Poverty and social inequalities in Belfast:
Belfast City Council's framework for action
Questionnaire

We're consulting with local communities and partner organisations on an entirely new Poverty and Social Inequalities framework for Belfast City Council.

We have an obligation under Section 75 of the Northern Ireland Act 1998 to consult on this framework. We're eager to get the views of a wide number and range of people to ensure that the framework is both practical and constructive. We believe that public consultation is an important element in getting our policies right and we value your contribution.

You can get additional copies of the document directly from the council or you can download them from our website. Contact details are at the end of this questionnaire.

How to complete the questionnaire

We have organised our questions based on the structure of the framework document.

We would encourage you to structure your response so that we can track and analyse the views of everyone who contributes. There is an opportunity at the end of the questionnaire to raise any additional views or comments you may have which do not fit with the structure.

This questionnaire is only one part of our twelve week consultation programme on the framework. If you would prefer to come along to a public meeting to discuss your views on the council's approach, please contact us for more details.

Remember, the deadline for your submissions is Friday 20 April 2012.

Docs ref 124345

1. Background

On **pages 5 and 6** we briefly outline the context for the development of our Poverty and Inequalities in Belfast framework.

1.1 How satisfied are you with the context as outlined?

☐ Very satisfied   ☐ Satisfied   ☐ Neutral   ☐ Not satisfied X   ☐ Very dissatisfied

1.2 Do you have any comments about the background? Is there anything you would amend or add that you think would enhance the framework?

Belfast Healthy Cities welcomes the opportunity to comment on the Poverty and Inequalities in Belfast framework.

About Belfast Healthy Cities:
Belfast Healthy Cities is a citywide partnership organisation working to improve health equity and wellbeing for people living and working in Belfast. Our focus is on improving social living conditions and prosperity in a healthy way, through intersectoral collaboration and a health in all policies approach.

Belfast is a leading member of the World Health Organization (WHO) European Healthy Cities Network which has over 100 cities, with a strong track record of meeting WHO goals and objectives. Belfast Healthy Cities' office has a staff team dedicated to working with partner organisations to facilitate and support change. The office also acts as the link between the city and WHO, and Belfast currently provides the secretariat to the Network.

Role of Belfast Healthy Cities:
The role of the partnership is, through our leadership and innovation, to inspire and harness the collective and individual strengths of partners to d*eliver the WHO European Healthy City* goals and requirements and maximise their impact on health and inequalities. The focus of the global Healthy Cities movement, including ours, is on the wider physical and social living conditions that shape health and wellbeing, and creating conditions that support health and tackle inequalities.

In the current Phase V (2009 – 2013), the overarching aim for Belfast, and all WHO European Healthy Cities, is Health Equity in All Local Policies, supported through the core themes of Healthy Urban Environment, including Climate Change and Health, and Healthy Living, including active living and wellbeing. Our comments are made in light of this.

Suggested additions to the background section

The background section could be strengthened by including additional information on the social determinants of health including an outline of the health and wellbeing impacts of poverty.

In June 2011 Belfast Healthy Cities produced "A Guide for Political Representatives: Tackling Inequalities and Promoting Wellbeing" (www.belfasthealthycities.com/publications). This publication is divided into three sections. The first section looks at what factors create health, and how local government contributes to this. The second section provides directions for action that support health and wellbeing, related in particular to Council functions. The last section considers the importance of monitoring action and measuring success, and outlines potential indicators for doing this. The publication provides a good resource of evidence which would be useful to consider to help strengthen information on the social determinants of health within the Poverty and social inequalities strategy for Belfast.

2. The role of government

On **pages 7 and 8** we describe the role of government in tackling poverty and, in particular, the role of Belfast City Council.

2.1 How satisfied are you with the context as outlined?

☐ Very satisfied   ☐ Satisfied   ☐ Neutral X   ☐ Not satisfied   ☐ Very dissatisfied

2.2 Do you have any comments about the role of government? Is there anything you would amend or add that you think would enhance the framework?

