

Choice – what choice?

Caroline Morrison, Dundee Anti-Poverty Forum and member of the CHEX Editorial Board, highlights the implications of moving benefit payments from Post Offices to Bank Accounts.

Assurances have been given that, after Department of Works and Pensions proposed changes to the way benefit recipients receive their payments, the “viability of Post Offices should not be threatened”.

Yet, petitions abound. Citizens, local and national user organisations and bodies, MP’s and MSP’s are challenging the DWP proposal to abolish the Post Office Card Account (POCA), when the electronic account’s current contract expires in 2010. Introduced in 2003, the POCA was designed to receive state pensions and benefits.

The National Federation of sub-postmasters, fear that the proposed abolition will sound not only the death knell for many of the UK’s sub-post offices but will also hit hard already vulnerable and disadvantaged groups and the communities in which they live. The DWP are introducing three pilot schemes, that the NFSP fear will see the demise of the POCA sooner rather than later. As seems likely, new benefit claimants coming on stream will be denied access to the account.

Around the UK, we have already seen a round of post office closures. In March 2001, there were 17, 846 post offices in the UK - four years later, the figure had dropped to 14,609. In Scotland, there was an 11% decrease over the same period. Earlier this year, the Royal Mail’s Chief Executive raised concerns that 10,000 post offices could close in the UK over the next four years. There are questions too, over whether the Post Office can meet the conditions of its Universal Service Obligation, (USO) a requirement of its licence to operate, if some of its users are receiving a lesser service.

Those concerns are shared by Liberal Democrat Shadow DTI Secretary, Norman Lamb MP who said, “We are witnessing the collapse of the Post Office Network.” (POSTCOMM Annual Reports cited www.libdems.org.news) At the same time, the Scottish Executive is continuing to work with the UK Government

Treasury and Finance Sector to promote the uptake of Basic Bank Accounts. The push towards opening Basic Bank Accounts is set against a backdrop of bank closures throughout Scotland.

So what does that mean for those who utilise and value the service that they receive from their local post office? And how feasible is access to a bank for our ageing population, disabled, single mothers or chronically sick citizens? Firstly, it’s a question of consultation versus compulsion; provision versus restriction. Choice is more limited and less likely if you are experiencing poverty and disadvantage. The furore around the proposed change could see those who currently use the account prohibited from exercising individual choice, as they are compelled to open up a basic bank account.

Individuals and consumer groups have identified an array of issues that they wish the Westminster government to consider. There are issues around monies being drawn away from the local economy if people have to travel further to access banking facilities. Concerns too, over accessibility of banks in terms of distance from home, for those whose physical capacity is limited, for example by disability or infirmity in our increasingly aging population. Another facet is the inability, of some citizens, to provide the documentary evidence required to open a basic bank account. The cost of using fee-charging ATM’s is variable and ranges between £1.25 and £1.75 per transaction and the number of these ATM’s is increasing across the UK. Often situated in rural or what are deemed more ‘higher risk areas’, the financial burden these machines impose weighs heavily on those who can least afford it.

Each of us is responsible for managing our own finances. The introduction of any system that potentially could drive already marginalized citizens with already limited choice in terms of spending power to endure greater levels of financial hardship has to be questioned.

For further information, contact Caroline Morrison, Dundee Anti-Poverty Forum (dundeantipoverty@hotmail.com)

Poverty in Scotland – Inquiry

The Westminster based Scottish Affairs Committee is planning to undertake a major inquiry into poverty in Scotland, starting after the summer recess. The work will be done in several stages and begin by addressing the nature and extent of poverty in Scotland, contributing factors and impact of government policy on poverty. The Committee welcomes written evidence from all

interested parties and should be submitted by 6th October 2006. Submissions should address the terms of the inquiry and be no more than six sides of A4. For further information, please visit www.parliament.uk/parliamentary_committees/scottish_affairs_committee.cfm



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Point

Welfare Reform – what does it mean for Community Health?

In this issue of CHEX-POINT we have approached community health and community development from a slightly different angle. In this publication, we often discuss anti-poverty work in terms of new techniques and new services provided by different agencies. In this issue, we continue to highlight models of good practice as the articles by Energy Action Scotland, the Greater Glasgow and Clyde NHS and the Midlothian Financial Inclusion Network demonstrate. However, we have also given space in this issue to a far older and more traditional type of anti-poverty work: campaigning.

