Community Views on Poverty

Poverty Alliance Community Engagement Report 2015-16

Twimukye Mushaka & Robin Tennant

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the **POVERTY ALLIANCE**
WORKING TOGETHER TO COMBAT POVERTY

1.   Introduction

The purpose of this report is to highlight key issues emerging from the Poverty Alliance's community engagement work from April 2015 to March 2016. Engaging with community organisations is a core element of the Poverty Alliance's activity. The evidence used through our community engagement meetings enables us to feedback the views of our community based members and supporters to policy makers at the local and national level in Scotland.

Over this period we have carried out 36 community engagement visits to a wide range of organisations. A list of these organisations is attached.

2.   Process

In carrying out this work we have used a standard form to gather consistent information (see Appendix 2). This has involved contacting organisations via email, telephone, and face-to-face meetings. The key purpose of this work is to gather intelligence from a range of community organisations regarding poverty issues that are affecting their members and the communities in which they work. We sought in particular to engage with small community based organisations across Scotland and meetings were held with front line workers and people with lived experience of poverty in some cases.

By doing this we hope to establish a bank of information that we can use to:

- Share information with local and national policy makers;
- Inform our campaigning work;
- Plan and develop future projects; and
- To help develop the network of anti-poverty organisations in Scotland.

3.   Emerging Issues

The key issues emerging can be grouped around welfare reform, mental ill health issues, rural poverty issues, the aging population, food poverty and its impact on children, the impact of funding cuts and the stigma experienced by people living on low incomes.

3.1 Welfare Reform

The impact of welfare reform has continued to dominate discussions over the last year. The most common issues mentioned by organisations were difficulties related with access to Universal Credit in Glasgow and delays in payments of Universal Credit leading to increased debt. In some cases, we came across stories of the significant impact caused to families as the result of the impact of the benefit cap including the threat of eviction. In one case, a 44 year man with a large family and on-going health problems had the benefit cap applied resulting in him going into rent arrears and being threatened with eviction. This had an on-going impact on his mental wellbeing. Ultimately he returned to employment in a part-time position. He was supported to receive the in-work benefits he was entitled to by a local community project, but even after this his income has declined putting him and his family at greater risk of poverty.

Access to jobs and benefits

In our meetings with Routes to Work, Twechar Healthy Living Centre, and Better Together Shotts, staff mentioned the challenges associated with supporting people in former mining communities, who are considered far away from the labour market living in areas where jobs were limited and where competition for the few available jobs was high. The challenges related to rural transport and access to child care makes it even more difficult for people to access to employment in those areas.

For job seekers with experience of the criminal justice system, access to employment and housing back in the community is a real problem. In some cases opening bank accounts and access to benefits is problematic when one has no fixed address. In our meeting with a community based project in Inverness, front line volunteers told that us that Scotland needs a benefits system that works in a different way, based on a different model of rewarding effort and behaviour in seeking employment. They stressed that we need a system that engages service users more positively and seeks to understand people's barriers to employment so that better ways can be sought by working with them to overcome those barriers. In their view, this approach would work better than the current punitive approach that can be

damaging to people's self-esteem. They, and many of the community organisations we spoke to, considered the benefits system as treating people on low incomes unfairly and not respecting their rights. At the heart of this was one critical issue: sanctions. Sanctions were seen as a powerful tool to manipulate people without a voice.

Health and Disability benefits

In our meeting with Clydebank Independent Resource Centre, staff and volunteers told us about the impact of welfare reform on single males older than 55 who previously worked in heavy industry and have been unable to work since. This category of people is being signed off Incapacity Benefit through ESA Work Capability Assessments (WCA) and in most cases they struggle to cope with the demands of Job Seekers Allowance.

> *"Changes to the sickness benefits (from IB to ESA) is a very stressful process for people who have complex issues and have been out of work for a long time"* (CIRC activist)**.**

Furthermore, staff at a local community organisation in Clydebank spoke of their difficulties in supporting people who suffer from occupational related disabilities and ailments. From the organisation's experience, some of their clients medical conditions do not fit with the ESA descriptors. The end result is that these claimants' applications are disallowed making them more vulnerable when they are made to sign on to JSA. It was also noted with concern that when people are being assessed for ESA, there is a long wait for a 'medical', in some cases more than 16 weeks. Staff noted that the same applies to the appeals process when the claim is refused. Such long waiting times were seen as unacceptable and added to an already stressful process for individuals.

On the transition from DLA to PIP, one community group in Glasgow shared their experience of supporting families through the process. They described parents' worries about PIP as a mental torture. One of their members was very anxious about

her son's PIP assessment which was originally expected to take place in Edinburgh but was later changed to take place in Glasgow through the group's intervention.

