the neighbourhoods. As well as having an impact on individuals, this can have an impact on wider neighbourhood and societal wellbeing.

### 4.3 Educational and vocational

There is a clear link between childhood disadvantage, low educational attainment and future poverty. By age 5 in Scotland, the gap in development between children from better off and disadvantaged areas is 10-13 months.<sup>.xciv</sup>

Poverty makes it harder for children from low income backgrounds to fully participate in school life. They often lack access to the materials and equipment required to fully participate in school (uniforms, computers, internet, food etc) and they may not be able to take part in school activities and trips. They may also be impacted by their parent's poor experience of school.

Early attachment experiences associated with ACEs can also impact on a child's educational engagement and attainment. In its 2017 report 'Tackling the attainment gap by preventing and responding to Adverse Childhood Experiences', NHS Health Scotland state that:

Attachment difficulties and the experience of ACEs can manifest through social, emotional and learning difficulties. It may mean that these children have missed out on the development of crucial skills for life and learning such as social and friendships skills, and the ability to control their emotions and impulsiveness. This potentially has significant implications for a child's ability to engage and trust in new relationships, for example with teachers and school staff, and may result in difficulties with processing information; the ability to organise self and work; transitions and working with others. This may then lead to poorer educational outcomes, risky health behaviours and social problems.<sup>.xcv</sup>

Barriers also exist for young people and adults accessing adult and tertiary education. In addition to poor early learning experiences, these include:

- Personal difficulties (e.g. time constraints, low income, poor health etc)
- Perceived (or real) cost of education
- Life circumstances and events (e.g. family conflict, divorce, caring responsibilities)
- Labour market disincentives (e.g. lack of well-paid local jobs)
- Challenging policy frameworks (e.g. lack of funding for over 24s)

Beyond formal education, an evolving labour market, both in terms of the types of jobs available, and where these jobs are, can further increase the likelihood of people experiencing poverty. This can be because they don't have the right skills or qualifications to access the jobs available, that the jobs available are limited and/or low paid, or that there are barriers for them accessing these jobs e.g. transport.

#### **4.4 Complex and overlapping needs**

For some people their experience of poverty can be entrenched because of other issues such as acute mental health problems, problem use of drugs and alcohol, experiences of violence, homelessness, involvement in the criminal justice system. In Scotland, it is estimated that 3% of all people living in poverty are experiencing additional complex needs arising from issues such as substance misuse, domestic abuse or involvement with criminal justice system<sup>xvii</sup>. In the Hard Edges Scotland report, this is estimated at 156,700 over the space of a year.<sup>xviii</sup> Figure 7, taken from Hard Edges Scotland sets out the composite best estimate of the number of adults in Scotland experiencing severe and multiple deprivation(SMD) at the time the report was compiled.

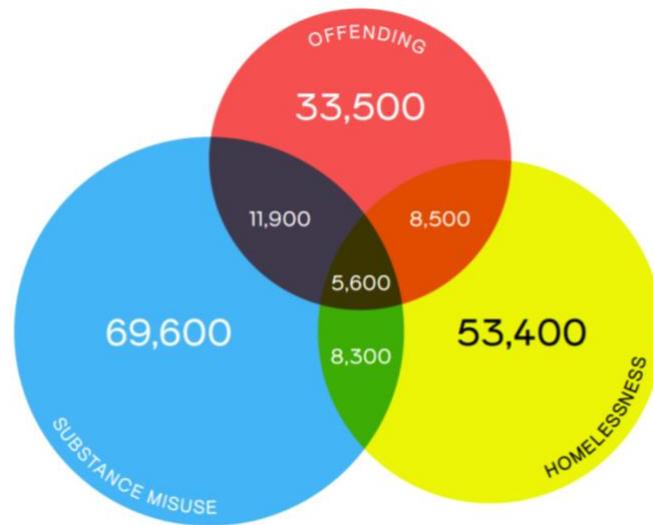


Figure 7 - Number of adults experiencing severe and multiple deprivation<sup>xcviii</sup>

The report notes that people facing SMD have “extraordinary poor quality of life” and that they place additional burdens on public sector including NHS and criminal justice sector. More broadly, it notes that:

One of the most compelling reasons to attend to SMD is the impact that the associated behaviours have on (other) vulnerable people, especially children and partners. The combination of parental substance dependency, mental ill-health and domestic violence, that shaped the childhoods of so many people currently facing SMD (Bywaters et al, 2016) indicate that these people’s parents were themselves very often experiencing SMD.<sup>xcix</sup>