The Scottish Campaign on Welfare Reform is a coalition of over 35 anti-poverty organisations fighting against the Government’s recently published Welfare Reform Bill. Across Britain 2.7 million people are out of work and claiming incapacity benefit (IB). Glasgow has the dubious honour of having the highest number of individuals claiming—55,000 people are on IB in the city with the East End and the North East of the city topping the charts with highest number of individuals claiming. Of the almost 3 million people on IB, the Government believes around 1 million of these claimants can and should work.

Whilst the Campaign agrees that the welfare state is in desperate need of reform, there are different opinions about the type of change required. The Campaign is calling for more support for those who want to work in terms of childcare, job training and employment advice and more protection from poverty for those who are unable to work because of a disability. The Campaign’s central concern is the ‘compulsion’ of pushing people into unsuitable employment in order for the Government to reach its target of an 80% employment rate.

Related to the Campaign is an article written by Dundee Anti-Poverty Forum on the threatened closure of Post Office accounts. These accounts are often the link many pensioners and people with limited mobility have to banking facilities; closure of the accounts could be mean further and deepened financial exclusion for some of Scotland’s most vulnerable groups.

So what does all this mean for community health and community development? Those with an interest in social justice should be concerned about the proposed changes in the welfare state. If 1 million people are to enter the labour market, questions should be asked in terms of the type of employment that will be available and the support mechanisms in place to support a work-life balance. Will individuals be pushed into work before they are ready? Will individuals be working in low-paid, unstable jobs? What are the provisions for further education? How can community health projects raise awareness and support their users in taking action on these issues? How can community development strengthen the capacity of community members to address these issues in partnership with public sector agencies? In order to support the government’s modernising agenda we must move beyond the ‘employment at all costs’ agenda and at look at employment in the wider context of adequate incomes, affordable childcare, further and higher education and most importantly, the choice not to work if an individual does not have the capacity to do so.

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Campaigners on the steps of the Scottish Executive (see pages 2-3)

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Welfare Reform: Does it provide enough support for those moving into work and enough protection for those who are unable to work?

The expressed intention of the Government's recently published Welfare Reform Bill and associated policy is to reduce the number of people on incapacity benefits by one million, help 300,000 lone parents into work and increase the number of older workers by one million. This is all part of an aspiration to achieve an 80% employment rate and is a key plank in the Government's strategy to end child poverty, although media reports also highlight a £7billion saving to the taxpayer. The reform of incapacity benefits occupies centre stage, but there are other features too, including the extension of support, and compulsion, to more lone parents and older people.

The preceding Green Paper outlined action the Government is taking on health in the workplace, reducing sickness absence, removing barriers to work and encouraging flexible working. It is worth noting, however, that employers are to be encouraged and supported but not threatened with penalties, unlike individual long term sick, disabled and lone parent benefit claimants.

The Bill itself sets out the abolition of Incapacity Benefit (IB) and Income Support (IS) for incapacity for work for new claimants, and their replacement with a single Employment and Support Allowance. There will be a 'transformation' of the Personal Capability Assessment process so that it focuses on capability to work and not just entitlement to benefit, and the current Pathways to Work pilot scheme will be extended nationally by 2008.

Consensus is a holy grail in politics. With regard to welfare reform, however, the problem for the UK government is the degree of external consensus that the current proposals are not fit for purpose.

The **Scottish Campaign on Welfare Reform** is a broad coalition of over 35 organisations for whom this consensus coalesces around three broad areas of concern – the increased level of compulsion, adequacy of benefit levels, and the resources available for reform.

Compulsion and sanctions risk alienating people who genuinely wish to return to work and could force them into inappropriate and unsustainable jobs. The Government offers no evidence to support compulsion as either a necessary or effective mechanism for encouraging people into work. We would contend that if the right support is available at the right level and at the right time, people will be empowered and enabled to move into and stay in work. Compulsion only adds an unnecessary, artificial barrier.

In the context of proposals that appear to create various new benefit rates, we are concerned that the Green Paper does not address the current inadequacy of benefit levels generally. Current benefit levels mean too many households live on poverty incomes and there appears to be no intention to raise these levels. Whilst there is a welcome proposal to increase income for people with "severe health problems and disabilities" who cannot work, we are disappointed that the Green Paper does not quantify this increase.

