HEALTH INEQUALITIES IN SCOTLAND

Translating ambition into outcomes:

A review of three policy case studies

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The Health Foundation

Health inequalities in Scotland:
An independent review

Acknowledgements

Introduction

This report was commissioned by the Health Foundation as part of its review of health and health inequalities in Scotland. It considers three policy interventions that relate to a number of social determinants of health, exploring their translation from policy objectives into outcomes. It focuses on the practical experience of this translating, drawing out common themes that support or impede the realisation of intended outcomes, rather than focusing solely on the outcomes themselves.

The three policies were selected on grounds of their relevance to addressing the social determinants of health inequalities, and of timing – the policies are all current interventions but have been operating long enough to afford insight into their operation, and in turn whether their stated ambitions have been matched in delivery and outcome. Within the scope of this short piece of research it would not have been possible to select a fully representative sample of the wide range of policies that impact the social determinants of health. Instead, this report is intended to shed light on policy implementation challenges in Scotland.

The three policies are:

(i)   Fair Start Scotland (an employability support programme)
(ii)   Local Child Poverty Action Reports (statutory duty on local authorities and health boards to report on action to address child poverty)
(iii)   Housing First (an approach to supporting homeless people who have challenging or complex needs).

The report provides an overview of the policies to explain their objectives and the main contours of their functioning. It then moves on to explore cross-cutting themes that emerged from the research.

Methodology

For this case study research, we initially conducted a literature review of the three highlighted policy interventions within a Scottish context, and in the case of Housing First a global context too. Within the literature review we were also able to consider the rationale for the policies in relation to how they could contribute to addressing the social determinants of health inequalities, as well as the practicalities of how the policies are implemented on the ground.

The fieldwork for this research involved semi-structured anonymised interviews with nine experts across the three policies to gain a deeper understanding of the policy interventions, including the successes and difficulties of implementation through a health inequality lens. Interviews were complemented with a review of policy guidance documents and evaluation reports.

This report provides an overview of the objectives and content of the three policies, followed by analysis of cross-cutting issues supporting or impeding the policies' effectiveness in achieving their aims. It sits alongside an accompanying document which provides a detailed synopsis of the powers that are currently available to both Scottish and local government to tackle health inequalities.

Overview of the policies

(i)   Housing First

Housing First is a policy model which prioritises unconditional access to a safe and permanent home for people who are homeless and have complex needs, providing them with additional support tailored to their needs. The policy is informed by the proposition that permanent housing provides people with a secure foundation from which to remedy individual cases of physical and mental ill-health, (re-)build their lives, and pursue their personal ambitions. For this reason, Housing First can be understood as a health policy that positions the guarantee of a permanent residence as a necessary ingredient to delivering better health outcomes for people who are simultaneously homeless and have complex needs.

Alongside the guarantee of a permanent home, Housing First seeks to help individuals facing complex challenges through the provision of person-centred specialised support. For instance, under Housing First, tenants can receive mental and physical health support, alongside assistance with how to deal with addiction and substance abuse. However, there are no requirements that participants utilise the additional support on offer to maintain their tenancy. The policy was developed in New York City in the 1990s and since then has been replicated across the globe, establishing an international reference set of seven principles that are used to guide implementation in Scotland.[1]

1. People have a right to a home (no requirement to be "housing ready")
2. Flexible support is provided for as long is as needed (flexibility includes appropriate intensity of support and individuals having the choice to not accept support)
3. Housing and support are separate (delivered by separate organisations and neither is contingent on the other)
4. Individuals have choice and control (choice of home and location, person-centred planning gives individuals control over the support they receive)
5. Active engagement approach (support staff work proactively and persistently, keep cases open even when engagement is low and have small caseloads based on a 1:7 staff to user ratio)
6. Service based on people's strengths, goals and aspirations (recognising there is always the possibility of positive change)
7. Harm reduction approach (reducing harm from alcohol and drugs, minimising self-harm, and promotion of recovery in physical and mental health and wellbeing)

Interviewees offered the following account of the background to Housing First's adoption in Scotland. Prior to the policy being trialled, people experiencing homelessness already had statutory rights to accommodation, but the anti-homelessness system made access to permanent accommodation conditional on a homeless person being "housing ready". This system came to be regarded as dysfunctional as people who experience repeat homelessness frequently face barriers to engaging with services arising from experiences of trauma and lack trust with service delivery organisations.