Local government can make a vital contribution to tackling the social determinants of health and equity by contributing to people's living conditions and by fostering exchange of good practice and measuring progress.

Suggestions additions to the 'role of government' section
Whilst there is some information on current activity/programmes undertaken by Belfast City Council to address the issue of poverty – this section could be expanded upon to provide more detail on some of the programmes mentioned and showcase some of the good work already taking place. This could take the form of short case studies which provide

more detail and a link to the department/person responsible for this programme.

The role of other partners in Belfast could potentially also be highlighted in some way – potentially as case studies.   We would like to see greater emphasis/acknowledgment of the extensive contribution that the voluntary and community sectors make to this agenda.

Specifically in relation to the section outlining BCC's contribution to this agenda, again we feel this could be strengthened by additionally considering the following:

- **Advocate for improved access to jobs, education and services;** good transport is crucial for access to connect people to jobs and services they need
- **Support eligible people to access their full benefit entitlement**
- **Identify and promote new green economy opportunities**
- **Support sustainable regeneration –** Belfast Healthy Cities in partnership with BCC has recently produced a set of indicators which help measure regeneration project[1]
- **Support volunteering programmes**: volunteering helps to build skills, increase a sense of well-being and can pave the way towards employment.
- Develop programmes that **support people in gaining the appropriate set of skills and attributes** to participate in **quality** work

Wider Impacts
In relation to the section "The wider impact" there is considerable scope for addition to this section. The impacts of poverty are profound and the negative impacts on the health and wellbeing of the population we feel should be highlighted in this strategy. Some of the evidence outlined in the section below can be found in the "Guide for Political Representatives" mentioned previously – additional evidence is also included.

Persistent poverty is a major cause of ill health and inequalities.
The level of income has a decisive influence on material living conditions. People on low incomes and in lower social groups are more likely to die young and suffer ill health, primarily because their physical and social living conditions are poorer[2]. There is also increasing evidence that having or perceiving low social status can lead to chronic stress, which contributes to physical health risks. Stress is associated for example with a higher risk of heart disease, diabetes and metabolic syndrome. It has also been suggested that negative lifestyles, such as smoking and

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[1] Belfast Healthy Cities (2011) Good for Regeneration, Good for Health www.belfasthealthycities.com/publications
[2] Commission on the Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health*. WHO, Geneva 2008., www.who.int/social_determinants/en/

problem alcohol or drug use, can for some be a coping mechanism related to the stress of living with disadvantage[3].   Limited income may be one reason why people choose less healthy food, which is often the cheapest available[4].

Impacts on future generations

The health of the current population will affect the potential of the next generation. When parents are prevented from working because of a health condition, their children may experience worse health outcomes and face an increased likelihood that they themselves will be workless in the future. Therefore, it is important that economic development and poverty related policy takes into account the specific needs of people with long term conditions or disabilities, and seeks to develop solutions that make employment possible for all groups. Not only can such inequalities be reduced now, there is also an opportunity to prevent them in future and improve life opportunities for future generations[5].

Support with accessing benefits

Programmes which support the uptake of benefits are important in tackling poverty. Having access to all the benefits they are eligible for, can significantly ease the burden on some people and contribute to preventing potentially serious physical and mental health problems.

Access to adult education and training supports employability. Lack of appropriate skills and experience is often a major factor in long term unemployment and can also be a factor that significantly reduces the life opportunities for young people not in education, employment or training (NEETs). This also often harms mental wellbeing and increases the risk of social exclusion[6].

Easily accessible services that help people access training and/or volunteer work can significantly reduce the negative impacts of unemployment, and also support people to access adequately paid employment. Access to training at work is also important, in particular for people with more limited skills, to help people widen the range of job opportunities open to them, and increase chances of promotion[7].

