



VulnerABLE: Pilot project related to the development of evidence based strategies to improve the health of isolated and vulnerable persons

TOOLKIT FOR CAPACITY-BUILDING

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Welcome

This is a guidance document for decision-makers, programme designers and/or managers and budget holders who wish to work towards improving health and access to healthcare - and other key services - for vulnerable groups. It provides a menu of actions that can be taken to improve health equity and well-being in a local, national and/or international capacity.

On the basis of needs and recommendations that have emerged from VulnerABLE outputs, EuroHealthNet, in close collaboration with ICF, has identified four priority themes to build capacity to improve well-being, health, and access to healthcare and other key services for vulnerable groups.

Ideally, users should select at least one action and undertake a related activity(ies) in one of the four priority themes, to build the capacity of your organisation and/or region or country to improve the health of people facing vulnerable situations.

This toolkit contains the following sections:

- Introduction – capacity-building in the context of VulnerABLE
- Four priority themes of capacity building
- Examples of actions, suggested activities and available resources for each theme and selected additional resources

Introduction

The VulnerABLE pilot project aims to understand and assess the particular health needs and risk factors faced by people living in isolated and vulnerable situations while also identifying and exploring best practices within these themes. Within this pilot project, particular emphasis has been given to supporting the development and delivery of actions that improve the health of people in vulnerable and isolated situations as well as increasing their access to services. The groups on which the pilot project has focused are:

- older people;
- children and families (at risk group: lone parents);
- people living in rural/isolated areas;
- people having physical, mental and learning disabilities or poor mental health;
- long-term unemployed; inactive; in-work poor;
- victims of domestic violence and intimate partner violence;
- people with unstable housing situations (homeless); and
- prisoners.

By the end of its implementation, VulnerABLE will have raised awareness of the findings and have disseminated them among national and regional authorities, public health experts, health professionals, NGOs and other stakeholders.

VulnerABLE capacity building

Capacity building within VulnerABLE goes beyond simply training or providing technical assistance - it involves assisting people to gain the knowledge and experience needed to solve problems, implement change, build effective actions and achieve sustainability.

We recognise that the time and resources to build capacity is often limited. The aim of capacity-building in the context of VulnerABLE is to encourage professionals to get a better insight into their capacity-building needs, and to progress in at least one of the four priority themes, by applying the resources that have and will be made available through the VulnerABLE project. This can serve to advance work in organisations, local municipalities, regions or countries in this area.

Priority Themes of Capacity Building

Intersectoral Collaboration, Service Design, User Coproduction/Participation,
Mobilising Change, Additional Resources

Intersectoral Collaboration

- Improving health and well-being and reducing health inequities cannot be achieved by the health sector alone, since policies and actions taken by many other sectors also affect health. A health in all policies (HiAP) approach is required, whereby health considerations are integrated into policies beyond the health sector. HiAP requires a clear mandate from the central government, effective and responsive leadership, systematic policy changes, and new methodologies and capacities to build bridges.

Service Design

- People in isolated and vulnerable situations have context-specific health care needs which current services do not sufficiently meet. Service design is a holistic methodology used to continually assess and improve the health-relevant services to more fully meet the needs of vulnerable populations. The design process is centred on the characteristics and needs of vulnerable groups, thereby enabling service providers to tailor their services to make them more useful, usable, and used by these groups to improve their health outcomes and well-being.

User Coproduction/Participation

- This approach to designing solutions is built on the principle that those who use a service are best placed to help design it. Citizens work alongside professionals in a variety of settings to develop, fund, deliver and evaluate solutions for the services they routinely use. By successfully involving both professionals and citizens in the design process, the outcome will be a service that is accessible and useful for the user, yet also sustainable and feasible for the service provider.

Mobilising Change

- Because the target groups are vulnerable or isolated, it is harder for programs to reach them and help them achieve better health outcomes. Developing a strategy to mobilize change in both the health services and the communities/groups that use them is essential to maximizing the reach of the programs, as otherwise the very populations these services are designed for may not be reached at all.