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[1] The expression of the seven principles here is adapted from Homeless Network Scotland's (2022) Housing First National Framework guidance.

Prior to Housing First, the time homeless people were spending in temporary accommodation was increasing, and analysis within Scottish Government highlighted the significant costs to the public sector of homelessness. Housing First, therefore, was intended to accelerate access to permanent accommodation, to allow service users to engage with support on their own terms, and to better coordinate different forms of support.

Between 2010 and 2013 a Glasgow pilot of the scheme was launched and in 2018 became part of the Scottish Government's anti-homelessness strategy. A media report in the run-up to the 2018 homelessness strategy suggests that the period between the Glasgow pilots and national policy adoption was characterised by policy advocates working to convince the Scottish Government to adopt the policy, rather than Scottish Government being slow in implementing a policy it had adopted (Lloyd 2017). The report quotes Kevin Stewart, then Minister for Local Government, Housing and Planning, expressing reluctance to impose "directives" on local authorities. In addition, the report suggests the Scottish Government was hopeful that the abolition in 2012 of the requirement for homeless people to establish their "priority need" for help would reduce homelessness. However, while the number of homelessness cases did fall from 2012 to 2014, thereafter the number of homeless households remained stubbornly around the 30,000 mark (Scottish Government 2022b). This was the context in which the Scottish Government's Homelessness and Rough Sleeping Action Group (2017) recommended a pilot to inform development of thinking on the Housing First approach.

A 3-year Pathfinder scheme was launched in 2019, covering six local authorities. Meanwhile other local authorities, not affiliated with the Pathfinder scheme, have also chosen to establish equivalent Housing First schemes. Generally, stakeholders view Housing First as a success, with interviewees claiming the policy has led to high tenancy sustainment rates, resulting in lower costs to landlords and wider society, albeit these cost savings can be difficult to evidence on a case-by-case basis. Two years into the Pathfinder scheme, overall 12-month tenancy sustainment rates were 84% and 24-month sustainment rates 82%, figures comparable to similar schemes in other countries (Johnsen et al. 2021).

Heriot Watt University monitors the Housing First Pathfinder scheme. Their final evaluation (Johnsen et al. 2022) was published after the end of this report's research phase. We have instead drawn on their interim report (Johnsen et al. 2021).

(ii)   Local Child Poverty Action Reports

The Child Poverty (Scotland) Act 2017 followed UK legislation repealing UK-wide child poverty targets. Along with setting statutory targets around child poverty reduction to be met, it also placed several duties on Scottish Ministers and public bodies.

Campaigners against child poverty advocated for greater recognition of the role of local bodies in tackling child poverty, and initially proposed a duty be placed on Community Planning Partnerships (CPPs) which bring together a range of local public sector bodies. However, as CPPs are not legal bodies legislation instead established a duty only on local authorities and regional NHS boards.[2] The duty requires these bodies to jointly prepare and publish an annual Local Child Poverty Action Report (LCPAR). These reports are supposed to demonstrate how local authority

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[2] Interviewees told us that, in practice, the process of LCPAR development does happen through CPP structures, albeit with limited success in effecting coordination across organisations, discussed further below.

and health board's policy programmes are contributing to meeting the Act's child poverty targets (each of which relate to the number of children experiencing different forms of poverty).

The reports are intended to encourage local authorities and health boards to think more strategically about all areas of local authority responsibility and intervention, and what is being done or could be done differently to help tackle child poverty at the local level. They are also intended to improve visibility of action on child poverty, supporting coordination between Scottish Government, health boards and local authorities, and enhance learning or collaboration across local areas.