> "*My son has Asperger's syndrome. The money he gets from DLA helps pay for his piano lessons which he enjoys so much. If he fails his PIP assessment it will be difficult for him to find something he enjoys doing like he does with his piano lessons. I have tried to explain to him what is happening and why we need to go to this medical but he is so frustrated he tells me he does not want to go. I hope on the day of the assessment he agrees to go along to the interview. I am so worried about what they are going ask him and of course he is not going to answer the questions correctly*" (voice of a carer)

Universal Credit

We interviewed a community activist on coping with the requirements of paying his rent to the landlord under Universal Credit conditions. He said*:*

> "*I have never had to budget for more than two weeks since I went on the 'social' – I never had a rent card before as I have always got housing benefit, I am in rent arrears now due to the delay in sorting out my Universal Credit money.*' In another group one activist said…'*The time it takes to get Universal Credit is too long, if they are chucking people onto this thing, then it's tough. It will be too much for some people with addictions for example.*"

On trying to fulfil his claimant commitment under Universal Credit, another community activist said that he keeps a diary of everything he does in order to avoid being sanctioned.

> "*My whole life now is all about justifying my money. I have to learn computer, apply for jobs 35 hours a week, I am doing enough to keep my advisor happy. I have not got into trouble with the Job Centre. I will do what it takes to get my money.*"

Staff in one service working with people affected by addictions noted that there is a danger that vulnerable people will not be able to pay their rent directly to their landlords when UC is fully rolled out. Some landlords are also sceptical about offering housing to people with a known 'chaotic lifestyle' concerned that they may not get their rent paid.

> "The UC policy is likely to drive more people on low income into poorer quality housing or homelessness unless special measures are put in place to support vulnerable groups to retain at least a roof over their head".
> (Voice of a frontline worker – West Lothian)

Sanctions

The impact of welfare reform, especially with regard to the sanctions regime, has seen an ever increasing demand to help people access emergency food aid. In our meeting with a local community project in Renfrewshire, front line workers told us that:

> 'Sanctions have been the biggest issue of all*. It's not just about how sanctions are damaging to the individual's self-esteem but also how that impacts on family and social networks. It has been difficult accessing the new Scottish Welfare Fund (SWF). We spend hours on the phone being shifted from one officer to the other'.

Community groups stated that 'A Socially Just Scotland' should value its citizens and support those who need help through a fair social security system. They felt that the Government should do away with the sanctions regime as it creates more problems than incentives to work. One front line worker said:

> "Government ought to acknowledge and support those who are ready to work to find work. At the same time they should be helping those for whom work is not an option to live a reasonable standard of life."

Volunteering and welfare reform

Volunteering is also being affected by changes to welfare rules. From one volunteer organisation's point of view, volunteering should be kept voluntary and not coerced by DWP. Staff said:

> *"It is a constant worry having to deal with volunteers who are being forced to volunteer often in areas that have no relevance to their chosen career path in return for their benefit."*

We also heard from another employability project in Glasgow that said claimants have experienced clash of appointments on the day when they are supposed to volunteer or attend a course with the date when they be should signing on. Either way, both appointments are important to the claimant and JCP should have a better appointment system that avoids such clashes.

Volunteer groups also noted a concern in relation to dealing with DWP's requirements, as there are various ways of volunteering such as home based volunteering and office based. It was noted that not all volunteers can meet a strict 09.00 -5.00 pm time frame of volunteer work especially if they have mental health issues or caring responsibilities. Volunteering is not just about a means of getting into employment, it can also be about soft outcomes such improving self-confidence and reducing isolation. DWP staff sometimes present a narrow minded view of volunteering which gives a skewed picture of the ethos and practice of volunteering.

3.2 Older people and welfare change

Many of the community groups visited talked about the challenges associated with the raising of the retirement age. Older workers, who had expected to retire in their early to mid-sixties, now have to work until they are 67 years old. Those who are out of work now feel 'stuck' in the working age benefits system. One woman summarised her personal experience that:

"The stress of signing on at my age but not yet at pension credit age is so daunting as there are very few chances that I will ever work again. I went signing on the other day, and because I am grey all over, the adviser asked me if I was supposed to be there. I am not a pensioner yet, I am only 58. Pension Credit is a while a way for me".

Staff in a rural community project talked about the frustration of people in their 60s still being expected to sign on even though this may be more administratively expensive for DWP than if they were to be on pension credit. In Shotts for example, a local project working with older people noted that they were seeing more service users in their sixties coming in to seek help with writing a CV or learning about using the Universal Job Match. The service users were having difficulty coping. In one case, a man who is in his 60s and looking after his elderly parents was thinking about putting them into a care home so that he can find a job just to be off the benefits system due to the pressures on him.

In Inverness, we met an activist in their late 50s who decided to sign off the benefits system altogether and now lives on very little money from his savings as he could not cope with the stress of being on the 'social'. He said:

"Luckily I bought my flat ages ago, as long as I get my bread and tea, I am ok. When I come to the group, I eat something nice".