In line with the findings of the Hard Edges report in England, Hard Edges Scotland identifies that

Poverty is a significant background factor, which emerges ever more strongly the closer one focuses on the most extreme forms of severe and multiple disadvantage.<sup>c</sup>

It also noted the role of childhood trauma and adversity, with most of the people interviewed within the study describing early childhood difficulties they had experienced. In particular, it recognised that:

The pervasive role that violence continues to play throughout the life course of people experiencing SMD – whether in their childhood home, at school, in the local community,

on city centre streets, in hostels, in intimate relationships, or other settings in adulthood.<sup>ci</sup>

And suggested that this particular aspect requires a more prominent place within policy than it currently has.

The report highlights a number of systemic failings and missed opportunities to support people facing SMD including a lack of joined up, personalised, proactive, trauma informed, sticky services. It also noted that the cuts which have been seen across many services in recent years have further impaired the ability to support individuals facing SMD.

# 5 What are the solutions?

## Overview

This section highlights several key policies and documents which underpin much of the work taking place across Scotland to mitigate and reduce the impacts of poverty and to address complex trauma, particularly ACEs. It is not an exhaustive list but shows some of the major policies in this area.

## Key findings

- Given that these state and market level conditions are the main drivers of poverty, it should be acknowledged that focussing on interventions at individual and community level can only ever act as mitigators of poverty. Eradicating poverty in its entirety requires action by state and market alongside any supports provided to individuals.
- Poverty has structural causes such as the shape of housing, skills, labour markets, cost of living and the organisation of the social security system. These then interact with an individual's circumstances, capacity and choices. Quite how these factors interact will vary across Scotland and any solution offered need to be tailored to meet specific local needs. However, solutions must also address the structural causes.
- While the approaches for addressing poverty have been categorised separately, it is acknowledged that they are most likely to be successful when coordinated.
- Where possible, the focus should always be on addressing the underlying financial pressures for individuals and families. Given that poverty is a financial resource problem, the solutions to it lie fundamentally in addressing this underlying need.
- There are a range of protective factors which have been identified as supporting children who have been exposed to financial disadvantage or ACEs growing up, e.g. developing a positive relationship with at least one parent/carer, having resilience and being happily engaged in school. These are most likely to be developed by working with individuals, families and in community settings.
- Communities and neighbourhoods are recognised as key environments for supporting people with the challenges they may be facing through building social capital.

## Key findings (cont.)

- Targeting support at key points of transition in people's lives can have a positive impact on reducing their risk of experiencing poverty, or the long-term impacts it will have if they do experience it. The same is true for targeting support at people experiencing or at risk of severe or multiple disadvantage (SMD).
- Services and systems need to be joined-up and to place the individual at the centre.
- Interventions which are proven to work in one location or context still need to be tested to see if they can translate into other environments.
- Effective support should be poverty informed, trauma informed, and relational & rights based.

## 5.1 Supporting people with costs related to poverty

Ensuring that people can access advice and support which helps them to address their financial need is fundamental to helping people out of poverty. This should include advice and support around welfare, debt, income maximisation, housing, childcare, careers advice and employment.

Given that poverty is a financial resource problem, the solutions to it lie fundamentally in addressing this underlying need. Even where the purpose of an intervention is to provide support in other areas, the fundamental causes of poverty (lack of resource) should be considered.

Indeed, much of the existing evidence says that all services aimed at working with people experiencing financial hardship should be viewed through the lens of poverty reduction, whether this is their core purpose or not. Examples of this include Housing First, which aims to stabilise people's living situation by providing them with secure tenancies and then working with them to address other issues.

The evidence suggests that attending to the impact, without attending to the underlying cause is likely to be unsuccessful. For example, Scottish Public Health Observatory, in a report on health inequalities found that most effective interventions were economic ones which focussed on increasing incomes for disadvantaged households. It found that

interventions aimed at encouraging healthier lifestyles had minimum impact even if they were targeted.<sup>cii</sup>

Services and supports should attend to additional barriers that people may have when attempting to engage with services such as transport, childcare and other out of pocket expenses. Services and supports need to be accessible, appropriate, affordable and inclusive (a theme that runs throughout this report) and should, where possible be co-located where people already go and have relationships.

