Closing the Opportunity Gap (CTOG) Programme: Phase 1 Evaluation
CLOSING THE OPPORTUNITY GAP (CTOG) PROGRAMME:
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It should be noted that since this research was commissioned a new Scottish government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy.
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SUMMARY

CONTEXT

Since 1999, the Scottish Executive has pursued a strategy to tackle poverty and facilitate social inclusion which complements that of the UK Government. The Scottish Executive supports the UK commitment to eradicate child poverty within a generation, has not used its tax-varying powers to diverge from UK policy, and has focused effort and investment on employability and a welfare-to-work strategy.

In 2004, a Cabinet review of the Social Justice Strategy (SJS) led by the Minister for Communities resulted in the revision of Scottish Executive’s social inclusion policy and the adoption of the Closing the Opportunity Gap (CtOG) strategy. CtOG reflects the Scottish Executive’s desire to focus on the most important issues and activities required to address poverty in Scotland, and concentrate on areas for which the Scottish Executive is responsible. The three basic aims of CtOG are to prevent poverty, provide routes out of poverty, and to sustain poverty-free lives. Six CtOG Objectives were announced in July 2004, and 10 CtOG Targets in December 2004. Within the Scottish Executive, the Social Inclusion Division is responsible for overseeing cross-Departmental social inclusion policy, and undertakes annual monitoring of progress of social inclusion indicators.

EVALUATING CTOG

The second Scottish Executive proposed a three-part framework for evaluating CtOG. This was to comprise:

- Part one: on-going monitoring of the 10 CtOG Targets
- Part two: assessing the effectiveness of Departmental activity contributing to the achievement of these 10 Targets
- Part three: assessment of the effectiveness of CtOG as a whole.

Part three - assessment of the effectiveness of the CtOG as a whole - was to comprise three phases:

- Phase one: overall evaluation for the CtOG Programme
- Phase two: analysis of CtOG impact on the opportunity structures available to people in Scotland
- Phase three: analysis of CtOG processes

This study deals with phase one of the third part of the CtOG evaluation, by analysing progress toward achieving the CtOG Aims, Objectives and Targets up to January 2007.

RESEARCH AIMS

There are three aims in this part three phase one evaluation.

First, to analyse CtOG progress on three levels:
i. towards achieving the overarching CtOG Aims of tackling poverty in Scotland
ii. towards fulfilling each of the 6 higher-level CtOG Objectives
iii. assessing the rate and direction of progress towards the 10 lower-order CtOG Targets.

Second, to advise on measuring, analysing and assessing progress towards Aims, Objectives and Targets across different social groups and local areas in Scotland.

Third, to comment on the impact of CtOG Targets and Objectives upon the three CtOG Aims in the context of Scottish Executive and UK policy interventions.

METHODS

The research on which this evaluation is based comprised three bodies of work.

First, stage 1 comprised three tasks: evaluation of progress towards CtOG Aims, evaluation of progress towards CtOG Targets, and appraisal of the extent to which CtOG is contributing towards the Scottish Executive’s Equalities agenda. These evaluations made use of available data sources.

Evaluation of progress towards CtOG Aims involved analysis of the incidence and trends in poverty in Scotland over the course of the operation of CtOG; i.e. since the 2004 baseline. This drew upon UK-wide survey and other quantitative data, such as *Households Below Average Incomes* statistics (HBAI). Where possible, analysis was disaggregated below the Scotland level to explore variation by geographic, social and demographic groups. Sub-group variations were also explored through interviews with representatives of equality groups (described further below).

Evaluation of progress towards Targets involved re-examining the CtOG monitoring data routinely collected by the Scottish Executive Departments and officials responsible for each respective Target. Interviews were also undertaken with these Scottish Executive ‘Target Owners’ to examine any distinctive features of the data and inform the overall understanding of the CtOG implementation and monitoring strategy.

The relationship between CtOG and the Scottish Executive’s Equalities strategy was examined by two means: firstly, examining evidence of socio-economic and demographic differences in national survey sources and Target monitoring data; secondly by undertaking interviews with representatives of equality groups to explore their perceptions of CtOG and estimations of any changes in the social and economic circumstances of minority and disadvantaged groups in recent years.

Stage 2 evaluated progress against the 6 CtOG Objectives for the general Scottish population, for specific populations of equalities groups, and for those living in areas of high deprivation. This evaluation involved analysis of nationally representative survey data, including *Scottish Household Survey* (SHS) data, and other routinely collected Scottish Executive data. The suitability of data for the analysis of each Objective was determined by assessing the relative relevance, availability, coverage and frequency of different sources. A standardised analytical template was applied to these diverse datasets to ensure a consistent appraisal between Objectives. Recommendations for future stages of analysis were generated from these appraisals.
Finally, in stage 3, the preliminary analysis of progress towards CtOG Aims from stage 1 was undertaken again to examine the extent to which apparent trends in the data could be attributed to interventions encouraged by CtOG Targets and, more generally, the wider range of activities that contribute to CtOG Objectives.

Evaluating the impact of CtOG at this interim stage entails certain difficulties requiring careful contextualisation and interpretation of data. January 2007 is too early to assess progress for many CtOG Targets, almost all CtOG Objectives, and the overall CtOG Aims. Where an assessment of outcomes is not possible, this study has reviewed the progress of the work programme that underpins CtOG, advised on measurement issues, and provided baseline data against which future evaluations of CtOG can be made.

**PROGRESS I - AIMS**

Poverty in Scotland is falling. However, this trend pre-dates CtOG and the fall is experienced unevenly across social groups. Particular progress has been made in reducing child poverty and pensioner poverty. Given the UK Government and Scottish Executive’s commitment to address child poverty, further reductions in the level of child poverty may be expected. However, the key challenge is whether the persistence of poverty for some groups of children can be addressed, and whether poverty among adults of working age can be reduced as CtOG impacts in the years ahead.

The Scottish Executive should continue to utilise HBAI data to monitor progress toward achieving CtOG Aims. However, further attention should be directed at utilising the Scottish Household Panel Survey and the Scottish Household Survey to monitor poverty in Scotland.

**PROGRESS II - OBJECTIVES**

It is premature to reach anything other than a qualified evaluation of progress towards CtOG Objectives. There are two reasons for this: CtOG Objectives are still in the process of being fully operationalised, and not all the necessary data has been established to assess progress. For example, it is premature to evaluate progress for Objective 6 as the CtOG work programme to improve services in rural Scotland did not start until 2005; there are plans to evaluate the outcomes of this by the end of 2007.

Nevertheless, uneven progress across CtOG Objectives can be discerned - improvements are evident in health status, but difficulties persist in effecting change in both enhancing sustained employment and improving the confidence and skills of young people. Trends are also highly uneven across sub-populations.

This Report facilitates the evaluation of CtOG Objectives by offering recommendations for operationalising these and providing benchmark analyses against which progress can be gauged in subsequent evaluations.
PROGRESS III - TARGETS

While there is more evidence relating to progress in achieving CtOG Targets than Objectives, nevertheless, this evaluation was undertaken before the end dates for each Target, and it is premature at this stage to reach definitive conclusions on the success of meeting CtOG Targets.

Nevertheless, it is possible to evaluate the rate and direction of progress for those Targets whose work programme has been operational for more than one year. Notable progress has been achieved for Targets A, C, D and K. Notwithstanding, limitations with data available to evaluate Target B, there is some evidence of progress being less than would be expected for Targets B and G.

The quality of data available to evaluate CtOG Targets is highly variable as is the experience of progress across social groups: no single trend adequately describes the circumstances of all sub-populations - progress varies for different groups and for different Targets.

IS CTOG MAKING A DIFFERENCE?

CtOG comprises a wide-ranging programme of activities and the attempt to co-ordinate policy streams across a range of different areas into an integrated strategy to tackle social exclusion in Scotland.

CtOG Objectives address most of what are known to be some of the principal factors contributing to poverty and social exclusion in Britain, to the extent that these are within the scope and responsibility of the Scottish Executive. These factors include obstacles to labour market participation, educational underachievement among some young people, neighbourhood decline, poor health, and lack of access to or poor quality services. Inevitably, CtOG does not address matters reserved to the UK government which are associated with poverty and exclusion; i.e. benefit and tax credits levels, and labour market demand.

Difficulties remain in the availability of data to assist the evaluation of the impact of and value added by CtOG. However, this interim evaluation has identified an increasing sophistication of data and analyses which will considerably assist future evaluations of Scottish Executive social inclusion policy.

Some positive changes in the landscape of social exclusion in Scotland are evident, particularly with regard to progress towards CtOG Targets. It is reasonable to attribute some of these changes to CtOG, and provisionally conclude that they would not otherwise have occurred without this programme.

Interviews with key informants from Equalities groups identified progress in a number of areas of CtOG activity, and have highlighted certain CtOG measures which are valued and which may effect positive change in CtOG outcomes in the years ahead.

However, for the most part, it is too early in the development of CtOG to reach anything other than highly qualified comment on the rate and direction of progress. In particular, it is
premature to comment with any degree of certainty on the impact of the work programme that underpins CtOG Targets on changes evident in CtOG Objectives and CtOG Aims.

The period to which this evaluation of CtOG pertains, is that of the second Scottish Executive.
CHAPTER ONE

INTRODUCTION: EVALUATING CLOSING
THE OPPORTUNITY GAP

1.01 This chapter introduces this interim evaluation of Closing the Opportunity Gap (hereafter CtOG). It comprises four parts:

- It relates CtOG to the wider context of social inclusion policy in Scotland and the UK;
- It describes the key elements of CtOG;
- It sets out the terms of reference for this interim evaluation;
- It outlines the structure of the report.

The period to which this evaluation of Closing the Opportunity Gap pertains, is that of the second Scottish Executive

TACKLING POVERTY AND SOCIAL EXCLUSION IN THE UK

1.02 The inter-related, but discrete, goals of tackling poverty and social exclusion came to the fore in the UK with the election of the Labour Government on 1 May 1997. Successive Labour Governments have re-affirmed the importance of tackling poverty and social exclusion to the work of UK government.

1.03 Since 1997, the UK Government have sustained a multi-faceted approach to tackling poverty and social exclusion. Of particular note to this interim evaluation of CtOG, are the following characteristics of this approach:

- The commitment made in 1999 to eradicate child poverty within a generation
- Investment in a welfare-to-work strategy, and the guiding principle of ‘work for those who can and security for those who cannot’\(^2\). This was exemplified by numerous active labour market and employability policies, such as the various New Deals implemented since 1997\(^3\).
- The formation of the Social Exclusion Unit (SEU) to tackle particular forms of social exclusion (e.g. teenage pregnancy, rough sleeping) and facilitate a cross-government policy response. The SEU was replaced with the Social Exclusion Taskforce, which published Reaching Out, its action plan on social exclusion in November 2006\(^4\).
- The publication since 1999 of an annual Opportunities For All report, to describe the Government’s strategy and monitor progress in addressing poverty and social exclusion\(^5\).
- The retention as reserved powers in Westminster of two of the main levers of government control over poverty - welfare benefits and taxation policy - following the introduction of devolution in July 1999\(^6\).

FROM THE SOCIAL JUSTICE STRATEGY TO CLOSING THE OPPORTUNITY GAP

1.04 Since 1999, the Scottish Executive has pursued a strategy to tackle poverty and facilitate social inclusion which complements the approach of the UK Government.
For example, the Scottish Executive shares the belief and investment in active labour market and welfare-to-work measures (e.g. Skillseekers, Worknet, Modern Apprenticeships), has endorsed the commitment to eradicate child poverty within a generation, and it has not used its tax-varying powers to diverge from UK policy.

1.05 Closing the Opportunity Gap (CtOG) is the name of the Scottish Executive’s current strategy to tackle poverty and disadvantage in Scotland. CtOG superseded the initial approach to promoting social inclusion - the Social Justice Strategy (SJS) - in 2004. The SJS comprised ten long-term Targets and twenty-nine Milestones across five population groups, which were monitored on an annual basis between 1999 and 2003.

1.06 The replacement of the SJS by CtOG resulted from a Cabinet review of social inclusion policy led by the Minister for Communities. The development of CtOG reflected the Scottish Executive’s desire to focus on the most important issues and activities to overcome poverty in Scotland for which the Scottish Executive has devolved responsibility.

CLOSING THE OPPORTUNITY GAP: AIMS, OBJECTIVES AND TARGETS

1.07 CtOG adopts a similar approach to tackling poverty and exclusion to that pursued by the UK Government through Opportunities for All; i.e. it is a wide-ranging strategy which operates at three levels: Aims, Objectives and Targets.

1.08 The three CtOG Aims are:
- To prevent individuals or families from falling into poverty
- To provide routes out of poverty for individuals and families
- To sustain individuals or families in a lifestyle free from poverty.

1.09 CtOG comprises six high level Objectives, which were announced on July 12, 2004:
1. To increase the chances of sustained employment for vulnerable and disadvantaged groups - in order to lift them permanently out of poverty
2. To improve the confidence and skills of the most disadvantaged children and young people - in order to provide them with the greatest chance of avoiding poverty when they leave school
3. To reduce the vulnerability of low income families to financial exclusion and multiple debts - in order to prevent them becoming over-indebted and/or to lift them out of poverty
4. To regenerate the most disadvantaged neighborhoods - in order that people living there can take advantage of job opportunities and improve their quality of life
5. To increase the rate of improvement of the health status of people living in the most deprived communities - in order to improve their quality of life, including their employability prospects
6. To improve access to high quality services for the most disadvantaged groups and individuals in rural communities - in order to improve their quality of life and enhance their access to opportunity.

1.10 CtOG also comprises ten lower level Targets. Each Target has a designated lead officer, the Target Owner, based within a Scottish Executive Department, who is
responsible for monitoring policy. Full information of targets and monitoring plans are available on the Scottish Executive Closing the Opportunity Gap website.

1.11 The ten CtOG Targets were launched on December 9, 2004:
A. Reduce the number of workless people dependent on DWP benefits in Glasgow, North & South Lanarkshire, Renfrewshire & Inverclyde, Dundee, and West Dunbartonshire by 2007 and by 2010.
B. Reduce the proportion of 16-19 year olds who are not in education, training or employment by 2008.
C. Public sector and large employers to tackle aspects of in-work poverty by providing employees with the opportunity to develop skills and progress in their career. NHS Scotland will set an example by providing 1000 job opportunities, with support for training and progression once in post, between 2004 and 2006 to people who are currently economically inactive or unemployed.
D. To reduce health inequalities by increasing the rate of improvement for under 75 Coronary Heart Disease mortality and under 75 cancer mortality (1995-2003) for the most deprived communities by 15% by 2008.
E. By 2008, ensure that children and young people who need it have an integrated package of appropriate health, care and education support.
F. Increase the average tariff score of the lowest attaining 20 per cent of S4 pupils by 5% by 2008.
G. By 2007 ensure that at least 50% of all ‘looked after’ young people leaving care have entered education, employment or training.
H. By 2008, improve service delivery in rural areas so that agreed improvements to accessibility and quality are achieved for key services in remote and disadvantaged communities.
J. To promote community regeneration of the most deprived neighborhoods, through improvements by 2008 in employability, education, health, access to local services, and quality of the local environment.
K. By 2008 increase the availability of appropriate financial services and money advice to disadvantaged communities to reduce their vulnerability to financial exclusion and multiple debts.

1.12 CtOG Aims, Objectives and Targets should not be regarded as exclusive or discrete. Indeed, there is an assumption that CtOG Targets will contribute to the achievement of the Objectives and that, in turn, Objectives will contribute toward the achievement of Aims.

1.13 Furthermore, there is a web of interactions and causal links across CtOG Aims, Objectives and Targets which extends beyond these directional links. For example:
- Work to effect change in any single CtOG Target can also effect change in other CtOG Targets; e.g. actions in pursuit of Target J (community regeneration) may contribute to Target A (reducing worklessness)
- Work to effect change in a particular CtOG Target can also effect change across a range of CtOG Objective; e.g. improvements in Target F (educational attainment) may impact positively in Objectives 1 (sustained employment), and 2 (confidence of young people)

1.14 In addition, CtOG measures are only one element in a much wider range of activity to tackle poverty and social inclusion in Scotland undertaken by:
• UK Government
• Scottish Executive
• Local Government
• Voluntary and Community sector
• Private enterprise

EVALUATING CLOSING THE OPPORTUNITY GAP

1.15 The Scottish Executive undertakes continual monitoring of progress towards the ten CtOG Targets. This interim evaluation is the first phase in monitoring the overall effectiveness of CtOG, and the effectiveness of Departmental activity contributing to the achievement of these. The interim evaluation of CtOG detailed in this report concentrates on the first phase of the third part of the CtOG evaluation; i.e. analysing progress to January 2007 in progress towards the Aims, Objectives and Targets respectively of the strategy.

1.16 Such an evaluation requires judicious interpretation of data, careful contextualisation of activities and outcomes to assess the net contribution of CtOG, and analysis of the various associations between CtOG Targets, Objectives and Aims. The challenges encountered in this analysis and assessment are discussed in Chapter 2 below.

AIMS OF THIS REPORT

1.17 The three primary aims in this report are to analyse progress towards:
• achieving the overarching CtOG Aim of tackling poverty in Scotland
• fulfilling each of the six higher-level CtOG Objectives
• attaining the outcomes set for each of the ten lower-order CtOG Targets.

1.18 Supplementing these primary aims are two subsidiary aims:
• to appraise the extent to which CtOG is contributing towards the Scottish Executive’s Equalities agenda
• to advise on future measurement of CtOG Aims, Objectives and Targets and the relationships between these in the context of wider Scottish Executive and UK social inclusion policy

1.19 It is important to clarify the scope of this evaluation: CtOG is evaluated as given: the evaluation concentrates on the impact and effectiveness of CtOG, it is not the objective to discuss whether or not CtOG would be the most effective way for the Scottish Executive to tackle poverty in Scotland.

METHODS

1.20 This interim evaluation has made best use of available data by contextualising the results, making clear the limitations of existing data, and ensuring that the analysis undertaken serves as an appropriate baseline for future evaluation. This is achieved by adhering to the following guiding principles:
• assessing progress in terms of the direction of travel (is progress being made?) and the pace of change (is sufficient progress being made for the goal to be achieved by the end date?)
• focusing evaluation on the specified target populations
• disaggregating data wherever possible to assess the impact of CtOG on Equalities groups and other key sub-populations
• focusing on the primary goal of each Objective, and making reference to the likely impact of this primary goal on each secondary goal, where appropriate
• explaining how Objectives are interpreted and measured, and providing clear explanations of what constitutes progress for each
• considering the array of associations between and among CtOG Aims, Objectives and Targets
• examining both absolute and relative progress; i.e. ‘closing the gap’
• recognising that CtOG is a collective strategy when interpreting the significance of the relative contribution of different agencies to CtOG outputs and progress

1.21 This evaluation comprises three bodies of work; a fuller account of these methods is provided in Annex One.

1.22 Stage One comprised three tasks: evaluation of progress towards CtOG Aims, evaluation of progress towards CtOG Targets, and appraisal of the extent to which CtOG is contributing towards the Scottish Executive’s Equalities agenda. These evaluations made use of available data sources.

1.23 Stage Two evaluated progress against the six CtOG Objectives, for the general Scottish population, for specific populations of Equalities groups and other key sub-populations, and generated recommendations for future analyses.

1.24 Stage Three returned to the preliminary analysis of progress against the three CtOG Aims (from Stage One) to evaluate the extent to which trends reflect CtOG interventions.

1.25 This interim evaluation is ‘expert-led’. While a more participative approach to evaluation has certain merits, unfortunately the time constraints and over-riding objectives of the interim evaluation do not lend itself to such an approach.

REPORT STRUCTURE

1.26 This report is structured into five substantive Chapters, followed by a conclusion.
• Chapter Two outlines the challenges that must be overcome in evaluating CtOG at this time and the factors which must be borne in the mind throughout the report. This Chapter complements the more extensive account of the project methodology presented in Annex One.
• Chapter Three evaluates the Aims of CtOG, i.e. the extent to which CtOG has contributed toward the reduction of poverty in Scotland.
• Chapter Four evaluates the extent to which progress has been made for each of the six CtOG Objectives.
• Chapter Five summarises evidence for progress each of the ten CtOG Targets. This Chapter complements the more extensive review of Target evidence presented in Annex Four.

• Chapter Six summarises the evaluation of the impact of CtOG. Two further issues are considered: the extent to which CtOG is contributing toward the Equalities agenda in Scotland; and the extent to which CtOG itself is making a difference to the Targets, Objectives and Aims it is working towards.
CHAPTER TWO CHALLENGES IN EVALUATING CLOSING THE OPPORTUNITY GAP

OVERVIEW

2.01 An evaluation of CtOG raises several issues to consider. This Chapter describes the main challenges involved in handling and interpreting the data. Some of these are specific to the nature of CtOG and the timing of this interim evaluation while others are generic to evaluation methods, although particularly pertinent in this instance.

SPECIFIC ISSUES IN THE INTERIM EVALUATION

2.02 Firstly, the evaluation has been undertaken at a very early stage in the CtOG programme. A commitment to ‘close the opportunity gap’ was made in the Partnership Agreement presented by the Scottish Executive on May 14th 2003, although this ambition was not operationalised until the launch of the CtOG Objectives on July 12th 2004 and CtOG Targets on December 9th 2004. The operational start date for Target H is even more recent - less than one year before the start of this evaluation. The limited period in which CtOG has operated must be acknowledged in any evaluation.

2.03 Secondly, this is an interim evaluation in another sense: most CtOG Targets are working toward an end date in 2008, although an interim progress date of 2007 was also set for Target A, and alternative end-dates have been set for evaluation in 2006 (Target C), 2007 (Target G) and 2010 (Target A). For the purposes of this interim evaluation, CtOG Aims and Objectives are assumed to have an end date of 2008. Given that this interim evaluation has been completed well in advance of most CtOG end dates, it is unrealistic to expect that any CtOG Target (other than Target C), Objective or Aim will have been achieved by the end of 2006 (i.e. at the time of writing). Consequently, this interim evaluation is concerned with the direction of travel (is progress being made?) and the pace of change (is progress sufficient for the goal is to be achieved by the end date?). This latter judgement involves a qualitative interpretation of the quantitative evidence.

GENERIC ISSUES RELEVANT TO THE INTERIM CtOG EVALUATION

2.04 Several CtOG Targets involve agencies delivering a programme of work in partnership, and collecting data to facilitate monitoring and evaluation. In some cases, the Scottish Executive does not control either the nature of the data gathered nor the means by which this is done. For example, Target D involves Community Health Partnerships developing and monitoring their own local level Targets, while Target J involves Communities Scotland evaluating Regeneration Outcome Agreements (ROAs). In some of these cases, data was not always available when required for this evaluation.
2.05 The timing of data release is a problem for evaluating CtOG. Measuring Objectives entails drawing upon a wide range of secondary data sources, and this is not all available at the same time. Consequently, the timeliness of data used in evaluation varies across CtOG Objectives. This problem is exacerbated for this interim evaluation as it is unlikely that data published early in 2006 (and usually referring to 2005 at the latest) will record changes brought about by CtOG activities launched in 2004. This problem is exacerbated by the time-lag between data collection and publication. This is most problematic for CtOG Objectives and Aims (both of which draw on secondary data from large scale national surveys), but also affects some CtOG Targets (e.g. the time involved in processing data returns from the 22 Rural Service Priority Areas in Target H). It is therefore important to recognise that much of the interim evaluation is based upon secondary data collected in 2005, just after CtOG became operational.

**GENERIC EVALUATION ISSUES**

2.06 The final set of considerations is pertinent to any evaluation of CtOG. First, although Scotland’s statistical data resources have improved significantly in recent years, disaggregation of findings is uneven across social groups. For example, it is much easier to analyse across age stages than sexuality. This presents difficulties in terms of measuring the impact of CtOG across Equalities groups. Wherever possible, this evaluation has disaggregated data to identify any differential impact of CtOG on Equalities groups, but where this is insufficient, supplementary insights into this issue have been gleaned from Equalities Impact Statements (prepared by CtOG Target Owners, see A1.28 to A1.42) and interviews with key informants representing Equalities groups (A1.43 to A1.64).