The 2017 Act requires LCPARs to report on any measures taken in relation to income maximisation and in relation to families experiencing adversity due to a member of the household having a protected characteristic. However, it does not prescribe any action in these areas or any other activities of local authorities or health boards. The Act's requirements are complemented by Scottish Government (2018b) guidance for drawing up the reports.[3] This includes firstly identifying local partners to play a role in strategy and delivery; assessing the current state of child poverty in the area; reflecting on the successes and failures of existing interventions with impacts on child poverty; setting out future plans to create new, amend, or expand existing interventions; and sharing best practice and lessons learned.

The guidance offers some suggested actions for health boards (such as embedding income maximisation referral routes into targeted health services) and local authorities, including the following:

- income maximisation support services
- employability support
- adoption of living wage employment practices, and encouraging other local organisations to also adopt these practices
- childcare
- cost of the school day (including provision of school clothing grants and free school meals)
- public transport, including discounted travel
- local economic development (including fostering sectors likely to create additional employment within deprived communities, rather than substitute or displace existing jobs)
- increase affordable housing supply.

Interviewees viewed LCPARs as having improved over time. The first round of reports often presented lists of activities already underway, often not clearly focused on the issue of child poverty (i.e. reports of action on poverty in general without setting out an understanding of how this would impact child poverty, and an absence of action in areas specific to child poverty, such as childcare provision and free school meals). As reports have matured, they have become more clearly focused on child poverty, with actions on income maximisation (e.g. advice on social security eligibility) and childcare. However, stakeholders express concern that the range of actions within LCPARs remain focused on mitigation and crisis management (Cosla 2021). Interviewees expressed the view that LCPARs have not led to meaningful inclusion of child

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[3] Interviewees told us that a refresh of the guidance is imminent, though were unable to share a draft of the updated guidance with us.

poverty considerations in broader local authority policies on local economic development, infrastructure and housing.

The impact of LCPARs on child poverty is not monitored centrally and, arguably, would be difficult to define given (a) the significance of factors beyond local authorities' control, such as labour market regulation and social security, and (b) the in-principal openness of the LCPAR process to diverse and innovative local interventions. The Poverty and Inequality Commission (2019) reviewed a sample of first-year LCPARs, and the Improvement Service hosts links to all published LCPARs, along with links to the Scottish Government's child poverty data dashboard.[4] However, that Poverty and Inequality Commission's review found that "there were not many reports which had given careful consideration towards monitoring and evaluation [and] we did not see any report which had set out clear targets of what it was working towards" (Ibid).

(iii)   Fair Start Scotland

The 2016 Scotland Act devolved powers to the Scottish Parliament around employment programmes for the long-term unemployed and disabled people. In response the Scottish Government created Fair Start Scotland which came online in 2018, and DWP programmes ceased operating in Scotland. Fair Start Scotland is a voluntary employability support service which delivers a mixture of traditional employability support such as help with job searches, alongside more specialist support such as help with addiction or debt management. The service aims to help primarily those farthest from the labour market, build the confidence to re-enter the workforce, and provide them with the requisite skills to overcome personal and professional challenges to sustain longer term employment.

Fair Start Scotland was designed with the expressed purpose to place dignity and respect at the centre of employability support in Scotland. This contrasts with the previous approach of the UK Department for Work and Pensions under which participation was a mandatory requirement to receive Universal Credit. Fair Start Scotland also aims to deliver higher quality, more extensive support for clients, and a more integrated and coherent system of support through providers (Scottish Government 2018a).