## 5.2 Supporting children, family lives and relationships

There is recognition of a range of protective factors that can help to support children who have been exposed to financial disadvantage and/or ACEs growing up. These include having a warm and stable relationship with at least one parent/carer, having links to peers/teachers who hold positive attitudes and model positive social behaviours, having resilience and self- efficacy and being happy and engaged in school.

Glasgow Centre for Population Health has identified a number of “spheres of influence” which can impact on a child’s health and wellbeing and has recommended that efforts to improve health and reduce health inequalities need to focus on all spheres of children’s lives; family and parent environment; learning environment; neighbourhoods; and crucially the socioeconomic circumstances in which they are growing up.<sup>ciii</sup>

A similar set of protective conditions exist for adults and families too. These include having strong networks and support from family, friends and neighbours, having access to high quality schools, health and community services, their own resilience and parenting skills, and being able to access appropriate advice when required.

There is evidence that children who end up doing well despite adversity have usually experienced at least one stable, committed relationship with a supportive parent or caregiver.<sup>civ</sup> Conversely, for those at risk who do not have the benefits of positive relationships, it can be harder to stay clear of negative outcomes, such as offending behaviour.<sup>cv</sup>

By working with families (including grandparents), kinship and foster carers, and doing so at an early stage (early years is also the time when inequalities pass from one generation to

another), there is the chance of having the biggest impact. Recommendations from the literature review are for early engagement with families, supporting parent/carer around child attachment and relationship, their wider socio-economic and life circumstances and targeted at those most in need. Working inter-generationally, with both parent/carer and child together with a focus on enhancing interactions is key.<sup>cv</sup>

A systematic review carried out of 55 parenting support interventions (mostly in the US) found early family/ parenting support interventions to be effective in reducing problem behaviours among young children. In terms of “what worked” the review suggested that the earlier the intervention, the better, and that interventions need to be adapted to suit across the life course. There is room for more clarity on which (parenting) programmes and interventions work best and what the specific elements (of both the programme, and the way it has been implemented) are that influence this.<sup>cvii</sup> This will allow for effective replication and trialling of existing approaches by making them fit for purpose in different settings.

Focussing on the health and wellbeing of parents and ensuring that they have the support they need to address wider challenges that they face in their day to day life (e.g. poverty, the impact of their own ACEs, housing/employment) may also be of value in increasing their capacity to parent.

The financial case for investing in early years appears to make sense in terms of the wider agenda to move more resource to preventative spend. There are estimates that investing in support to families from pre-birth to the age of five could save up to £37,400 a year per child for the most severe cases and £5,100 for moderate ones.<sup>cviii</sup>

As stated above, it is crucial that any interventions aimed at supporting the emotional and relational needs of individuals and families also looks at the financial roots of any problems they are experiencing.

It is also important that these services are non- stigmatising and where possible, should be delivered in community settings.

Given the fact that family breakdown is one of the key life events that can drive people into poverty, interventions that provide relationship support to couples are recommended, as are interventions and services which support people experiencing financial hardship, or

who are dealing with the fallout of their own ACEs with support around stress and mental health.

The recent Early Intervention Foundation report on inter-parental relationships stated that:

There is strong evidence that the inter-parental relationship has a primary influence on effective parenting, children's long-term mental health and future life chances.<sup>ix</sup>

The focus on relationships here is regardless of parents' status as a couple. Factors identified in supporting people through parental and relationship difficulties in low income families have been identified as maternal social support; effective coping strategies, communications and problem solving and strong community and neighbourhood support. Parental relationships do not happen in a vacuum and consideration should also be given to measures which support the wider family socioeconomic context (e.g. housing, debt, employment).

In order to deliver these types of services trained professional staff are required across the third and public sector who are trauma and poverty informed.

The wider environments in which children engage are important influencers on outcomes for young people. Beyond family and community settings, the educational environment is the main space where children are subject to regular external influence. Evidence suggests that a positive school environment is crucial and that attachment to school is a key protective factor for young people. Young people who disliked school, felt pressured by schoolwork, truanted regularly or had been excluded have higher incidences of emotional and behavioural problems than those who have a positive school experience.<sup>cx</sup>

In addition, poor educational outcomes are key indicator of experiencing poverty in later life, so the role of education in protecting young people cannot be overestimated. The role of early years settings and school establishments in supporting young people and their families with their emotional health and wellbeing is crucial. There is a need to build understanding of ACE's throughout the workforce and to develop ways of working which support families. This can be done by providing a focus on building relationships, creating a positive environment, modelling appropriate positive behaviours and supporting emotional literacy wellbeing and resilience. This should be in addition to ensuring that appropriate support and referral routes are available (through specialist services available in the school or community setting). Identifying additional support needs early on,

personalising interventions and making sure that they build on the strengths and skills of the young person are of equal importance.