2.07 Secondly, there are variations in the populations and units of analysis specified for the CtOG Targets and Objectives. For example, Target J focuses on the ‘most deprived neighbourhoods’ (geographical); Target B focuses on 16-19 year olds who are NEET (socio-demographic and economic); Target A focuses on the workless in seven Local Authority areas (socio-geographic and economic) and Target C focuses on an institution (NHS Scotland). Furthermore, several of the Target populations are defined by multiple characteristics, e.g. Target H focuses on remote and disadvantaged rural areas. Care is required to focus evaluation on the specified population for each CtOG Target and Objective.

2.08 Third, all CtOG Objectives have primary and secondary goals. For example, Objective 1 seeks ‘to increase the chances of sustained employment for vulnerable and disadvantaged groups - in order to lift them permanently out of poverty’ (emphasis added). Evaluating the success and ascertaining the impact of these CtOG Objectives involves not only a measure of primary impact but also the secondary impact of this primary goal. In this example, if CtOG led to increased chances of sustained employment for vulnerable and disadvantaged groups which did not ‘lift them permanently out of poverty’, the Objective would not be fulfilled. This interim evaluation focuses on the primary goal of each Objective, making reference to the likely impact of this primary goal on the secondary goal, where appropriate and possible.
Fourth, CtOG Objectives 3 - 6 have two such secondary goals. For example, Objective 4 seeks ‘to regenerate the most disadvantaged neighborhoods - in order that people living there can take advantage of job opportunities and improve their quality of life’ (emphasis added). Thus, evaluating the success of four CtOG Objectives involves ascertaining the secondary impact in two different domains.

Fifth, evaluation of CtOG Objectives requires extensive preparatory work in defining and specifying appropriate indicators. In this interim evaluation, the evaluation of each CtOG Objective in Chapter 4 below includes a section (‘Operationalising CtOG Objective: Towards Measurement) which explains how the Objective is interpreted (Interpretation) and measured (Indicators and Data).

Sixth, it is necessary to specify what constitutes progress for each CtOG Objective and the different components of the CtOG Aims. Although CtOG Targets are tightly defined, there is still latitude in defining progress for some of them. For example, Target E will have been met if an integrated system of support is ‘in place’, regardless of the outcomes that such a system may have. Similarly, Target J will be considered to have been partially met if Targets A, F and D are successful, despite the fact that these Targets do not all have a remit to consider the 15% most deprived areas in Scotland. In this interim evaluation, a clear statement is provided of what is considered to constitute progress for each CtOG Target, Objective and Aim.

Seventh, as noted above (para 1.15), any evaluation of CtOG must analyse the nature of the links between different levels of the strategy; i.e. relationships between CtOG Targets and Objectives. In addition to the alignment between CtOG Targets and Objectives, each Target is likely to have an impact beyond the Objective with which it is most closely associated. Such multi-dimensional complexity is also evident when gauging the impact of delivery plans and policies devised to address a particular CtOG Target. This is acknowledged by the Scottish Executive: in addition to specifying how CtOG Targets will be achieved and what resources are committed to achieve these ends, the on-line introduction to each CtOG Target includes a section entitled ‘What additional supporting activities and Targets may contribute?’ For example, to achieve Target J it is acknowledged that, ‘Work to achieve the targets for employment, health and education (targets A, D and F) will focus on the most deprived neighbourhoods and improving access to relevant services’13. This interim evaluation considers the overlapping relationships between different Targets and Objectives, and the degree to which the ten CtOG Targets are reflect the six broader CtOG Objectives.

Eighth, as was also noted above (para 1.16), CtOG does not operate in a vacuum; other Scottish Executive policies and other agencies are contributing to toward CtOG Targets, Objectives and Aims. Specifying the extent to which the CtOG work programme itself shapes particular outcomes is problematic. Furthermore, CtOG has been conceived as a collaborative effort harnessing the energies of a wide range of organisations led by the Scottish Executive. It could be therefore be argued that it is against the ethos of the strategy to be overly concerned with ascertaining the Scottish Executive’s ‘sole’ responsibility for any particular outcome. This interim evaluation tries to identify whether CtOG coincides with any changes in trends or trajectories in quantitative data, but cannot precisely determine the extent to which CtOG is ultimately responsible for these changes. This interim evaluation seeks, where
possible, to attribute any changes to sources; however, care is taken to acknowledge that the Scottish Executive may be the underlying force behind a partnership that is implementing change, and in turn, that change driven by an external agency should not be understood to be a failing of CtOG, but contributing towards the strategy, and evidence of the success in working in ‘partnership for a better Scotland’.

2.14 Finally, despite what its name suggests, and unlike some of the SJS milestones which it superseded, the emphasis in the CtOG strategy is on improving the lives of the most disadvantaged, rather than explicitly ‘closing the gap’ between those who are more and less disadvantaged in Scotland\textsuperscript{14}. Although ‘closing the gap’ is not the primary focus of each CtOG Target, Objective and Aim, it is useful to consider this in order to facilitate an understanding of the role of CtOG in Scottish society, i.e. as a transformative programme (if gaps are being closed), as a conservative programme (if gaps are maintained), or as a limited programme (if gaps are widening). Indeed, the brief for this interim evaluation invited comment on the extent to which ‘gaps have been closed’. Consequently, this interim evaluation is concerned with both absolute and relative progress for different social groups.

SUMMARY

2.15 With the formation of a new Scottish Executive following the elections of May 2007, it is an opportune moment to take stock of CtOG progress. The challenges faced in evaluating CtOG are significant, but not insurmountable. Given an awareness of the workings of CtOG, a commitment to appraise the wider policy context within which CtOG operates, and most importantly, careful data handling and interpretation, a robust approach to this interim evaluation of CtOG has been designed, as outlined in this Chapter.
CHAPTER THREE EVALUATING CLOSING THE OPPORTUNITY GAP AIMS

INTRODUCTION

3.01 First and foremost, CtOG is an anti-poverty programme. The ultimate aim of CtOG is to prevent poverty in Scotland and enable the people of Scotland to live poverty-free lives.

CAUSES OF POVERTY IN SCOTLAND

3.02 Poverty can be attributed to behavioural, economic or social factors. Poverty is sometimes attributed to the behaviour of individuals, that is poverty results from the failings of individuals. Poverty may also be attributed to wider economic conditions, such as whether the economy is in a recession. Poverty is also attributed to social factors, that is, characteristics which define groups of people and which place additional demands on their resources and/or make them more vulnerable to other poverty-inducing factors.

3.03 It must also be acknowledged that poverty can be political, that is that poverty may increase, persist, or decrease as a direct result of the interventions - or non-interventions - of governments. In effect, CtOG acknowledges this by aiming to tackle poverty through the interventions of the Scottish Executive, in conjunction with other agencies in Scotland. The key issue to address is not whether government (in)activity is significant in relation to poverty; rather, the key point to consider is the extent to which government is prepared to intervene to tackle poverty and the effectiveness of these interventions. Through CtOG, the Scottish Executive has made its position clear: government has a lead role in tackling poverty in Scotland; the ‘political’ dimension of poverty has a central role in any contemporary analysis of poverty in Scotland.

3.04 However, political factors are multi-level. That is, the work of the Scottish Executive (and more particularly CtOG) is only one of the political tiers through which poverty in Scotland is addressed. The interventions of European Union, UK Government and local government must also be acknowledged. One further point to acknowledge is that CtOG operates in partnership - it is a multi-level government intervention driven by government at the national level (by the Scottish Executive), in conjunction with local government and Community Planning Partnerships, and other agencies outside government.

3.05 This interim evaluation appraises CtOG as an intervention to tackle poverty in the context of the wider political, social, economic and cultural contexts of which it is part. It examines:
- Poverty prevention
- Provision of routes out of poverty
- Enabling the Scottish population to sustain poverty-free lives
FOCUS AND DATA REQUIREMENTS FOR EVALUATING CtOG

3.06 In the absence of a Scottish official definition of poverty (except for children’s), SPIU/Inclusion have used Department for Work and Pensions (DWP) Households Below Average Income (HBAI) data. HBAI identifies households living on a low income, defined using a range of income thresholds. HBAI data are widely considered to be the most authoritative source of information on the incidence of poverty in Great Britain.

3.07 Note must also be made of the equivalisation scale used in this interim evaluation of HBAI data. Official measures of (child) poverty in the UK are in transition between using the McClements equivalisation scale and the modified OECD equivalisation scale (as used more widely in Europe). The McClements scale has been used in this report, although it is envisaged that subsequent evaluations of poverty in Scotland (and in the context of the UK) will use the modified OECD equivalisation scale.

Table 3.1: Poverty in Scotland, 1994/95 to 2004/05

<table>
<thead>
<tr>
<th>Year</th>
<th>Absolute low income</th>
<th>%</th>
<th>Relative low income</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994/95</td>
<td>1,240,000</td>
<td>25</td>
<td>1,080,000</td>
<td>22</td>
</tr>
<tr>
<td>95/96</td>
<td>1,230,000</td>
<td>25</td>
<td>1,120,000</td>
<td>22</td>
</tr>
<tr>
<td>96/97</td>
<td>1,230,000</td>
<td>25</td>
<td>1,230,000</td>
<td>25</td>
</tr>
<tr>
<td>97/98</td>
<td>1,070,000</td>
<td>21</td>
<td>1,090,000</td>
<td>22</td>
</tr>
<tr>
<td>98/99</td>
<td>1,030,000</td>
<td>21</td>
<td>1,110,000</td>
<td>22</td>
</tr>
<tr>
<td>99/2000</td>
<td>980,000</td>
<td>20</td>
<td>1,150,000</td>
<td>23</td>
</tr>
<tr>
<td>00/01</td>
<td>850,000</td>
<td>17</td>
<td>1,140,000</td>
<td>23</td>
</tr>
<tr>
<td>01/02</td>
<td>650,000</td>
<td>13</td>
<td>1,060,000</td>
<td>21</td>
</tr>
<tr>
<td>02/03</td>
<td>690,000</td>
<td>14</td>
<td>1,070,000</td>
<td>22</td>
</tr>
<tr>
<td>03/04</td>
<td>600,000</td>
<td>12</td>
<td>960,000</td>
<td>19</td>
</tr>
<tr>
<td>04/05</td>
<td>550,000</td>
<td>11</td>
<td>910,000</td>
<td>18</td>
</tr>
</tbody>
</table>

Source: Scottish Executive, Scottish Households Below Average Income, 2004/05, 2006, Tables 1 and 2.
Note: Figures are derived from the Family Resources Survey. The McClements equivalisation scale has been used in the calculations and the figures refer to income After Housing Costs. Individuals with below 60 per cent GB median income, before housing costs and including self employed, 2004/05

3.08 The Scottish booster to the Scottish Household Panel Survey (SHPS) is the only longitudinal data source that would allow for a study of the dynamics of poverty. However, there are three limitations with this source. First, data are not yet available to assess any changes that may have coincided with the introduction of CtOG. Second, the SPHS sample includes relatively few people experiencing poverty, and any future use of the dataset to consider poverty dynamics in Scotland would require considerable care and interpretation. Finally, the sample size and sampling frame of the SHPS would not allow for detailed analysis of the dynamics of poverty in relation particular CtOG interventions (given that CtOG is targeted on particular sub-populations and areas). Consequently, there is insufficient data to empirically examine poverty dynamics at this stage, and the prospects appear limited for utilising currently existing quantitative sources to appraise poverty dynamics in Scotland in the future, particularly as they pertain to CtOG. These issues and possible longer term responses are discussed more fully in the Scoping Study for the design of the CtOG evaluation16.
TRENDS: POVERTY IN SCOTLAND

3.09 Since the mid-1990s, there has been a clear and consistent trend towards the reduction of poverty in Scotland, falling from a high of 1,240,000 (25%) of people living in absolute poverty in 1994/95 to 550,000 (11%) in 2004/05; and from 1,230,000 (25%) living in relative poverty to 910,000 (18%) over the same period. Indeed, these latest figures suggest that following a decade of fluctuations around the one million mark, the number of individuals living in relative poverty in Scotland is now firmly below one million.

3.10 Therefore, the trend in the reduction in poverty in Scotland pre-dates the introduction of CtOG. Future analysis should seek to ascertain whether the introduction of CtOG coincides with any significance change in this trend, e.g. a quickening of the pace of poverty reduction.

TREND COMPOSITION: POVERTY IN SCOTLAND

Age

3.11 People’s risk of poverty and the particular barriers they face to escaping that poverty vary considerably over the life cycle. Children are at highest risk of poverty; many young people continue to face particular disadvantage through exclusion from education, employment or training after school; progress in reducing poverty has been lowest among working age adults; while pensioner poverty has seen the sharpest fall. However, we should avoid over-simplifying poverty to a set of discrete life stages - experience of poverty at one stage in the life cycle can have a significant impact on an individual’s subsequent risk of poverty.

3.12 The reduction in the number of children living in absolute and relative income poverty coincides with the introduction of CtOG. According to Scottish Executive figures17, 210,000 children living in Scotland are part of households whose income is so low that they can be considered to be living in poverty (i.e. 60% below median equivalised income). Furthermore, 140,000 children in Scotland are living in households which have not experienced a real rise in income levels since 1998/99. In terms of proportions, and using the same Scottish Executive figures, more than one in five children in Scotland (21%) live in relative poverty, and more than almost more than one in eight children in Scotland (13%) live in absolute poverty.

3.13 As these figures show, child poverty is at a disturbingly high level in Scotland. However, since 1996/97, there has been a consistent trend towards the reduction of child poverty, falling from a high of 390,000 (35%) of children living in absolute poverty in 1996/97 to 140,000 (13%) in 2004/05; and from 340,000 (31%) living in relative poverty to 210,000 (21%) over the same period. There is some limited evidence that the reduction in the number of children living in absolute and relative low income poverty is uneven across sub-groups; in particular, there is no evidence of any recent reduction of poverty among disabled children.
The data indicates that there have been two phases of reduction in the number of pensioners living in absolute and relative low income poverty in Scotland, the latest of which coincides with the introduction of CtOG. Pensioner poverty first fell in the mid 1990s, and stabilised in the late 1990s, before falling again in recent years: by 2004/05, 17% of pensioners in Scotland experienced poverty, almost half the proportion who were in poverty in the mid 1990s. In contrast, there has been no significant change for adults of working age over the same period.

These figures demonstrate the impact that policy interventions can have on rates of poverty; while children and pensioners have benefited from governments’ anti-poverty targets and strategy, those of working age have not.

**POVERTY IN SCOTLAND AND BRITAIN**

To assess the extent to which such trends, and compositions of basic trends, reflect Scottish or UK-wide factors, it is useful to compare evidence from Scotland to that from Great Britain as a whole and, more particularly, for those northern Government Office Regions (GORs) in England, most similar Scotland in social issues.

There is evidence to suggest that the level of poverty in Scotland compares favourably to that in other parts of Great Britain (Table 3.2). The level of poverty in Scotland is marginally lower than that in Wales and most regions in England. Indeed, only in the East, South East and South West regions of England is there a lower level of poverty. It is worth noting also that the significant proportion of individuals living in poverty in London (well above the Scottish and GB averages) will have an impact on the overall GB average.

**Table 3.2: Poverty in Scotland and other parts of Great Britain, 2004/05**

<table>
<thead>
<tr>
<th>UK Government Office Region</th>
<th>Proportion in poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scotland</td>
<td>20</td>
</tr>
<tr>
<td>Wales</td>
<td>21</td>
</tr>
<tr>
<td>England</td>
<td>21</td>
</tr>
<tr>
<td>London, Inner</td>
<td>34</td>
</tr>
<tr>
<td>North East</td>
<td>23</td>
</tr>
<tr>
<td>West Midlands</td>
<td>23</td>
</tr>
<tr>
<td>London, Outer</td>
<td>23</td>
</tr>
<tr>
<td>North West and Merseyside</td>
<td>21</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>21</td>
</tr>
<tr>
<td>East Midlands</td>
<td>21</td>
</tr>
<tr>
<td>South West</td>
<td>19</td>
</tr>
<tr>
<td>Eastern</td>
<td>18</td>
</tr>
<tr>
<td>South East</td>
<td>17</td>
</tr>
</tbody>
</table>

**Source:** Department for Work and Pensions, *Households Below Average Income, 2004/05*, 2006, Table 3.6.

**Note:** Figures are derived from the *Family Resources Survey*. The McClements equivalisation scale has been used in the calculations and the figures refer to income *After Housing Costs*. Individuals with below 60 per cent GB median income, before housing costs and including self employed, 2004/05.

Once again though, although this comparative GB data casts Scotland in a positive light, this should not be allowed to obscure the fact that many thousands of people in
Scotland are currently living in poverty - more than half a million people using the more stringent measure of absolute poverty, and just less than one million using the relative measure of poverty.

EQUALITIES GROUP PERSPECTIVES ON THE AIMS OF CTOG

3.19 There is robust quantitative evidence on the incidence of poverty in Scotland to permit conclusions to be reached on both the current composition and recent trends in poverty at the aggregate level, and poverty at different life stages. The Scottish Executive has undertaken further analysis of HBAI data to inform understanding of patterns of poverty across disabled/non-disabled and ethnic groups, although limited sample sizes require these data to be interpreted carefully.

3.20 In the absence of readily available and robust national statistics to appraise the incidence of poverty across Equalities groups (and other key sub-populations), two alternatives are presented. Firstly, to infer probable patterns of poverty in Scotland from UK data (where such divisions are readily available); secondly, to canvass the opinions of representatives from those Equalities groups for whom data is less readily available.

3.21 Direct inference of the situation in Scotland from UK data is problematic and inadvisable to inform policy analysis and evaluation. However, it is informative to note that a recent review of the prevalence of poverty across sub-populations in Scotland, drew the following conclusions with regard to Equalities groups in Scotland18:

- Lone parents are more than twice as likely to be poor compared with couples with children (and almost nine in ten lone parent households are headed by a woman). However, although the risk of poverty is higher for lone parents, there is more poverty in two-parent households in Great Britain
- More women live in poverty than men, although there is little difference in the risk rate between men and women. This apparent paradox can be explained by the fact that, although among pensioners, men are as likely as women to be in poverty, many more women than men are pensioners
- Disability is a significant factor in shaping the risk of poverty for households with at least one disabled adult and at least one disabled child. It is not the presence of disabled children per se that is the significant factor - households with disabled children and a non-disabled adult are no more likely to be at risk of poverty than households without disabled people - but the combination of disability among adults and children which is significant.

3.22 To gather further insight into poverty among Equalities groups in Scotland, interviews were undertaken with representatives of lesbian, gay, bisexual and transgender groups (LGBT), disability organisations and faith communities. CtOG was broadly recognised by the representatives interviewed, although knowledge of the strategy did not generally extend to the individual Objectives or Targets. All groups questioned recognised and acknowledged the wider social exclusion agenda within Scotland, and welcomed the renewed focus on reducing inequalities and poverty. Social inclusion was considered in all cases to be a pertinent issue to the work carried out by all groups interviewed.
Repeated reference was made of studies, both old and new, that consistently showed people with disabilities and LGBT individuals as more likely to live in deprived areas and experience poverty\(^\text{19}\). Similarly, disabled adults, those with learning difficulties and LGBT people remain under-represented in the workforce. Very high numbers of such groups are unemployed and are affected by the poverty that accompanies this. Particular measurement difficulties exist when trying to assess social exclusion within both groups at the individual level. Representatives of LGBT individuals argued that it is often difficult to identify or explain why sexual orientation leads to social exclusion, whether in an employment or education situation, and there is a prevailing perception that poverty is not a significant issue for the LGBT population. For disabled people, despite evident and sustained efforts to increase the numbers in employment, progress was reported to remain slow, particularly when it comes to sustaining employment for those who find it.

For disabilities groups, specific barriers remain in place, both physically, in terms of access to services, and socially, in terms of attitudinal difficulties faced in the public sphere. Special mention was made of challenges disabled people faced in the workplace and when accessing public services. However, overall, there was consensus among this group’s representatives that positive steps were being made to address key concerns. Both the LGBT and disability groups felt that this could be attributed to a proactive effort on the part of the Scottish Executive and the UK Government to address societal prejudice and ensuing inequalities facing these groups. The six CtOG objectives were welcomed as both a step in the right direction and as a salient reminder of the continuing pressures, financial and social, faced by these groups.

**SUMMARY**

Poverty in Scotland is falling. However, this trend pre-dates CtOG and the fall is experienced unevenly across social groups. Particular progress has been made in reducing child poverty and pensioner poverty. Given the UK Government and Scottish Executive’s commitment to address child poverty, further reductions in the level of child poverty may be expected. However, two key challenges are whether the extent of poverty among adults of working age can be reduced, and whether the persistence of poverty for some groups of children can be redressed as CtOG impacts upon poverty in Scotland in future years.
CHAPTER FOUR EVALUATING CLOSING THE OPPORTUNITY GAP OBJECTIVES

INTRODUCTION

4.01 The purpose of this Chapter is to consider the extent to which progress has been made in achieving each of the CtOG Objectives. For the purposes of this interim evaluation, the baseline against which progress is measured is July 12th 2004, the date on which the six CtOG Objectives were launched.

4.02 Evaluating CtOG Objectives is less straightforward than evaluating CtOG Aims and CtOG Targets for two reasons. First, unlike CtOG Targets, CtOG Objectives are multi-dimensional and evaluation necessitates an appraisal of a range of socio-economic conditions, as opposed to the evaluation of a single and narrowly-focused outcome. Second, unlike both CtOG Targets and CtOG Aims, evaluating CtOG Objectives requires considering appropriate definitions and indicators.

4.03 The evaluation of each CtOG Objective is a four stage process (see Annex A for further details):

• **Definition**: it is necessary to review the Objective and clarify relationships between any multi-faceted goals which comprise it
• **Indicator Specification**: proxy indicators must be identified to appraise the extent to which each of these goals are being achieved
• **Measurement**
• **Interpretation**: for reasons outlined in Chapter Two, conclusions cannot be drawn directly for each Objective from interpretation of the quantitative evidence.

4.04 This Chapter uses a standard format to evaluate each CtOG Objective, comprising:

• **Summary Evaluation**: overview of the extent to which progress has been made in achieving the Objective
• **Policy Context**: a brief review of the role of the CtOG Objective in CtOG and in relation to wider Scottish Executive policy
• **Towards Measurement**: a brief explanation of how the Objective is interpreted (Interpretation) and measured (Indicators and Data)
• **Evidence**: presentation and interpretation of evidence
• **Data Considerations**: appraisal of the evidence base, with a view to informing subsequent evaluations of the CtOG Objective.

4.05 For each indicator, the evaluation focuses on three dimensions:

• **Headline Trend for Target Population**: aggregate trend for the ‘target population’, specified in the CtOG Objective.
• **Headline Trend for Scotland**: evidence is appraised to ascertain whether this trend for the target population is ‘closing the opportunity gap’, or is part of a broader trend for the whole of Scotland
• **Trend Divergence, Key Subpopulations**: where evidence for the target population can be disaggregated, data is presented and interpreted to ascertain whether movement is experienced evenly across key sub-populations
• **Trend Divergence, Equalities Groups**: evidence for the target population is disaggregated by Equalities Groups, where possible. Where this is not possible, insights are gathered from interviews undertaken with representatives of Equalities Groups (further details are provided in Annex A).

4.06 Supplementary data tables for CtOG Objectives are presented in Annex 4.

4.07 Table 4.1 provides a summary overview of progress for each of the CtOG Objectives. This evaluation comprises:

- **Direction of Travel**: whether or not progress is being made for each CtOG Objective;
- **Cohort Analysis**: whether or not key sub-populations and Equalities Groups share the same direction of travel as the target population, as a whole
- **Data Quality**: the extent to which existing data facilitates the interim evaluation of progress toward achieving CtOG Objectives. The quality of data is assessed in relation to its relevance to the Objective; availability throughout the necessary period (i.e. continuously from the launch of CtOG in 2004); and its scope and coverage (i.e. national, available at small area level, may be disaggregated by relevant population sub-groups and equalities groups).