The Government also plans to invite voluntary and private sector organisations to manage new Pathways to Work pilots and to pilot a new 'initiative for cities' to help local partners work together to improve economic regeneration through skills, employment and health and to improve employment rates among those of working age, with a focus on the most disadvantaged.

For lone parents who have been on income support for at least a year, secondary legislation is likely to introduce more frequent work-focused interviews every three months where the youngest child is at least 11 years old, every six months otherwise, as well as pilots testing a new 'work-related activity premium' for lone parents whose youngest child is aged 11 or more and who have been on income support for at least six months.

Finally, the Government has proposed that people aged 50-59 be required to take part in the New Deal 25 plus and plans to extend the Local Housing Allowance for housing benefit to the private sector.

More details on the proposals, and CPAG's response to them, can be found at www.cpag.org.uk/welfarereform.

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As regards resources, the government has stated in its five year strategy for the DWP that it is cutting 30,000 jobs, and some JobCentre Plus offices in Scotland have already closed. We are concerned that such an efficiency drive will not deliver the substantial additional staff and resources required to support people in moving from benefits into work. Furthermore, we do not believe that £360 million is sufficient to roll out the Pathways to Work approach. If current spending levels within Pathways to Work pilots were rolled out nationally, the cost would be nearer £500 million.

So far, the Scottish Campaign on Welfare Reform has written to the Minister and every Scottish MP highlighting these concerns. We have also launched a postcard campaign, to enable individuals affected by the reforms to make their voice heard. Many of the organisations involved have also made detailed individual responses to the Government's green paper.

There is consensus that reform is required, but there is widespread concern that the current proposals will not provide either enough support for those wanting to move into work or enough protection for those who are unable to work. Indeed, some aspects of the reforms may lead to people experiencing even deeper poverty.

Unless these issues are addressed, the reforms risk becoming a missed opportunity to radically improve the benefits system for those who need it most.

David McNeish, Parliamentary and Policy Officer, Citizens Advice Scotland (david.mcneish@cas.org.uk)

Progress and development of financial inclusion in Midlothian has been swift. Although substantial work has been undertaken much remains to be done to achieve the aspirations highlighted in the Strategy. The degree of partnership working from the early stages and clear link to the Community Planning process has contributed in no small way to the rate of progress. We can look to the future with confidence and build on the sound base already established by the vision contained within the Strategy and the people who have come together to in partnership to make it happen.



Sue Peart (Chair of MFIN), Rhona Brankin (MSP for Midlothian), Councillor Jim Muirhead (Chair of Midlothian Social Inclusion Partnership) at the launch of the Financial Inclusion Strategy.

(1) MFIN Memorandum of Association cited in Midlothian Financial Inclusion Strategy (2005).

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For further information on the Midlothian Financial Inclusion Network, please contact Dr Lesley Kelly, MFIN Secretary, c/o Midlothian Voluntary Action, 4/6 White Hart Street, Dalkeith EH22 1AE; e-mail lesley.kelly@mvacvs.org.uk

The Midlothian Financial Inclusion Strategy is available from Midlothian Council's Website using the following link <http://www.midlothian.gov.uk/Article.aspx?TopicId=20&ArticleId=17616>

People experiencing poverty highlight their key issues

'Unequal Choices: Voices of experience exposing challenges and suggesting solutions to ending child poverty in the UK' Publication by Joseph Rowntree Foundation in partnership with its membership organisations.

In 1999, the Government pledged to eradicate child poverty by 2020. However, there are still 3.4 million children living in poverty in the UK and the Joseph Rowntree Foundation (JF Foundation) in partnership with other anti poverty organisations have consistently campaigned and raised awareness to address the key issues which impact on children poverty such as health and wellbeing, income, employment, financial exclusion, education and housing.

Recently, the JF Foundation undertook research on "What will it take to end child poverty?" and sought to ensure that the research was grounded in reality, reflecting people's real experience of living in poverty. A series of events were held across the UK and the Unequal Choices Report presents a summary of the views expressed at the six events. It discusses the views thematically, not by location; by far the greatest number of discussions focused on paid work and the tax and benefits system. The Report and variety of background working papers that contributed to the final report, can be downloaded from www.jrf.org.uk/child-poverty.