Additional Resources

- Health inequalities; Mental health and well-being; Older people; Children and families; People living in poverty; Homeless people; (Un)employed

Actions, suggested activities and available resources per theme

Priority theme 1: INTERSECTORAL COLLABORATION

ACTIONS	SUGGESTED ACTIVITIES	AVAILABLE RESOURCES
<p>Identify how public health, health promotion, clinical health actors and additional actors from other sectors (including private sector, social care, educational, justice and community organisations etc.) can collaborate in order to provide solutions which target issues vulnerable and isolated groups face in achieving and maintaining a good state of health and wellbeing.</p>	<ol style="list-style-type: none"> 1. Scope opportunities for better collaboration between sectors (by way of shared human and material resources) in order to target these issues effectively. 2. Disseminate and present information on relevant activities through a conference or public event in order to reach potential stakeholders who may jointly collaborate with an organisation to achieve common aims. 	<p>VulnerABLE Case Study Report</p> <p>Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies, WHO,2008 http://www.who.int/social_determinants/resources/health_equity_isa_2008_en.pdf?ua=1)</p> <p>Crossing Sectors – Experiences in Intersectoral Action, Public Policy and Health, Public Health Agency of Canada, 2007 (http://www.phac-aspc.gc.ca/publicat/2007/cro-sec/pdf/cro-sec_e.pdf)</p> <p>Positioning health equity and the social determinants of health on the regional development agenda. Investment for</p>

		<p>health and development in Slovenia. Studies on social and economic determinants of population health, No. 6, WHO 2014 http://czt.si/files/positioning-health-equity-and-the-social-determinants-of-health-on-the-regional-development-agenda.pdf)</p>
<p>Develop partnerships with a variety of actors outside of the public health sector (including private sector, social care, educational or community organisations) to target cross-disciplinary causes and effects of poor health within vulnerable communities, using methods such as user co-production.</p>	<ol style="list-style-type: none"> 1. Scope pre-existing partnerships, policies and programmes and initiatives which are currently being developed, which share common aims with those of your organisation. 2. Approach relevant stakeholders involved in non-health-focused projects which may have a degree of impact on the health status of vulnerable and isolated groups. 3. Assess pre-existing intersectoral collaborations which seek to target the needs (especially pertaining to health) of vulnerable and isolated groups. 	<p>Co-production Catalogue from Wales: Seeing is Believing (available at : http://www.goodpractice.wales/co-production-catalogue-from-wales)</p>

	4. Evaluate the efficiency of pre-existing intersectoral collaborations in this thematic area.	
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Priority theme 2: SERVICE DESIGN

ACTIONS	SUGGESTED ACTIVITIES	AVAILABLE RESOURCES
<p>Undertake an assessment within your own organisation, region and/or EU Member State to detail any previously unidentified policy initiatives in place which target the needs (especially pertaining to health) of vulnerable and isolated groups.</p> <p>Undertake Health Inequalities Impact Assessment (HIIA). HIIA is a tool that can be used during planning to assess the potential of any policy, plan, proposal or decision to reduce or increase health inequalities. HIIA is an integrated impact assessment which incorporates:</p> <ul style="list-style-type: none"> • Health Impact Assessment • Equality Impact Assessment (EqIA) • Human Rights Impact Assessment. 	<ol style="list-style-type: none"> 1. Conduct a baseline assessment of your organisational, regional and/or national policy context, in relation to vulnerable and isolated groups. 2. Identify whether appropriate policies have been formulated and whether these translate into practice. 3. Discuss any identified policies, their implementation and their outcomes on the health status of vulnerable and isolated groups at an event/meeting with other stakeholders in your region/country. 4. Use the HIIA tool across all sectors to think about how plans or decisions might affect people and population groups. The tool encourages to consider many different potential impacts on individuals and communities and how such impacts might interact with each other. 	<p>general information on service design: http://ebl.vlaanderen.be/publications/documents/82788</p> <p>Tools for HIIA: http://www.healthscotland.scot/publications/health-inequalities-impact-assessment-guides-and-resources</p> <p>Doing an HIIA meets a range of legislative requirements, including the requirement to conduct an Equality Impact Assessment (EqIA). You can download our guides and resources below. You can access all World Health Organization's (WHO) information about Health Impact Assessment (HIA) on their website (external website). You can download the Scottish Human Rights Commission's report Human Rights Impact Assessment: Review of Practice and Guidance for Future Assessment (external website) for</p>