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[3] Marmot, M & Wilkinson, R.G. 2006 (eds). *The Social Determinants of Health, 2nd edition*. Oxford: Oxford University Press. Preview available at http://books.google.co.uk/books?id=x23fpBPC3_gC&dq=social+determinants+of+health&source=gbs_summary_s&cad=0

[4] Skentelbery, R (ed). *Family Spending: a report on the 2007 Expenditure and Food Survey.* Office for National Statistics, London 2008. www.statistics.gov.uk/downloads/theme_social/Family_Spending_2007/FamilySpending2008_web.pdf

[5] Office of the First Minister and Deputy First Minister (2010) The *Child poverty strategy for Northern Ireland.* Belfast, http://www.ofmdfmni.gov.uk/final_child_poverty_strategy_-_agreed_by_executive_-_22_march_2011.pdf

[6] Campbell, F (ed.) *The social determinants of health and local government.* London: Local Government Improvement and Development

[7] Marmot. M. Economic and social determinants of disease. *Bulletin of the World Health Organisation* 2001; 79:906-1004. http://www.who.int/bulletin/archives/79(10)988.pdf

Access and transport
Good public transport can help people become and remain economically active as it can widen the area for job search and improve peoples opportunities to earn a living and participate in society[8].

Health and wellbeing are key drivers of economic growth.
A healthy workforce improves economic performance through increased productivity, and reduced worklessness. People living in poverty cannot afford to live healthy lives and may be forced to accept unhealthy jobs. Poverty is also linked to increased vulnerability – high levels of economic stress, poor housing, unemployment, limited access to essential services and unhealthy lifestyles accelerates and intensifies the negative impact on health[9].   WHO define poverty as "the worlds' biggest killer and greatest cause of ill health and suffering across the globe[10].

Quality of work
Getting people into work is vitally important in reducing inequalities in health however, the quality of work is also important[11]. Job quality can be categorised under two broad areas - employment quality and work quality. Employment quality refers to those aspects of the employment relationship that have a potential impact on the wellbeing of workers: these are all the aspects related to the employment contract, remuneration and working hours, and career development. Work quality refers to how the activity of work itself and the conditions under which it takes place can affect the wellbeing of workers: autonomy, intensity, social environment, and physical environment.

Low skilled/paid jobs are often the most stressful and potentially harmful to health, because staff have little control over their work, but face high demands. A decent wage is also important as well as being properly managed; being given the opportunity for personal development; the flexibility to have a work/family life balance; and protection from other adverse work conditions/hazards that can damage health. Focusing interventions around these dimensions by ensuring clear leadership and good stress management policies in the workplace and targeting less privileged groups within the workforce is a high priority. Steps also need to be taken to adapt working hours and practices to increase access to good work for groups who are disadvantaged in the labour market. Action could include improving the flexibility of working practices and retirement

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[8] Belfast Healthy Cities (2010) Healthy Places – Strong Foundations www.belfasthealthycities.com/publications

[9] Dahlgren, G and Whitehead, M (2007) *European strategies for tackling social inequities in health: Levelling up: Part 2*, WHO Collaborating Centre for Policy Research on the social determinants of health, http://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf

[10] WHO (1995). World health report 1995. *Bridging the gaps*. Geneva, World Health Organization, http://whqlibdoc.who.int/whr/1995/WHR_1995.pdf

[11] Grady, M (2012) *Addressing the social determinants of health: the urban dimension and the role of local Government,* Working paper

age and encouraging and providing incentives for employers to create or adapt jobs that are suitable for lone parents, caregivers and people with mental and physical health problems[12].

Diversity of jobs
The green economy offers significant opportunities for sustainable job and wealth creation in NI and is important to consider in supporting new job opportunities and social economy businesses. There are numerous examples of social economy businesses which have been set up around growing food locally e.g. GROW in Belfast. These types of businesses offer greater opportunities for people with more limited qualifications to enter and progress in the labour market.