To be able to take part in Fair Start Scotland, participants must be living in Scotland and eligible to work in the United Kingdom. People 18 years old and above who are out of work are eligible, as are 16/17 year olds who are either disabled or in receipt of Employment Support Allowance or Universal Credit (Citizens Advice Scotland 2019). Throughout the programme, disabled people (as defined in the Equality Act 2010) have been able to access the programme immediately. People in the following groups initially were eligible after six months of unemployment, but this was changed to allow "day 1 unemployed" access from the third year of the programme (Scottish Government 2021a):

• individuals with a conviction
• care experienced young people
• lone parents
• refugees
• individuals from minority ethnic groups

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[4] https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/local-child-poverty-action-reports

- individuals resident in the 15% most deprived areas (Scottish Index of Multiple Deprivation)
- individuals who are unemployed with a health condition that is a barrier to work

People outside these groups are eligible if they are long-term unemployed, initially defined as 24 months, subsequently amended to 12 months (Scottish Government 2021b).

The Scottish Government (2022a) identifies reduction in demand for other public services as a principal benefit of Fair Start Scotland, including reduced demand for out of work benefits, healthcare and social care.

Fair Start Scotland also seeks to avoid any incentive for providers to "cream" the easiest cases from client populations (which can arise from provider payments based on employment outcomes irrespective of the needs of the individual supported) by setting out three service groups (ranging from "Core" with the lowest requirements, through "Advanced" and to "Intense") with increasing support needs and correspondingly higher maximum per-client fees available. However, the programme has still retained a payment by results model, replicating the model under DWP, whereby providers are paid at stages of a client's sustained employment. While this arguably ensures a focus on delivering employment outcomes, concerns about such models have been raised that it still incentivises "creaming and parking" where clients closer to the labour market are prioritised over those with more complex needs – whose prospects of sustained employment may be further away but would still benefit from support.

Success rates (as measured by levels of sustained participation in FSS and employment outcomes across service groups) have fallen short of the expectations set out by Scottish Government (these are set out below). In part, the pandemic and consequent disruption to the labour market may account for some of this shortfall.

Fair Start Scotland operates alongside a range of other services supporting people into employment or other activities, including various third sector provision as well as a complex interaction with provision which remains reserved to DWP – across both employment and social security.[5] While this situation is described in Scottish Government reports as a "cluttered landscape" (e.g. Scottish Government 2021b), interviewees suggested diversity of providers is positive and reflects the diversity of support needs within communities.

Scottish Government publishes evaluation reports on Fair Start Scotland (most recently Scottish Government 2021b), along with economic evaluations – this estimates that for every £1 invested in the service, the benefits are: £3.60 from society's perspective; £1.60 for public finances; and, £2.60 for participants (Scottish Government 2022a).

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[5] A full review of the quantity and range of these services was beyond the scope of this report

Cross cutting findings

(i)   All three interventions have supported improved outcomes though have fallen short of anticipated or potential impact

While shortfalls between projected impacts and outcomes can be identified across all three policies, interviewees generally regarded the three policies as positive interventions and as improvements on the situation that preceded them.

Housing First showed the clearest and most tangible positive impacts for service users, with anecdote and official reviews both finding users better able to maintain their tenancies while receiving support to address their complex needs. While the pathfinder projects have not delivered as many tenancies as had been projected, the impact of the pandemic, coupled with limited evidence on which to base original projections, are cited by interviewees as reasons not to regard this shortfall as any sign of failure.

Fair Start Scotland had a positive effect for 65% of participants' motivation to find work (Scottish Government 2021b). Overall, 35% of participants started a job, though the proportion maintaining a job for 13 weeks was below the level anticipated in the business case (23% vs 36%). The proportion maintaining a job for 26 weeks showed a similar shortfall (18% vs 23%) (Scottish Government 2022a). The service has also served a higher proportion of individuals closer to the labour market than set out in the business case (Core group: 41% served vs 14% in the business case; Advanced group: 33% vs 50%; Intense group: 24% vs 36%). Given the differences in design and delivery, and evaluation methods, it is not possible to draw any direct comparison against outcomes seen through the two DWP-run programmes Fair Start Scotland replaced. Equally, 46% of people who have started Fair Start Scotland have been 'early leavers' (defined as leaving before the end of the employment support period and without sustaining employment for at least three months) (Scottish Government 2022c).