		more information.
Identify ways to mainstream action on the health of vulnerable and isolated groups in policy-making processes.	Consider mutual aims and common actions within your local, regional or country context, which target the needs (especially pertaining to health) of vulnerable and isolated groups.	Framework on integrated, people-centred health services, Report by the Secretariat, WHO, 2016 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1)
Identify ways to ensure greater coherence in aligning policies with actions on the health of vulnerable and isolated groups – on local, regional and national levels.	<ol style="list-style-type: none"> 1. Establish how aligned local, regional and national policies are with each other, through doing a baseline analysis to scope the policy landscape. 2. Investigate whether existing policies have translated into appropriate actions, across local, regional and national levels. 	Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21 st century: a handbook. Geneva, WHO, 2016 (http://www.who.int/healthsystems/publications/nhpsp-handbook/en/)

Priority theme 3: USER COPRODUCTION/PARTICIPATION

ACTIONS	SUGGESTED ACTIVITIES	AVAILABLE RESOURCES
<p>Prepare participative work</p>	<ol style="list-style-type: none"> 1. Examine roles, relationships and aims 2. Explore implications and challenges 3. Measure benefit 	<p>Batalden M, Batalden P, Margolis P, et al Coproduction of healthcare service BMJ Qual Saf Published Online First: 16 September 2015. doi: 10.1136/bmjqs-2015-004315</p>
<p>Deliver public services with people rather than to them.</p> <p>Empower people to contribute to achieving the outcomes that matter to them</p>	<ol style="list-style-type: none"> 1. Involve professionals, people using services, families and communities in designing, monitoring, evaluating and adjusting services. 2. Value all participants & take an asset-based approach 3. Develop peer-support networks & social capital 4. Focus on personal outcomes what matters to the individual 5. Build relationships of equality & reciprocity 6. Work in partnership with the people who use services, as catalysts for change. 	<p>Co-production Catalogue from Wales: Seeing is Believing (available at : http://www.goodpractice.wales/co-production-caalogue-from-wales)</p>

Priority theme 4: MOBILISING CHANGE

ACTIONS	SUGGESTED ACTIVITIES	AVAILABLE RESOURCES
<p>Mobilise change within communities</p>	<p>Awareness, community engagement, workshops etc.</p>	<p>https://www.k4health.org/toolkits/pc-bcc/how-mobilize-communities-health-and-social-change</p>
<p>Develop an effective advocacy strategy and conduct a stakeholder-mapping exercise to establish partners who may aid in the implementation of this strategy.</p>	<ol style="list-style-type: none"> 1. Consider the use of advocacy tools across different regional (or country) contexts, both within your organisation and externally, and any relevant costs and benefits which may be envisaged. 2. Map any relevant stakeholders and develop an advocacy plan. 3. Implement the above, through engaging with key actors across policy and civil society during meetings, conferences or fora. 4. Ensure engagement with a maximal number of stakeholders, as well as the public, through disseminating information via communications and media channels. 	<p>The Six Dimensions of Advocacy for Health Equity – EuroHealthNet http://eurohealthnet.eu/health-gradient/information/six-dimensions-advocacy-health-equity</p> <p>Advocating intersectoral action for health equity and well-being: the importance of adapting communication to concept and audience, WHO, 2017 http://czr.si/files/ljubljana-report-20170125-h1625-web.pdf</p> <p>Advocacy brief for policy makers. Reforming Health Service Delivery for UHC, WHO, 2017 http://apps.who.int/iris/bitstream/10665/255311/1/WHO-HIS-SDS-2017.9-eng.pdf?ua=1</p>