As established earlier in this report, the need to make high quality, affordable, accessible childcare available to people experiencing financial hardship is important. Within this, a workforce that is trained in attachment, trauma and poverty is vital. Improving access to quality childcare has the dual impact of raising attainment and reducing poverty.

While much of the focus in Scotland in recent years has been on reducing the attainment gap, education reform alone can't reduce the attainment gap. Other drivers, such as poor housing, parental separation, frequent moves, poor physical and mental health, impact on this.<sup>cxix</sup> Within school settings, good leadership and high-quality teaching are, perhaps unsurprisingly, seen as crucial in reducing the attainment gap. There is also a need to for school education to value the social and emotional aspects of education as much as the numeracy and literacy aspects.

Engagement in school is a necessary pre-cursor to attainment. This includes engagement for both children and parents. Many parents will be carrying with them their own poor experiences of education as a child and therefore attempts to engage with them may be seen as judgemental or critical. It is important that efforts to engage parents are built around relationships and non-threatening social engagements.

For people experiencing financial hardship, the costs of the school day (materials, trips, food, transport) can be a barrier to full engagement. Initiatives which aim to reduce this cost, or support people with it would be beneficial. Similarly, staff who are poverty aware who can recognise when someone is excluding as a result of financial need, or the shame and stigma associated with it, are required.

### 5.3 Building social capital and supporting communities

Communities and neighbourhoods are recognised as key environments for supporting people with the challenges they may be facing through building social capital. Social capital is defined as,

Social connections that contribute to people's quality of life, health, safety, economy and wellbeing in the neighbourhoods where they live.<sup>cxii</sup>

Social capital consists of

- social networks: the quality of relationships and contacts that someone has
- community cohesion: the levels of safety, trust and kindness people experience where they live; having safe and appropriate places and spaces to meet
- social participation: levels of local volunteering and engagement
- community empowerment: the control and influence that people have over decisions affecting where they live

JRF's definition of poverty refers to a 'lack of resources' which they say is primarily material resources, but also includes **informal resources**. These are 'accessed via family, friends, neighbours, faith groups, community organisations or other social networks.'<sup>cxiii</sup> These can encompass financial (e.g. borrowing money from relative or money from a charity), or in-kind support like informal childcare or help with household repairs.

There are other factors that affect the relationship between material resources and needs. These relate to the relationships people have, the neighbourhoods and places where they live and the services and markets that they can access.<sup>cxiv</sup>

Having access to 'informal resources' will not eradicate poverty, but it may lessen the risk of someone entering into poverty and lessen the time and impact if they do enter into poverty.

The role of community and peer networks in supporting positive outcomes for families is in line with wider policy developments in Scotland which advocate community led and asset-based approaches. Many support services are accessed at early years through universal services such as health. However, there can be barriers to accessing mainstream services (caused by stigma, lack of trust, finances) which could be reduced by the delivery of services in local, peer or community led settings. Community led approaches, particularly those which support children, young people and families to be involved in decisions relating to their lives, may also support the drive to enable people to have a sense of control and agency in their own lives and the services that support them.

## Trusted relationships

There is recognition that communities act as an important safety net for people who are experiencing financial hardship and that interventions developed and delivered at a

community level, with community buy in and support are more likely to achieve their intended goal.

The support provided by communities and neighbourhoods can matter most where problems are sharpest.<sup>cxv</sup>

Recommendations for how capacity and engagement in communities can be maximised to support a poverty and trauma agenda include:

- Adopting an equity approach to building social capital: Having access to 'sufficient material resources' will depend on who they are and where they live. Prioritising the places with the lowest levels of social capital and connections for support. Very often, these coincide with places where there are higher levels of financial hardship and poverty
- Enabling places and spaces which support community connectedness: recognising that access to good quality and accessible places, spaces and trusted relationships are vital in supporting people to become involved in local activities and decision making. Poverty can exacerbate social isolation and exclusion so creating

Informal interaction, at schools, libraries, community centres and parks, is an effective way of developing social networks among diverse people, including different ethnic groups. This informal interaction allows trust and understanding to be developed. It may also combat stigma.<sup>cxvi</sup>

- Supporting local decision making: as far as possible include people in decisions affecting their lives. Local decision making also reflects the fact that what services and supports need to look like will vary from areas to area. Where possible, involve people with (or who will have) first-hand experience of the services and supports in their design, implementation and review.
- Build capacity: recognise and provide the resources that are required to enable these things to happen within communities.