Interviewees regarded the existence of LCPARs as important to establishing child poverty as an issue for local action. They regard the quality of LCPARs as improving over time, with growing sophistication in local actions listed. However, some challenges were acknowledged, including the extent to which the LCPAR duty itself has stimulated additional activities that would not have taken place absent the duty. In particular, some of the more significant interventions local authorities deliver are Scottish Government policies (such as free hours of childcare) which have their own reporting systems.

(ii)   All three policies have worked to develop person-centred approaches

Stakeholders endorse the objective of Fair Start Scotland to embed dignity and respect within the employability service, and suggest this has been beneficial in users' engagement with the service. The removal of compulsion and risk of sanction means the programme is not a potential source of stress, and the effort to tailor support to individuals' specific needs (rather than a narrow traditional focus only on CVs and interview skills) has also been welcomed. Among clients accepting support from Fair Start Scotland, high proportions rate the service as useful, particularly help with job search and applications, support from a key worker and one-to-one appointments. The service also helps clients access support for broader challenges to employability, such as mental health or drug addiction. While take up rates for these services were relatively low (more clients rejected support when the offer was made), and there remains

an issue of both scale of the offering and numbers seeing sustained success, helpfulness ratings for these services were high among those who did take them up.

Housing First has a strong emphasis on tailoring support to individuals' needs, and stakeholders told us in general this has been delivered. The policy itself is founded on a recognition of the need to remove conditionality from clients' support, and to organise support around clients' needs. Moreover, the policy appears to have had spill-over effects, with interviewees reporting a more compassionate and trauma-informed approach across homelessness services.

LCPARs have had some success in their anticipated role of establishing child poverty as a lens through which local authorities view their policies and practices. While this is variable and shows some limitations (below), the existence of the LCPAR duty provides a platform from which officers committed to tackling poverty can engage with the rest of their local authority. Stakeholders suggest this can be an important means for bringing poverty issues to the attention of senior managers and councillors, creating the opportunity (if not always taken) to mainstream anti-poverty across council policy.

(iii)   Maintaining an effective person-centred approach is, however, challenging

There is some evidence to suggest Fair Start Scotland has struggled to tailor services to the needs of clients whose needs are more challenging. A relatively small proportion of service users who had been out of work for more than two years found work (20% as compared with 35% overall). While this group abandoned the programme at broadly the same rate as other groups, it is notable that a common reason leavers gave was the failure of the programme to tailor its service to their needs.

While the pandemic's impact on the demographics of unemployment likely contributed to the overemphasis on clients already close to the labour market, payment by results – as discussed before – may also contribute. While FSS providers could in principle receive higher payment for supporting Advanced and Intense clients, the dependence of payment on job outcomes may increase perceived financial risk associated with supporting these clients. Reliance on service providers' financial cost-benefit calculation, including assessment of the likelihood of an employment outcome, clearly did not achieve the desired result for these groups.

Within the scope of this project we were not able to tease out the reasons for this, whether the financial incentive was too low, or whether financial incentives are an ineffective means of allocating the kinds of resources the hardest to help groups need. In addition, interviewees and service providers (cited in Scottish Government 2021b) advocate for the service to recognise a wider range of outcomes than solely employment. Where people face significant challenges entering or returning to the labour market, non-employment outcomes such as participation in local group activities, can be important confidence building steps toward later employment. This suggests the payment-by-results model was targeting the wrong results for these groups.

Some interviewees suggest the scaling up of Housing First risks dilution of its impact. The seven principles are designed to support people with particularly challenging needs, rather than the wider homeless population. The emphasis on tailoring to specific need, coupled with the decision not to adopt stringent criteria by which to judge local schemes' fidelity to the model open scope for schemes to include users with less challenging need under the Housing First

rubric. There is some indication that this may be happening, for example with some local schemes exploring a higher client to staff ratio than the recommended 1:7.