<p>Collect potent and compelling data on the needs (especially pertaining to health) of vulnerable and isolated groups and use it to develop advocacy materials to promote the health needs of vulnerable and isolated groups, while tailoring it to your own region and/or EU Member State.</p>	<ol style="list-style-type: none"> 1. Assess the quantity and quality of information available within your region and/or EU Member State on the health needs of vulnerable and isolated groups, that has been developed for advocacy purposes. 2. Utilise facts and figures relevant for your region and/or EU Member State to complement existing information; these can be used to better engage decision-makers who may share involvement in work centered on the health needs of vulnerable and isolate groups. 3. Develop communication materials which can attract interest on the topic from potential stakeholders, including key decision-makers and funders. 	<p>FARRER, L., MARINETTI, C., CAVACO, Y. K. and COSTONGS, C. (2015), Advocacy for Health Equity: A Synthesis Review. <i>Milbank Quarterly</i>, 93: 392–437. doi:10.1111/1468-0009.12112</p>
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ADDITIONAL RESOURCES

Health inequalities, mental health and well-being, older people, children and families, people living in poverty, homeless people, (un)employed

HEALTH INEQUALITIES

Good practices and policies for health equity

<http://www.health-inequalities.eu/>

Data on health inequalities

Health inequalities are described and measured by comparing the health outcomes of different groups. Health outcomes such as life expectancy, healthy life expectancy and rate of disease are compared using groupings such as

- gender
- ethnicity
- social class
- area deprivation
- employment status
- educational attainment.

Measuring health inequalities

The simplest measure of health inequalities is to compare the health of those in the lowest socio-economic group with those in the highest group. This indicates the gap in health outcomes. For example, men in the least deprived areas of Scotland live nearly 24 more years in 'good health' than those in the most deprived areas.

This comparison can either be in

- absolute terms - e.g. there are 100 more deaths per 100,000 population per year

or

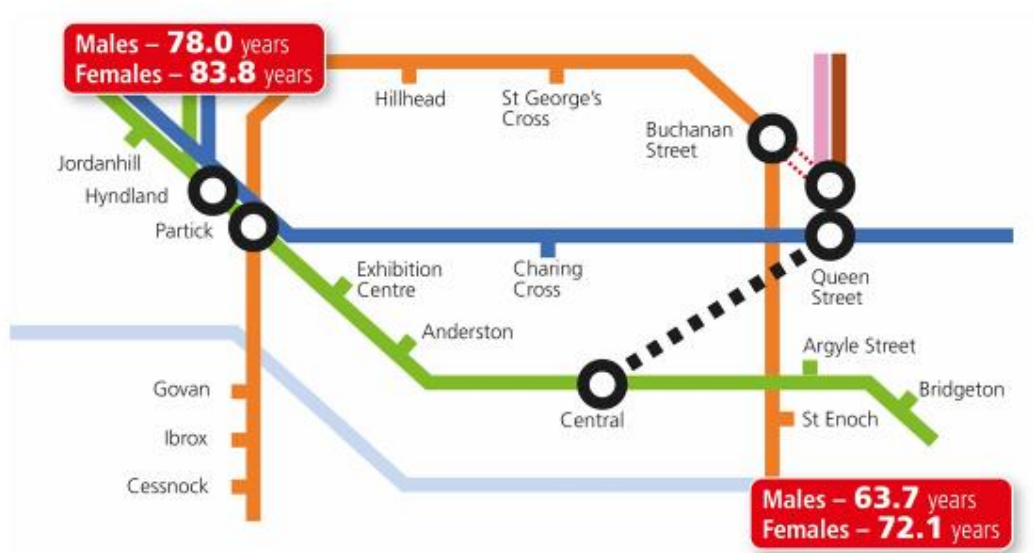
- relative terms - e.g. there are twice as many deaths per 100,000 population per year.