4.08 At the end of the Chapter, a summary conclusion is offered commenting on progress towards CtOG Objectives overall
Table 4.1: Summary Evaluation of CtOG Objectives

<table>
<thead>
<tr>
<th>ID</th>
<th>CtOG Objective Specification</th>
<th>Direction of Travel</th>
<th>Cohort Analysis</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To increase the chances of sustained employment for vulnerable and disadvantaged groups - in order to lift them permanently out of poverty</td>
<td>No improvement</td>
<td>Varied outcomes</td>
<td>Poor</td>
</tr>
<tr>
<td>2</td>
<td>To improve the confidence and skills of the most disadvantaged children and young people - in order to provide them with the greatest chance of avoiding poverty when they leave school</td>
<td>Unknown</td>
<td>Varied outcomes</td>
<td>Poor</td>
</tr>
<tr>
<td>3</td>
<td>To reduce the vulnerability of low income families to financial exclusion and multiple debts - in order to prevent them becoming over-indebted and/or to lift them out of poverty</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
</tr>
<tr>
<td>4</td>
<td>To regenerate the most disadvantaged neighborhoods - in order that people living there can take advantage of job opportunities and improve their quality of life</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
</tr>
<tr>
<td>5</td>
<td>To increase the rate of improvement of the health status of people living in the most deprived communities - in order to improve their quality of life, including their employability prospects</td>
<td>Improvement</td>
<td>Varied outcomes</td>
<td>Good (to 2005 only)</td>
</tr>
<tr>
<td>6</td>
<td>To improve access to high quality services for the most disadvantaged groups and individuals in rural communities - in order to improve their quality of life and enhance their access to opportunity</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
</tr>
</tbody>
</table>

Note: Evaluations of direction of travel, content analysis and data quality for each Objective are qualitative, and summarise the authors' assessments as expressed in the main body of the report.
OBJECTIVE 1:
To increase the chances of sustained employment for vulnerable and disadvantaged groups - in order to lift them permanently out of poverty

SUMMARY EVALUATION

4.09 Objective 1 is evaluated by considering whether the chances of vulnerable and disadvantaged groups entering employment have increased since the launch of CtOG; in particular the employment uptake rates of those from minority ethnic communities, disabled people, and women. The limited data available means that employment sustainability cannot be measured, although DWP data available from February 2007 will enabled this analysis to be included in future evaluations.

4.10 In this interim evaluation, vulnerable and disadvantaged groups are defined as those who are both workless and either women, disabled adults or adults from Minority Ethnic groups. Qualitative analysis is provided on the employment circumstances of adults whose sexuality is lesbian, gay bisexual or transsexual (hereafter LGBT). Time series data are not available by faith, and sample sizes are too small for all faith groups other than Christian. For this interim evaluation, time series analysis has not been undertaken by age.

4.11 The available data show that there are inequalities in the rates at which people move into employment by gender, disability and ethnicity, with workless disabled people having the lowest rates of entry to formal jobs. Since Autumn/Winter 2002, the only clear change shown by the data has been slightly negative: the rates at which workless women, workless disabled people and workless people from Minority Ethnic groups move into employment are now slightly less likely than at the start of the data series. The rate at which workless men move into employment has remained constant since the start of the data series.

4.12 Although there is no evidence of an improvement in the rates at which workless people enter employment, there have been significant reductions in the numbers of people claiming workless benefits, as can be seen from the analysis undertaken for Target A (see Chapter 5). These findings suggest that the current rates of movement into employment by people who were previously workless, which have been relatively constant since Autumn/Winter 02, are enabling significant reductions in the numbers of people claiming workless benefits. Were improved employment entry rates achieved, the reductions in the number of people claiming workless benefits could be expected to be even greater than at present.

4.13 There are currently insufficient income data available to assess whether workless adults who enter employment have a greater chance of permanently leaving poverty than before CtOG.
SUMMARY FINDINGS FROM RELATED TARGETS

4.14 Objective 1 links most closely to CtOG Target A, which aims to “reduce the number of workless people dependent on DWP benefits in Glasgow, North & South Lanarkshire, Renfrewshire & Inverclyde, Dundee and West Dunbartonshire by 2007 and 2010”. To date there has been positive progress towards Target A, with significant reductions in the numbers of people claiming workless benefits in the CtOG Target areas. Since 1999 there has been a linear downward trend of approximately 1,855 fewer workless claims per quarter. Since 2003 there has been a more pronounced downward trend, with approximately 2,486 fewer workless cases per quarter.

4.15 Using the Scottish Executive's measure, Target A will be met; but using our amended measure which has a different baseline figure (discussed further in 5.19 and 5.20) the reductions made are not sufficient to meet the target by 2010. In addition, the reductions have been more limited for women and disabled people (data for the other equalities groups are not available).

4.16 Target C is also relevant to Objective 1. Target C requires that “Public sector and large employers tackle aspects of in-work poverty by providing employees with the opportunity to develop skills and progress in their career”. Analysis reveals that the NHS pilots schemes, intended to act as an example to both public and private sector employers, have been fairly successful in helping workless people into sustainable jobs, but that evidence of other employers following this example is limited.

POLICY CONTEXT

4.17 In the broadest sense, the UK Government and Scottish Executive are committed to an approach to tackling poverty, which involves enabling those on welfare to enter the formal labour market. The breadth of initiatives that have been implemented to increase the chances of sustained employment for vulnerable and disadvantaged groups is extensive and to provide a comprehensive account is beyond the remit of this interim evaluation. Nevertheless, of particular note, is the work programme that underpins CtOG Target A and the Scottish Executive’s recently published employability framework, Workforce Plus, which seeks to address, "... the combination of factors and processes which enable people to progress towards or get into employment, to stay in employment and to move on in the workplace”21. Examples of work occurring as part of this programme are: NHS pre-employment training schemes designed to equip workless participants with the skills they need to fill existing vacancies within NHS Scotland; the introduction of a New Deal programme option which allows clients to fill short term contracts for the Scottish Executive; and the development of partnerships such as Glasgow Local Development Company Network which work with the private sector to ensure that workless people benefit from economic development within Scotland. These three examples are discussed in more detailed as part of the analysis of Target C.

OPERATIONALISING CtOG OBJECTIVE 1: TOWARDS MEASUREMENT

4.18 The primary goal of Objective 1 is to increase the chances of sustained employment for vulnerable and disadvantaged groups. This primary goal is to be met in order to
achieve the secondary goal of lifting vulnerable and disadvantaged groups permanently out of poverty.

Interpretation

4.19 In this interim evaluation, vulnerable and disadvantaged groups are defined as those claiming workless benefits and either women, disabled adults, from Minority Ethnic groups or those whose sexuality is lesbian, gay bisexual or transsexual (LGBT).

4.20 The primary goal of Objective 1 is open to interpretation. It could be taken to mean an improvement in ’job readiness’, i.e. for vulnerable and disadvantaged groups to undertake training and life coaching which would increase their chances of sustaining employment (which, in turn, it could be assumed would lift them out of poverty). However, the interpretation taken in this interim evaluation is that Objective 1 requires an improvement in sustained employment, rather than job readiness.

4.21 The nature of the association between the primary goal and the secondary goal in Objective 1 is also open to interpretation. It could be understood that the secondary goal (lifting vulnerable and disadvantaged groups out of poverty) would be achieved only if any sustained employment was sufficiently rewarding to ensure that they were lifted out of poverty (which requires income data). However, the interpretation taken in this interim evaluation is that Objective 1 concerns moves into employment which, it is assumed, will lead to these vulnerable and disadvantaged groups being lifted out of poverty.

Indicators and Data

4.22 There are no data available for the period required to allow analysis of whether vulnerable and disadvantaged groups had entered employment and thereafter sustained this employment.

4.23 This analysis uses Labour Force Survey Microdata, specifically two-quarter data sets, beginning with Autumn-Winter 2002 and ending with Winter-Spring 2006 (i.e. Winter 2005 and Spring 2006). The analysis examines the percentage of the workless population who move into employment in any given two-quarter period between these start and end dates. Cohort analysis has been undertaken by gender, disability and ethnicity. The dataset does not allow for analysis of any other variables that could be used as proxies for vulnerability or disadvantage. These quarterly LFS data are not boosted, so there are insufficient cases to disaggregate by the 15% most deprived areas in Scotland.

EVIDENCE

Moves Into Employment by Gender

4.24 Figure 4.1 illustrates the proportion of workless men and women entering employment, at regular intervals, since Autumn-Winter 2002. The trends for both men and women exhibit clear seasonality, with in general, rises in the proportion moving
into work toward Summer, and falls in the proportion moving into work toward Winter.

4.25 Average movements for the four different periods of workless adults moving into employment have been calculated for men and women respectively. This demonstrates that one constant over this period is that a higher proportion of workless men than workless women enter work. From Winter-Spring 2004 to Summer-Autumn 2005, the rate of moves into employment fell for women, while they rose for men. Both men and women experienced falls to Summer-Autumn 2005, followed by a rise in recent periods. However, there remains a 2% gap between men and women in terms of moves into employment.

Figure 4.1: Moves into employment for workless women and men

![Figure 4.1](image)

Source: LFS two-quarter longitudinal data sets, beginning with Autumn-Winter 2002 and ending with Winter-Spring 2006

Moves Into Employment by Disability

4.26 Figure 4.2 shows the proportion of workless disabled and non-disabled adults respectively entering employment since Autumn-Winter 2002. Given the small sample size, averages over four periods provide more robust estimates of the proportion of disabled people moving into employment. Figure 4.2 highlights the disparity between non-disabled and disabled workless adults. Very low levels of movement into employment - around 2-3% - are reported for disabled workless people in Scotland, compared to entry rates of between 13% and 19% for non-disabled workless people.
There is no evidence of significance progress in recent years in narrowing this disparity.

Figure 4.2: Moves into employment for workless people who are disabled and not disabled

| Source: LFS two-quarter longitudinal data sets, beginning with Autumn-Winter 2002 and ending with Winter-Spring 2006 |

4.27 Interviews with representatives from Equalities groups indicated that they recognised that there had been a drive in recent years towards providing more employment opportunities for people with disabilities or learning difficulties. More than one interviewee perceived that the emergent policy framework set out by the Scottish Executive Working for Change initiative was closely linked to CtOG and that several positive statutory changes have come directly out of CtOG. The main driver of progress was, however, perceived to be the new disability equality duty introduced as a result of the Disability Discrimination Acts (1995 and 2005).

4.28 Despite this, the over-riding concern of these key informants was that disabled people still faced significant social barriers in entering the world of work, including attitudes, as well as physical barriers, such as the inadequacy of reasonable adjustments being made to buildings, public transport use and carer support requirements.

Moves Into Employment by Ethnicity

4.29 Figure 4.3 compares the proportion of Minority Ethnic and white workless adults entering employment since Autumn-Winter 2002. Given the sample size, eight-period
moving averages provide more robust estimates of the proportion of Minority Ethnic people moving into employment.

4.30 While the rate of entry to employment is fairly consistent for white workless people at around 10%; the estimated rate for the Minority Ethnic workless people is slightly lower, ranging from 7% to 10%. However, variability in the rate of moves into employment among workless people from Minority Ethnic groups is likely to be due, in part, to sampling error. Furthermore, caution must always be taken when not disaggregating Minority Ethnic group data for specific Minority Ethnic groups, which is not possible in this case due to small sample sizes.

**Figure 4.3: Moves into employment by ethnicity**

![Figure 4.3: Moves into employment by ethnicity](image)

**Source:** LFS two-quarter longitudinal data sets, beginning with Autumn-Winter 2002 and ending with Winter-Spring 2006

4.31 Representatives of Minority Ethnic and faith organisations did not refer to any noticeable improvement in employment for their communities. In fact, one key informant perceived that employment opportunities had worsened for minority ethnic applicants due to increased competition for jobs at the lower end of the private sector labour market from recent migrants from the new EU accession states.

**Moves Into Employment by Sexuality**

4.32 It is not possible to disaggregate *Labour Force Survey* data by sexuality. Consequently, analysis draws upon interviews with her representatives of LGBT groups. These key informants perceived marked improvements in employment practice in recent years. This was attributed to a growing number of employers, particularly in public sector (including the Scottish Executive) who are developing an
equality and diversity agenda to create inclusive working environments. The 2003 Sexual Orientation Employment legislation was noted as being especially helpful in this regard as it has made more employers more aware of sexuality discrimination issues and increased transparency in the employment application process. Similarly, the development of non-legislative workplace policies and guidance within the Scottish Executive is seen by stakeholders to be providing leadership on workplace LGBT issues.

4.33 However, there is also awareness that there remains a distinct lack of data and research on relative employment opportunities for LGBT people. For example, there are no data to ascertain whether LGBT young people are, as LGBT representatives suspect, leaving school earlier and therefore not gaining the same qualifications as their straight peers, which in turn might restrict employment opportunities. Similarly, measuring direct discrimination practice, particularly against those attempting to enter the labour market, is a complex undertaking. Many vulnerable LGBT people are reluctant to relay any information on their personal experiences of prejudice when looking for work and, consequently, it remains problematic to accurately monitor exclusion in access to employment for LGBT individuals, particularly when comparing against similarly qualified straight peers.

DATA ISSUES

4.34 The data series as presented is based on Labour Force Survey microdata made available by ONS. The two quarter LFS data used for this analysis has been used by ONS for articles in Economic and Labour Market Review and its predecessors, but other analyses of the microdata do not automatically carry National Statistics status. We recommend that, if such data is to be used for assessing progress against the CTOG Objectives, that such an analysis should be subject to National Statistics quality assurance to minimise the possibility of criticism of the trends identified. We would recommend the Scottish Executive should liaise with ONS to facilitate this, as the data is essential to enable the monitoring of Objective 1.

4.35 Another useful data source with which to assess progress towards this Objective would be DWP job entry rates across Scotland. These data can be disaggregated by age, ethnicity, disability, faith and the 15% most deprived local areas. Publication of these data have however been delayed until February 2007.

4.36 The only way in which the Scottish Executive could accurately measure sustained employment rates amongst vulnerable and disadvantaged groups would be through use of the Work and Pensions Longitudinal Study. Calculating sustained employment requires analysis of change in the employment status of individuals. Securing access to WPLS would enable large-scale longitudinal analysis of all changes in employment status experienced for individuals over time.
OBJECTIVE 2:
To improve the confidence and skills of the most disadvantaged children and young people - in order to provide them with the greatest chance of avoiding poverty when they leave school

SUMMARY EVALUATION

4.37 Data on children’s health shows that children and young people in deprived areas are more likely than their counterparts in richer areas to have poor psychosocial health. The available data suggest that, relative to all young people in Scotland, the skills of the most disadvantaged young people are not showing significant improvement.

4.38 In recent years there has been little overall change in the tariff scores of S4 pupils in the 15% most deprived areas (between 2003 and 2004 they showed a very slight fall of 0.16), although there has been a slight improvement in S4 tariff score in Scotland as a whole. Young people receiving Free School Meals have lower tariff scores than those in the 15% most deprived areas. However, it must be stressed that these data pre-date CtOG.

4.39 Outcomes among equalities groups are varied. Young women do better than young men in relation to the indicators of skills and confidence and, but the impact of gender is not as great as the impact of deprivation level. Pupils with a Record of Need/Individual Education Programme (RoN/IEP) do far worse than pupils in general, an effect that is stronger than the impact of deprivation. There is considerable variation in the tariff scores of young people from different Minority Ethnic groups. No data are available for other equalities groups.

4.40 There is currently no way to measure improvements in the skills of children below the age of 16, nor to measure improvements in the confidence of the most disadvantaged children or young people.

SUMMARY FINDINGS FROM RELATED TARGETS

4.41 Target F aims to “increase the average tariff score of the lowest attaining 20 per cent of S4 pupils by 5% by 2008”. The analysis undertaken for this interim evaluation shows that in 2003 the average tariff score of the lowest attaining 20 per cent of pupils was 53, compared to a national average tariff of 168. Overall, there has been no positive trend in this measure in recent years. However, the available data pre-date CtOG.

POLICY CONTEXT

4.42 Improving the skills and confidence of the most disadvantaged young people is an integral part of the longer-term government strategy to tackling poverty. The breadth of initiatives that have been implemented to improve educational performance in Scotland’s schools is extensive and to provide a comprehensive account is beyond the
remit of this interim evaluation. Nevertheless, of particular note, is the work programme that underpins CtOG Targets B, E, F and G. More generally, For Scotland’s Children, published by the Scottish Executive in 2001, sought to transform the way children’s services are delivered in Scotland by encouraging integrated service provision\textsuperscript{2}. At the heart of this strategy was the concern to improve the prospects for the most disadvantaged children in Scotland.

OPERATIONALISING CtOG OBJECTIVE 2: TOWARDS MEASUREMENT

4.43 The primary goal of Objective 2 is to improve the confidence and skills of the most disadvantaged children and young people in Scotland. This primary goal is to be met to achieve the secondary goal of giving them the greatest chance of avoiding poverty when they leave school.

Interpretation

4.44 In this interim evaluation, children are understood to be people aged under 16, or aged between 16 and 18 years and in full-time education; young people are understood to be people aged between 16 and 19 years old. The most disadvantaged children and young people are understood to be those living in the 15\% Most Deprived Areas in Scotland (as defined by the Scottish Index of Multiple Deprivation, 2004), those eligible for Free School Meals, those with a Record of Needs/Individualised Education Programme, those who are looked after by local authorities and those who are refugees or are seeking asylum. It is assumed that skills can be represented by educational outcomes in schools, and confidence can be represented by selected psychosocial measures from the Scottish Health Survey.

4.45 The nature of the association between the primary goal and the secondary goal in Objective 2 differs to that of other Objectives. For the purpose of this interim evaluation, the secondary goal is assumed to be aspirational, as opposed to measurable.

Indicators and Data

4.46 Suitable data for evaluating Objective 2 are limited but the best available data on children and young people’s confidence and mental health are from the Scottish Health Survey. Data on the tariff scores of S4 pupils (aged 16-17) is used to assess skills.

4.47 The Scottish Health Survey has been undertaken in 1995, 1998 and 2003. Current proposals are for it to be continuous from 2008. Data are available from the 1998 and 2003 surveys. The 2003 data have been considered here. Although these data pre-date CtOG, they provide a baseline for confidence levels among children from the most deprived areas in Scotland, which has the potential to be revisited towards the end of the CtOG programme (should the Scottish Health Survey be updated). The 1998 data have not been considered as there was no index of deprivation in operation when the data were collected; therefore there is no potential for meaningful analysis of how the confidence levels of children living in the most deprived areas have changed between the two surveys. These data can be broken down by gender and age, but sample sizes
are too small to permit meaningful analysis of the relationship between disability, ethnicity, and sexuality by psychosocial health. No data are collected on sexuality.

4.48 Tariff score data provides an aggregate measure of qualifications achieved by pupils in S4 across Scotland, which is the best available proxy for measuring skill levels among secondary school pupils in Scotland. The data can be broken down by gender, by whether young people have a Record of Needs/Individual Education Programme and by ethnicity - although small sample sizes mean that trend data are not available for analysis by the last category. Once again, these data pre-date CtOG. No data are available by faith or sexuality. Since the end of key stage testing in Scotland, no qualifications data are available for younger children. Primary school achievement is currently assessed by the *Scottish Survey of Achievement* - a sample survey of half of Scottish local authorities. These data cannot be matched with individual pupil records, or with postcode. This means that, at present, analysis of the relationship between primary school achievement and deprivation levels cannot be undertaken.

4.49 The available data do not allow for an analysis of whether the most disadvantaged children have a greater chance of avoiding poverty. They do however provide potential for assessment of longer-term change in the levels of confidence of children and young people living in the most deprived areas, and analysis of change in educational outcome for young people facing the greatest disadvantage.

**EVIDENCE**

**Skills as Evidenced by Educational Outcomes**

*Aggregate Data for Most Deprived Areas*

4.50 In recent years, there has been little overall change in the tariff scores of S4 pupils in the 15% most deprived areas (between 2003 and 2004 they showed a very slight fall of 0.16), although there has been a slight improvement in S4 tariff score in Scotland as a whole. This gap exists for both young women and for young men, with deprivation clearly having a greater impact than gender upon young people’s qualification outcomes.
Similar trends emerge when only pupils without a Record of Needs (RoN) or an Individual Education Programme (IEP) are considered. There is a 47-point difference in average tariff scores between those in the Most Deprived areas and the general population. This is one point more than the difference when those with a RoN/IEP are included in the analysis.
Figure 4.5: Average tariff scores for S4 pupils in Scotland with no IEP/RoN and for all data zones and for the 15% most deprived data zones by gender

Notes: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05. Some sub-groups are relatively small.


4.52 Compared to the Scottish average, the tariff scores of pupils in the 15% most deprived areas were worse in 2004 than they were in 2002. For these pupils there has therefore been no closing of the opportunity gap. However, some improvement is evident among the most deprived areas within the Most Deprived 15%: for the 10% and 5% most deprived areas, pupil achievements were slightly closer to the Scottish average in 2004 than they were in 2002 (Figure 4.6). Nevertheless, attainment of pupils in these most deprived 5% and 10% areas remained low in 2004 - at 70.36% and 67.20% of the Scottish average respectively.
Figure 4.6: Average tariff scores for S4 pupils in deprived areas as a percentage of the Scottish average

By Gender in Most Deprived Areas

4.53 Young women outperform young men in S4 educational attainment in deprived areas across Scotland. This difference is evident in the 5%, 10% and 15% Most Deprived areas (Figure 4.7). However, as noted above, the impact of gender on education is not as great as the impact of deprivation level. For example, young women in the 15% Most Deprived areas have an average tariff score of 131, which is 18 points higher than young men in the same areas, but 42 points lower than the national average for young women and 26 points lower than the national average for young men.

Note: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05.
Figure 4.7: Average 2004 tariff scores for young women and young men in Scotland

Note: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05.

4.54 As well as achieving lower tariff scores than young women, young men in deprived areas fare worse compared to their male peers in more affluent areas than young women in deprived areas do relative to young women in more affluent areas (Figure 4.8). Again the difference by gender is not as great as the difference that is made by deprivation. For example, young men in the 15% most deprived areas achieve 67% of the national average scores for young men, whereas young women in the 15% most deprived areas achieve 70% of the national average scores for young women. However, the 30% proportional achievement gap between young women in the Most Deprived areas and young women in general is much higher than this 3% proportional achievement gap between young men and young women in the Most Deprived areas.
Figure 4.8: 2004 average tariff scores for S4 pupils in deprived areas by gender, as a percentage of the Scottish average for each gender

![Graph showing average tariff scores for S4 pupils in deprived areas by gender.](image)

**Note:** School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05.

**Source:** Tariff score data for S4 pupils in Scotland and SIMD 2004.

**Aggregate Data for pupils receiving Free School Meals**

4.55 It is also possible to undertake analysis of achievement by whether young people qualify for Free School Meals (FSMs), a proxy for living in a low-income household. Figure 4.9 shows that young people receiving Free School Meals have lower tariff scores than both those in the 15% most deprived areas, and the general population of S4 pupils. In 2004, the average tariff score for young people receiving Free School Meals was 110, 12 points less than the average of 112 in the 15% Most Deprived areas. The gender effect remains, with young women receiving FSMs achieving better results than young men. In 2004, young women from the Most Deprived areas receiving FSMs achieved an average 12 points more than young men receiving FSMs from the same areas. Again, this gender effect is far less than the impact of deprivation overall, with young women receiving FSMs achieved an average of 73 points less than young women in the general population.
Figure 4.9: Average tariff scores of all S4 pupils in Scotland by Free School Meals (FSM) eligibility and by gender

Note: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05.
Source: Tariff score data for S4 pupils in Scotland.

By Record of Need/Individual Education Programme in Scotland and by Deprivation and Geography

4.56 Pupils with a Record of Need/Individual Education Programme (RoN/IEP) do far worse than pupils in general. In 2004 the average tariff score for young people without a RoN/IE was 116, while for those with a RoN/IEP it was 82. Among young people with a RoN/IEP, young men do slightly better than young women, but the gender effect is weaker than for young people without a RoN/IEP (Figure 4.10).
4.57 Pupils with a Record of Need/Individual Education Programme (RoN/IEP) who live in the Most Deprived areas fare worse than the general population of young people with a RoN/IEP: in 2004 the average score for young people with a RoN/IEP in the Most Deprived areas was 30 points lower than for young people with a RoN/IEP in the general population.