According to one community group volunteer from Glasgow, the group mentioned a case of someone who they felt had taken her own life in part because of the stress related to her experience of the benefits system:

"She could not cope with the humiliation that JSA conditions were subjecting her to. She could not cope with being asked to go and sign on and look for a job. Sometimes the way people are treated may exacerbate their mental ill health conditions", (Community group volunteer, Glasgow)

Volunteering organisations also mentioned the challenge of older people wanting to learn IT skills so that they were able to apply for jobs and use the Universal Job Match. There are also problems for people without access to internet at home. Libraries can be at times very congested as people are pressured to apply for a minimum of 35 jobs a week. One activist we interviewed about his experience of applying for jobs on line said:

> *"I am now attending computer classes in order to be more confident with applying for jobs through Universal Job Match (UJM). See for older folk, Universal Job Match is too difficult to manage. It is hard to get jobs for older folk, and yet the government is changing the goal posts all the time. Now I hear we have to retire at 66 this is all wrong."*

3.3 BME issues

A number of community organisations working with minority ethnic communities raised a range of issues in our meetings with them including;

- The need to support women with language and literacy issues to engage with JCP in a more meaningful way, bearing in mind the distance they have to travel in their employment journeys.
- Supporting minority ethnic communities to understand their roles and responsibilities in relation to managing their relationship with JCP and the conditions attached to their benefits.
- Supporting minority communities to learn English in the world of work bearing in mind that adults learn differently and that it may take a long time to actually master the language.
- Clarifying entitlement to benefits in relation to BME communities from Europe, highlighting the issues of women with no recourse of public funds and the extreme circumstances in which they are forced to live.
- Destitution and extreme poverty among refused asylum seekers.

3.4 Rural poverty issues

Most community groups in rural areas felt that problems of rural poverty should receive more attention. For example, the complexities and costs of rural transport coupled with the absence of Job Centre Plus offices that easily accessible creates problems for people both looking for employment and accessing their entitlements. It was noted with concern that JSA claimants in rural areas have an extra cost to sign-on, which has a real impact on their budget.

Rural community groups also told us that poverty is a big issue although in some cases invisible. Fuel poverty issues and the higher cost of living in rural areas were noted in most discussions. Access to services is extremely difficult with people having to travel long distances in order to access a particular service. Shopping opportunities are generally more expensive as retailers seek to recover costs. Online shopping is an option but elderly people may not have the digital skills to maximise this option.

In our meeting with one community organisation in the Highlands, staff and volunteers told us about the existence of 'poverty of information' (in relation to access to mobile and broadband services as this is not evenly distributed across the Highland communities). This in particular has implications when applying for Universal Credit for example, given that people may have to travel some distance in order to access the Internet.

Isolation as a result of being unable to afford transport costs in rural areas is common. Activists noted the disruptions and lack of continuity of medical care due to high turnover of staff in rural health centres and the challenges of retaining capacity in mental health care field in the Highlands were also mentioned. Staff noted that there have been cases where people, especially young people, have been forced to travel as far as Dundee to access specialised care and inevitably this has an impact on family budgets.

Scotland has an ageing population. This has a particular impact in rural communities across the country. The policy emphasis for many years has been for people to stay in their own homes for longer but the absence of care and support may force many older people to resort to institutionalised care.

3.5 Funding issues

More than a half of the organisations we spoke to expressed concerns about their funding and the short-term ad-hoc nature of their funding. They felt that lack of long term funding made it difficult for them to provide a coherent support system for their service users. It also means they cannot plan ahead as they are not sure whether or not their funding will be secured. Rural community groups spoke about the impact of funding cuts on their ability to deliver a valuable service. They observed that short term restricted funds are not an ideal option for projects that require long time investment. They argued that it becomes challenging to monitor and evaluate the impact of the project if its funding is short term (funded for not more than six months at a time).

When a community organisation loses funding it means that vulnerable people will often lose their first point of contact in getting the necessary support. For example, Disability West Lothian lost a contract for funding and had to reduce the number of hours staff can work. Despite remaining open, this reduction in hours will inevitably impact on those they are seeking to help.

Smaller community based organisations (CBOs), even those with funding, are being inundated with requests for support and are all too often struggling to meet this demand, making mitigation work more challenging. Some CBOs and charities we spoke to have had to reduce their activities and opening hours due to funding pressures.