While interviewees suggest LCPARs can provide a platform on which to build local action on child poverty, they also suggested the extent to which this is successful is heavily dependent on the preferences of senior officials and elected councillors (though this variation does not necessarily reflect party affiliation). Interviewees suggested the priority accorded to child poverty by senior leaders and politicians was partly based in those leaders' perception of the extent of child poverty in their areas which, it was suggested, can bear little relation to the actual extent.[6] The action reports do not appear to have focused uninterested councillors' attention on the issue. This may be due to the lack of external scrutiny of the reports (they have only once been publicly reviewed) and the large number of other reporting requirements burdening local authorities.

(iv) Peer learning across public authorities illustrates a collaborative improvement culture but organisational coordination remains challenging

Interviewees suggested LCPARs and the associated peer support group has supported productive learning between local areas, helping to identify and disseminate best practice among those local authorities active in tackling child poverty. However, coordination between local authorities, health boards and other local partners is an area interviewees suggested has so far been disappointing. While LCPARs are often embedded within the Community Planning Partnership process, and there were some suggestions this had helped disseminate a child poverty angle to local public bodies' fair work policies, interviewees described the reports as reading as they were written from one perspective (usually the local authority's, but in some cases the health board's). Integrated or coordinated initiatives reported in LCPARs are the exception rather than the rule, and in this sense LCPARs appear to have failed to foster a cross-agency approach to child poverty, at least so far. Interviewees suggested that where partners have developed joint initiatives, this has reflected those partners working relationships rather than being the outcome of the LCPAR process – essentially, where partners already have close working relationships this has a positive contribution, but where they did not the process added little incentive or drive to develop them.

The limited formal scrutiny of LCPARs was justified by interviewees as supporting a constructive learning approach more than would a public critique of each LCPAR's quality. A similar peer-learning approach has been adopted for Housing First (supported by Homeless Network Scotland, funded by Scottish Government) focusing on quality and best practice, and identification of opportunities for shared learning across areas, rather than a formal appraisal of whether local schemes are sufficiently faithful to the seven core principles (the approach taken in other parts of the UK).[7] In both cases some interviewees suggested, while the emphasis on peer learning is productive, this benefit is perceived to balance against a risk of weakened

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[6] A review of the content of each LCPAR in relation to actual rates of child poverty is beyond the scope of this review. However, the suggestion that variation in local prioritisation of child poverty is not strongly driven by child poverty rates is supported by the relatively narrow range of child poverty rates across local authorities in Scotland, over half of which have rates between 15 and 20 per cent (Department for Work and Pensions 2021)

[7] Comparison of Housing First approaches across the UK is beyond the scope of this review. The Department for Levelling Up, Housing and Communities (2022) reviews progress but does not provide tenancy sustainment rates in comparable format to figures in Scotland. The UK pilot programme which started at the beginning of 2019 had supported 738 people by November 2021, while the Scottish pathfinders had supported 531 people over a slightly shorter period (Johnsen et al. 2021).

accountability. For Housing First, the absence of formal assessment of schemes against the seven core principles is one contributor to some stakeholders' perception of a risk of dilution.

The emphasis within the Housing First model on coordination of support around individuals' needs appears to have been realised in practice in Scotland. In part this is the result of efforts structured by the Housing First model, but coordination in some areas also builds on pre-existing close working relationships among service providers. However, some interviewees were of the opinion that across Scotland some services were not contributing to the coordinated Housing First model. Chief among these are mental health services, with interviewees attributing the difficulty to the broader strains these services are currently managing in Scotland. This, albeit in a different context, has similarities with a wider issue faced in social policy whereby investment in and focus on preventative action will often come second to addressing the outcomes of inequalities.