4.58 Among those in the Most Deprived areas, the gender effect for young people with a RoN/IEP is stronger. In 2004, young women achieved an average of 8 points less than young men. This could, however, be a consequence of small sample sizes.

4.59 While young people with a RoN/IEP in the Most Deprived areas have lower educational attainment than their peers, it is also interesting to note that the gap between the general population of young people and those with a RoN/IEP is much less in the Most Deprived areas. This is because educational achievement among all young people is generally lower in these locations than in less deprived areas (Figure 4.11).
Figure 4.11: Average tariff scores of all S4 pupils in Scotland in the 15% most deprived data zones by RoN/IEP and by gender

Notes: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05. Some sub groups are relatively small.
Source: Tariff score data for S4 pupils in Scotland

4.60 There are similar trend among young people with a RoN/IEP who receive Free School Meals. Pupils in receipt of FSMs have lower average S4 tariff scores than their peers who do not. The impact of receiving FSMs on education is greater than living in the Most Deprived areas (Figure 4.12).
Figure 4.12: Average tariff scores of all S4 pupils in Scotland in the 15% most deprived data zones by Free School Meals eligibility and by gender

Notes: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05. Some subgroups are relatively small.
Source: Tariff score data for S4 pupils in Scotland

4.61 Average tariff scores also show variation by geography. Young people without a RoN/IEP in remote rural areas and small towns have higher educational attainment than those in urban areas (this is however likely to be strongly influenced by the strong association between deprivation levels and urban areas) Although they show more variation, likely due to small sample sizes, outcomes for young people with a RoN/IEP follow similar trends, with those in rural areas doing better (Figure 4.13).
Figure 4.13: Average tariff scores of all S4 pupils in Scotland by geography and by IEP/RoN status

Notes: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05. Some sub groups are relatively small.
Source: Tariff score data for S4 pupils in Scotland

By Other Equalities Groups

4.62 There is considerable variation in the tariff scores of young people from different Minority Ethnic groups. (Figure 4.14). Young people of Chinese and Mixed ethnicity have the highest S4 average tariff scores, while young people from Black Caribbean and Black Other groups have the lowest averages. There are also gender variations within and between groups, with, for example, young Pakistani women having considerably higher average tariff scores than young Pakistani men (Figure 4.14).
Figure: 4.14: Average tariff scores of young people by ethnicity and gender, 2002 – 2005 three year average

Notes: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05. A three year average is used due to the small and fluctuating numbers
Source: Tariff score data for S4 pupils in Scotland

4.63 No educational outcome data are available by either faith or sexuality. No educational outcome data are available for younger children.

4.64 In the absence of appropriate quantitative data, qualitative research provides some insight into variations in educational attainment among equalities groups. Key stakeholders perceive that attitudinal barriers inhibit achievement within the education sector for LGBT people and also for disabled people. However, they also perceive that improvements are evident, both in terms of a growing recognition of the challenges faced by disabled people in learning environments and greater awareness of homophobic bullying in schools. Noted initiatives include Scottish Executive policy over past two years supporting training opportunities for people with disabilities and the ongoing partnership with LGBT groups to review solutions in schools. Some LGBT groups have been allowed into schools to deliver awareness training with teachers, although it is perceived that barriers remain in place with regard to faith schools.

4.65 A primary concern and focus for LGBT campaigning groups is to highlight the difficulties faced by young people in educational settings. They contend that young LGBT people can feel excluded in schools, and that a lack of respect, understanding and advice or support leads to many young LGBT people to opt out of school earlier. While there is recognition that the issue of the experience of LGBT young people in
schools is on the agenda in Scotland, interviewees believed that, overall, a stronger engagement with issues of school homophobia exists in England and Wales.

4.66 Minority Ethnic and faith organisations perceived a general improvement in school resources, but an increase in the racial harassment of children in schools (particularly following the July 7th 2005 London bombings). An increased and, as yet unmet, demand for services for children with English as an additional language was noted in certain regions.

By Looked After status

4.67 The formal educational attainments of young people who are looked after by local authorities are much worse than the general population of young people. The educational outcomes for young people who are looked after are similar to those of young people with a RoN/IEP resident in the Most Deprived areas. In 2004, young people who were not looked after achieved an average 116 above those who were. The gender effects for looked after children are limited, and in 2004 there was only a 1 point difference between the average scores of looked after young men and young women. This may however be a consequence of small sample sizes.

Figure: 4.15: Average tariff scores of S4 pupils in Scotland by gender and by looked after status

Notes: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05. Some sub groups are relatively small.  
Source: Tariff score data for S4 pupils in Scotland
By Asylum Seeking status

4.68 Young people from asylum-seeking households have lower average tariff scores than young people from other households, but the difference is not as great as for some other groups. Young women from asylum-seeking households have higher education attainments than young men - although the extent of these differences and the recent trends are likely to be a result of small sample sizes.

Figure: 4.16: Average tariff scores of S4 pupils in Scotland by whether or not young people are seeking asylum and by gender

Notes: School years refer to the beginning of the session, i.e. 2004 refers to school year 2004/05. Some sub groups are relatively small.
Source: Tariff score data for S4 pupils in Scotland

Levels of Confidence

4.69 The Scottish Health Survey contains some measures of psychosocial health that can be used to provide an indication of how children and young people’s confidence levels vary among different groups. These data are available for 2003, but the survey will not be repeated until 2008. These findings therefore provide a baseline analysis for Objective 2, but cannot be used to assess progress towards its achievement.

4.70 The Strengths and Difficulties Questionnaire (SDQ) is used to assess psychosocial health amongst children aged 4-12. The SDQ comprises 25 questions covering aspects such as consideration, hyperactivity, malaise, mood, sociability, obedience, anxiety and unhappiness. There are condensed into 5 component scores corresponding to emotional symptoms, conduct problems, hyperactivity, peer problems and prosocial behaviour. A total SDQ score is calculated by summing scores (excluding prosocial scores) from each domain, with values classified as normal (0-13), borderline (14-16) and abnormal and psychosocial disorder within the clinical range of difficulty (above
17). More information on the scale is provided in the technical report of the *Scottish Health Survey 2003*.

4.71 The *Scottish Health Survey* also uses a General Health Questionnaire (GHQ) to assess the psychosocial health of young people aged 13-15. However analysis of the GHQ has not been included, as sample sizes are too small to enable reliable analysis of the impact of deprivation on psychosocial health.

*Aggregate Data for Most Deprived Areas*

4.72 4-12 year olds in the 10% most deprived data zones are over 25% more likely than those in the 10% least deprived data zones to have very poor psychosocial health (Figure 4.17).
A similar trend - an inverse relationship between deprivation and psychosocial health - is evident when results are considered by income quintile. Children from the lowest income families are more than 10 times more likely to have poor psychosocial health than children from the wealthiest families (Figure 4.18).

**Note:** The total number of respondents was 1789.

**Source:** Scottish Health Survey, 2003.
Figure 4.18: Combined SDQ scores for children aged 4-12 by household income quintile

Notes: The total number of respondents was 1607. The income data are presented by quintile as this is how they are coded in the Scottish Health Survey.
By Gender in Most Deprived Areas

4.74 There are significant gender variations in levels of psychological wellbeing among children. Male respondents aged 4-12 who live in areas of high deprivation were more likely than girls of the same age, and in the same area, to have poor psychosocial health. This gender difference also exists in more wealthy areas but is much less pronounced (Figures 4.19 and 4.20)^24.

Figure 4.19: Combined SDQ scores for girls aged 4-12 by deprivation deciles

Note: The total number of respondents was 893.
Figure 4.20: Combined SDQ scores for boys aged 4-12 by deprivation decile

Note: The total number of respondents was 896.
No reliable proxy data for confidence levels are available by disability, ethnicity, faith or sexuality.

DATA ISSUES

Future analysis of the *Scottish Survey of Achievement* will allow analysis of the impact of deprivation on achievement. Realisation of current proposals for the continuous funding of the *Scottish Heath Survey* from 2008 could enable greater analysis of changes in the confidence levels of children and young people in the most deprived areas. Undertaking analysis of the relation between educational achievements and confidence levels and the chances of young people entering poverty would require increased longitudinal tracking of individuals probably involving boosts to existing social surveys.
OBJECTIVE 3: 
To reduce the vulnerability of low income families to financial exclusion and multiple debts — in order to prevent them becoming over-indebted and/or to lift them out of poverty

SUMMARY EVALUATION

4.77 The primary goal of Objective 3 is to reduce the vulnerability of low income families to financial exclusion and multiple debts. Lack of financial products is more intense a problem in Scotland than in the UK as a whole. SHS data for 2005 shows that low income households are less likely to have savings than higher income households, although two fifths do possess some savings. There is little difference in the propensity to save between low income groups. The profile of sums saved is similar across different ‘bands’ of low income households and low income households are only marginally more likely than higher income households to have savings of less than £5000. The key issue seems to be in enabling people to save, rather than encouraging low income savers to accumulate more savings. SHS data shows that low income households are less likely than higher income households to borrow money, marginally more likely to turn to friends and family, and less likely to use a bank overdraft facility. There is no evidence widespread of use of high credit sources such as money lenders or cheque cashing facilities.

4.78 Disabled people, LGBT people and minority ethnic communities continue to face difficulties in accessing financial services, although progress is being made to address discrimination against LGBT people and in practices affecting disabled people. Key informants suggest there is limited, if any progress in relation to minority ethnic communities.

4.79 The SHS will remain a key data source to track progress over time, although it has limitations as the low income measure is not equivalised. The longitudinal Wealth and Assets Survey should be explored as a complementary additional source of data to relate changes in financial well-being to household circumstance.

SUMMARY FINDINGS FROM RELATED TARGETS

4.80 The work that underpins CtOG Target K contributes most directly to this Objective. Target K aims to “increase the availability of appropriate financial services and money advice to disadvantaged communities to reduce their vulnerability to financial exclusion and multiple debts” by 2008. Data from the Family Resources Survey and SHS show that access to a range of financial services have improved among the lowest income groups over the last 5 – 10 years. Provision of Money Advice services has also increased, but there is little information on the level of uptake of this improved access among the most deprived and financially vulnerable households.
POLICY CONTEXT

4.81 Tackling financial inclusion fulfils an important role in the Scottish Executive’s efforts to tackle poverty and to ‘close the opportunity gap’. For example, alongside CtOG and tackling child poverty, facilitating financial inclusion is presented as one of the three approaches to tackling social inclusion that the Scottish Executive are undertaking25, promoting financial inclusion is described as an integral part of CtOG26.

4.82 The Financial Inclusion Action Plan, launched in 2005, is the overarching strategy pursued by the Scottish Executive to facilitate financial inclusion27. The Action Plan involves a partnership approach to promoting financial inclusion (involving, for example, the financial services sector and local government) and associated action for financial services, advice and support and financial education.

OPERATIONALISING CtOG OBJECTIVE 3: TOWARDS MEASUREMENT

4.83 The primary goal of Objective 3 is to reduce the vulnerability of low income families to financial exclusion and multiple debts. This primary goal is to be met in order to achieve the secondary goals of preventing them becoming over-indebted and/or to lifting them out of poverty.

4.84 In this interim evaluation, it is assumed that the primary goal of reducing vulnerability will lead to the achievement of the secondary goal of leading low income families lifting themselves out of poverty and/or reducing multiple debts. It could be argued that the secondary goal would have be achieved only if the reduction in vulnerability to financial exclusion and multiple debts was sufficient to ensure that low income households were lifted out of poverty (in which case income data would be required for analysis) and/or that their debts were restructured to avoid multiple debts. However, the interpretation taken in this interim evaluation is that it is assumed that reducing their vulnerability will lead to these low income families lifting themselves out of poverty and/or reducing multiple debts.

4.85 It should be acknowledged that the secondary goals lack clarity, through the use of ‘and/or’. However, given that the impact of the primary goals on the secondary goals is assumed in this interim evaluation, this is not an immediate concern.

Interpretation

4.86 In the UK, low income families tend to be defined as those experiencing income poverty (living in households with an income 60% below equivalised median household income after housing costs). However, in this interim evaluation, low income families are defined more crudely as those at the lower end of the income scale, i.e. those earning less than £15,000 per annum. This reflects the best available measure of low income in the Scottish Household Survey, the data source which is best placed to measure financial exclusion among low income households in Scotland at the current time.

4.87 Financial exclusion involves not having access to financial products, such as bank accounts and Credit Union services, which are measured in Target K. In this interim
evaluation, the analysis for Objective 3 is taken to complement and extend that of Target K by focusing on savings and use of high cost credit services. Thus, the evaluation for Objective 3 is both more broadly based than the focused approach for Target K and more probing in that it seeks to estimate the wider impact of changes effected through Target K (access to mainstream and basic financial products should enable low income families to save and should reduce their dependence on more costly forms of credit).

4.88 It is worthwhile to clarify the relationship between Target K and Objective 3. For the purpose of this interim evaluation, the goal of Target K concerns financial empowerment, i.e. for low income families to be provided through financial education, support and service provision with the means to enable them to reduce their vulnerability to financial exclusion and multiple debts. In contrast, the goal of Objective 3 concerns the financial well-being (which should follow from financial empowerment), i.e. for low income families to have reduced their vulnerability to financial exclusion and multiple debts (as evidenced through savings accrued and withdrawal from high cost credit).

Indicators and Data

4.89 Data are drawn from the most recent annual report of the Scottish Household Survey. This facilitates analysis of savings, extent of savings and use of high cost credit by household income.

EVIDENCE

Savings

4.90 Table 4.2 sets out the proportion of low income households with access to savings against households with £15,001 to £20,000 and the average for Scotland as a whole.

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<tr>
<th>Have Savings?</th>
<th>Base</th>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>0 – 6,000</td>
<td>39</td>
</tr>
<tr>
<td>6,001 - 10,000</td>
<td>36</td>
</tr>
<tr>
<td>10,001 – 15,000</td>
<td>42</td>
</tr>
<tr>
<td>15,001 – 20,000</td>
<td>49</td>
</tr>
<tr>
<td>All Scotland</td>
<td>52</td>
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4.91 Low income households are more likely not to have savings than higher income households, although a substantial minority (two-fifths) of low income households do possess savings. Interestingly, there is little difference among low income households, with those on the lowest incomes (less than £6000 per annum) being as likely as those with marginally higher income (£6001 to £10000 per annum) to possess savings.
Among low income households, those on the very lowest incomes appear most sensitive to this subject, with almost one in ten of those with an annual income of up to £6000 per annum refusing to answer this question in the *Scottish Household Survey*.

**Level of Savings**

Table 4.3 expands upon Table 4.2 by reviewing the level of savings among those households with savings, and comparing their level of savings to savings within households with £15,001 to £20,000, and the average for Scotland as a whole.

**Table 4.3:** Level of savings among households with savings, by level of household income

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<thead>
<tr>
<th>Household Income, £</th>
<th>Level of Savings</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under £1000</td>
<td></td>
</tr>
<tr>
<td>0 – 6,000</td>
<td>21</td>
<td>247</td>
</tr>
<tr>
<td>6,001 – 10,000</td>
<td>24</td>
<td>670</td>
</tr>
<tr>
<td>10,001 – 15,000</td>
<td>21</td>
<td>982</td>
</tr>
<tr>
<td>15,001 – 20,000</td>
<td>24</td>
<td>800</td>
</tr>
<tr>
<td>All Scotland</td>
<td>18</td>
<td>5687</td>
</tr>
</tbody>
</table>


Among households with savings, differences between low income households and other households are much less marked in terms of the level of savings accrued. Low income households are only marginally more likely than higher income households to have savings of less than £5000. The key issue thus seems to be enabling people to save in the first place, rather than encouraging low income savers to accumulate more savings.

**Use of Informal Credit Sources and High Cost Credit to Borrow Money**

Table 4.4 reports on the extent to which low income households have borrowed money over the last twelve months and the sources on which they have drawn. These data are, once again, compared to households earning between £15001 and £20000 per annum, and against the average for Scotland as a whole.
Table 4.4: Means used to borrow money, by level of household income

<table>
<thead>
<tr>
<th>Household Income, £</th>
<th>NOT USED</th>
<th>Money Lender</th>
<th>Friend / Relative</th>
<th>Cheque Cashing</th>
<th>Pawn-broker</th>
<th>Bank Overdraft</th>
<th>REFUSED</th>
<th>Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6,000</td>
<td>21</td>
<td>Ng</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>4</td>
<td>965</td>
</tr>
<tr>
<td>6,001 – 10,000</td>
<td>17</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>2632</td>
</tr>
<tr>
<td>10,001 – 15,000</td>
<td>23</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>2</td>
<td>3141</td>
</tr>
<tr>
<td>15,001 – 20,000</td>
<td>30</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>4</td>
<td>2207</td>
</tr>
<tr>
<td>All Scotland</td>
<td>28</td>
<td>Ng</td>
<td>3</td>
<td>Ng</td>
<td>Ng</td>
<td>12</td>
<td>3</td>
<td>14824</td>
</tr>
</tbody>
</table>

Note: Ng refers to a negligible return (less than 1%)

4.96 Table 4.4 shows that low income households, on the whole, are less likely than higher income households to borrow money, marginally more likely to turn to friends and family when they do need to borrow, less likely to use a bank overdraft facility, and that there is no evidence of extensive use of high credit sources such as money lenders or cheque cashing facilities.

Equality Groups

4.97 While disabled people continue to face difficulties in accessing banks, opening accounts and managing their accounts, there was consensus from interviews with key informants that policy initiatives and private sector practices were addressing some of these concerns.

4.98 However, representatives of LGBT organisations reported discrimination towards LGBT people in access to financial services, although once again, statutory changes were reported as having a positive impact. There was also recognition that civil partnership legislation has strengthened the financial position of people within the LGBT community.

4.99 Representatives of minority ethnic and faith groups referred to a long-standing lack of access to financial services and investment for small businesses and enterprises - one interviewee referred to the Scottish Executive’s own report on this: Minority Ethnic Enterprise in Scotland. None of the key informants from these organisations identified any progress made in accessing personal financial services, and one interviewee perceived that there was a large volume of unmet need and financial exclusion among minority ethnic communities which remained undocumented.

DATA ISSUES

4.100 The Scottish Household Survey has provided benchmark data against which future changes may be compared, as CtOG begins to impact of the landscape of financial
inclusion in Scotland. Given the sample size and the stability of this source, continued monitoring of these key financial inclusion data is to be encouraged in the years ahead. However, it must be acknowledged that there are limitations in the use of the SHS as a resource to monitor financial inclusion. Most notably, the measures of low income are not equivalised and are presented in broad income bands.

4.101 The potential of the longitudinal Wealth and Assets Survey must be explored and exploited in subsequent evaluations of this CtOG Objective. This UK-wide survey will provide Scottish data which will examine possession of financial and non-financial household assets. Its longitudinal design will afford the maximum opportunity to relate changes in financial well-being to household circumstance. However, the availability of Scottish data from the Wealth and Assets Survey should be used to complement data from the SHS, rather than substitute it. The substantial sample size of the SHS renders it a resource that should not be overlooked when seeking to understand the scale of financial exclusion in Scotland. There is a need to distinguish between savings and assets in bank accounts, i.e. assets do not necessarily accrue from thrift or the ability to save income.
OBJECTIVE 4:

To regenerate the most disadvantaged neighborhoods - in order that people living there can take advantage of job opportunities and improve their quality of life

SUMMARY EVALUATION

4.102 The broad focus adopted for CtOG Target J means that there is little scope in Objective 4 to undertake an additional evaluation that enhances understanding of community regeneration. The manner in which the wide-ranging remit of Target J (“To promote community regeneration of the most deprived neighborhoods, through improvements by 2008 in employability, education, health, access to local services, and quality of the local environment”) is reflected in the corresponding Target monitoring and evaluation procedures: “This target will be achieved if, by 31st March 2008 we have made progress on our wider targets for employment, health and education (targets A, D and F) and measurable improvements to the quality of the local environment in the most deprived neighborhoods. It will also be defined in terms of delivering the outputs and achieving the outcomes set out in each Regeneration Outcome Agreement (ROA)”. This means that there is little left for an additional evaluation of Objective 4 in this interim evaluation.

SUMMARY FINDINGS FROM RELATED TARGETS

4.103 Evidence from the evaluation of Target J remains incomplete for some of the relevant policy areas, but comparison of the situation of the most deprived communities between the 2004 and 2006 Scottish indices of deprivation show some improvements in employment, education, health and access to services conditions (see Chapter 5 for details).

POLICY CONTEXT

4.104 Scotland has a long tradition of area-based approaches to local area regeneration that stretches back several decades, and includes schemes such the Community Development Programme (1960s), the Glasgow Eastern Area Renewal Scheme (1970s) as Local Enterprise Zones (1980s), and Strathclyde Regional Council’s Areas for Priority Treatment.

4.105 The Scottish Executive has continued to pursue area-based approaches to regenerate Scotland’s most deprived neighbourhoods. Three approaches are of particular note. First, Social Inclusion Partnerships (SIPs) were the principal area regeneration initiative in Scotland between 1998-2004. These have since been replaced by Community Planning Partnerships, which have the intention of ensuring “that all partners address regeneration and local deprivation as core activities rather than see these as secondary concerns or the responsibility of specialist agencies [such as SIPs]. Regeneration policy was to be pursued through agencies’ mainstream budgets with less reliance on discrete funding of specific projects.”
4.106 Second, in February 2006, the Scottish Executive published *People and Place*, a regeneration policy statement, which outlines its vision and priorities for area regeneration in Scotland.\(^2\)

4.107 Finally, the work programme that underpins CtOG Target J contributes most directly to achieving this Objective. Communities Scotland is charged with managing the Community Regeneration Fund (CRF) to improve the effectiveness of regeneration in Scotland. This is to be achieved through CPPs presenting a Regeneration Outcome Agreement, a three year plan, to use CRF funds to attend to CtOG goals.

**OPERATIONALISING CtOG OBJECTIVE 4: TOWARDS MEASUREMENT**

4.108 The primary goal of Objective 4 is to regenerate the most disadvantaged neighborhoods. This primary goal is to be met in order to achieve the secondary goal of ensuring that people living in such neighborhoods can take advantage of job opportunities and improve their quality of life.

**Interpretation**

4.109 In this interim evaluation, most disadvantaged neighbourhoods are defined the 15% Most Deprived Areas as defined in the 2004 Scottish Index of Multiple Deprivation.

4.110 The nature of the association between the primary goal and the secondary goal in Objective 4 is open to interpretation. It could be understood that the secondary goal (to ensure that people living in the Most Deprived Neighborhoods can take advantage of job opportunities and improve their quality of life) would only be achieved if regeneration was undertaken in a manner *for which it could be demonstrated* that people living in these neighborhoods were then able to take advantage of job opportunities and improve their quality of life. However, the interpretation taken in this interim evaluation is that Objective 4 concerns regeneration which, *it is assumed*, will lead to people living there being able to take advantage of job opportunities and improve their quality of life.

**EVIDENCE**

4.111 Quantitative evidence for community regeneration is considered in Target J. Information gathered from interviews with key informants and equality group representatives are reported in this section of the report.

4.112 No key informants referred to significant changes in conditions within deprived neighbourhoods. For those with disabilities, significant mobility challenges and problems caused by reductions in services persist. It was also perceived that disabled individuals remain more vulnerable in terms of community safety. In addition, community-policing budgets were understood to have remained low in some deprived areas.

4.113 LGBT representatives, referred to LGBT individuals still feeling unsafe in their neighbourhoods, (especially transgendered people). Noted improvements include
improved policing practice building trust between the police forces and increasing the confidence of LGBT people to report crime. Positive collaboration between police forces and LGBT groups has also led to the establishment of remote reporting facilities where LGBT people can report crime, and homophobic hate crime is beginning to be recognised by the police force.

4.114 Minority ethnic and faith organisations identified both improvement and deterioration, depending on both the area in question and aspect of neighbourhood quality considered. On the positive side, it was perceived that certain neighbourhoods had benefited from physical refurbishment, and that overcrowding and the number of social housing voids had fallen in particular areas. On the negative side, it was felt that littering had increased due to infrequent council collections and that racist vandalism was more common.