## 5.4 Supporting people beyond school and into employment

Work is recognised as one of the best protections against poverty. Supporting people to progress through education to work is a crucial protective factor. Support needs to recognise the various routes that people can take from education into work (e.g. college, university, apprenticeships, in work training) and that no one route is more important than another.

Better collaboration is required between schools, colleges, employers, universities etc to support these transitions, particularly recognising the barriers that exist for some young people. Given the wide differences in job and employment patterns in different areas of the countries, more work is also required to align local needs within the job market with the pathways that exist for people seeking to work, ensuring that they are able to develop the relevant skills.

It is important to recognise that people will require training and retraining across their working life, so supports that don't just concentrate on under 25s would be of benefit.

## **5.5 Targeted support (including for people experiencing severe and multiple deprivation)**

It is important to recognise that there are key points in people's lives where support may be more required and to prioritise delivering it here. These points include transitions to adulthood, redundancy, relationship breakdown, arrival of children, disability, long term illness and retirement

Similarly, support should be targeted for people experiencing, or at risk of experiencing SMD.

Meeting the needs of people experiencing SMD requires services to be systematically joined up, coordinated at a local level and focussed on the specific needs of the individual. They require a highly trained workforce with permission and ability to "stick" with the individual experiencing SMD and they should be able to work across service silos. They should be rooted in the recovery model; focussing on people's strengths and assets and giving people a sense of agency and power in their own lives. Most importantly, they must address any underlying financial issues affecting the person.

Support should focus on people most likely to experience it, for example, people who have experienced ACES themselves, care experienced young people (1 in 5 adults with combined experience of homelessness, substance abuse and offending have been in care as a child).<sup>cxvii</sup>

Once services are designed, they need to be embedded, where possible, in spaces and environments that people already use e.g. community organisations, social landlords, health services, community anchor organisations. Where possible services should be co-located with other services. Universal and targeted services are both valid, if the work has been done to understand what the most effective approach may be in any given setting.

## **5.6 Systems approaches and joined up services**

Coordinated local approaches which involve all parts of the system in designing, delivering and reviewing interventions are required. They need to place the individual at the centre, and they need to meet the criteria of being accessible, affordable, appropriate and inclusive.

Recognition needs to be given to the different approaches (and inputs and timescales) required to deliver real system change, rather than just developing new interventions for the same system. This requires a willingness from local authorities and statutory partners to work alongside local partners and attend to the needs of the system and develop person centred, asset based responses that “wrap around” the individual (NB, this is not just developing “new” interventions but requires an investment in system conversations, joined up working and co-production).

## **5.7 Testing effective interventions**

Where specific interventions are identified, space needs to be provided for testing and embedding them in specific situations. Even where an intervention has been tested and found to be effective in another setting, there is a requirement to check and ensure that what worked in one environment will work just as well in another. There is a need to commission well designed and thought through interventions and to ensure that they are effectively evaluated.

Once tested, and if proven to have value, there is a need to get programmes adopted at scale and incorporated into any wider systems of support to ensure joined up pathways, both for delivery agencies and for beneficiaries. There is a need to build evidence around promising programmes of what works and to ensure, at the point of commissioning, that any programme being rolled out is a clear fit with the wider system that sits around it.

The profusion of existing interventions and approaches that already exist means that there needs to be clear consideration given to the development of any new or 'innovative' interventions. 'Innovation' needs to be considered in terms of how something is delivered, and not just in what is delivered.

## **5.8 Poverty informed, trauma informed, rights based**

There is a need to build a workforce, and a population more generally, which is poverty and trauma informed, and which takes a rights-based approach to addressing poverty.

Taking a rights-based approach focussing on the key principles of fairness, dignity and respect helps frame conversations about poverty in a non-stigmatising way and ensure that consideration is given to the experience, needs and rights of the individual.