Financial Inclusion in Midlothian

The Midlothian Financial Inclusion Network (MFIN) began as a partnership project between statutory and voluntary sectors to tackle issues in relation to debt and to improve services to money advice. The Network initially focussed on three areas designated as Community Economic Development areas (Woodburn in Dalkeith, Mayfield/ Easthouses and Gorebridge). The Midlothian Community Planning Process has been involved from an early stage as the Network reports to the Social Inclusion Partnership, one of the sub groups for Community Planning locally.

MFIN has charitable status and became a company limited by guarantee in April 2005 with the following objective:

To relieve poverty and to advance public education in all matters relating to the management of personal finances.(1)

The aims of the organisation are to:

- ✓ Increase awareness of money advice
- ✓ Increase access to money advice services
- ✓ Target help to vulnerable groups and areas
- ✓ Build the capacity of community-based groups to support their clients

The Board of directors of MFIN is made up of members of voluntary organisations (Citizen's Advice Bureaux, Midlothian Voluntary Action and Midlothian Advice and Resource centre) with advisors from Midlothian Council's Regeneration Development Team and Welfare Rights Service.

The Community Planning Partnership asked MFIN to develop Financial Inclusion Strategy for Midlothian and the subsequent document was launched in November 2005. This followed commissioned research on debt issues funded by the Coalfields Regeneration Trust and SCVO, a pilot money advice service supported by Community Economic Development Small Grants Scheme and a consultation exercise funded by Midlothian Council's Small Projects Regeneration Fund.

To date, MFIN have secured funding to deliver the following services:

- ✓ An outreach money advice service in rural areas in partnership with CABx (funded through Leader+, The Robertson Trust and CABx).
- ✓ A project to promote benefit uptake among older people, in partnership with Department of Work and Pensions and Midlothian Council (funded by The Department of Work and Pensions).
- ✓ Most recently, MFIN has been able to employ a part-time development worker (10 hours per week) and a full time money advice worker (funded by the Working For Families Fund). The money advice worker is located in the CAB in Dalkeith and the development worker is located with the Working for Families Team. Both these post-holders took up post at the beginning of June.
- ✓ A sessional worker has also been employed to undertake a needs assessment for capacity building in voluntary organisations.

Currently MFIN are planning to review the Strategy, in the light of the progress made and are seeking to draw together an application to the Big Lottery to build on the work that has been achieved to date. A further event will take place in the autumn when the progress with the different strands of activity and the findings from the needs assessment will contribute to the review of the strategy and subsequent Big Lottery application.

The benefits of providing money advice and reducing debt can have a significant impact in terms of the health of individuals, families and communities. Bringing together the organisations through MFIN and highlighting the issues through the publication of the Midlothian Financial Inclusion Strategy contributes to the process by:

- ✓ Addressing inequalities
- ✓ Targeting areas and groups in greatest need
- ✓ Improving mental health by reducing the degree of stress and worry over financial matters
- ✓ Playing a part in the development of healthier communities across Midlothian

One Plus, along with other family organisations, has campaigned for over 25 years to end child poverty. Welfare reform has the potential to help make progress, particularly in supporting more people to move from benefit to paid work. Lone Parents and others who face complex barriers to employment should have a right to employment. However, a portrayal of benefit claimants as being primarily motivated by laziness or in the case of Lone Parents being "wedded to the state" is based on the fiction rather than the facts of life in a one parent family.

One Plus is in contact with thousands of families, and therefore has a keen interest in the development of a long-term strategy to address the many barriers which prevent Lone Parents from reaching their full potential. Becoming a one parent family is now a stage in family life for around a quarter of all families in Scotland today. However, in certain geographical areas the percentage of one parent families is substantially higher. In Glasgow, for example, over 46% of families are one parent families (Glasgow City Council, Glasgow's Housing Strategy Investment Priorities 2003-2008, published Dec 2004). Lone parents are vulnerable to poverty, ill health and isolation.

Any new approach represents a significant challenge - to build confidence and self esteem to enable Lone Parents to re-engage with the labour market, to enhance their skills so as to improve employability and to ensure employment is a financially viable and sustainable option, while ensuring that the needs of children also take priority.