DATA ISSUES

4.115 The Scottish Executive should reconfigure indicators and monitoring of Objective 4 in conjunction with Target J, to ensure that each has a specific and complementary remit.
OBJECTIVE 5:
To increase the rate of improvement of the health status of people living in the most deprived communities - in order to improve their quality of life, including their employability prospects

SUMMARY EVALUATION

4.116 Analysing Objective 5 requires monitoring changes in health indicators in the most deprived communities in Scotland. In choosing how best to present this change, this evaluation follows the lead of the Scottish Executive, which has been monitoring changes in Cancer and Coronary Heart Disease (CHD) rates in the most deprived communities since 2003 for Target D of the CiOG Programme. It was felt that the Objective 5 analysis and the Target D analysis, both of which include an analysis of Cancer and CHD rates, should not present Cancer and CHD data in a different way to existing Scottish Executive analysis.

4.117 As measured by the seven indicators analysed below, health in the most deprived areas in Scotland improved between 2003 and 2005. Moreover, the rate of improvement over the last two years was higher than for the previous period. On the whole, improvements impacted upon the most severely deprived areas as well as those which are relatively less deprived.

SUMMARY FINDINGS FROM RELATED TARGETS

4.118 Target D aims to “reduce health inequalities by increasing the rate of improvement for under 75 Coronary Heart Disease Mortality and under 75 Cancer Mortality (1995-2010) for the most deprived communities by 15% by 2008”. Cancer and CHD rates are wholly relevant to Objective 5, and so are considered within the analysis of this Objective.

4.119 The Target D monitoring data presented on the Scottish Executive website is presented in terms of average annual percentage improvement in cancer rates and CHD rates. The Scottish Executive calculates average annual percentage improvement as a geometric average; i.e. the percentage improvement which, when applied ‘n’ times, produces the total percentage improvement observed over ‘n’ years. Reflecting this practice, much of the data in this section is also presented in terms of average annual percentage improvements, and averages are calculated using the Scottish Executive’s method.

POLICY CONTEXT

4.120 Evidence has existed for some time that the health status of individuals in Scotland varies significantly with socio-economic status. For example, a report by the Measuring Inequalities in Health Working Group showed that for the period 1991 to
1993, the rate of early deaths among males in Scotland was almost four times greater for those in Social Class V than for those in Social Class I.

4.121 Recognising these differences, NHS Scotland acknowledged in *Our National Health: A plan for action*, (December 2000) that “in Scotland, terrible inequalities still exist between the health of the worst off and the health of the better off”, and identified reducing health inequalities in Scotland as a core aim. The Scottish Executive’s health policy in recent years has been driven by this aim: in *Improving Health in Scotland - The Challenge*, the Challenge is summarised as: to improve the health of all the people in Scotland and to narrow the opportunity gap; and to improve the health of our most disadvantaged communities at a faster rate, thereby narrowing the health gap.

4.122 Accordingly, reducing health inequalities was highlighted as a major goal in the Scottish Executive’s 2003 White Paper on health - “our objective is to improve Scotland’s health and reduce the health inequalities within our society… NHS Boards will also step up their efforts to reduce health inequalities” - and in NHS Scotland’s 2005 delivery plan *Delivering for Health*, which identifies ‘reducing the health gap’ as a Key Action for NHS Scotland delivery.

4.123 Since the publication of *Our National Health*, a range of measures have been introduced across Scotland to tackle health problems and promote healthy living among vulnerable and hard-to-reach individuals, in order to address the difference in health status between the better off and the worst off in Scotland. In many cases - for example the Prevention 2010/Keep well pilots which have been introduced to deliver progress towards Target D of the CtOG programme - such initiatives have targeted deprived areas in an attempt to reduce socio-economic inequalities in health, and indeed, Objective 5 is defined in terms of deprived areas.

4.124 Objective 5 reflects the Scottish Executive’s desire to improve health in Scotland. By requiring an *increase in the rate* of improvement, rather than merely an improvement, it also identifies the need for health to improve quickly in the most deprived areas, so that the current differences in health status between deprived areas and the rest of the country can be addressed.

4.125 As implied in the wording of Objective 5, the health agenda is closely linked to the employment agenda. It is increasingly recognised that employment has positive effects on health, and that poor health is keeping a large percentage of individuals from entering paid employment. In particular, those areas that are employment deprived tend to also be health deprived, as demonstrated in the high correlation between the Employment and Health Domain in the SIMD 2004. Thus it is hoped that improving the health status of people in deprived areas can also improve their employability and employment opportunities, thus increasing employment rates and reducing levels of deprivation.
OPERATIONALISING CtOG OBJECTIVE 5: TOWARDS MEASUREMENT

Choice of indicators

4.126 The ‘most deprived communities’ have been identified by the Scottish Executive for Target D using the Carstairs Index. The Carstairs Index has thus been used in this analysis wherever possible. However, benefits data was only available for the 15% most deprived areas as defined by the Scottish Index of Multiple Deprivation (SIMD) 2004. The discussion on ‘Measuring deprivation’ in the ‘Data Issues’ section below provides more details on the differences between the Carstairs Index and the SIMD.

4.127 Following the publication of Our National Health, the Scottish Executive established the Measuring Inequalities in Health Working Group. The Working Group was set up to determine the most appropriate indicators to use in monitoring progress towards tackling health inequalities in Scotland and to advise on possible targets. It identified 23 possible indicators:

1) Smoking during pregnancy
2) Breastfeeding
3) Dental health of children
4) Low birth-weight babies
5) Accidents in children aged 0-9 (hospital admissions)
6) Infant mortality
7) Accidents in children aged 10-14 (hospital admissions)
8) Teenage pregnancies (females aged 13-15)
9) Teenage pregnancies (females aged 13-19)
10) Suicides among young people aged 10-24
11) Diet
   • consumption of fresh fruit
   • consumption of green vegetables
12) Adult smoking
13) Self-reported general health in
   • people aged 16-44
   • people aged 45-64
14) Self-reported limiting long-standing illness
15) Obesity
16) Mental health (GHQ12 scores)
17) All cause mortality rate among people under 75
18) Mortality rates from coronary heart disease among people under 75
19) Mortality rates from cancer among people under 75
20) Life expectancy
21) All cause mortality rate among people over 75.
22) Mortality rates from coronary heart disease among people 75 and over
23) Mortality rates from cancer among people 75 and over.

4.128 This evaluation uses those six of these 23 indicators which are monitored by the Scottish Executive and disaggregated by level of deprivation, plus benefit data from the Department of Work and Pensions. In some indicators, the most recent data is from 2005, which is barely one year after the launch of CtOG Objectives and Targets. Such data may best serve as a baseline for future evaluation rather than an assessment of CtOG impact.
4.129 The seven measures of health status used to evaluate progress towards Objective 5 here are:

1) Suicide among young people (per 100,000) in the 20% most deprived areas
2) Adults smoking (per 100) in the 20% most deprived areas
3) Under 75 cancer mortality (per 100,000) in the 20% most deprived areas
4) Under 75 coronary heart disease mortality (per 100,000) in the 20% most deprived areas
5) Expectant mothers smoking during pregnancy (per 100) in the 20% most deprived areas
6) Teenage pregnancy (per 1,000) in the 20% most deprived area
7) Working age individuals receiving Incapacity Benefit (IB) and/or Severe Disablement Allowance (SDA) (per 100) in the 15% most deprived areas

4.130 Note that for all the indicators considered here, a positive improvement represents a reduction in the indicator.

4.131 Incapacity Benefit (IB) and Severe Disablement Allowance (SDA) are paid to people judged to be incapable of work due to illness or disability. Although not all individuals with a severe illness or disability will be in receipt of IB or SDA, these rates of receipt provide a general picture of the overall level of ill-health in the most deprived areas relative to the rest of Scotland.

4.132 In its Inequalities in Health, report the Working Group calculated all of these 23 indicators for the most deprived and least deprived quintiles in Scotland (according to the Carstairs Index). However, that analysis was not suitable for this interim evaluation of CtOG, as the data it was based on predated the implementation of CtOG (for some indicators the most recent available data was from 1998). Neither was it replicable within the scope of this interim evaluation, because of the difficulties of accessing data at postcode level and matching sensitive health data with geographical identifiers, in order to calculate the indicators for the most deprived areas. In addition, it is likely that the CtOG programme will take several years to impact upon factors such as life expectancy and birth-weight, and so extensive analysis of the kind carried out by the Working Group would be more appropriate later in the evaluation process. Given sufficient resources, a repeat of the Working Group’s analysis at the end of the CtOG programme, compared against their earlier analysis, would provide a comprehensive assessment of improvement in health status in the most deprived areas.

EVIDENCE

4.133 Figure 4.21 shows the annual percentage improvement for each of these indicators, for the two periods 1995 to 2003, and 2003-2005. For all seven measures, the annual improvement is greater for the 2003-2005 period. Therefore, to the extent that these indicators are representative of the health status of individuals living in deprived areas, they show that Objective 5 was met for the period up to 2005.

4.134 Two of the changes illustrated are particularly notable. First, there has been improvement in the annual reduction of youth suicides: rising to 8.6% per year in 2004-05 from 0.2% in 1995-2003. It should be borne in mind that suicides per
100,000 young people each year are relatively few, and these figures can be subject to fluctuation. Second, the proportion of people in receipt of IB/SDA in the most deprived areas decreased by 2.7% each year between 2003 to 2005, having increased in the previous period. This change may reflect a wider trend in UK IB/SDA claimant rates, which increased throughout the 1990s and early 2000s and have recently begun to fall marginally.

**Figure 4.21: Annual percentage improvement in health indicators in 20% most deprived areas: 1995-2003 and 2003-2005**

![Chart showing annual percentage improvement](chart.png)

**Notes:** Because numbers of teenage pregnancies and suicides among young people are subject to fluctuation, the figures provided by the Scottish executive are 3-year averages. Each 3-year average has been taken to represent the most recent of those years. For example, the figure we have used to represent 1995 is the 1993-1995 3-year average. Due to lack of data availability, the teenage pregnancy figure labelled 2003-2005 in fact represents only the period 2003-2004. Teenage pregnancy figures for 2005 are due to be released in autumn 2007. Due to lack of data availability, the IB/SDA figure labelled 1995-2003 in fact represents only the period 1999-2003. **Sources:** General Register Office for Scotland (GROS), Analytical Services Division of the Scottish Executive Health Department (ASD Health), Information Services Division of the NHS Scotland (ISD), Scottish Household Survey.

4.135 Figure 4.22 shows actual rates of incidence for each of the indicators for 2003, 2004 and 2005. These figures reveals that more than a fifth of people of working age in the 15% most deprived areas were in receipt of Incapacity Benefit and/or Severe Disablement Allowance in 2005, and more than one in three adults (people aged 16 years and over) smoked. Just under a third of expectant mothers smoked, although the figure had fallen by four percentage points from 35.8% in 2003.
Figure 4.22: Health Indicators in 20% most deprived areas: 2003-2005

Notes: Because numbers of teenage pregnancies and suicides among young people are subject to fluctuation, the figures provided by the Scottish executive are 3-year averages. Each 3-year average has been taken to represent the most recent of those years. Due to lack of data availability, the teenage pregnancy figures labelled 2003, 2004 and 2005 in fact represent the years 2002, 2003 and 2004 respectively. Teenage pregnancy figures for 2005 are due to be released in autumn 2007.

Sources: GROS, ASD Health, ISD and Scottish Household Survey.

4.136 Figure 4.23 shows rates of Incapacity Benefit and/or Severe Disablement Allowance (IB/SDA) receipt in the 15% most deprived areas and for the rest of Scotland. Rates of IB/SDA receipt are around four times higher in the most deprived areas of Scotland than in the rest of the country. Both in the most deprived areas and in the rest of Scotland, rates of IB/SDA receipt increased between 1999 and 2001, and then began to fall. In both cases rates fell by 5.9% between 2001 and 2005. This provides some evidence that the overall level of severe illness or disability in deprived areas is decreasing, and at a similar rate to that in the rest of the country.
Figure 4.23: Percentage of working age population in receipt of Incapacity Benefit and/or Severe Disablement Allowance: 1999-2005

Notes: Deprivation measured using the SIMD 2004. Includes Incapacity Benefits (Stat group 2) only. Working age population is Men aged 16-64 (inclusive) and Women aged 16-59 (inclusive). 1999 and 2000 population data is based on census 2001 populations, 2001 - 2005 populations from small area population estimates from GROS.
Sources: DWP 100% Client Group Data Scan, Scottish Index of Multiple Deprivation (SIMD) 2004 and GROS.

4.137 Figure 4.24 presents under 75 cancer and coronary heart disease (CHD) mortalities per 100,000 population, in the 20% most deprived areas. It shows that the rate of deaths from both illnesses fell between 2003 and 2005. Cancer and CHD mortalities in the 20% most deprived areas are discussed further in the Target D analysis.
**Figure 4.24: Health Indicators in 20% most deprived areas: 2003-2005 II**

[Bar chart showing health indicators like under 75 cancer mortality and under 75 coronary heart disease mortality for 2003, 2004, and 2005.]

**Sources:** GROS, ASD Health.

**Impact on Equalities Groups**

4.138 It has been shown that annual improvements for all seven of the Objective 5 indicators were higher between 2003-2005 than between 1995-2003. These annual improvement rates are broken down below by gender and, where data are available, age, to reveal the changes experienced by different sub-groups of the deprived population. The analysis also compares the different percentage improvements experienced by the 5% and 10% most deprived areas in Scotland (which, of course, fall within the 20% most deprived areas being considered).

4.139 Table 4.5 shows the annual percentage improvement in IB/SDA receipt rates for the 2003-2005 period, disaggregated by gender. This shows that the percentage reduction in the proportion of men in receipt of IB/SDA was more than double the reduction for women. As illustrated by Figure 4.25, the proportion of IB/SDA recipients was higher among men than women in 2003; therefore the gender gap is closing.
Table 4.5: Proportion of working age population in receipt of IB/SDA in 15% most deprived areas: annual percentage improvement 2003 – 2005

<table>
<thead>
<tr>
<th>Annual percentage improvement in IB/SDA receipt rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Notes: Deprivation measured using the SIMD 2004. Includes Incapacity Benefits (Stat group 2) only. Working age population is Men aged 16-64 (inclusive) and Women aged 16-59 (inclusive). 1999 and 2000 population data is based on census 2001 populations, 2001 - 2005 populations from small area population estimates from GROS.

Sources: DWP 100% Client Group Data Scan, SIMD 2004 and GROS.

Figure 4.25: Percentage of working age population in receipt of Incapacity Benefit and/or Severe Disablement Allowance in the 15% most deprived areas by gender: 1999-2005

4.140 Figure 4.26 shows annual percentage improvement for suicide rates among young people in the most deprived areas. This reveals, first, that females in the 10% most deprived areas saw the largest percentage reduction in suicide rates. Second, it shows that it is not only in the ‘less deprived’ areas that suicide rates are falling; in fact, percentage reductions were greater in the 5% and 10% most deprived areas than in the 20% most deprived.
4.141 Differences between the most severely deprived areas and other deprived areas are also revealed in Figure 4.27. In the 20% and 10% most deprived areas, the overall smoking rate improved between 2003 and 2005 (that is, a smaller proportion of people were smoking), while in the 5% most deprived areas in Scotland, the proportion of people smoking actually increased. However, as discussed further below, the smoking data used here is taken from the *Scottish Household Survey* and suffers from large sampling errors when broken down by sub-group.

**Figure 4.26: Suicide amongst young people in the 20% most deprived areas: annual improvement 01/03-03/05**

![Graph showing suicide rates among young people in the 20% most deprived areas, by gender and annual improvement.]

**Notes:** Figures based on rate per 100,000 population. Deprivation measured using the Carstairs index. The number of suicides is relatively small and rates per 100,000 are therefore subject to fluctuation from year to year. **Sources:** GROS, ASD Health.
Figure 4.27: Percentage of adults smoking in the 20% most deprived areas: annual improvement 2003-2005

Notes: Deprivation measured using the Carstairs index. Sample sizes in each age group are relatively small. Percentages are therefore subject to fluctuation.
Sources: Scottish Household Survey; ASD Health.

4.142 Figures 4.28 and 4.29 show yearly improvements in under 75 cancer and CHD rates. Both graphs show that the most severely deprived areas are performing well, with percentage reductions in mortalities generally higher than in the slightly less deprived areas. Annual improvements in CHD mortalities for women and for the 45-64 age group averaged nearly 20% for the 2003-2005 period.
Figure 4.28: Under 75 cancer mortality rate in the 20% most deprived areas: annual improvement 2003-2005

Notes: Figures based on rates per 100,000 population; age-standardised to the European population. Deprivation measured using the Carstairs index.
Sources: GROS; ASD Health.
Figure 4.29: Under 75 CHD mortality rate in the 20% most deprived areas: annual improvement 2003-2005

Notes: Figures based on rates per 100,000 population; age-standardised to the European population. Deprivation measured using the Carstairs index.
Sources: GROS; ASD Health.

4.143 Figure 4.30 shows that percentage reductions in teenage pregnancies were fairly small (around 2% a year) in the 20% most deprived areas. Smoking during pregnancy by expectant mothers fell more dramatically.
Figure 4.30: Teenage pregnancy and expectant mothers smoking during pregnancy in the 20% most deprived areas: recent annual improvement

Notes: Deprivation measured using the Carstairs index. Teenage Pregnancy figures are based upon the rate per 1000 population. Because numbers of teenage pregnancies are subject to fluctuation, the rates provided by the Scottish Executive are 3-year averages. The teenage pregnancy improvement figures presented here represent differences between the 2000/2 figures and the 2002/4 figures. Teenage pregnancy figures for 2003/5 are due to be released in autumn 2007. Denominator populations for 13-15 year olds for teenage pregnancy figures are estimated from 5-year age group populations.

Sources: ISD; ASD Health, Scottish Household Survey.

4.144 While it is possible to disaggregate most of the health indicators by age and gender, data are not available to analyse variations by faith, ethnicity, sexuality nor disability status. In recognition of this gap in the available data, the views of representatives of the different equalities groups were sought to gain an independent impression of the progress of individuals of different faith, ethnicity, sexuality and disability status towards Objective 5. The major issues that arose from this research are discussed below.

4.145 There is a belief that health outcomes for people with disabilities have improved in the last few years, but there are still some concerns over whether the health service is sufficiently staffed to cope with people with specific needs, particularly those of people with learning difficulties and mental health problems.

4.146 It is believed that LGBT people still face discrimination within the health services, with many feeling unable to access certain services because of their sexuality. The LGBT Health Scotland37 has helped raise awareness of the needs of LGBT people and is expected to impact positively on future provision of health services to LGBT people. LGBT organisations argued that traditionally, LGBT people have not seen the health service as meeting their needs, although they recognised that sexual health services and school nurses were making a difference to the lives of some young LGBT
people. The Scottish Executive Health Department’s involvement with Stonewall and other LGBT groups on the LGBT Health Inclusion project, and the Diversity Task Force set up to look at inclusive workplace practice within the NHS were considered valuable and helpful.

4.147 Minority ethnic and faith groups identified a variable picture of some improvements alongside continued problems. Prominent among the latter were access problems due to a lack of information about services and language barriers. However, improvements were noted in some forms of provision, outreach efforts, and a more proactive approach to increase service take-up and access among minority groups in certain areas.

DATA ISSUES

4.148 In contrast to some of other the factors which CtOG is intended to impact upon, a large amount of data are currently collected which enable measurement of the health of people in Scotland. This is evidenced by the long list of measurements from a variety of sources which the Measuring Inequalities in Health Working Group were able to recommend as possible health indicators. However, the majority of these possible indicators cannot be broken down by ethnicity, faith, disability, sexuality nor socio-economic status, because these features are not reliably collected nor recorded at present. As the usefulness of such data has become more apparent, efforts have been made to ensure they are recorded; for example, the DWP are moving towards releasing IB figures broken down by ethnicity. We can therefore expect the availability of such information to improve, although there are likely to be continued difficulties in collecting sensitive data, such as the faith and sexuality of a client or survey respondent.

4.149 While gender, sexuality, faith, ethnicity and disability status can all impact upon a person’s likelihood to require certain primary care services and/or the accessibility of those services, interviews with members of Scottish Executive staff responsible for CtOG Objective 5 highlighted a primary focus on the role of socio-economic status in determining health outcomes - which they believe are the major determinants of inequalities. Currently, the Scottish Executive are focusing on reducing differences between areas of differing levels of deprivation; it may be analysis of health status by an individual-level factor, such as Social Class, would also be useful. If so, these data should be collected along with gender, sex, ethnicity etc. Alternatively, it may be that deprivation of area lived in is considered a suitable proxy for individual socio-economic status.

Measuring deprivation

4.150 The IB/SDA indicator used to evaluate Objective 5 uses the Scottish Index of Multiple Deprivation (SIMD) 2004 to identify the most deprived areas, while the other 6 use the Carstairs Index. The Scottish Executive currently uses both these measures of deprivation in their analysis. The Carstairs Index is the measure used in the Inequalities in Health report, and was the only index available when these targets were formulated. The targets will continue to be monitored using the Carstairs index until the target year of 2008 to allow a fair assessment of whether the targets have been
met. In the meantime, the SIMD has been developed, and this is used to identify the most deprived 15% of areas for the production of benefit claimant statistics. The Scottish Executive is investigating the possibility of using SIMD in the measurement of its health targets in future, so that only one measurement of deprivation is employed.

4.151 The most important difference to note is that while the 15% most deprived areas as calculated by the SIMD 2004 are the same areas for every year considered in this analysis, the 20% most deprived area according to the Carstairs Index are revised annually. The Carstairs score for each postcode sector in Scotland was originally calculated using 1991 census health data and the ‘20% most deprived areas’ were identified as the collection of postcode sectors, counting the most deprived areas first, which contained 20% of the population. To estimate which postcode sectors comprised the ‘20% most deprived areas’ in all subsequent years, weights which reflect the changes in NHS Board population from year to year are applied to the 1991 census-derived postcode sector populations. The group of postcode sectors defined as the 20% most deprived areas might therefore change between 2003 and 2005, although the single most deprived postcode sector will be the same in every year.

4.152 It may have been possible to calculate all 7 indicators using the SIMD as the measure of deprivation. However, in order to do this the research team would have required some of the relevant data at postcode-sector or data-zone level. Accessing this data and performing the analysis would have been beyond the scope of this interim report. Moreover, as the Scottish Executive is currently investigating the possibility of moving from Carstairs to the SIMD in the measurement of its health targets, it was considered inappropriate to change methodology before the results of that investigation were available.

Assessing the significance of change

4.153 The smoking amongst adults indicator analysed in this chapter is calculated using data from the Scottish Household Survey. However, SHS sample sizes in each age group are small, increasing the size of the sampling error. This should be borne in mind when assessing change for a given age group, and for other groups when they are disaggregated by level of deprivation.

Data Sources

4.154 The seven health indicators are listed below along with along with their sources and other relevant information.

**Suicide amongst young people (aged 10-24 years) in the 20% most deprived areas**

Rate per 100,000 population

Source: General Register Office for Scotland (GROS); Analytical Services Division of the Scottish Executive Health Dept (ASD Health)

(1) Deprivation measured using the Carstairs index.

(2) The number of suicides is relatively small. Rates per 100,000 are therefore subject to fluctuation from year to year.
Teenage pregnancy (aged 13-15y) in the 20% most deprived areas

Rate per 1,000 population
Source: Information Services Division of the NHS Scotland (ISD); ASD Health
(1) Deprivation measured using the Carstairs index.
(2) Denominator populations for 13-15 year olds estimated from 1991 census figures and 5-year age group populations for subsequent years.

Adult (aged 16 years+) smoking in the 20% most deprived areas
Percentage smoking
Source: Scottish Household Survey; ASD Health
(1) Deprivation measured using the Carstairs index.
(2) Sample sizes in each age group are relatively small. Percentages are therefore subject to fluctuation.

Smoking during pregnancy in the 20% most deprived areas
Percentage smoking
Source: ISD; ASD Health
(1) Deprivation measured using the Carstairs index.
(2) Age information not available on the dataset held by ASD Health.