However, simple comparisons of the lowest and highest groups do not account for the social gradient in health across the whole population. The evidence shows that, in general, the lower a person's position is in society, the worse their health will be. Inequalities can be seen across the whole social spectrum such that all groups except the best off are disadvantaged. More complex statistical measures are applied to monitor these differences.

Local comparisons

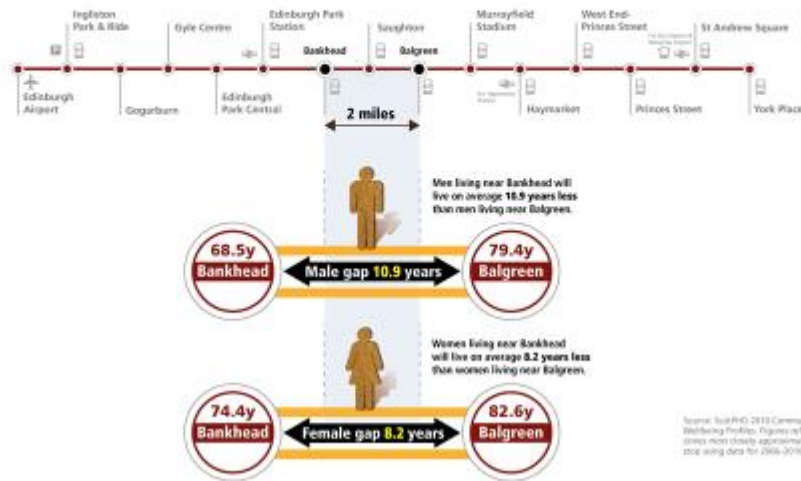
Health inequalities within local areas are illustrated in the images below. The first shows male expectancy going down by two years for every station on the train line in Glasgow travelling from Jordanhill (in the more affluent west end) to Bridgeton (in the less affluent east end). On average, a man born in Bridgeton can expect to live 14.3 years less than his counterpart in Jordanhill, and a woman 11.7 years less.

These data have been updated using the ScotPHO profiles published in June 2015 comparing the life expectancies in Broomhill (close to Jordanhill station) and Parkhead and Barrowfield (close to Bridgeton station) intermediate zones.



The second image highlights continuing health inequalities across Edinburgh. Despite being only two miles apart, the gap in average life expectancy at birth between those living in the residential neighbourhoods near to the Bankhead tramline stop compared to those living near the Balgreen tramline stop is almost 11 years for men and 8 years for women.

Mind the GAP: inequalities in life expectancy in Edinburgh



Local comparisons of health in communities and of health inequalities are also available from the ScotPHO website including geographical comparisons, time trends and rank charts. The deprivation profiles show health inequalities as measured by the deprivation of the relevant area. There are a wide range of measures including

- child poverty
- life expectancy
- teenage pregnancy
- out-of-work benefits
- all-cause mortality amongst 15-44 year olds

- young people not in education, employment or training.

[Visit the ScotPHO online profiles tool](#)

International comparisons

[International comparisons of health inequalities](#) (external) on the Scottish Government website are based on comparing the health of population groups who have achieved different levels of educational attainment. On this measure, health inequalities in Scotland are worse than all other countries in western and central Europe.

Long term trends

There has been a substantial decline in absolute mortality inequalities since around 2003, with health improving across all deprivation groups.

However, relative inequalities in mortality have increased steadily since 1981. This is because the health of the least deprived groups has improved at a faster rate than the most deprived.

For mental wellbeing and healthy life expectancy, relative and absolute inequalities have increased since data became available from 2007/8.

The Scottish Government publishes a Headline Indicators report on the latest trends in health inequalities every year. This includes inequalities in

- wellbeing
- low birth weight
- premature mortality
- deaths from cardiovascular disease.

Read Headline Indicators report

Trends in health inequalities in Scotland for a longer time period (1981-2001) are available in a report from the [Social and Public Health Sciences Unit](#) (external website).

