Scottish Executive is continuing to work with the UK Government Secretary, Norman Lamb MP who said, “We are witnessing the closures. In March 2001, there were 17,846 post offices in Scotland, there was an 11% decrease over the same period. Around the UK, we have already seen a round of post office closures. In March 2001, there were 17,846 post offices in Scotland, there was an 11% decrease over the same period. Around the UK, we have already seen a round of post office closures. In March 2001, there were 17,846 post offices in Scotland, there was an 11% decrease over the same period. Around the UK, we have already seen a round of post office closures. In March 2001, there were 17,846 post offices in Scotland, there was an 11% decrease over the same period. Around the UK, we have already seen a round of post office closures. In March 2001, there were 17,846 post offices in Scotland, there was an 11% decrease over the same period. Around the UK, we have already seen a round of post office closures. In March 2001, there were 17,846 post offices in Scotland, there was an 11% decrease over the same period.
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 £7 billion 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.

John Dickie, Child Poverty Action Group
jdickie@cpagscotland.org.uk

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.

‘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. As 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.

People experiencing poverty highlight their key issues

Ann Kivlin, Regeneration Officer, Midlothian Council (ann.kivlin@midlothian.gov.uk)
Andrew Gardiner, Health Improvement Co-ordinator, Midlothian Council (andrew.gardiner@midlothian.gov.uk)

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
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 CABs).
- 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 based at the Working for Families Team. Both these post-holders took up post at the beginning of June.
- A ‘big stick’ approach to compel people into work through the use of sanctions could worsen rather than improve people’s mental health because of mental ill health, people receive unconditional support from the welfare state.

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 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 central heating system already. For the over 80s, it upgrades partial systems.

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.

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

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

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 recognized 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

For more information please contact Jackie Erdman - Inequalities Manager, Socio-economic

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