Under 75 cancer mortality in the 20% most deprived areas
Source: GROS; ASD Health
Rate per 100,000 population; age-standardised to the European population
(1) Deprivation measured using the Carstairs index.
(2) <75 mortality rates are used for the Closing the Opportunity Gap Target D rather than all age mortality rates.

Under 75 CHD mortality in the 20% most deprived areas
Source: GROS; ASD Health
Rate per 100,000 population; age-standardised to the European population
(1) Deprivation measured using the Carstairs index.
(2) <75 mortality rates are used for the Closing the Opportunity Gap Target D rather than all age mortality rates.

Percentage of Working Age Population Claiming Incapacity Benefit or Severe Disablement Allowance in the 15% most deprived data-zones
Source: DWP 100% Client Group Data Scan, Scottish Index of Multiple Deprivation (SIMD) 2004 and General Register Office Scotland
(1) Deprivation measured using the SIMD 2004.
(2) Includes Incapacity Benefits (Stat group 2) only.
(3) Working age population is Men aged 16-64 (inclusive) and Women aged 16-59 (inclusive).
(4) 1999 and 2000 population data is based on census 2001 populations, 2001 - 2005 populations from small area population estimates from GROS.
OBJECTIVE 6:
To improve access to high quality services for the most disadvantaged groups and individuals in rural communities - in order to improve their quality of life and enhance their access to opportunity

SUMMARY EVALUATION

4.155 As the CtOG work programme to improve services in rural Scotland did not start until 2005 and given that there are no plans to evaluate the outcomes of this work until the end of 2007, it is premature at this stage to evaluate progress for Objective 6. Consequently, the Scottish Household Survey 2006 and the 2006 Scottish Index of Multiple Deprivation have been appraised to provide a baseline against which subsequent changes in service provision can be appraised

SUMMARY FINDINGS FROM RELATED TARGETS

4.156 CtOG Target H seeks to tackle the problem of rural service delivery: “… [b]y 2008, improve service delivery in rural areas so that agreed improvements in accessibility and quality are achieved for key services in remote and disadvantaged communities”. More generally, each of the other nine CtOG targets is required to consider the rural dimension.

POLICY CONTEXT

4.157 Since its inception, the Scottish Executive has given a high priority to rural issues. A Minister for Rural Affairs was appointed in 1999 and Scottish Executive rural policy was co-ordinated first by a Ministerial Committee on Rural Development, and then by a Cabinet Sub-Committee on Rural Development. The 2003 Partnership Agreement committed the Executive to “… ensure that rural and remote communities have their distinct needs reflected across the range of government policy and initiatives”. The Scottish Executive strategy for rural policy was set out in 2000 with the publication of Rural Scotland: A New Approach and progress reports were published in 2003 and 2004. In April 2006 the Executive consulted on its Rural Development Programme for Scotland 2007-2013.

4.158 In December 2005, 22 Rural Service Priority Areas were allocated £100,000 to develop new projects. These RSPAs were identified as the most disadvantaged rural areas. Research was commissioned by the Scottish Executive to ascertain service priorities in RSPAs.

4.159 Finally, Scottish Executive approaches to understanding and measuring poverty and social exclusion have shown sensitivity to the rural dimension. In 2001 it published Poverty and Social Exclusion in Rural Scotland, a report by the Scottish Executive convened Rural Poverty and Inclusion Working Group. Furthermore, one of the seven dimensions of the Scottish Index of Multiple Deprivation is a measure of
geographical access to services, which acknowledges the importance of poverty of access in rural Scotland.

OPERATIONALISING CtOG OBJECTIVE 6: TOWARDS MEASUREMENT

4.160 The primary goal of Objective 6 is to improve access to high quality services for the most disadvantaged groups and individuals in rural communities. This primary goal is to be met in order to achieve the secondary goal of improving their quality of life and enhancing their access to opportunity.

Interpretation

4.161 In this interim evaluation, the most disadvantaged groups and individuals in rural communities are defined as those living in areas of Scotland which are classified as “remote rural” in the Scottish Executive urban/rural classification.

4.162 The primary goal of Objective 6 is open to interpretation in that neither “improving access” nor “high quality services” are defined. Furthermore, the range of services which should be appraised is open to question. The approach taken in this interim evaluation is to focus on a wide range of everyday services and to use the perceptions of service users to ascertain the extent to which services are of “high quality”.

4.163 The nature of the association between the primary goal and the secondary goal in Objective 1 is also open to interpretation. It could be understood that the secondary goal (improving quality of life and enhancing access to opportunity) would be achieved only if any high quality services provided were sufficiently rewarding to ensure that these secondary goals were also achieved. However, the interpretation taken in this interim evaluation of Objective 6 is that the provision of key services (which are assumed to be high quality) will itself lead to improvements to the quality of life and enhancements in access to opportunities for most disadvantaged groups and individuals in rural communities.

Indicators and Data

4.164 Two sources of readily available and robust national data are used to appraise Objective 6. First, the Scottish Household Survey (SHS) provides a wealth of data on the opinions of people living in Scotland on different aspects of service provision. The SHS can be disaggregated by urban/rural area type. In this interim evaluation, 2005 data are used to provide a baseline of opinion on the quality of service provision in Scotland. These data pre-date the implementation of CtOG.

4.165 Complementing these perceptions, are data from the Scottish Index of Multiple Deprivation 2006. These data provide a measure of on-the-ground improvements in accessing services through the geographical access to services domain in the Index. SIMD data can also be disaggregated by urban/rural area type.

4.166 In the following analysis, the approach taken is to compare the experiences of service provision in “remote rural” Scotland against other peripheral areas (‘accessible rural’ and ‘remote small towns’) and against Scotland as a whole.
EVIDENCE

Overview of Service Provision

4.167 Table 4.6 considers geographic access to services in Scotland using data from the Scottish Index of Multiple Deprivation 2006. Contemporary experiences (2006) are compared to recent experiences (2004) to provide a measure of change. Four definitions of Most Deprived Areas are presented, with more intense measures of deprived area in the right hand columns in the table.

4.168 Remote rural areas in Scotland have a disproportionate share of neighbourhoods with the worst access to services (Table 4.6). The level of service deprivation correlates with the level of rurality - more rural areas have worse service access. There has been little change in this situation since 2004, although the relative share of the areas in remote rural Scotland with the worst access to services has increased.

Table 4.6: Remote and Rural Areas’ Share of the Most Deprived Areas (Data Zones) for Geographic Access to Services, Scotland 2004 and 2006

<table>
<thead>
<tr>
<th></th>
<th>Most Deprived Areas (Share of)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20%</td>
</tr>
<tr>
<td><strong>2004</strong></td>
<td></td>
</tr>
<tr>
<td>Remote Small Towns</td>
<td>2.2</td>
</tr>
<tr>
<td>Accessible Rural</td>
<td>40.7</td>
</tr>
<tr>
<td>Remote Rural</td>
<td>24.0</td>
</tr>
<tr>
<td><strong>2006</strong></td>
<td></td>
</tr>
<tr>
<td>Remote Small Towns</td>
<td>1.5</td>
</tr>
<tr>
<td>Accessible Rural</td>
<td>39.7</td>
</tr>
<tr>
<td>Remote Rural</td>
<td>25.4</td>
</tr>
</tbody>
</table>

Source: Scottish Executive (2006) Scottish Index of Multiple Deprivation 2006. Edinburgh: Scottish Executive, Table 7.4

Note: Classifications of rural/urban status are dynamic (with changes in status triggered by changes in settlement population size). Some places will have changes their urban/rural status between 2004 and 2006.

4.169 Table 4.7 considers perceptions of the convenience of 11 key services in Scotland using data from the Scottish Household Survey 2006 (data collected in 2005). On the whole, the majority of people in rural Scotland consider that key services are convenient (Table 4.7). Hospital outpatients’ department is the only service that is not perceived to conveniently located for a majority of people in remote rural Scotland.

4.170 Although this positive appraisal of services in terms of convenience (Table 4.7) would appear to contradict the findings of Table 4.6, further interpretation of Table 4.7 presents a less positive account. For one-half of these services, the perceived level of convenience in rural Scotland is significantly lower than that expressed for Scotland, as a whole (bank, ATM, chemist, hospital outpatients, petrol station and public transport). Thus, transport, health and financial services seem to be less convenient in rural Scotland.
### Table 4.7: Convenience of Services in Remote and Rural Scotland, 2005

<table>
<thead>
<tr>
<th>Area Type (%) rating each service to be ‘convenient’ within each</th>
<th>Remote Small Towns</th>
<th>Accessible Rural</th>
<th>Remote Rural</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Office</td>
<td>94</td>
<td>88</td>
<td>91</td>
<td>86</td>
</tr>
<tr>
<td>Banking Services</td>
<td>89</td>
<td>62</td>
<td>68</td>
<td>73</td>
</tr>
<tr>
<td>Cash machine or ATM</td>
<td>94</td>
<td>71</td>
<td>67</td>
<td>83</td>
</tr>
<tr>
<td>Doctor’s Surgery</td>
<td>88</td>
<td>79</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Small Grocery/Food Shop</td>
<td>94</td>
<td>91</td>
<td>91</td>
<td>94</td>
</tr>
<tr>
<td>Police Station</td>
<td>80</td>
<td>44</td>
<td>62</td>
<td>61</td>
</tr>
<tr>
<td>Chemist/Pharmacist</td>
<td>93</td>
<td>75</td>
<td>70</td>
<td>88</td>
</tr>
<tr>
<td>Hospital Outpatients Dept.</td>
<td>72</td>
<td>46</td>
<td>43</td>
<td>53</td>
</tr>
<tr>
<td>Petrol Station</td>
<td>86</td>
<td>68</td>
<td>72</td>
<td>75</td>
</tr>
<tr>
<td>Public Transport</td>
<td>85</td>
<td>64</td>
<td>55</td>
<td>86</td>
</tr>
<tr>
<td>Public Telephone Box</td>
<td>66</td>
<td>52</td>
<td>63</td>
<td>55</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>803</strong></td>
<td><strong>1424</strong></td>
<td><strong>1220</strong></td>
<td><strong>13667</strong></td>
</tr>
</tbody>
</table>

**Source:** Scottish Executive (2006) *Scotland’s People 2005.* Edinburgh: Scottish Executive, Table 7.20

4.171 Table 4.8 considers perceptions of the adequacy of the service provided by the local authority in Scotland using 2006 SHS data (data collected in 2005). It should be recognised that not all services are provided for by the local authority in rural Scotland and that the voluntary sector has a key role to fulfil in service delivery.

4.172 Levels of satisfaction in rural Scotland with the performance of local authorities in providing ‘high quality services’ are comparable to those in other parts of Scotland.

### Table 4.8: Agreement With Statement That ‘Council Provides High Quality Services’ in Remote and Rural Scotland, 2005

<table>
<thead>
<tr>
<th>Area Type (%) agreeing with statement within each</th>
<th>Remote Small Towns</th>
<th>Accessible Rural</th>
<th>Remote Rural</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Tend to Agree</td>
<td>39</td>
<td>37</td>
<td>39</td>
<td>38</td>
</tr>
<tr>
<td>Neither Agree nor Disagree</td>
<td>18</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Tend to Disagree</td>
<td>23</td>
<td>20</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>13</td>
<td>15</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>No Opinion</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>818</strong></td>
<td><strong>1511</strong></td>
<td><strong>1280</strong></td>
<td><strong>14054</strong></td>
</tr>
</tbody>
</table>

**Source:** Scottish Executive (2006) *Scotland’s People 2005.* Edinburgh: Scottish Executive, Table 7.43

4.173 Table 4.9 presents a range of local neighbourhood service evaluation in Scotland using data from the SHS 2006. For some of these services (the first five rows of Table 4.9) respondents were asked both whether they agreed that the ‘good’ service provision for this service was something they ‘particularly liked’ about their neighbourhood; and also whether they agreed that the ‘bad’ service provision for this service was something they ‘particularly disliked’ about their neighbourhood. Services evaluated in the bottom five rows of Table 4.6 were only evaluated in *either* the positive or the
negative. High scores for the unshaded columns (like) are ‘positive’ results, whereas a lower score in the shaded column (dislike) represents a favourable result.

4.174 On the whole, there is little strong opinion on neighbourhood service provision in rural Scotland (Table 4.9). That is, the proportion expressing the opinion that they particular like their neighbourhood on account of any aspect of service provision is low, as is the proportion who express the opinion that they particular dislike their neighbourhood on account of service provision.

4.175 However, Table 4.9 also highlights that levels of satisfaction with neighbourhood service provision are notably lower in remote rural Scotland than for Scotland, as a whole: 5% of respondents in remote rural areas report that they particularly like their neighbourhood for its ‘good local shops’, compared to 13% for Scotland as a whole. Similarly, there is some evidence to suggest that levels of dissatisfaction in rural areas are slightly higher: 7% report that they particularly dislike their neighbourhood for its ‘local leisure facilities’, compared to 4% in Scotland as a whole.

Table 4.9: Aspects Particularly Liked (+) and Disliked (-) in Neighbourhoods in Remote and Rural Scotland, 2005

<table>
<thead>
<tr>
<th>Area Type (% liking or disliking aspects of neighbourhood within each)</th>
<th>Remote Small Towns</th>
<th>Accessible Rural</th>
<th>Remote Rural</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public transport</td>
<td>10</td>
<td>2</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Local shops</td>
<td>9</td>
<td>1</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Local schools</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Local leisure facilities</td>
<td>7</td>
<td>2</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Area well maintained</td>
<td>14</td>
<td>2</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Accessible/good location</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Good facilities for children/young people</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Convenience shop/other amenities</td>
<td>36</td>
<td>14</td>
<td>16</td>
<td>34</td>
</tr>
<tr>
<td>Nowhere for children to play</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Problems with roads/pavement/drainage</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Base</strong></td>
<td><strong>818</strong></td>
<td><strong>1513</strong></td>
<td><strong>1280</strong></td>
<td><strong>14070</strong></td>
</tr>
</tbody>
</table>

**Source:** Scottish Executive (2006) *Scotland’s People 2005*. Edinburgh: Scottish Executive, Tables 4.29 and 4.32
Public Transport

4.176 Public transport is a service people in remoter rural Scotland are more likely to be dissatisfied with than people in other parts of Scotland. Table 4.10 provides additional information on this key service by providing a measure of access to public services from the 2006 Scottish Index of Multiple Deprivation. Remote rural Scotland has a disproportionate share of areas in Scotland with the worst access to public transport (Table 4.10). The most intense concentrations of ‘public transport service deprivation’ are in remote rural areas.

<table>
<thead>
<tr>
<th>Most Deprived Areas for Public Transport Services (Share of)</th>
<th>20%</th>
<th>15%</th>
<th>10%</th>
<th>5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remote Small Towns</td>
<td>4.1</td>
<td>3.9</td>
<td>4</td>
<td>1.8</td>
</tr>
<tr>
<td>Accessible Rural</td>
<td>31.4</td>
<td>35.5</td>
<td>36.9</td>
<td>29.2</td>
</tr>
<tr>
<td>Remote Rural</td>
<td>25.1</td>
<td>31.4</td>
<td>43.8</td>
<td>67.1</td>
</tr>
</tbody>
</table>

Source: Scottish Executive (2006) Scottish index of Multiple Deprivation 2006. Edinburgh: Scottish Executive, Table 7.3a

Equality Groups

4.177 Small sample sizes of disadvantaged and equality groups in rural areas limits the possibilities of quantitative data analysis. Interviews with representatives of equality groups were undertaken to partly redress this data deficiency. In terms of access to services, it was reported that a major problem for disabled people in rural areas is the availability of easily assessable transport. Several key informants referred to the closure of post offices in rural areas as especially significant for disabled people.

4.178 LGBT people in rural areas face isolation, and the focus for LGBT individuals is on support networks within the social environment. The capacity of the LGBT community sector is very weak in rural areas and financial support is limited. Social exclusion was perceived to be most evident among LGBT young people. Here, efforts to address social exclusion are perceived to rest entirely with LGBT voluntary groups. There were no noted policy initiative emanating from the Scottish Executive nor the UK government that were seen to address the social inclusion of LGBT people in rural areas.

4.179 Several minority ethnic and faith group representatives referred to the widespread fallacy that there were no racial minorities in rural areas of Scotland. The believe that this low visibility means that such rural minority groups and individuals are a low policy priority. However, one interviewee identified positive measures to deliver services to people in rural areas and successful case studies of outreach work.

DATA ISSUES

4.180 The Scottish Household Survey and the Scottish Index of Multiple Deprivation provide a wealth of data which can be used to appraise service provision in Scotland.
Future analysis should compare change - after the advent of CtOG - with the baseline data presented in this report.

SUMMARY

4.181 Data availability has hampered the extent to which meaningful measurements of progress can be made at this stage in the operation of CtOG. In some cases, for example Objective 1, this will be resolved when new data become available. For others - for example the links between skills, confidence and poverty that Objective 2 aims to address - meaningful measurement requires new data sources to be commissioned, and further qualitative work to be undertaken.

4.182 This interim evaluation has identified and developed a range of indicators that will, in future years, provide a baseline against which to analyse change. However, attributing change, positive or negative, to CtOG initiatives is problematic. For example, over the course of CtOG, Objective 1 may show negative trends, despite large decreases in worklessness being recorded under Target A. It would be hard to argue that the Scottish Executive is not taking measures to tackle worklessness, but encouraging sustainability of employment among people currently workless is likely to be dependent upon a wide range of economic and social factors that are beyond the remit and control of the Scottish Executive, for example changes to employment legislation, or to the operation of the New Deal employment programme.
CHAPTER FIVE EVALUATING CLOSING THE OPPORTUNITY GAP TARGETS

INTRODUCTION

5.01 This Chapter summarises findings from the evaluation of progress towards achieving each of the ten CtOG Targets. The Chapter discusses in turn general issues in relation to data availability and measurement, the overall situation in terms of progress towards achieving Targets, and particular issues regarding impact across different equalities and other population sub-groups.

5.02 An overview of progress for each CtOG Target is provided in Table 5.1. For each Target this summarises overall progress, whether key sub-populations and Equalities groups share the same direction of travel as the target population as a whole, and an assessment of the extent to which existing data enables interim evaluation of progress toward achieving the Target.

5.03 The full data and analysis underpinning this Chapter is provided in Annex 4. In addition, some evidence on progress towards Targets is included in Chapter 4. Chapter 5 and Annex 4 should be read together for a full understanding of the analysis of Target outcomes. Annex 4 presents data in a standard format for each Target, similar to that used for the analysis of CtOG Objectives in Chapter 4; i.e.:

- Summary evaluation: an overview of the extent to which progress has been made in achieving the Target
- Policy context: a brief review of the role of the Target in relation to CtOG and wider Scottish Executive policy
- Evidence: detailed presentation and interpretation of data
- Data issues: a description and critical appraisal of the evidence base to inform subsequent Target evaluations

DATA AND MEASUREMENT: OVERVIEW

5.04 Evaluating CtOG Targets is assisted both by their detailed specification and the established collection of monitoring and evaluation data undertaken by the Scottish Executive CtOG Target Owners and Departments. However, although conclusions on the direction of travel and relative pace of change can be drawn from the available evidence, care is required in interpreting this data. In particular, the extent to which any discernible trends can be attributed to CtOG itself is open to question at this interim stage of implementation.

5.05 In addition, there are a number of CtOG Targets for which suitable data does not exist to reliably assess progress. For example, a wide range of agencies are involved in the local delivery of Target E, and while it is evident that new processes are being established to implement this Target, the impact of these cannot currently be discerned. Consequently, neither an overall nor relative assessment of impact is currently possible for this Target.
5.06 In the case of other Targets, appropriate data will become available in time, but are not yet published. For example, there are no data for Target F, although future data availability is promising. This is also the case for Target H, where local specification of priorities has made the process of Target monitoring a protracted process.

5.07 Data availability is also a key issue in monitoring outcomes for different equalities groups. While data can generally be disaggregated by gender and age, the availability of information on disability varies, and limited boosts to sample sizes usually mean that there are no adequate ethnicity data. Data on faith and sexuality are not available for any of the Targets. In the case of Targets E, H and K it is not yet clear whether any equalities data will be available in the future.

5.08 Estimations of the quality of data for each Target are summarised in the final column of Table 5.1. This is based on an overall assessment of the extent to which available data facilitates the interim evaluation of progress toward achieving each Target in terms of relevance; availability throughout the necessary period (i.e. continuously from the launch of CtOG); scope and coverage (i.e. national, available at small area level, may be disaggregated by relevant population sub-groups and equalities groups).

**TARGET ANALYSIS: OVERVIEW**

5.09 Analysis of progress towards the achievement of the CtOG Targets demonstrates that in some cases significant progress has been made towards achieving the Target’s stated goals. For example:

- Target K has been achieved in part: the availability of appropriate money advice has been met through funding 100 DAS approved money advisers
- Target D will be met by 2008: under-75 coronary heart disease mortality in the most deprived areas is now decreasing at a higher rate than it was before CtOG
- Target A demonstrates some progress: in certain areas of high worklessness the number of people dependent upon DWP benefits has fallen
- Target C has been partially successful: 1,043 people have been offered supported employment opportunities within NHS Scotland

5.10 However, although progress towards a number of Targets is evident, the available data suggests that the full requirements of these and others have not been met at this stage. For example:

- Target A: benefit reduction trends are on track to result in 55,463 fewer people claiming workless benefits by 2010; however this is 10,537 short of the Target
- Target C: more placements have been provided than were envisaged, but the transition rate to jobs for these was 56%, rather than the Target goal of 70%

5.11 Overall, this Target analysis establishes that there have been real improvements since the start of CtOG in particular areas. More people in Scotland are working, fewer people are suffering from monitored serious illnesses, and more people have access to financial advice. Targets A, C, D and K, for which positive progress can be demonstrated, have enabled the provision of focussed work programmes that are clearly linked to the overall Target aims. In these cases it seems likely that improvements have occurred at least in part as a result of the CtOG programme.
5.12 In other areas, particularly outcomes for young people, there has either been no evidence of improvement, or change cannot yet be discerned. Notwithstanding limitations with data available to evaluate Target B there is no evidence of progress towards either Target B nor Target G (the two Targets relating to outcomes for young people). Indeed trend data suggest that the situation may be worsening: the available information suggests that there has been a slight increase in the proportion of young people who are not in education, employment or training (NEET), and a slight decrease in the proportion of looked after young people leaving care to enter education, employment or training between 2005 - 2006.

EQUALITIES GROUPS: OVERVIEW

5.13 Although in some areas there are no adequate data with which to make an assessment, nevertheless, it appears that progress towards Target outcomes varies significantly by equalities groups. There is no single trend which may be easily summarised: the picture is one of unevenness, both in terms of relatively positive and negative outcomes for different equality groups, and variation in outcomes across different Targets.

5.14 In the case of several Targets, people from certain equalities groups are more likely to experience relatively disadvantaged starting conditions compared to the general population, and such disadvantages may be reflected in apparently worse Target outcomes, even if the situation of the group in question has improved in absolute terms. This possibility highlights the importance of collecting disaggregated data and maintaining careful monitoring of any variations in Target impact.

5.15 For Target A, downward trends are less pronounced for adults aged 45 and over, with a barely noticeable downward trend from 1999-2006. Trends also vary by type of claim: slightly more disabled people are claiming Incapacity Benefit, and more people (mostly women) are claiming Lone Parent benefits.

5.16 Variation by disability is evident for Target B, where data suggests that since 2003, a higher proportion of DDA disabled young people have become NEET, while the proportion of young people who are NEET and not DDA disabled has remained relatively constant.