The Scottish Government's evaluation of FSS reports "Stakeholders report feeling that the service had fallen short of ambitions to facilitate more joined up working at local level, instead often acting as yet another provider within an environment where many services are already operating." (Scottish Government 2021b, p.43). A common complaint across service providers is the degree to which they found themselves actively competing with other services in their local areas, both to attract clients and to secure relationships with local employers.

(v)   Resource pressures create uncertainty and limits to effectiveness

Interviewees noted the Scottish Government provided £4,000 to each local authority to produce their first LCPAR, with subsequent costs expected to be absorbed by general budgets. This is perceived to have contributed to the low priority placed on LCPARs by some local authorities, with the duty relegated to a tick-box exercise operating as one of many other duties. Where stakeholders hope LCPARs might drive a more ambitious approach, reshaping local economic development, infrastructure and housing policies more effectively around poverty eradication, the additional resource burden is regarded as a barrier.

As noted above, Fair Start Scotland payment-by-results approach passes the risk that clients do not meet the Scottish Governments success criteria (period of employment) onto service providers. The shortfall of Advanced and Intense participants, as compared with business case projections, suggests providers did not respond to the financial incentive as intended, instead focusing on clients who they may have regarded as less of a financial risk. The economic evaluation of Fair Start Scotland found in financial terms the programme outperformed expectations, and a large contribution to this was the lower cost to Scottish Government due to the high proportion of participants from the Core group (Scottish Government 2022a).

The financial sustainability of Housing First was raised by interviewees, with concerns that specific long term commitments from the Scottish Government to continue funding have not been made. Instead, money from the five year Rapid Rehousing Transition Fund has been used by local authorities to deliver the policy. As one of the core principles of Housing First is that support is provided for as long as it is needed, this financial uncertainty has caused some concern to those involved in the programme.

One interviewee suggested service providers find themselves in a difficult situation, reassuring service users that provision is open ended while knowing themselves that this is not assured. In

interviews the concern was expressed that local authorities may look to cap numbers of Housing First tenancies to manage budgets. The scale of this is difficult to quantify, being dependent both on future budgets and on need for Housing First support – but in the absence of a demand-led budget the risk persists. However, the concern around capping intersects with the concern around dilution: should the programme extend to a broader demographic than the core group it was originally designed for, that core is at greater risk of being squeezed out of a capped provision.

(vi)   Alignment around objectives is made challenging by lack of shared purpose

Across the three policies we found evidence of conflicting views of the policy's purpose. There was some concern that Housing First, as an emerging flagship policy within the Scottish Government's homelessness strategy, risks being misinterpreted as a generally applicable approach to tackling homelessness. Some interviewees stressed the policy should be regarded as a health and social care intervention within which a permanent home is a critical ingredient, but that the approach is not relevant to all people experiencing homelessness.

From this perspective, misconstruing the policy as applicable to a wider population can contribute to its dilution or lack of fidelity to the core principles, meaning its effectiveness for those whose needs are greatest could be reduced. Interviewees suggested this misperception is exacerbated by the fact that funding and delivery operate through homelessness services, leading some to view Housing First as primarily about housing, rather than housing being an important component of a package of support for people with complex needs. Interviewees offered this lack of clarity as part of the explanation (alongside wider pressures such as limited resource) as to why other services, such as mental health or criminal justice services, have not participated as fully as other stakeholders expected.

Local authorities which have not prioritised action on child poverty have, according to interviewees, treated the LCPAR duty as a tick-box exercise. Their impact in drawing to local actors' attention the importance of local action to tackle child poverty has clearly been muted, as has their effectiveness in securing a coordinated approach across levels of government.

Conclusion: strokes in the right direction but powerful currents in the opposite direction

All three policies show a mixture of success and ongoing challenges in translating policy objectives into practice. Among delivery partners, particularly in the public sector, a willingness to form supportive peer learning networks is evident and is cited as productive. Some concerns arose, however, that this approach also raises risks of low accountability and drift from a core policy approach.