Data currently available for inequalities in health between equality groups (e.g. ethnicity or gender) is summarised on the [Scottish Public Health Observatory \(ScotPHO\) website](#) (external).

Related pages

[Employment inequality](#)

[Health inequalities](#)

[Improve policy and practice](#)

[Tools and resources](#)

[Income inequality](#)

Latest information on health inequalities

<http://eurohealthnet.eu/>

MENTAL HEALTH AND WELL-BEING

The **EU-Compass for Action on Mental Health and Wellbeing** is a web-based mechanism used **to collect, exchange and analyse** information on policy and stakeholder activities in **mental health**. It focuses on seven areas: preventing depression & promoting resilience; better access to mental health services; mental health at work; mental health in schools; preventing suicide; providing community-based mental health services; developing integrated governance approaches.

Through the compass it is possible to find information on European good practices in mental health and an analysis of stakeholders' and Member States' activities in mental health.

You can find out more at https://ec.europa.eu/health/mental_health/eu_compass_en

NHS Health Scotland was commissioned by the Scottish Government to establish a core set of sustainable mental health indicators to enable national monitoring. The following links will enable you to begin accessing a range of resources they have available on their website:

Mental Health Indicators - Adults

[NHS Health Scotland](#) [external site] has developed a set of [standard measures \(indicators\)](#) [PDF: 132kb] that can be used to gauge changes in the mental health of Scotland's population.

What will the indicators be used for?

One of the uses for the indicators is to measure the current state of Scotland's mental health. This information will help to inform policy development in many different areas, but particularly those around the provision of services.

Regular updates will help establish the effectiveness of new policies.

Mental Health Indicators - Children and Young People

NHS Health Scotland has now completed work to establish a set of national indicators for children and young people.

The work followed a similar course to the [adult mental health indicator set](#) [external site]. The final indicator set for children and young people was launched on the 25 November 2011.

For more information, or to [find out about these indicators](#) and the process undertaken please visit the NHS Health Scotland website [external site]

Contact for the indicators work

If you have comments on the indicators programme or require further information, please email jane.parkinson@nhs.net.

OLDER PEOPLE

WeDO (Wellbeing and Dignity of Older people)

The 'WeDO partnership' is an informal network aiming to promote quality long-term care services in Europe. Among their publications are the [European Quality Framework for Long-term care services](#) and the [European Charter of the rights and responsibilities of older people in need of long-term care and assistance](#).

(Source: <http://www.age-platform.eu/>)

The Scottish Government has made improving the quality of later life a National Outcome. A variety of legislation, strategies and policies have been implemented to support the health and wellbeing of older adults

Reshaping Care for Older People

The Scottish Government's Reshaping Care for Older People (RCOP) initiative was launched in 2011. This provides a long term and strategic approach to delivering the vision for future care for older people in Scotland.

[Find out more about the RCOP programme](#)

Outcomes Framework

'Optimising Older People's Quality of Life: an outcomes framework' was produced by in 2014 by NHS Health Scotland, the Joint Improvement Team, the Scottish Government and other agencies in the field.

The framework is made up of a strategic outcomes model and four nested logic models that illustrate a range of preventive measures. It highlights long term and medium term outcomes for older adults and provides summaries of available evidence.

[Go to the Outcomes Framework downloads](#)

Active and Healthy Ageing action plan

‘Active and Healthy Ageing: An Action Plan for Scotland 2014 – 2016’ presents a vision where all older adults can ‘enjoy full and positive lives – happy and healthy at home or in a homely setting’. The plan highlights principles, outcomes and actions to support older adults to be active and to achieve better outcomes.

[Download the Active and Healthy Ageing action plan \(external\) \(PDF; 703KB\)](#)

At a local level, the integration of health and social care is intended to improve the way local partnerships plan for, organise and deliver the health and social care services needed by all adults, but particularly those in their later years.

You can read [more data on older people](#) on the Scottish Public Health Observatory (ScotPHO) website (external).