Volunteering
Volunteering helps build skills, increase a sense of wellbeing and can pave the way towards employment. Volunteering can therefore be a viable alternative – or complement - to paid employment and formal training. In addition, it can support social cohesion and bring rewards to both participating individuals and communities. This is a particular advantage of time bank schemes, which rely on locality and mutuality: people donate time and skills, but are also able to draw on the time and skills of others living nearby with issues or tasks they themselves need help with.

Appropriate resources is important to help people become aware of volunteering opportunities, and support organisations put in place systems required to support and manage volunteers. Councils may also be able to consider their own volunteering schemes, including schemes that support employees to volunteer eg. through controlled time donation.

Impacts of poverty on vulnerable groups
On page 6 of the poverty strategy it mentions a number of groups who are in or at risk of poverty. One group which we feel is missing is migrants. WHO would suggest that during the arrival and destination-integration phase in particular, poverty and social exclusion exert their greatest effect on health outcomes[13] and therefore we would suggest this group is also considered. Children in ethnic-minority households are also more likely to be poor. Children living in poverty also experience increased risk of living in poor housing conditions, adverse health-related behaviour and, in the case of ethnic-minority children, racism and discrimination[12].

Older people are also at particular risk of poverty and social exclusion. A statistical profile undertaken by Belfast Healthy Cities in 2008 "Divided by

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[12] Grady, M (2012) *Addressing the social determinants of health: the urban dimension and the role of local Government,* Working paper
[13] WHO (2010) Poverty and social exclusion in the European region
http://www.euro.who.int/__data/assets/pdf_file/0006/115485/E94018.pdf

Health"[14] highlighted that in 2006 88% of single adults over pension age were living with a total weekly income of less than £300 – this compares with 62% of lone parent households and 42% of all households within the Belfast HSC Trust area. Fuel poverty is also of concern for both pensioners and lone parent families.

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[14] Belfast Healthy Cities (2008) Divided by Health
http://www.belfasthealthycities.com/images/stories/PDFs/divided/divided%20by%20health.pdf

3. Action plan 2012 - 2017

On **pages 9 to 15** we provide details of the proposed council action plan for delivering the framework. The action plan describes 28 actions, the partner organisations that will help to deliver them and the years in which they will be delivered.

3.1 How satisfied are you with the action plan as proposed?

☐ Very satisfied   X☐ Satisfied   ☐ Neutral   ☐ Not satisfied   ☐ Very dissatisfied

3.2 Do you have any comments about the action plan? Is there anything you would amend or add to it that you think would enhance the framework? (If you want to discuss a specific action, please tell us which number you are referring to.):

Additional suggestions
Some examples of additional actions that could be taken by the council which have been discussed in section 2 include:

- **Advocate for improved access to jobs, education and services;** good transport is crucial for access to connect people to jobs and services they need
- **Support eligible people to access their full benefit entitlement**
- **Identify and promote new green economy opportunities**
- **Support volunteering programmes**: volunteering helps to build skills, increase a sense of well-being and can pave the way towards employment.
- Develop programmes that **support people in gaining the appropriate set of skills and attributes** to participate in **quality** work
- Ensure that particular support is given to vulnerable groups and disadvantaged areas
- Integrate **health equity** as a corporate objective

Comments on actions outlined in the strategy

- In relation to action point 7) it would be good to also mention the "Growing Communities" strategy being developed by BCC Parks and Leisure department which has action points which are relevant to this poverty strategy.

- In relation to action point 8) – the promotion of energy efficiency measures/methods that all constituents could take should be promoted through e.g. City Matters

- action point 17) the target figure of 200 people who would be provided with free access to leisure facilities in the most deprived areas of Belfast

seems very low considering the statistics provided at the beginning of the strategy that 20% of Belfast's population live in relative poverty. Further explanation would be useful as to how this target figure was derived and the reasons for this.