Common challenges persist, particularly in relation to effecting coordination across organisational boundaries and building a shared understanding of policy problems and their solution. Resource pressures and uncertainties present ongoing challenges particularly where tackling the social determinants of health relies on sustained efforts (both to support individuals and to effect change, such as embedding anti-poverty policies across local authority activities).

Alongside these challenges, the case studies also illustrate some of the challenges in tackling health inequalities. While the case study research is not able to appraise the full picture of how

social determinants of health are changing, across all policies interviewees and evaluations give the impression that these specific interventions are swimming against powerful currents moving in the opposite direction.

For example, the reach of Housing First is limited by the availability of homes, itself the outcome of a much wider set of long term policy decisions stretching back many decades. Over the decade 2010 to 2020, the number of homes in Scotland grew by around 160,000, with the majority of net growth being in the private market and only an net increase of around 10,000 social housing homes (Office for National Statistics 2022). Aside from high-level targets, the Scottish Government has not set out a policy to increase the number of homes available for social rent, instead focusing targets on the construction of new homes without reference to processes reducing the social housing stock (such as sales and demolitions).

The lack of social housing is challenging to efforts to tackle homelessness, and is specifically a challenge within Housing First. While it is possible in local areas to prioritise some social housing stock for Housing First clients, there appears to be some wariness among social landlords to doing so, or doing so on too large a scale, for fear of a backlash against perceived "queue jumping".

The lack of social housing is also one contributor to the challenges of addressing child poverty with 70,000 children on social housing waiting lists in 2020 (Shelter Scotland 2020). While stakeholders advocate for local authorities to use LCPARs to take bolder strategic action to reduce poverty in their areas, the extent to which local authorities under current constraints could significantly effect change is unclear. LCPARs also inherit the limitations local authorities face in being able to tackle poverty, given their restricted resource and powers to support low income families financially.

Employment depends on both the "human capital" of the individual and the availability of jobs those individuals are in a position to do. Fair Start Scotland is primarily focused on the first part of this relationship. The Scottish Government commissioned a telephone survey of Fair Start Scotland participants which included questions about barriers to finding work (Scottish Government 2021b). By far the most common barrier identified was "covid-19 made it difficult to find work", and respondents were evenly split as to whether Fair Start Scotland had helped overcome this barrier.[8] The next most commonly cited barrier participants viewed Fair Start Scotland as having helped them overcome was "not having the right qualifications, skills or experience," indicating Fair Start Scotland had a degree of effectiveness in helping participants build their human capital.[9] However, the most commonly cited barrier which participants felt Fair Start Scotland had *not* helped address was "not enough suitable jobs in my area," pointing to broader structural factors in the labour market.[10] The survey did not explore the ways in which respondents viewed jobs as being suitable or not, but we may speculate that contributing factors may include restrictions during the pandemic, the growth of precarious employment practices

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[8] Calculations based on total numbers of respondents and percentages stating FSS had helped overcome barriers, from (Scottish Government 2021b). Figures rounded to nearest 5. 110 respondents said FSS had helped overcome "covid-19 made it difficult to find work" and 115 said FSS had not helped overcome this barrier.

[9] 40 respondents said FSS had helped overcome "not having the right qualifications, skills or experience" as a barrier, and 25 said FSS had not helped.

[10] 45 respondents said FSS had not helped overcome the barrier of there being "not enough suitable jobs in my area," while 25 said FSS helped.

(Statham et al. 2021) and challenges faced by specific groups. These include access to childcare, and concerns that being an older candidate is a disadvantage in the job market (Scottish Government 2021b).

The lack of social housing and trends in the labour market are just two issues forming the context for the effectiveness of the policies reviewed here. It is beyond the scope of this review to either survey the full range of issues conditioning the social determinants of health, or the effectiveness of Scottish policies to address these issues (as well as local and UK Government policies). However, this limited review nonetheless suggests the importance of a broad and ambitious approach to tackling health inequalities that isn't clearly apparent as the context for the policies here reviewed.

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