Integration of Health and Social Care

Pioneer Care Programmes are looking at ambitious and innovative ways of achieving efficiencies to deliver integrated care working across health, PH and social care systems, information is available on the NHS England website. There are 52 pioneer sites across England whereby primary, community and secondary care together with social care services are trialling new approaches to working jointly. Case studies can be found on the following website www.england.nhs.uk/vanguards

Investing in services for people’s well-being

The Social Platform has published a [collection of case studies](#) on investing in services, which includes one on long-term care of great relevance for older people. The shows that investing in high quality health, housing, social, employment and education services and social infrastructures for all is an investment in people and for the future, and not simply a cost. While addressing present needs with immediate effect – such as improving people’s health conditions – investment in services can prevent or reduce future needs that would give rise to additional costs and reliance on services, including emergency health care and income support.

(Source: <http://www.age-platform.eu/>)

CHILDREN AND FAMILIES

Investing in children: the European child and adolescent health strategy 2015–2020 <http://www.euro.who.int/en/health-topics/Life-stages/child-and-adolescent-health/policy/investing-in-children-the-european-child-and-adolescent-health-strategy-20152020>

Every child should have every opportunity to live a healthy and meaningful life. To ensure this happens, the Member States in the WHO European Region have adopted a new strategy “Investing in children: child and adolescent health strategy for Europe 2015–2020”.

The strategy recommends adopting a life-course approach that recognizes that adult health and illness are rooted in health and experiences in previous stages of the life-course

Provision of early learning and childcare and parents outcomes-an evidence brief

First published on 19 June 2017

Description

This rapid evidence briefing looks at the impact on parents of their preschool children attending early learning and childcare (ELC). These include direct impacts associated with childcare costs and the indirect impact of increasing parental ability to return to or seek employment, training or education.

Documents

- [Provision of early learning and childcare and parents outcomes-an evidence brief \(PDF, 293.7KB\)](#)

Interventions to support parents of older children and adolescents

First published on 31 March 2014

Description

This rapid review presents an overview of highly processed evidence about interventions to support parents of older children and adolescents that improve health and wellbeing outcomes. The included evidence mainly covers parents of children and adolescents from the age of 7–19.

Documents

- [Interventions to support parents of older children and adolescents \(PDF, 1.6MB\)](#)

Age of Legal Capacity (Scotland) Act 1991 <http://www.legislation.gov.uk/ukpga/1991/50/contents>

“A person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment.”

Violence

- Preventing Violence, Promoting Peace, a Policy Toolkit for Preventing Interpersonal, Collective and Extremist Violence, Jo Nurse, <https://www.thecommonwealth-healthhub.net/wp-content/uploads/2017/05/Preventing-Violence-Executive-Summary.pdf>

PEOPLE LIVING IN POVERTY

Nobody left behind

EAPN has published the booklet "[Nobody left behind | Ensuring access for all to affordable, quality housing & public health services](#)"

Access to affordable, quality housing (particularly a lack of social housing) and public health services have been highlighted as the main priority challenges facing people on the ground, and in particular those facing poverty and social exclusion.

The booklet:

- Maps the reality of access to housing and health services (or exclusion from them), and analyses the impact on people experiencing poverty and social exclusion.
- Draws on national realities and members' experiences to provide national examples and highlight new developments, as an example of ensuring access to key Services of General interest.
- Proposes key messages and recommendations to national and EU policy makers in the context of current EU policy developments.

Pulling in different directions?

Research report

First published on 02 February 2016

Description

This report provides an update on developments in the social security system and changing economic context and monitors relevant changes in population health and health inequalities in Scotland. It also presents findings from a rapid review of the literature to identify whether and which subgroups of the Scottish population have been disproportionately affected by the social security reforms.

Documents

- [Pulling in different directions? \(PDF, 1.6MB\)](#)

New inequality briefing: Income, wealth and poverty

First published on 11 April 2017

NHS Health Scotland has published the latest in the series of inequality briefings, this time on income, wealth and poverty. The briefing explores why inequalities in income and wealth contribute to creating health inequalities and highlights evidence for actions to reduce health inequalities in these areas.