Taking an approach which views every interaction through the lens of poverty and trauma reduction has the ability to minimise stigma and maximise engagement (by helping to design interventions which are accessible, affordable, appropriate and inclusive) and can help to reframe conversations around poverty and trauma to focus on the structural issues causing poverty.

# 6 What is the policy context?

## Overview

This section highlights several key policies and documents which underpin much of the work taking place across Scotland to mitigate and reduce the impacts of poverty and to address complex trauma, particularly ACEs. It is not an exhaustive list but shows some of the major policies in this area.

## Key findings

- The Scottish Government has shown a continued strategic commitment to mitigating the effects of poverty across the lifespan, and ultimately eradicating poverty. However, there is still a lot of work to be done to make the recommendations a reality.
- The Scottish Government has also shown a continued commitment to mitigating the impact of ACEs and developmental trauma, e.g. by embedding trauma-informed approaches across different areas of work.
- Relevant policies cut across a number of portfolios including criminal justice, health, education and fair work.
- As earlier sections have shown, while the immediate effects of poverty are experienced at the individual, household and society level, the majority of government policy recommendations are directed at the structural level.

## 6.1 Financial and material

As mentioned in chapter 3, the UN's Special Rapporteur asserts that shortcomings in the **UK's benefit system** (including the level of funding available and how it is administered) are linked to increasing rates of poverty across the UK. Indeed, ongoing research by the Trussell Trust shows that when Universal Credit is rolled out in an area, there is a demonstrable increase in demand for Trussell Trust foodbanks.<sup>cxviii</sup> While this section focuses on devolved Scottish Government policies which directly relate to the people, organisations and systems in Scotland, it is clear that the success and wider framing of these is at least partially dependent on broader UK Government policies, particularly around the ongoing welfare reforms.

While the UK Government still manages the majority of benefits available across the UK, the Scotland Act (2016) transferred some new social security powers to Scotland.<sup>cxix</sup> **Social Security Scotland** now has responsibility for a handful of benefits which include a carers' allowance supplement, Best Start Grant, the Scottish Child Payment for low income families, providing funeral expense assistance and extending the Winter Fuel Payment to families with severely disabled children. It also allocates budgets to local authorities to provide grants under the Scottish Welfare Fund.<sup>cxx</sup>

The Scottish Government has also introduced the '**Baby Box.**' This is provided to all pregnant women across Scotland and contains various essentials for mother and baby after birth, including clothes, bedding and books.<sup>cxxi</sup> By offering this as a universal service, it is hoped that it will support women and families at a key transition and risk point for entering into poverty by alleviating some of the immediate costs.

**The Fair Work Convention** has been in place since April 2015 and acts as an independent advisory body to Scottish Ministers.<sup>cxii</sup> Its aim is to ensure that everybody in Scotland will have access to 'fair work' which includes having equal access to work opportunities, and ensuring contracts and income are stable and secure. If these were achieved, they would go some way to addressing the structural causes of poverty and potentially reduce the number of people experiencing in-work poverty.

## 6.2 Emotional and relational

Through the last few Programmes for Government, the Scottish Government has shown a commitment to continuing its work on **addressing ACEs** and continuing to support children, young people and adults that have been affected by developmental trauma. In particular, it has said that it will develop Scottish standards for the Barnahus Concept.<sup>cxiii</sup> This will form a framework for a child-centred approach to delivering justice, care and recovery for children who have experienced trauma.

Other areas of work to support children, young people and adults who have experienced complex and developmental trauma include:

- **Improving access to mental health support for young people**, e.g. by ensuring that every school has access to a school counsellor.

- **Developing a trauma-informed workforce** by ensuring that public sector workers are trained in, and adopt, a trauma-informed approach when working with individuals and communities.

### 6.3 Educational and vocational

There has been a lot of focus on reducing the attainment gap with one of the key policies being the **Scottish Attainment Challenge**. This is underpinned by the National Improvement Framework, GIRFEC and the Curriculum for Excellence. It focuses on improving literacy and numeracy in nine 'Challenge Authorities' which have been identified as having the highest concentrations of deprivation. These are: Glasgow; Dundee, Inverclyde; West Dunbartonshire; North Ayrshire; Clackmannanshire; North Lanarkshire; East Ayrshire; and Renfrewshire.<sup>cxxiv</sup>

### 6.4 Complex and overlapping needs

In the most recent Programme for Government (2019/20), the Scottish Government repeatedly acknowledges that it needs to integrate service provision across different portfolios in order to better support people with complex needs, including those who have experienced severe and multiple disadvantage and developmental trauma.<sup>cxxv</sup> This is important as it highlights that no single portfolio or policy can address poverty, trauma, and severe and multiple disadvantage alone: instead these are cross-cutting issues which need joined-up policies and services. However, while the rhetoric is positive, there is still an absence of detail about how this will be achieved and what it means for the services being delivered.