The communities in Scotland identified by the Scottish Executive as suffering multiple deprivation are the same communities where many one parent families live - often over 50% of families (Scottish Executive 2005 - Statistics provided for One Plus). Therefore, a key ingredient in the creation of sustainable communities, and in eradicating child poverty, must include a comprehensive package of initiatives targeting one parent families. Changes to the benefits system cannot be seen in isolation. One Plus believes a holistic, comprehensive approach to lone parent families could have significant economic and social benefits. These benefits would come from increasing the skills and employability of Lone Parents and boosting the future potential of the children in families benefiting from high quality early education and care.

Marion Davis, Senior Manager Development/Policy Services, One Plus (marion.davis@oneplus.org)

The Government welfare reform bill will radically shake-up the benefits system for sick or disabled people including measures aimed at getting one million back into work with all except the most severely disabled or those in the poorest health facing strict conditions to take part in work-related activity to receive benefit and if they refuse their benefit payments will be cut.

John Hutton has said he "expects more for sick and disabled people who come on to the new benefits and we will provide them with more help and support."

Of the 2.7 million people currently claiming incapacity benefit, around 40% have a mental health problem. We are told that these changes should be more considerate to people with mental illnesses but SAMH is concerned that the reforms could have a detrimental effect on the mental health of already vulnerable people, by imposing measures, such as Work-focused Interviews, Action plans and the possibility of compulsory counselling and Cognitive Behavioural Therapy therapies, in order to receive benefits.

There are assurances that existing claimants will be protected for the time being. However, there are worrying indications that this will change in the future.

The Commons Work and Pensions Select Committee has questioned whether or not enough money has been allocated to provide specialist teams in job centres to help disabled people into jobs.

SAMH believes welfare reform should deliver a robust and flexible system, offering a range of supports to help progress recovery, enabling and supporting people to access both full and part-time employment. Reform must at the same time ensure that where this is not possible because of mental ill health, people receive unconditional support from the welfare state.

A 'big stick' approach to compel people into work through the use of sanctions could worsen rather than improve people's mental health problems and SAMH is very concerned over provisions that will allow for the contracting out benefit caseloads to external organisations.

SAMH will be campaigning on welfare reform and providing regular welfare reform briefing on our website at www.samh.org.uk. Benefits information and Factsheets are also available on the website. SAMH also offer a Benefit Advice Service which can be contacted on 0141 568 7000 and obviously this will be able offer advice with any benefits.

Chris White, Benefits Officer, Scottish Association for Mental Health (chris.white@samh.org.uk)

Health, Housing and Fuel Poverty

The arrival of warmer weather will come as a relief to many households. It means a little less worry about being cold and paying bills to keep warm at home. Older people, those with disabilities or long term illnesses which keep them at home and low income families with young children are all at risk of fuel poverty.

Fuel poverty is the inability to afford adequate warmth in the home. The causes are a combination of poor energy efficiency of the home, low disposable household income and the high price of domestic fuel.

the parents of new babies in Angus. Bringing baby home to a warm, dry house is obviously better than one that is cold, damp and expensive to heat.

In partnership with Angus Council, Angus NHS Trust and Scottish Hydro-Electric, Energy Action Scotland gave half-day energy awareness training to professionals such as health visitors, midwives, social workers and Child & Family Centre Support Workers. Leaflets helped new parents contact the local Home Energy service for energy advice and grants for insulation and draughtproofing.



Health professionals from across Glasgow received their energy awareness training certificates from the then Health Minister (now Communities Minister), Malcolm Chisholm MSP.

The consequences are misery, discomfort, ill health and debt. Living in a cold, damp environment can also exacerbate health problems such as asthma and heart conditions. Often people struggling to pay bills ration use of energy, perhaps just heating one room or making the choice between cooking a hot meal and turning on a heater.

Officially around 1 in 7 Scottish households live in fuel poverty. The problem is recognised by government and a number of schemes are in place to meet the Scottish Executive target to end fuel poverty by 2016.

The Warm Deal provides home insulation worth up to £500 for those on benefits. The Central Heating Programme provides a free central heating system, insulation and energy advice worth about £2,500 for the over 60s who don't have a system already. For the over 80s, it upgrades partial systems to full systems. Local authorities and energy companies may also offer assistance.