5.17 In some cases Target outcomes are better for young women than young men. For example, for Target C, 61% of training course participants were female (although this reflects that the majority of NHS positions, particularly support roles, are held by women). In Target B, slightly fewer young women are NEET than young men. However, for Target A, rates of improvement are poorer for women than men.
Table 5.1: Summary Evaluation of CtOG Targets, December 2006

<table>
<thead>
<tr>
<th>ID</th>
<th>CtOG Target Specification</th>
<th>Direction Travel</th>
<th>Cohort Analysis</th>
<th>Data Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Reduce the number of workless people dependent on DWP benefits in Glasgow, North &amp; South Lanarkshire, Renfrewshire &amp; Inverclyde, Dundee, and West Dunbartonshire by 2007 and by 2010</td>
<td>Improvement</td>
<td>Varied outcomes</td>
<td>Good</td>
</tr>
<tr>
<td>B</td>
<td>Reduce the proportion of 16-19 year olds who are not in education, training or employment by 2008</td>
<td>No improvement</td>
<td>Varied outcomes</td>
<td>Poor</td>
</tr>
<tr>
<td>C</td>
<td>Public sector and large employers to tackle aspects of in-work poverty by providing employees with the opportunity to develop skills and progress in their career. NHS Scotland will set an example by providing 1000 job opportunities, with support for training and progression once in post, between 2004 and 2006 to people who are currently economically inactive or unemployed</td>
<td>Improvement</td>
<td>Varied outcomes</td>
<td>Adequate</td>
</tr>
<tr>
<td>D</td>
<td>To reduce health inequalities by increasing the rate of improvement for under 75 Coronary Heart Disease mortality and under 75 cancer mortality (1995-2003) for the most deprived communities by 15% by 2008</td>
<td>Improvement</td>
<td>No significant variation</td>
<td>Good</td>
</tr>
<tr>
<td>E</td>
<td>By 2008, ensure that children and young people who need it have an integrated package of appropriate health, care and education support</td>
<td>Achieved</td>
<td>No significant variation</td>
<td>Not applicable</td>
</tr>
<tr>
<td>F</td>
<td>Increase the average tariff score of the lowest attaining 20 % of S4 pupils by 5% by 2008</td>
<td>No improvement</td>
<td>Varied outcomes</td>
<td>Potentially good</td>
</tr>
<tr>
<td>G</td>
<td>By 2007 ensure that at least 50% of all &quot;looked after&quot; young people leaving care have entered education, employment or training</td>
<td>No improvement</td>
<td>Varied outcomes</td>
<td>Uneven</td>
</tr>
<tr>
<td>H</td>
<td>By 2008, improve service delivery in rural areas so that agreed improvements to accessibility and quality are achieved for key services in remote and disadvantaged communities</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
</tr>
<tr>
<td>J</td>
<td>To promote community regeneration of the most deprived neighborhoods, through improvements by 2008 in employability, education, health, access to local services, and quality of the local environment</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
<td>Too early to assess</td>
</tr>
<tr>
<td>K</td>
<td>By 2008 increase the availability of appropriate financial services and money advice to disadvantaged communities to reduce their vulnerability to financial exclusion and multiple debts</td>
<td>Improvement</td>
<td>Varied outcomes</td>
<td>Good</td>
</tr>
</tbody>
</table>

Note: Evaluations of direction of travel, content analysis and data quality for each Target are qualitative, and summarise the authors’ assessments as expressed in the main body of the report. Refer also to 5.0.
TARGET A

5.18 Target A aims to reduce the number of workless people dependent on DWP benefits in Glasgow, North Lanarkshire, South Lanarkshire, Renfrewshire, Inverclyde, Dundee, and West Dunbartonshire by 2007 and by 2010.

5.19 The Scottish Executive has counted an individual as ‘workless and dependent on DWP benefits’ if they are in receipt of ‘unemployment related benefits’, Incapacity Benefit or Income Support. The Executive uses Work and Pensions Longitudinal Study (WPLS) to identify the number of individuals in receipt of the relevant benefits, except in the case of Glasgow, for which the Jobcentre Plus Benefit Caseload database (JCP) has been used. The research team have concluded that to properly reflect the number of people who are workless and dependent on DWP benefits, the definition of Target A should include all people of working age who are not in paid employment and in receipt of DWP benefits, including Severe Disablement Allowance (SDA) claimants, and male claimants aged 60-64 receiving only the Pension Credit. Moreover, the research team believe that this population should be measured using WPLS rather than JCP data, as the former meets National Statistics standards. This evaluation has therefore been carried out using this revised definition.

5.20 There is a large difference between the Glasgow JCP estimates of the workless population and WPLS figures for Glasgow. This is most likely due to that the fact that the JCP Glasgow area has different geographical boundaries to the DWP Glasgow area, and people in receipt of more than one benefit may be counted twice in the JCP database, as there is no standard screening to remove double claimants, as there is with the WPLS. Based on past experience, the research team is not surprised to find a large discrepancy between these datasets. Given the significantly higher levels of quality control used for the WPLS, and acknowledgement by National Statistics that it is the more reliable dataset, the research team conclude that the WPLS figures must be considered the more reliable.

5.21 The trend in workless caseloads since 1999 shows a linear downward trend of approximately 1,855 fewer workless claims per quarter. This trend, were it to continue, would yield a reduction in workless caseloads of 19,539 from August 2004 to March 2007 and a reduction of 41,821 from August 2004 to March 2010.

5.22 There have been significant reductions in the numbers of people claiming workless benefits in the CtOG Target areas. These regions all demonstrate strong progress, although there is some variation between them. However, these reductions are not yet sufficient to enable the overall CtOG Target to be met.

5.23 Although there are fewer workless women on benefits than workless men overall, the downward trend for women has not been as steep as it has been for men.

5.24 Benefit caseloads show an overall downward trend for workless people of different ages since August 1999, and a more pronounced downward trend since February 2003. Reductions in worklessness are most pronounced for people in the 25-34 age group, with those in the 34-44 age band also exhibiting a noticeable downward trend; reductions for those in the 45-49 age band are extremely limited over the period August 1999 to May 2006.
In the case of the 45-49 year old age band, the very slight downward trend overall is due to projected reductions in Jobseekers Allowance (JSA) and Income Support (IS) claims. For Incapacity Benefit (IB) and Lone Parent claims, the projected trend is upward. Claims for Lone Parent benefit are also projected to be higher in 2007 and 2010 by 96 and 247 respectively.

There is a predicted decrease in the numbers of disabled people claiming workless benefits, but this is a more limited decrease than for the overall population. Among disabled people, the decreases are predicted to be bigger among men than women. By 2010, there may be slight increase in the proportion of people claiming disability benefits among people aged 45-49.

No data were available to track worklessness trends by ethnicity, faith nor sexuality. The Scottish Executive CtOG Target Owner is not aware of any evidence on whether the impact of Target A varies by these factors.

In general, it is inadvisable to revise target focus, target specification and target measurement. However, as discussed in 5.19 to 5.20, there are strong grounds for re-specifying Target A to take cognisance of the alternative means of measurement. Most significantly, these changes to target specification and measurement do not alter the focus of the target - to reduce the number of workless people dependent on DWP benefits in the designated local authorities by 2007 and 2010.
TARGET B

5.29 Target B aims to reduce the proportion of 16-19 year olds who are not in education, training or employment by 2008.

5.30 Analysis of Target B is limited by the wide confidence limits associated with the available data sources, the lack of local area data these provide, and the absence of data which may be disaggregated by ethnicity and faith.

5.31 Labour Force Survey (LFS) data suggest that from a 2003 baseline, there has been a small increase in the proportion of young people who are NEET, but that since 1998 there has been an overall decrease. Overall, there appears to have been little significant change over the last seven years. The wide confidence limits on the data mean that precise analysis of the actual trends is not possible; the actual proportion of young people who were NEET in 2005 is likely to lie between 12.7% - 15.4%

5.32 The data suggest that progress has varied by gender. Overall, young men in 2005 were slightly less likely to be NEET than in 2003 while young women were slightly more likely to be NEET. When data from 1996 are considered, this trend appears more pronounced, with the fall in the proportion of young men who are NEET clearer, while the proportion of young women who are NEET shows an overall lack of change.

5.33 Progress has varied by age: young people aged 18 and 19 were more likely to be NEET in 2005 than in 2003. Over the same period, young people aged 17 are less likely to be NEET, although the proportion of 17 year olds who are NEET rose between 2004 - 2005. There has been little overall change in the proportion of 16 year olds who are NEET since 2003.

5.34 Since 2003, a higher proportion of the population of DDA disabled young people have become NEET, while the proportion of young people who are NEET and not DDA disabled remained relatively constant. Overall, a much higher proportion of disabled young people are NEET than non-disabled young people.

5.35 No data are available to analyse the proportions of young people NEET disaggregated by ethnicity or faith.

5.36 There has been a slight overall decrease in the numbers of young people aged 18-19 claiming benefits in Scotland. However, there is variation in this at local authority level: there were proportionally fewer young people claiming benefits in 2005 than in 2003 in Aberdeen, Argyll and Bute, Stirling and North Lanarkshire. Areas where there had been increases over the same time period include West Dunbartonshire, West Lothian and Scottish Borders.

5.37 The necessary time series data to assess the NEET Strategy are not yet available; therefore at present, the impact of the CtOG upon the proportions of young people in Scotland who are NEET cannot be discerned. However the measures devised to assess the NEET Strategy provide an improved understanding of the proportions of young people NEET in Scotland on which future comparisons may be based. Data from the survey of school leavers’ destinations (SLD) is discussed in the Annex.
TARGET C

5.38 Target C aims to ensure that public sector and large employers tackle aspects of in-work poverty by providing employees with the opportunity to develop skills and progress in their career. NHS Scotland will set an example by providing 1,000 job opportunities, with support for training and progression once in post, between 2004 and 2006 to people who are currently economically inactive or unemployed.

5.39 Target C falls under CtOG’s Objective 1, which aims ‘to increase the chances of sustained employment for vulnerable or disadvantaged groups’. Target C comprises three parts: offering 1,000 job places; a high rate (over 70%) of translation from places to job entries; and evidence that other sectors are following suit by March 2006.

5.40 For the period up to March 2006, 1,043 people were offered places on training schemes; 585 of these (i.e. 56%) entered employment with NHS Scotland upon completing their training, and 455 sustained that employment beyond three months. Rates of progression from placements offered towards sustained employment varied for the different schemes implemented for this Target, but were below 60% for all but one scheme. The overall rate of translation from places offered to sustained employment was 44%; while the rate of translation to employment (sustained or otherwise) was 56%; i.e. 14 percentage points lower than the 70% defined as success. Therefore, while schemes met the first sub-target by March 2006, they did not meet the second.

5.41 Some employers in both the private and public spheres are developing pre-employment initiatives to help workless individuals into sustained employment similar to those run by Health Boards. However, it is not yet clear that this activity is sufficient evidence that ‘other sectors are following suit’.

5.42 NHS positions, particularly support roles, are held predominantly by women. This is reflected in the overall gender breakdown of placements and employment achieved for this Target, which shows that 61% of training scheme participants were female.

5.43 Schemes ensure childcare is available for participants during the course of their training; however trainees subsequently employed by NHS Scotland are only eligible for the same childcare benefits as other employees, and therefore incur some childcare costs upon taking up employment. This can mean that some participants successfully completed their training find themselves without the necessary childcare support to progress to employment. The qualitative research undertaken for this evaluation found that it was felt that this was not an issue Health Boards themselves could do anything about, but it had been raised with local and national government.

5.44 Data on the disability status of participants in the pre-employment schemes is limited, and no data is currently available on faith, ethnicity, or sexuality. Interviews with members on Scottish Executive staff working on this Target, and examination of the Scottish Executive CtOG Equalities Impact Assessment, suggest that significant efforts have been taken to ensure that training schemes are accessible to all, although some difficulties are still encountered by some groups; e.g. some language barriers exist for refugees who could otherwise benefit from the training schemes.
Target D aims to reduce health inequalities by increasing the rate of improvement for under 75 Coronary Heart Disease (CHD) mortality and under 75 cancer mortality (1995-2003) for the most deprived communities by 15% by 2008.

Target D requires improvements in deprived areas regarding two specific types of illness - Cancer and CHD - and comes under the umbrella of Objective 5 discussed in the previous Chapter. Data provided in Chapter 4 showed that under 75 cancer and CHD mortalities per 100,000 population, in the 20% most deprived areas fell between 2003 and 2005, and that these reductions were higher than the respective targets of 2.1% and 6.1%. It may be concluded therefore that this Target is on track.

Between 2003 and 2005 the under 75 CHD mortality rate fell by 12.7%, from 112.0 to 97.8. This equates to an average annual percentage improvement of 6.6%, higher than the target figure of 6.1%.

Between 2003 and 2005 the under 75 cancer mortality rate fell by 7.4%, from 186.4 to 172.6. This equates to an average annual percentage improvement of 3.8%, higher than the target figure of 2.1%.

Improvements in the rate of reduction were greatest in the 5% most deprived areas, suggesting that improved health services and efforts to reduce practices that lead to these illnesses are successfully impacting upon the most severely deprived communities, as well as those relatively less deprived and the country as a whole.

People aged over 65 are more than five times more likely than average to suffer mortality as a result of CHD or cancer. Men are more likely to die from each of these illnesses than women; e.g. male CHD mortality rates are three times higher than female rates.

The data available on cancer and CHD mortality rates cannot be disaggregated by ethnicity, faith, sexuality or disability status. In the absence of quantitative information on how such groups are progressing, the research team interviewed Scottish Executive staff monitoring this Target about any differential impact across equalities groups. Scottish Executive staff believed that the major equality issue for this Target were differences in outcomes across different socio-economic groups; this was the rationale for requiring an increased rate of improvement in deprived areas.

The Scottish Executive Equalities Impact Assessment for Target D stressed that an important aspect of the Prevention 2010/Keep well pilots is to ensure that primary health services are extended to all ‘hard-to-reach’ groups, and as part of this, a number of measures have been taken to increase the impact of work on equalities groups, for example, producing information leaflets in different languages.
TARGET E

5.53 Target E aims to ensure that by 2008, children and young people who need it have an integrated package of appropriate health, care and education support. In relation to CtoG, Target E relates most closely to Targets G, B and F.

5.54 Target E is aimed at the implementation of a reform - providing an integrated approach to delivering services - premised on the understanding that this will provide additional benefits to children and young people. Target E is therefore a process and output-based, rather than an outcome-based Target, and focuses on reforming service provision more than measuring the impact of that provision. The processes and outputs required to meet this Target are either in place or under development, and to that extent, the Target may be said to have been met.

5.55 The principle source of data for monitoring progress towards implementation of Target E is the Quality Improvement Framework (QIF) developed by the Scottish Executive for Integrated Childrens Service Plans (ICSPs). This Framework includes a suite of 43 performance indicators organised into 7 broader ‘outcomes’ which will be reported in ICSP annual updates. The majority of indicators are outcome-focused, although 13 refer to processes or outputs. It is likely that the first plans to include QIF data will be those submitted for 2008-2011, following delays both in receiving the initial submissions, and the resultant delay in the Scottish Executive providing feedback to agencies on these and subsequent policy developments.

5.56 This Target operates in a responsive and demand-led policy area: the number of personalised care plans and consequent actions will depend in the number of children in need of care, which cannot be specified in advance (although, based on past trends, it may be possible to estimate future demand). There is no data available on any break-down by equalities or other sub-groups.

5.57 Two key groups of children and young people have been identified as the focus particularly in need of action in relation to Target E: all who appear at Children’s Hearings, and those targeted through the Additional Support for Learning legislation. It will be viewed as an indicator of success in achieving Target E will be achieved if progress is made toward providing these children and young people in need with an integrated package of care and education support. It is anticipated that an evaluation of progress towards this goal will be possible by the end of 2007.

5.58 In theory this Target could be met by having personalised care plans in place, irrespective of any outcome or benefit which children may derive from them. However, the Scottish Executive proposes to measure the benefits of integrated packages through examining updates to ICSP and QIF information. Furthermore, Joint Inspection reports of children’s and related services will contribute to monitoring progress in line with Target priorities, and a fuller evaluation of outcomes from the Getting It Right For Every Child strategy is also proposed.
TARGET F

5.59 Target F aims to increase the average tariff score of the lowest attaining 20% of S4 pupils by 5% by 2008.

5.60 For Target F to be achieved the average tariff score of the lowest performing 20% of S4 pupils (i.e. aged 16-17) must increase by 5% from the baseline of 30th September 2004; i.e. the average of the lowest quintile must increase from 53 to 56 points by 2008. This 2004 baseline refers to pupil results for 2002/03, and the 2008 Target deadline will use data from 2006/07.

5.61 A number of other CtOG Targets and related activities complement and contribute to Target F. These include Target B (reducing the proportion of 16-19 NEETs); Target E (ensuring integrated packages of care); Target G (ensuring looked after young people enter education, employment or training); and Target J (promoting community regeneration in the most deprived neighbourhoods).

5.62 The average tariff score of the lowest attaining 20% of pupils in 2002/03 was 53, compared to a national average tariff of 168. The most recent average tariff score of the lowest attaining 20% is 51, compared to a national average of 170 (based on 2004/05 data). The available data therefore suggests that there has been a slight fall in the average tariff score for the lowest 20% of S4 pupils, although there are certain limitations with this data. Overall, there has been no positive trend in this measure in recent years. Indeed, because attainment among S4 pupils generally increased up to 2004/05, the difference in educational attainment between the lowest attaining 20% and all S4 pupils has widened in recent years.

5.63 Data for this Target pre-dates CtOG, and the availability of data on trends in the relative educational attainment of pupils from different equalities groups varies. It is known that boys, pupils with additional educational needs, certain minority ethnic groups, and those receiving free school meals all score below the national average S4 tariff. However, for other groups there is no data available to indicate whether they are significantly more likely to be among the lowest attaining 20%, or whether this likelihood has changed since this Target was set.

5.64 There is a higher proportion of boys in the lowest attaining 20% group than in the population as a whole, and this is a long-standing pattern: girls have been outperforming boys in school examinations in Scotland since 1981. This difference should be seen in the context of increasing overall attainment among both boys and girls in recent years.

5.65 Only a small proportion of pupils with an Individualised Education Plan (IEP) and/or Record of Need (RON) are represented in the lowest attaining 20%, and this has not changed significantly in recent years. In 2002/03, 9% of pupils with a RoN / IEP were in the lowest quintile; in 2003/04 the figure was 12%, and in 2004/05 also 12%. However, according to analysis conducted by the Scottish Executive, the proportion of pupils with an IEP or RoN in the lower attaining group is 4 - 5 times higher than in the cohort as a whole95. There is no separate data to analyse trends among pupils in the lowest attaining 20% of S4 pupils with a disability.
In 2005, 95% of pupils in primary and secondary schools across Scotland were white. Consequently, an analysis of S4 attainment by different ethnic minority groups is limited by small populations sizes.

S4 attainment data cannot be broken down by the faith of individual pupils. However it is possible to compare attainment between pupils attending denominational (Roman Catholic) and non-denominational schools. The data shows no significant difference in attainment levels between such schools.

There is no quantitative data available on difference in pupil performance in relation to sexuality, and data collection in this area would be problematic. Representatives of LGBT organisations in Scotland interviewed for this evaluation believed that LGBT young people are over-represented among socially excluded groups. In particular, they suggested that LGBT young people may leave school earlier to escape a homophobic environment, and consequently acquire fewer qualifications than they would otherwise have gained. Currently there is no independent verification of this view.

The *Scottish School Leavers' Survey On Gender and Low Achievement* (2000) concluded that social background and area characteristics remained the strongest predictors of low educational attainment. Average tariff scores at S4 are considerably and consistently lower in the 15% most deprived areas than in the rest of Scotland; for example, in 2002/03, the average tariff score in the MD15% was 122 compared to 168 across Scotland as a whole. In 2003/4, the corresponding figures were 122 among the MD15% compared to 170 for the rest of Scotland.
TARGET G

5.70 Target G aims to ensure that by 2007, at least 50% of all ‘looked after’ young people leaving care have entered education, employment or training.

5.71 This Target is related to all measures in pursuit of CtOG Objective 2, which aims to improve the confidence and skills of the most disadvantaged children and young people in order to provide them with the greatest chance of avoiding poverty when they leave school. In particular, it is closely related to CtOG Target B and the related NEET strategy for young people, More Choices, More Chances. In addition, the Target G relates to CtOG Target F and associated actions.

5.72 The total number of young people in and leaving care in Scotland in the course of a year is relatively small, which means that robust sub-group analyses are not possible.

5.73 Data is not available for those young people who ended their relationships with their social workers after leaving care: 15% of young people reported to be entitled to aftercare were not in touch with the local authority on 31st March 2006. This is an improvement from 2005, when social work departments were no longer in touch with 25% of care leavers eligible for aftercare support, and 2004 when the figure was 23%.

5.74 As neither local social services nor the Scottish Executive know what happens to those care leavers who do not stay in touch with their social workers or key worker, Target G applies only to those care leavers whose economic status is known, which was around 60% of all care leavers at March 2006.

5.75 The data indicate that overall there has been no significant progress in relation to this Target from the 2004 baseline. Of the young people reported to be entitled to aftercare support and who were still in touch with the local authority as at 31st March 2006, the economic activity of 23% was unknown. Approximately 37% of young people receiving aftercare in 2006 whose economic activity was known were in education, training or employment. Of those with a known economic activity, 15% were in education; 22% were in employment or training; 5% were not in education, training or employment due to illness or disability; 7% were looking after family members, and 51% were not in education, training or employment due to other circumstances.

5.76 A higher number and proportion of males than females are receiving after care services: boys and young men made up 49% of all looked after young people in 2006; girls and young women 43% (the gender of 8% was unknown). There is limited evidence on the differential economic and educational outcomes for males and females leaving care.

5.77 It is difficult to assess variations in relation to equalities groups due to the small numbers involved; however, it appears that young people with a disability are less likely than other care leavers to be in employment, education or training. 22% of young people with a disability reported to be entitled to aftercare support with a known economic activity in 2006 were in employment, education or training, compared to 41% of comparable young people with no disability. There is no data available to explore trends over time for this group.
5.78 There is no evidence to indicate whether different minority ethnic groups have different outcomes in relation to the Target. This is largely due to very small numbers of young people from minority ethnic communities receiving aftercare support, which are often registered as 0% in the Children Looked After Survey (CLAS). The CLAS does not collect information on faith or sexuality, therefore no analysis of these factors is possible.
TARGET H

5.79 Target H aims to improve service delivery in rural areas by 2008 so that agreed improvements to accessibility and quality are achieved for key services in remote and disadvantaged communities.

5.80 Target H overlaps significantly with Objective 6, which aims to improve service quality for disadvantaged groups in rural Scotland.

5.81 It is premature to evaluate progress toward achieving Target H. However, the lack of data should not be viewed as a failing, as it reflects the nature of the Target, which entails local specification of priorities. As a result of this, the process of Target specification and monitoring is a protracted process.

5.82 A six month Rural Service Priority Areas (RSPA) monitoring report summarising progress in service implementation and information monitoring across Target areas found that 32 of the 90 target services had been introduced by the end of 2006, and that progress was being made for introducing the remainder of services. Data on outcomes from these activities will not be available until the end of 2007.

5.83 Comprehensive templates for Target monitoring are used to standardise data collection across the RSPAs. These templates provide information on:
- the services targeted for improvement
- boundary issues (where the service may be utilised by people residing outwith the RSPA)
- a statement on the impact of the services targeted for Equalities Groups
- baseline information on service use and need
- funding

5.84 The research team have not had the opportunity to review the proforma used to monitor service implementation nor evaluate the outcomes of service delivery.
TARGET J

5.85 Target J aims to promote community regeneration in the most deprived neighborhoods, through improvements by 2008 in employability, education, health, access to local services, and quality of the local environment.

5.86 Target J is multi-faceted, comprising improvements over five domains in the 15% Most Deprived neighbourhoods in Scotland, as defined in the 2004 Scottish index of Multiple Deprivation. This Target is closely aligned to Objective 4, and directly linked to several other CtOG Targets and related work programmes.

5.87 Improvements in neighbourhood conditions will be assessed by monitoring data from Regeneration Outcome Agreements. It is not yet possible to evaluate the extent to which Target J is being fulfilled. However, it is possible to set baseline measures for most facets of Target J. These baselines establish the extent to which the most deprived neighbourhoods in Scotland fall behind the less deprived neighbourhoods in key aspects of community well-being.

5.88 Table 5.2 provides an overview of change in the 15% Most Deprived neighbourhoods in Scotland in 2004 for five broad domains (four of which correspond to the different dimensions of Target J). The table shows the percentage of data zones which left the 15% Most Deprived between 2004 - 2006, and the percentage which remained in the 15% Most Deprived. The table shows that a significant minority of neighbourhoods (around one in five) were no longer among the 15% Most Deprived for these domains in 2006.