Income and wealth inequalities also influence other intermediate factors that impact on health, such as housing, smoking and alcohol use.

This briefing looks at the kinds of policies that evidence shows would reduce health inequalities by tackling income and wealth inequalities.

You can read our Income, wealth and poverty inequality briefing.

[Go to the Income, Wealth and Poverty download](#)

You can find out more about income, wealth and health inequalities on our [fundamental causes](#) pages

Last updated: 11 April 2017

HOMELESS PEOPLE

Cymorth Cymru has released a [report on the struggles homeless people face in accessing healthcare in Wales](#). One third of people surveyed for the report said that health problems have contributed to them losing their home. Nearly a quarter who were admitted to hospital said they were discharged to the streets or "unsuitable accommodation". More than two-thirds of respondents had not had a hepatitis B or flu vaccination and half the eligible female respondents did not have cervical smears or breast examinations on a regular basis.

The report was commissioned by the Welsh Government and includes a number of recommendations which the government said it would consider.

(Source: <http://www.feantsa.org/en>)

The Scottish Government introduced Health and Homelessness Standards for NHS Boards in 2005 which remain central to efforts to improve the health of homeless people.

[Read the Health and Homelessness Standards](#)

Recent policy reports

The Scottish Public Health Network (ScotPHN) report 'Restoring the public health response to homelessness in Scotland' identified actions including

- the inclusion of homelessness prevention and mitigation actions within new or existing health inequalities strategies
- considering how NHS Boards support the role of housing and homelessness services within Community Planning and Health and Social Care Partnerships
- making the health needs of homeless people, children and families part of Health and Social Care Partnership strategic commissioning and locality planning
- establishing a Scottish branch of the [Faculty for Homeless and Inclusion Health](#) (external website) to support practitioners involved in health care for homeless people and other excluded groups.

[Read ScotPHN's homelessness report](#)

The Commission on Housing and Wellbeing's report '[A blueprint for Scotland's future](#)' (external website) highlights the crucial role that housing plays as a foundation for wellbeing across the life course. The report includes 47 recommendations, all of which are intended to strengthen the link between housing and wellbeing.

The Local Government Association has released a [report on the impact on health of homelessness](#). The report reviews the impact of homelessness on health and wellbeing and provides a number of good practices. The provided information is meant to help local teams to establish better health and wellbeing for homeless people in their communities.

(source: <http://www.feantsa.org/en>)

(UN)EMPLOYMENT

Public Health Wales has led new work on public health approaches to preventing and preparing for Mass Unemployment Events which focuses especially on addressing their impact on the health of individuals, families, and communities. [A report on this topic has been published](#). Workers can experience double the risk of death from heart attack or stroke and even greater increases in risk from alcohol related disease in the year following mass unemployment. Health effects can spread throughout families and last for decades.

Good work for all

Inequality briefing

First published on 28 November 2016

Description

This is the second in a series of inequality briefings. It focuses on the role that good work for all can play in reducing health inequalities. It assumes that action in relation to paid employment is complemented by a social security system that is also designed to protect health and reduce health inequalities.

Documents

- [Good work for all \(PDF, 812.3KB\)](#)

Health outcomes and determinants by occupation and industry in Scotland

Research report

First published on 23 February 2017

Description

This report describes contemporary health outcomes, behaviours and determinants, by current or most recent occupation and industry of employment, for adults aged 16– 64 years in Scotland.

Documents

- **Health outcomes and determinants by occupation and industry in Scotland 2008–2011 (PDF, 3.5MB)**
-

Work can be good for health, but not all jobs are equal

First published on 23 February 2017

Today we have published ‘Health outcomes and determinants by occupation and industry in Scotland, 2008–2011’.

This report looks at the importance of paid, secure employment in improving health. It also highlights the independent association between household income, health outcomes, and type of occupation and industry.

You can read the report on our employment inequality page.

[Go to employment inequality page](#)

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