Charity Energy Action Scotland has been campaigning for over 20 years to end fuel poverty in Scotland. One of its projects was 'Give your child a warm start in life' which aimed to help

This training has now been delivered in other areas by Energy Action Scotland.

In Glasgow, the training for almost 300 health professionals was coordinated by NHS Greater Glasgow Primary Care Division via Gartnavel Royal Hospital's Occupational Development and Training Department. It was then run in West Lothian through Lothian Health - West Lothian Healthcare Division and for Public Health Practitioners at Forth Valley Health Board.

Frontline health professionals working in the heart of local communities are in an ideal position to raise awareness of the help available. Through their everyday work, they can identify people most at risk and refer them to the vital support they need.

Much progress has been made but more could be achieved through improved coordination of social, housing, health and environmental policies.

For further information, contact Energy Action Scotland on 0141 226 3064, email eas@eas.org.uk or see website www.eas.org.uk

Poverty, Health and the Health Care Response in Greater Glasgow and Clyde NHS (GG&CNHS)

The link between poverty and health is well established and it is clear that poverty causes ill health. The Wanless Report published in 2004 by the UK Government recognised that:

"Health and well being are influenced by many factors including past and present behaviour, healthcare provision and "wider determinants" including social, cultural and environmental factors". (D. Wanless, Securing Good Health for the Whole Population. Department of Health, 2004)

To support a systematic approach to addressing inequality and health inequalities the GG & CNHS Corporate Inequalities Team has been established covering socio-economic inequality, gender, race, disability and homelessness. As the lead on Socio-economic inequality, Jackie Erdman has been working with the Poverty Alliance to develop a guide for CHCPs on how they can tackle poverty at a local level. In this article, Jackie highlights how the NHS can tackle inequalities and impact on poverty.

GG&CNHS has recently reorganised in response to the White Paper "Partnerships for Care" and since April 1st 2006 it has-

- ✕ Abolished NHS Trusts and created single system working
- ✕ Established Community Health and Care Partnerships (CHCPs) as substantive partnerships with Local Authorities
- ✕ Established a Mental Health Partnership to develop a co-ordinated response to mental health
- ✕ Developed a whole systems approach to the delivery of acute care

The aim of the new system is to improve health and narrow the inequality gap and to secure better access and higher standards of care. Power has been devolved to CHCPs, including budgets, so that decisions on health services are made at a more local level. This brings the potential to shift NHS resources to the underlying social and economic causes of poor health.

What action can the NHS take to tackle poverty and inequality?

Within the wider determinants of health, income is one of the best indicators of illness, chronic health problems, disability and premature death. However it is essential to understand the causes of poverty from an inequalities perspective and the role of inequality and discrimination in causing poverty. So for example the causes of women's poverty are different from men's. Sexism has been responsible for causing women's poverty through discrimination in the workplace and lack of access to childcare, the so-called 2nd shift and the role women still take as carers in society. Racism causes poverty and differential poverty between ethnic groups. For example, having a qualification does not create a level playing field for employment opportunities due to racist attitudes of employers and society. The stigma surrounding disability has led to people with disabilities being excluded from society and many people with disabilities live in poverty and daily face access deficits.

Inequalities legislation on Race, Gender and Disability places a duty on the public sector to take differences of need into account and to make services accessible to a diverse community. Using an understanding of the root causes of inequality and applying it to the range of NHS functions is key to addressing poverty and health inequalities.

The functions where the NHS can tackle inequalities and impact on poverty are-

- ✕ As an employer - by creating a diverse workforce and creating supportive working environments
- ✕ As a partner on a range of issues not traditionally associated with health - for example, in regeneration, worklessness and financial inclusion
- ✕ As a procurer - taking an inequalities perspective on procurement for example taking race equality into account in contract specifications, and in engaging with the social economy sector to deliver services which improve health
- ✕ As a deliverer of services - for example, embedding inequalities sensitive practice in all service delivery, reducing the financial affects of ill health, signposting to community based services and through rehabilitation and employability support
- ✕ As a health improvement organisation and through health improvements role in social regeneration and inequalities work
- ✕ In consulting the people who use services and engaging with local communities to ensure that services are designed for and accessible to the people who need them most

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