- action point 23) it is commendable to integrate equality into corporate planning. Belfast Healthy Cities would urge BCC to extend this to integrating equity into corporate planning as well.

"Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and more pragmatically that no one should be disadvantaged from achieving this potential if it can be avoided"[15].

The term 'Equality' in NI often refers to section 75 groups. Belfast Healthy Cities would promote looking beyond this to include socioeconomic groups and geographic differences in the social determinants of health, taking consideration of the element of "fairness and justice"[16].

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[15] World Health Organisation (1998) Health 21 – Health for All in the 21st Century, Copenhagen, WHO Regional office for Europe
[16] WHO (2008) Global Commission on the Social Determinants of Health, http://www.who.int/social_determinants/thecommission/en/

4. Measuring the impact of the framework

On **pages 16 and 17** we describe how we plan to measure and evaluate the impact of the framework.

4.1 How satisfied are you with the impact measurement as proposed?

☐ Very satisfied   ☐ Satisfied   X☐ Neutral   ☐ Not satisfied   ☐ Very dissatisfied

4.2 Do you have any comments about how we plan to measure and evaluate impact? Is there anything you would amend or add that you think would enhance the framework?

Within the "Guide for Political Representatives" a range of existing and potential new indicators are outlined which if gathered would support the mearement of wellbeing within the city. We feel these should be taken into consideration when developing BCC "Quality of Life" indicators and indicators to measure the Poverty and social inequalities in Belfast strategy.

Within the action plan attached to this strategy the "development of indicators to measure the impact of regeneration and poverty on health" is mentioned as an action point for years 1-3. Belfast Healthy Cities would advocate for the use of a recently developed indicator set for regeneration developed by Belfast Healthy Cities, in partnership with NIHE, Belfast City Council, PHA, Belfast HSC Trust and the five Belfast Area Partnerships. This framework/indicator set was developed to support agencies monitor how regeneration affects health and especially inequalities in the target area. The *Good for Regeneration, Good for Health, Good for Belfast* indicator set, includes indicators under four headings including economy, social, environmental and access, and emphasises pairing traditional indicators with ones that highlight the impact on inequalities. This is a new area of work, both locally and internationally, and is developed in line with international thinking about what needs to happen to address health inequalities. It is also focused on achieving synergies and highlighting how action that supports health also helps underpin successful regeneration, in turn maximising the return on investment. Next steps will include further piloting of the framework, and exploring ways of enhancing data available.

On page 16/17 of BCC Poverty strategy there is mention of work to begin developing indicators for this strategy and a quality of life matrix. Belfast Healthy Cities would be interested in being involved in this process if possible as we have many years of experience of developing indicators around health inequalities and more recently regeneration.

5. Any other comments about the framework?

If you have any other comments about the framework that you think would enhance it, please tell us.

(If you want to refer to specific text in the framework, please tell us which page you are referring to.)

Having an overall vision for the strategy would be beneficial to include in the poverty strategy. World Health Organisation (WHO) urges cities to include a vision for the future that refers at least implicitly to a society in which everyone can reach his or her full potential.   WHO also recommend that all city policy documents define the principles of equity in health.

It would be useful to outline how this strategy will strategically co-ordinate and join up as well as support and influence key organisations who already have extensive experience in addressing poverty, and how this strategy will link with Belfast Strategic Partnership and other organisations such as Belfast Healthy Cities.

Your details

Your name:
Ruth Fleming

Name of your organisation (if any):

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This questionnaire is only part of the consultation process – we are also organising a number of workshops and information sessions. Once the consultation period is over and a decision has been made by the council, we will publish the final text on our website including an explanation of any revisions that may have been made. If you would like to be informed when this information is published, please tick the box below.

X☐ Yes, I would like to be kept informed about the results of the consultation.

When is the deadline for the consultation?

The deadline for your submissions is **Friday 20 April 2012.**

How to submit your questionnaire?

By post:
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