In terms of policies addressing specific areas of severe and multiple disadvantage, the Scottish Government has published its 'Ending Homelessness Together' strategy.<sup>cxxvi</sup> This includes recommendations for all levels – from structural to individual – and provides an overview how the government will work with others to help mitigate and prevent homelessness.

### 6.5 Broader approaches to address poverty and trauma

In June 2015, the Scottish Government highlighted its commitment to addressing poverty and inequality in Scotland by appointing Naomi Eisenstadt as an **independent adviser on poverty and inequality**. The role of the adviser was to examine some of the drivers and impacts of poverty across Scotland, to make recommendations to the Scottish Government and others about what they could do to reduce poverty and its effects, and to hold the government to account on its progress. Although the initial appointment was for one year, it was later extended, and Ms Eisenstadt served as the independent adviser until July 2017. During that time, she published a number of reports, including *Shifting the Curve: a report for the First Minister* which contained 15 recommendations for reducing poverty and inequality in Scotland.<sup>cxxvii</sup>

Most of the recommendations relate to financial and material, and educational and vocational factors. However, the narrative within the report includes a broader recognition of the importance of relational and emotional support in mitigating the impacts of poverty and ‘shifting the curve’ in people’s lives. There is also a cross-cutting recommendation which places relationships at the heart of public service delivery: ‘ensure that public service delivery is respectful, person-centred and preserves the dignity of people in poverty.’<sup>cxxviii</sup> This reinforces the importance of building relationships in developing services and mitigating the impact of poverty.

The report noted that the recommendations:

Will not solve the problems of poverty and inequality on their own, particularly if welfare reform continues the same track as in recent years. But, if implemented well, these ideas should make a contribution to shifting the curve.<sup>cxxix</sup>

Many of these were later incorporated into the Fairer Scotland Action Plan (discussed below).

In order to build on the work of the independent adviser on poverty and inequalities, the First Minister announced the launch of an independent **Poverty and Inequality Commission** in July 2017.<sup>cxxx</sup> Initially it had a non-statutory duty to advise ministers on the development of the then Child Poverty (Scotland) Bill but from 1<sup>st</sup> July 2019, under the Child Poverty (Scotland) Act 2017, it was formally established as an Advisory Non-Departmental Public Body (NDPB). The Commission regularly publishes research evidence, submissions to government ministers, blogs and news stories all of which make recommendations for further action or scrutinise the actions that are currently taking place.

As well as appointing independent advisers, the Scottish Parliament has also passed a key piece of legislation which underpins much of the Scottish Government's work in this area:

**The Child Poverty (Scotland) Act 2017** The Act sets out targets to reduce the number of children experiencing poverty by 2030 and requires Scottish Ministers to publish child poverty delivery plans in 2018, 2022, and 2026, as well as annual reports which measure progress towards the targets.<sup>cxxxi</sup> Within the first *Every child, every chance: tackling child poverty delivery plan 2018-2022*, there are a large number of actions that sit across the different levels (i.e. structural, societal and individual) and which address a range of causes and impacts of poverty. These include:<sup>cxxxii</sup>

- **Financial and material**, e.g. actions on the cost of living such as school clothing grants, and an expansion of early learning and childcare
- **Relational and emotional**, e.g. providing parenting programmes for families with a parent in prison, investing in prison visitor centres, and extending the Children's Neighbourhood Programme.<sup>cxxxiii</sup>
- **Educational and vocational**, e.g. support to help low income parents back into work and help those in work to progress through a career, and tailored learning support for Gypsy/Traveller families with children.

