

Partnership Approaches to Health & Financial Inclusion

Teacher Building, Glasgow

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Other related work



Poverty, parenting and poor health: comparing early years' experiences in Scotland, England and three city regions

> Martin Taulbut David Walsh

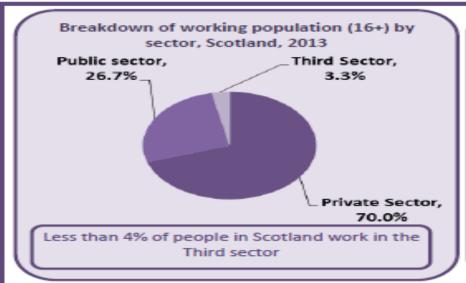
Glasgow Centre for Population Health February 2013

Overview

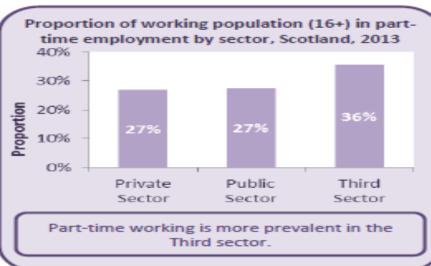
- Changing nature of work
- Health implications
- Welfare reforms

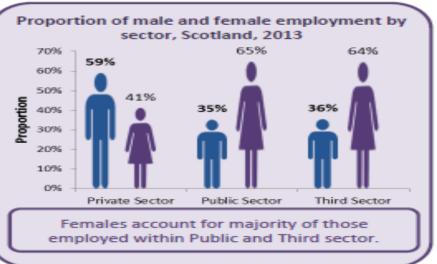
Scotland's workforce 2013

Figure 9: Comparison of Public, Private and Third sectors





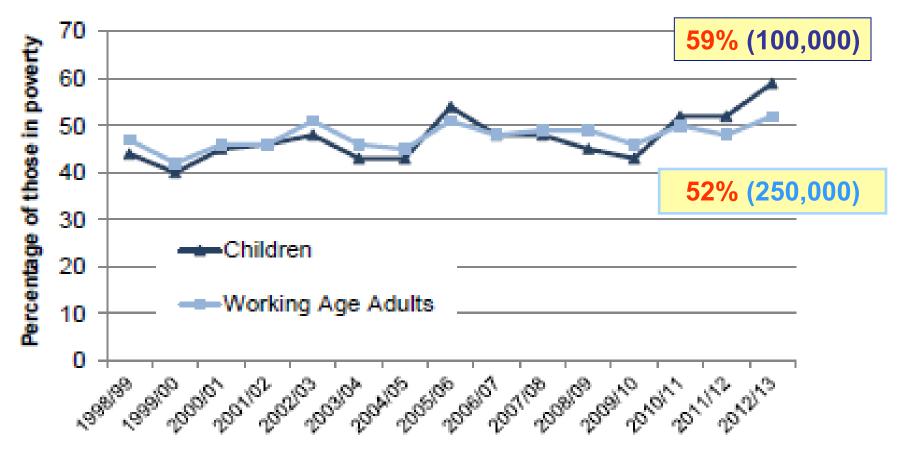




Source: Annual Population Survey, Jan-Dec 2013, ONS

How much of Scotland's poverty is 'in-work'?

(Before Housing costs)



45% of all people experiencing poverty

GROUPS AT RISK OF LOW PAY AND 'CHURNING'

Young people [16-24]

Low or no qualifications

BME groups

Lone parents

People with a disability

Women



Underemployment in Scotland

- Good predictor of in-work poverty
- Increase of 59,600 underemployed since 2008
- Rates higher for women (higher part-time prevalence)

Scotland's workforce 2008 - 2013



Part time work - 24.7% [2008] to 27.3% [2013]

Full time work



Eilean Siar - 4.3% Aberdeen - 3.1% East Renfrewshire - 0.1%

All other local authorities witnessed a decrease since 2008.



Stirling - 6.1% South Lanark - 5.9% Glasgow - 5.8%

Self employment

2008 - 268,500 2013 - 285,900



WIDER IMPLICATIONS



70% of welfare 'cuts' - next two years (2014 -16)

Some households & individuals hit by several reforms



Out of 353 Scottish council wards,
7 out of the 10 worst affected
are in Glasgow



Dramatic increase in the numbers receiving welfare sanctions - 43,412 in 2009 to 83,299 in 2013

71,428 people used food banks in 2013/14
That's almost 5 times as many as in 2012/13

Absence of a big shift into work - widening income gaps?



Health implications

- Part-time work & health complex life stage & gender
- Detrimental impact of temp work on mental health/wellbeing
- Perceived 'insecurity' good predictor of adverse health ahead of temporary job
- Lack of evidence on impact of "No Pay-Low Pay" Cycle
 - Can infer...
- In-work poverty maintains poverty detrimental to health & wellbeing
- 2. Low paid and low quality work generally not conducive to good health and wellbeing

Conclusion

- Welfare cuts next 2 years → move into any available work overshadows job quality?
- Future shape of Private, Public, Third Sectors?
- Increasing transfer of risk to ('flexible') employees?
- Further evidence needed on health impacts on the changing nature of work
- NHS has a significant role to play in addressing poverty