Table 5.2: Change in Deprived Area Status for Key Domains, 15% Most Deprived Neighbourhoods (Data Zones) in Scotland 2004, Percentages

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<tr>
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<tbody>
<tr>
<td></td>
<td>No Longer Among Most Deprived</td>
<td>Still Among Most Deprived</td>
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<tr>
<td>Employment</td>
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<tr>
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</tbody>
</table>


Note: For each domain in turn, this table only reports data for data zones which were among the 15% Most Deprived Areas in 2004 and were among the 15% Most Deprived Areas for each domain in 2004. The table does not report domain level data for those 15% Most Deprived Areas overall which were not among the 15%
Most Deprived Areas for each domain in 2004, nor for areas which were among the 15% Most Deprived Areas for that domain in 2004, but not the 15% Most Deprived Areas overall.

5.89 More detailed analysis of the 15% Most Deprived Neighbourhoods is provided in the final three columns of Table 5.2, which present a vigintile analysis of movements for the 15% Most Deprived Neighbourhoods in Scotland in 2004. Although the majority of neighbourhoods maintained their status between 2004 - 2006 as either among the 5%, 6-10% or 11-15% Most Deprived neighbourhoods, there was a significant volume of change, with conditions worsening in around one in five neighbourhoods and improving in a similar proportion.

5.90 The main conclusion to be drawn from comparing change in the circumstance of the 15% Most Deprived neighbourhoods in Scotland in 2004 is that conditions are improving; for several measures, positive change is evident in the majority of neighbourhoods: employment; education; health; access to GP services; access to a post office; access to a shop or supermarket. Positive change in employment rates was also higher in those seven local authority areas that are the focus of Target A than they were for Scotland as a whole.

5.91 The decision to define ‘the most deprived neighborhoods’ as the 15% Most Deprived Areas in 2004 is significant. The rate of change in status implies that subsequent measurements of Target J will include around 20% of data zones which are no longer among the most deprived neighbourhoods in subsequent years. Furthermore, this focus necessitates identifying and tracing data zones over time, which makes analysis a more time consuming process than would otherwise be the case if the Target was focused on profiling the overall cohort of 15% Most Deprived areas.
TARGET K

5.92 Target K aims by 2008 to increase the availability of appropriate financial services and money advice to disadvantaged communities to reduce their vulnerability to financial exclusion and multiple debts.

5.93 Considerable investment has been made to increase and improve financial services and support to the most vulnerable; however, these measures have not yet had sufficient opportunity to effect positive change in the lives of the most vulnerable in disadvantaged communities.

5.94 The Scottish Executive Financial Inclusion Action Plan proposes that sustaining and maintaining financial inclusion includes:

- Access to affordable credit, e.g. through Credit Unions
- Access for people in marginalised groups to a range of mainstream banking and savings products
- Everyone having home contents insurance, e.g. through developing pilots with social landlords to offer schemes to tenants
- Individuals and communities owning and building on assets

5.95 There is a lack of consistent data on the numbers of households in Scotland with access to a bank account. Since 2003, the SHS has included Credit Union accounts, which were not included in earlier surveys. The Family Resources Survey includes such accounts and post office accounts. The trends are similar in both data sets, but particular figures are not consistent. Data limitations also mean trends among equalities groups cannot be analysed.

5.96 According to Family Resources Survey data, the proportion of low income households with no bank or building society account has fallen significantly: more than 30% of the poorest fifth of households had no such account in 1994-95 compared to only 10% in 2004-05.

5.97 According to SHS data, the proportion of households in the most deprived quintile with no bank or building society account reduced from 29% to 21%, between 1999 - 2003, and from 14% to 8% in the second most deprived quintile.

5.98 The available data indicates that the target of 5% of the Scottish adult population having Credit Union membership may be achieved by 2008. In 2001 the number of Credit Union members in Scotland was estimated by the Financial Services Authority (FSA) to be 119,595 - less than 1% of the total population, and equivalent to 2-3% of the adult population. FSA statistics show that the number of adult Credit Union members in Scotland rose from 169,987 in 2003 to 179,366 in 2004. This represented 36% of the UK Credit Union membership, and an increase of approximately half over this four year period. A Scottish Executive review in February 2006 concluded that, at the end of September 2004, 4.32% of the adult population were members of a Credit Union.

5.99 There is limited data available on the social profile of Credit Union members. However, research undertaken in 2004 indicated that very few members were aged under 30 or from minority ethnic backgrounds, with most being of White ethnic
background, unemployed, sick or disabled. This research suggested that one quarter of members lived in areas designated as being deprived, and 14% were in receipt of means tested benefits. This research estimated that ‘between 12% and 20% of Credit Union members would lack access to financial products and services but for membership of a Credit Union’.

5.100 £1 million from the Financial Inclusion Action Plan was used over 2003-05 to provide training and support to the Money Advice, Training, Resources, Information and Consultancy Services partnership (MATRICS) to improve money advice services. The Scottish Executive had hoped to meet the target of 100 trained DAS approved money advisers by April 2005. At the time of this interim CtOG evaluation, there were 84 registered money advisers.

5.101 It can be concluded that funding has been provided and there are money advisers in post, thus increasing the availability of money advice, but these are outputs rather than outcomes. The impact of the resources put into money advice cannot be quantified at present. A framework funded by the Scottish Executive for monitoring services has been put in place. The data gathered through this framework is analysed in the Money Advice for Vulnerable Group report, which will provide baseline information for future comparisons.
SUMMARY

5.102 Progress across the Targets is varied. Some show strong progress (e.g. Targets A, C, D, K), while the impact of others cannot yet be assessed or show little movement (Targets E, F, H, J). Two Targets demonstrate negative trends (e.g. Targets B, G).

5.103 In several cases a Target is partly on track to being met; e.g. Target C - enough places have been offered to meet the first part of the Target, but job sustainment figures are not sufficiently high to meet the second requirement.

5.104 For particular Targets, outcomes for some groups appear worse compared to others or the majority population; e.g. Target A shows strong progress overall, but older people are least likely to have benefited from this.
CHAPTER SIX CONCLUSIONS

INTRODUCTION

6.01 The CtOG strategy operates at three levels: three general Aims, six intermediate Objectives and ten specific Targets. Analysis of the progress made and impact of the strategy must distinguish between these different levels, and any summary evaluation of the CtOG programme as a whole must be qualified by recognising the variation that exists between them. Progress is more apparent for some Targets than others, and assessment of progress towards several Objectives, Aims and Targets is inhibited by the limitations of the available data. Nevertheless, allowing for these points, the following discussion summarises the impact of CtOG at different levels, and some further measures required for future analyses.

AIMS

6.02 Overall levels of poverty in Scotland are falling. However, these reductions are not experienced evenly across all equality groups and cannot, at this point in time, be attributed to CtOG.

6.03 Subsequent evaluations will be better placed to ascertain the extent to which CtOG has effected or otherwise altered the pace of change in the reduction of poverty rates.

OBJECTIVES

6.04 Evidence of progress towards CtOG Objectives is limited. The scope of the six Objectives means that a wide range of up to date evidence is required to undertake a full assessment of progress. At this stage, adequate information is only available to make a complete assessment of progress for Objective 5. Limited data are available for Objective 1, and baseline data are for Objectives 2, and 6. However this interim evaluation has made progress in baselining potential sources for future reporting to consider.

6.05 Objective 1 aims to increase chances of sustained employment for those facing greatest disadvantage, as a means of enabling people to permanently move out of poverty. The lack of data available has meant that this interim evaluation has only been able to consider rates of movement into employment by workless people. It has not been possible to assess whether these jobs are sustained, nor whether they enable people to move permanently out of poverty. The availability of data will improve in the future. The data that are currently available show that rates of employment have not improved over the CtOG programme, suggesting that progress in other aspects of the Objective may also be limited.

6.06 Objective 2 sets a target of improving both the confidence and the skills of the most disadvantaged children and young people, in order to limit their chances of entering
poverty when they leave school. While the Scottish Health Survey contains measures of children and young people’s confidence, no data have been collected since the start of CtOG, so that only baseline standards can be provided to inform future analysis. Skills can be measured through the proxy of qualifications, however qualifications data are only available for young people, not for younger children. While there are comprehensive data for this cohort, this pre-dates CtOG, meaning that although comprehensive analysis of the recent trends is possible, no conclusions can be drawn on the impact of CtOG’s in this area.

6.07 It is too early to undertake analysis to assess progress towards Objective 3. However baseline data are available through the Scottish Household Survey. SHS data for 2005 shows that low income households are less likely to have savings compared to higher income households, although two fifths nevertheless possess some savings. There is little difference within low income groups in the propensity to save. The profile of sums saved is similar across different ‘bands’ of low income households, and low income households are only marginally more likely than higher income households to have savings of less than £5000. The key issue seems to be in enabling people to save in the first place, rather than encouraging low income savers to accumulate more savings. SHS data shows that low income households are less likely than higher income households to borrow money, marginally more likely to turn to friends and family to do so, and less likely to use a bank overdraft facility. There is no evidence of extensive use of high credit sources, such as money lenders or cheque cashing facilities.

6.08 CtOG Objective 4 is characterised by its broad scope: it is intended to regenerate the most disadvantaged neighbourhood so that residents may enjoy improved job opportunities and a higher quality of life. This Objective overlaps significantly with Target J, and there is limited evidence currently available at the appropriate geographic scale to assess progress. Data from the 2004 and 2006 Scottish Indices of Deprivation indicate that the most deprived 15% of data zones show signs of improvement in several domains (employment, education, health, access to services and income). However, there is no evidence that the gap in relative conditions between the most deprived areas and other neighbourhoods has narrowed. There is also insufficient data on local environmental quality to assess progress: the Scottish Executive’s proposal to include a new Physical Environment domain in the SIMD 2006 was not implemented due to conceptual and methodological difficulties. Scottish Household Survey data on perceptions of neighbourhood quality show that while most people are generally satisfied with their areas, residents in the most deprived neighbourhoods consistently report lower levels of satisfaction than others.

6.09 Analysis undertaken to assess progress towards Objective 5 shows clear improvement in health outcomes for people living in deprived communities. On seven indicators chosen for this interim evaluation, including rates of adult smoking, teenage pregnancy rates and suicide rates among young people, incidence in the 20% Most Deprived areas has fallen since 2003. In addition, improvement in the period 2003-2005 has been higher than in the period 1995-2003. The secondary goal of the Objective is for health improvement to lead to improved quality of life and employability prospects. There is evidence that rates of Incapacity Benefit (IB) / Severe Disablement Allowance (SDA) claims are falling in the Most Deprived areas, although this trend pre-dates CtOG. These data suggest that fewer people in the Most
Deprived areas are being prevented from working due to illness or disability. Change in quality of life measures cannot be assessed at this stage, due to data availability. In any case it should not be expected that there would be significant changes in these measures at this stage in the implementation of CtOG.

6.10 The programme to improve access to high quality services for people facing disadvantage in line with CtOG Objective 6 did not commence until 2005, and there are no plans to evaluate this work until 2007. It is therefore too early to evaluate progress towards this Objective.

6.11 In summary, the baseline analysis undertaken for CtOG Objectives makes it clear that in many areas poverty continues to have a detrimental impact upon people’s lives. Rates of entry into formal jobs for workless people in Scotland do not rise above 20% for any group, and are generally stationary at average rates of between 11%-15%. Children and young people from deprived areas are more likely than their counterparts from more affluent communities to have poor psychosocial health, and children from deprived areas, receiving Free School Meals, with a RoN/IEP or resident in the looked after system achieve far fewer qualifications than young people in general. The health of people in deprived areas is improving - although it remains poor relative to that of Scottish people in general; and remote areas of rural Scotland have a disproportionate share of those areas that have the worse access to public services.

6.12 The baseline analysis also highlights differential progress for disadvantaged and equalities groups - and demonstrates further the extent of the data gaps. Young people from some ethnic minority groups achieve poorer outcomes than those from the general population; young women from deprived areas are more likely to experience poor psychosocial health than young men. Reductions in suicide rates are higher for young women in deprived areas than for young men, and cancer mortality rates are also improving faster for women than for men. Disabled people in rural areas face more difficulties accessing public transport than the general population.

6.13 Across the Objectives no data are available that can be disaggregated by sexuality or faith, and analysis by ethnicity and disability is also limited. Information from interviews with representatives of these equalities groups suggests that progress is varied, with perceived improvements in some areas (e.g. initiatives to improve educational provision for vulnerable school pupils), but little progress apparent in others (e.g. access to financial services for minority ethnic communities).

TARGETS

6.14 Analysis of progress towards the achievement of the CtOG Targets demonstrates that in some cases significant progress has been made towards achieving the Target’s stated goals. For example, in some areas of high worklessness the numbers of people dependent upon DWP benefits in areas have fallen; under 75 coronary heart disease mortality in the most deprived areas is decreasing at a higher rate than it was before CtOG; and 1,043 people have been offered supported employment opportunities within NHS Scotland. The aim of increasing the availability of appropriate financial
services and money advice has been met through the funding for 100 DAS approved
money advisers.

6.15 While progress towards a number of the Targets has been good, the available data
suggests that the requirements of others have not been wholly met. For example,
trend data suggests that Target D will be met by 2008, and Target K has already been
achieved. In the case of Target A, benefit reduction trends are on track to result in
55,463 fewer people claiming workless benefits by 2010. While this would be a
significant achievement, it is nevertheless 10,537 people short of the Target. For
Target C, more placements have been provided than were envisaged, but the transition
erate to jobs was 56%. Again, while clearly having an impact, this achievement has not
met the 70% goal specified by the Target.

6.16 In addition, there are a number of CtOG Targets for which suitable data does not exist
to reliably assess progress. For example, a wide range of agencies are involved in
local delivery of Target E, and while it is clear that new processes are being
established to implement this Target, the impact of these developments upon the
availability of appropriate support for children in young people cannot yet be
discerned. For this Target, neither overall nor relative progress can be assessed, and it
is not clear that an assessment will be possible at the end of the programme. In other
cases, appropriate data will become available but are not yet published. For example,
for Target F there are no data currently available that have been collected since the
start of CtOG, although future data availability is promising. This is also the case for
Target H, where the local specification of priorities has made the process of Target
monitoring a more protracted process than in other cases.

6.17 There is no evidence of progress towards either Target B or Target G (the two Targets
relating to outcomes for young people); indeed trend data suggest that the situation
may be getting worse. Although data are limited, the available information suggests
that there has been a slight increase in the proportion of young people who are not in
education, employment or training, and a slight decrease in the proportion of looked
after young people leaving care to enter education, employment or training between

6.18 Progress towards achieving Targets varies significantly by equalities groups, although
in some areas there are insufficient adequate data with which to make an assessment.
It is clear in relation to several Targets that equalities groups are more likely to be
disadvantaged compared to the general population and there is little evidence so far
indicating that CtOG has succeeded in overcoming these unequal conditions.

6.19 The overall downward trend for Target A is less pronounced for adults aged 45 and
over - with a barely noticeable downward trend from 1999-2006. Trends also vary by
type of claim: slightly more disabled people are now claiming Incapacity Benefit; and
more Lone Parents (predominantly women) are in receipt of workless benefits than at
the start of the CtOG programme. This is also the case for Target B, where data
suggests that since 2003 a higher proportion of DDA disabled young people have
become NEET, while the proportion of young people who are NEET and not DDA
disabled has remained relatively constant.
In some cases outcomes are better for young women than for young men. For example, for Target C, 61% of training course participants were female (although this reflects that the majority of NHS positions, particularly support roles, are held by women). For Target B, slightly fewer young women are NEET than young men. However, where outcomes are better, trend data can be worse, and in some cases, rates of improvement are poorer for women than men (e.g. Target A).

As referred to above, data availability is a key problem when monitoring Target outcomes by equalities group. While data can generally be disaggregated by gender and age, information availability on disability is highly varied, and limited sample boosts mean that often there are no adequate ethnicity data. In the case of faith and sexuality, there are no available data for any of the Targets. In the case of Target E, H and K, it is not yet clear if any equalities data will be available.

Overall, the analysis of Target shows that there have been real improvements in specific areas of life in Scotland since the start of CtOG. Targets A, D and K, for which positive progress can be demonstrated, have enabled the provision of focussed work programmes that are clearly linked to the overall Target aims. In these cases it seems likely that improvements have occurred at least in part as a result of the CtOG programme. More people in Scotland are working, fewer people are suffering from monitored serious illnesses and more people have access to financial advice.

In other areas, particularly outcomes for young people, there has been no evidence of improvement, or change cannot yet be discerned. The proportion of young people in Scotland who are NEET remains an area of particular concern.

CONCLUSIONS

The overall approach of the CtOG strategy in integrating the programme into Scottish Executive Departmental targets has proven to be a valuable means for sustaining an Executive-wide approach to addressing social inclusion. This approach has also encouraged the collation and analysis of shared data within the Executive that will assist future analysis and policy development.

Across the CtOG programme, the overall Aims and secondary goals of Objectives are challenging. In most cases it is too early to assess whether either the primary or secondary goals of the Objectives have been met. The health of people living in the most deprived areas has shown clear improvement since the start of the CtOG programme. However this is the only Objective for which data are available to make any clear assessment of progress.

Based upon findings from the baseline analysis, there has been uneven progress for different groups across the CtOG programme. There is a case for continuing to look in detail at outcome rates for particular groups - and possibly to set new Targets for the most disadvantaged groups.

The varied rates of change across the programme, and lack of progress in some Targets and Objectives highlights the need to sustain regular evaluation of progress and make appropriate adjustments of policy. Without such appraisal, examples of
policy areas which have not yet delivered as hoped may be overlooked. This requires continued improvements in the quality of data and policy monitoring systems. Some Scottish Executive Target Owners demonstrate good practice in monitoring progress in their policy areas; other Target Owners could learn from this, under the guidance of the Social Inclusion Division and with assistance from analysts.

6.28 In addition to improving internal monitoring data and procedures, assessing progress for the CtOG strategy as a whole would be aided by benchmarking developments against UK social inclusion data and related policy initiatives. For example, comparing CtOG Objectives and Target data against DWP *Opportunity For All* reports or the evidence compiled in annual *Monitoring Poverty and Social Exclusion* reports (MPSE) for the UK and Scotland would provide a broader picture of the impact of Scottish policy measures.

6.29 The existing CtOG baseline data demonstrates the scale of the challenge facing the Scottish Executive if the overarching CtOG Aims are to be met. Meeting all of the Targets and Objectives is dependent upon some factors which are outwith the remit of the Scottish Executive. Employment policy and benefit rates are determined by Westminster, and while policy decisions in the areas of education, health, financial exclusion and public service provision in rural areas are devolved, the Executive’s power over public expenditure in these areas is limited.

6.30 Poverty will be reduced in Scotland if the financial circumstances of households whose incomes are currently below the average improve, and if households are able to sustain these higher incomes. Meeting this goal will be contingent upon people being able to access and sustain appropriately paid employment, and upon benefit levels remaining sufficiently high to ensure that those who cannot work are not living in poverty. The Scottish Executive has no jurisdiction over either the National Minimum Wage (at both full and development rates) nor welfare benefit levels for those not in formal employment. The Executive’s policy influence is therefore limited to providing people in Scotland with the health, skills and opportunities to enter and sustain formal work. It is not yet clear if this will be enough to prevent and significantly reduce poverty in Scotland, but the potential power of the available interventions should not be underestimated.
REFERENCES & NOTES

7. See the DWP Opportunities For All website - http://www.dwp.gov.uk/ofa/
9. As far back as October 2002, Scottish Ministers used the descriptor ‘closing the opportunity gap’ to detail how the Scottish Budget for 2003-2006 would ‘tackle poverty, build strong, safe communities and create a fair and equal Scotland’, identifying 70 targets for 30 objectives across 11 domains (corresponding with Ministerial Portfolios). This use of ‘closing the opportunity gap’ should not be confused with its use to refer to the Scottish Executive’s Social Justice Strategy.
12. Not all paid employment provides a level of income, which would ensure poverty-free living; for example, McKendrick and Dickie report that almost half of the adults living in income poverty in Great Britain live in households in which someone is working; 32% in households with someone working full-time and an additional 15% in households with someone working part-time - McKendrick, J.H. and Dickie, J. (2007) ‘Groups Living In Poverty’, in McKendrick J. et al. (eds). Poverty In Scotland 2007, London: CPAG. Therefore, if vulnerable and disadvantaged groups were prepared through CtOG for employment that would provide a level of income which would not enable them to escape poverty, CtOG Objective 1 would not be fulfilled (despite preparing the vulnerable or disadvantaged group for sustained employment).
14. Social Justice Milestone 9 sought to “bring the poorest-performing 20% of pupils, in terms of Standard Grade achievement, closer to the performance of all pupils” (Scottish Executive, 1999), while CtOG Target F seeks to “increase the average tariff score of the lowest attaining 20 per cent of S4 pupils by 5% by 2008”.


For example: John, S. and A. Patrick (1999). *Poverty And Social Exclusion Of Lesbians And Gay Men In Glasgow*. Glasgow: Glasgow Women’s Library (unpublished). This is one of the first studies to look at the impact of social and financial exclusion and poverty on the lives of Lesbians and gay men in Glasgow.

The CtOG Aim is also multi-dimensional in that is concerned with the prevention, provision of routes toward and sustenance of a poverty-free life.


There are statistically significant variations in psychosocial health by gender. The sample sizes in the Scottish Health Survey are not large enough to indicate statistical significance by both gender and deprivation level, but given wider gender difference it seems likely that these trends are significant.

As evidenced on the Social Inclusion pages of the Scottish Executive website: http://www.scotland.gov.uk/Topics/People/Social-Inclusion

As evidenced on the Financial Inclusion Action Plans (Social Inclusion) pages of the Scottish Executive website: http://www.scotland.gov.uk/Topics/People/Social-Inclusion/17413/22647


Average annual percentage improvements will generally be referred to as annual improvement, averages having been taken over the period quoted in any particular instance.


The research team acknowledge that reducing health inequalities between deprived areas and the rest of the country is not equivalent to reducing health inequalities between deprived people and other people: only around half of all deprived individuals live in deprived areas. However, deprived areas have relatively high proportions of deprived people living in them, and area-based initiatives have been used for some time as an effective way of tackling deprivation among individuals.

The first 6 indicators are calculated for the 20% most deprived areas according to the Carstairs Index. The IB/SDA indicator is calculated for the 15% most deprived areas according to the Scottish Index of Multiple Deprivation 2004. The differences between these two measures of deprivation, and their impact upon this analysis, are discussed below along with other data issues.

See http://www.lgbhealthscotland.org.uk/home.htm


Note that, technically, the Carstairs Index identified neither the most deprived 20% of areas nor the 20% most deprived members of the population. However, the Scottish Executive have chosen the bottom quintile of the Carstairs index as a suitable proxy for ‘the most deprived communities’ as identified in Target D, and we have followed this lead with Objective 5.


Male claimants aged 60-64 receiving Pension Credit only: In November 1981 unemployed males aged 60-64 were permitted to claim Income Support rather than unemployment benefit. This change was identified by the Unemployment Unit as Change No. 5 of the 31 changes to the measurement of unemployment up to 1994 - all but one of which reduced the count of unemployed. This benefit entitlement has since transferred to Pension Credit, the successor to Income Support for this group. The treatment by DWP of males aged 60-64 in receipt of Pension Credit as being within the working age benefit claimants group (and covered by PSA targets for employment among the over 50s) and JCP target arrangements (according to which males aged 60-64 on Pension Credit fall into priority group 2, treated as equivalent in priority to long-term unemployed people) indicate that this group of claimants are acknowledged as working-age unemployed rather than of pension age. For this reason the evaluator believes they should be included in the group of individuals classed as “workless and dependent of DWP benefits”.

People receiving Severe Disablement Allowance (SDA): New Claimants who would previously have qualified for SDA now qualify for a particular type of Incapacity Benefit instead. Thus it is inconsistent to include all IB claimants within the definition but not SDA recipients who meet the same eligibility criteria, but who are receiving a different benefit because their claim began before 2001.


http://www.scotland.gov.uk/Publications/2006/10/13142739/1


http://www.dwp.gov.uk/ofa/

http://www.poverty.org.uk/