At a more local level, The Child Poverty (Scotland) Act, placed a duty on all of Scotland's 32 local authorities to develop a **Local Child Action Poverty Action Plan** which outlines what steps they will take to address locally identified needs with regards to ultimately eradicating child poverty. It is worth noting that in a review of the first set of action plans, the Improvement Service has observed that some include actions which mitigate the impacts but do not directly tackle child poverty. While there is a recognition that this work is also important, it asserts that the action plans would be enhanced by, 'focusing on actions which directly tackle the drivers of poverty' as this is the key purpose of them.<sup>cxxxiv</sup>

The **Fairer Scotland Action Plan** also has a strong focus on ending child poverty, although its overall focus is broader than just addressing poverty.<sup>cxxxv</sup> Published in October 2016, following extensive consultation with individuals, communities and organisations across Scotland, the document makes 50 recommendations to help tackle poverty, reduce inequality and to build a fairer and more inclusive Scotland. These include:<sup>cxxxvi</sup>

- **Financial and material**, e.g. promote the Living Wage, increase access to early learning and childcare, increase the uptake of benefits, and build more social housing.

- **Relational and emotional**, e.g. investment in mentoring services to reduce re-offending, do more to address bullying in schools,
- **Educational and vocational**, e.g. widen access to university and close the attainment gap
- **Complex and overlapping needs**, e.g. better support women who offend to overcome issues with alcohol, drugs, mental health and domestic abuse trauma.

## 6.6 Summary of policies

As you would expect, most policy recommendations that are trying to eradicate poverty and its associated impacts are aimed at the structural level, with very few referencing individual actions. This is shown in the table below and reinforces the finding throughout this research report that while the impacts of poverty are experienced at individual and household level, the causes are structural, and sometimes societal.

Summary of key policies and which levels and impacts they relate to			
	Structural	Societal	Individual/ household
Financial and material	<ul style="list-style-type: none"> <li>• Child Poverty (Scotland) Act 2017</li> <li>• Fairer Scotland Action Plan</li> <li>• <i>'Shifting the Curve'</i></li> <li>• Social Security Scotland</li> <li>• Fair Work Convention</li> <li>• Poverty and Inequality Commission</li> <li>• Some Local Child Poverty Action Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Child Poverty (Scotland) Act 2017</li> <li>• <i>'Shifting the Curve'</i></li> <li>• Some Local Child Poverty Action Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Child Poverty (Scotland) Act 2017</li> </ul>
Relational and emotional	<ul style="list-style-type: none"> <li>• Child Poverty (Scotland) Act 2017</li> <li>• Poverty and Inequality Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Child Poverty (Scotland) Act 2017</li> <li>• Fairer Scotland Action Plan</li> <li>• <i>'Shifting the Curve'</i></li> </ul>	<ul style="list-style-type: none"> <li>• Child Poverty (Scotland) Act 2017</li> <li>• Increasing access to</li> </ul>

Summary of key policies and which levels and impacts they relate to			
	Structural	Societal	Individual/ household
	<ul style="list-style-type: none"> <li>• Developing a trauma-informed workforce</li> </ul>	<ul style="list-style-type: none"> <li>• <i>'The life chances of young people in Scotland'</i></li> </ul>	<ul style="list-style-type: none"> <li>school counsellors</li> </ul>
Educational and vocational	<ul style="list-style-type: none"> <li>• <i>'Shifting the Curve'</i></li> <li>• <i>'The life chances of young people in Scotland'</i></li> <li>• Some Local Child Poverty Action Plans</li> <li>• Scottish Attainment Challenge</li> </ul>	<ul style="list-style-type: none"> <li>• Child Poverty (Scotland) Act 2017</li> <li>• <i>'Shifting the Curve'</i></li> <li>• Some Local Child Poverty Action Plans</li> <li>• Scottish Attainment Challenge</li> </ul>	<ul style="list-style-type: none"> <li>• Scottish Attainment Challenge</li> </ul>
Complex and overlapping needs	<ul style="list-style-type: none"> <li>• <i>Ending Homelessness Together: high level action plan</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Ending Homelessness Together: high level action plan</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Ending Homelessness Together: high level action plan</i></li> </ul>

Table 1 - Summary of key Scottish Government policies

# Appendix 1

This report draws on evidence from a range of sources, including:

- A previous TRT briefing: *Improving Life Chances for Children and Young People (2018)*
- Keyword searches for the following terms through online search engines and a handful of academic journals: poverty, Scotland, child poverty, causes, solutions, trauma and poverty, ACEs, severe and multiple disadvantage
- Reviewing websites of organisations known by us to work in relevant areas, e.g. JRF, Child Poverty Action Group, and the Poverty Alliance.

Manual thematic coding was then undertaken to identify key themes and findings from the research.



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