In our meeting with disability activists in West Lothian, it was noted that with the introduction of Self-Directed Support (SDS) there have been substantial cut backs to the number of hours disabled people can get support to enable them live an independent quality life. For example, personal care support to go to the cinema, pubs and other leisure activities has been cut and disabled people now find themselves stuck in their own homes or reliant on friends and relatives to go out. Disabled people noted the constant struggle they have to make ends meet on a low income. One disability activist said:

> *"A car may be considered a luxury to some people, but for me a car is an absolute essential requirement otherwise I would be stuck in the house given that there are no public means of transport where I live."*

Activists in West Lothian called for a review to improve help and support through Self Directed Support and make it free of charge. Most disabled people and older people who rely on personal care services have had to make cut backs on the number of hours of personal care they can buy.

A community organisation based in Dundee told us that the biggest challenge for them is funding. They stressed that there is a body of evidence regarding positive outcomes and/or changes in people's lives as a result of the support they get across different strands of their work whether it is art, music, creative writing or benefit advice. However, the organisation mentioned that they anticipate problems arising from the integration of health and social care for funding purposes. The group thought that this may mean a reduced budget or no budget at all for community services like theirs who have been reliant on Health Board funding for their work for a long time. The group further noted that they have spent a lot of energy building trust and relationships with the people they support and that it would be a great shame not to be able to offer a service simply because the new strategy has no place for supporting small community services. In their view, the Health Board clearly understands their function and the complimentary work they do on health, however, the social care component may fail to fit in the boxes as the organisation is not a 'Day Care Centre' by definition.

Furthermore, community groups working with people affected by mental ill health stressed that supporting people who are in and out of hospital from time to time due to mental ill health is reactive in nature, and this has to be accompanied by flexible responses to the issues that people have. With the new health and social care strategy, it is not yet clear how this will develop and in terms of which aspects will be dealt with by social care and which aspects will fall under health when working with community based services. Front line workers believed that re-assessment of funding commitment by the new joint health/social care integration strategy may in the end weed out small community services in favour of larger city wide, more established organisations winning contracts for funding.

3.5   Food insecurity

Throughout our engagement process, community groups told us that food insecurity is not only affecting people out of work but there is more evidence that people in work are also unable to afford to feed themselves and their families. Community groups told us that as people are taking on temporary jobs on zero hour contracts, part time work, low pay etc and not getting enough money to make ends meet, incidences of people unable to properly feed themselves are on the increase.

Additionally, community groups said that there is need for a permanent solution to food insecurity in Scotland as food banks are not sustainable in the long run. In our meeting with 3D Drumchapel and With Kids in the East End of Glasgow, staff noted the fact that problems of food insecurity extended beyond those who were not in employment.

> *"We are seeing more people in work relying on food banks as the fluctuations in their employment status change from time to time"* (community organisation in Glasgow).

In response to the challenges at local level, staff at 3D Drumchapel will be introducing a food element to their work program over the next few months

including healthy cooking skills and shared learning around food, cooking skills in order to assist families to cope with the demands of looking after children on low income. In the same vein, 3D will be introducing a new exchange program for parents so that they can share goods they do not need, such as toys, baby clothes or prams to save money.

Throughout the engagement process, we noted an increasing sense of hopelessness and despair as people struggle through challenges in their lives including problems associated with benefit entitlement and other life changes such as young people turning 16, onset of a long term medical condition, relationship breakdown among others. Service users at a local community group in Govan said that they live in perpetual fear of losing their benefits and their homes.

In some cases, service users turn up hungry and unable to cope with their volunteering work. The organisation has had to include provision of a healthy hot meal at lunch time to enable volunteers to get through the day. Staff at this organisation observed that in some cases, this may be the only hot meal some of the volunteers will have that day. In the past, there were issues to do with portions and equal distribution of the food among volunteers as some people would be so hungry by lunch time and the food would not be enough.

3.4 Stigma

The stereotyping of people claiming benefits as scroungers by the tabloid press and by some politicians has increased the stigma associated with poverty. Groups particularly affected include disabled people who said that:

> *"the biggest change required is changing attitudes of the public, service providers and government to see not the disability but the ability of the human being". (Disability frontline worker –West Lothian)*

On stigma associated with food poverty, one community group decided to ask its members to speak to them in private whenever faced with food poverty issues. That way, a referral is made and food is collected by the group to be handed to the member without the knowledge of the others in the group. Negative language used branding some people as social failures while others are referred to as 'hardworking families' is not helpful as it re-enforces stigma.

3.5 Mental ill health issues

Over this period, we met with a range of organisations in different parts of the country that specifically work with people affected by mental ill health. Activists in all the organisations visited acknowledged the fact that mental ill health affects general wellbeing and that access to services, welfare rights, financial advice and support is challenging when someone is not well enough to understand the information being provided. One woman with experience of mental ill health said*:*

> *"I spent 12 years as a single parent while experiencing terrible mental ill health episodes. It was the hardest part of my life".*

Another said*:*

> *"My husband is a van driver; he has to work long shifts in order to support me and the kids as I am not able to work due to my psychotic mental issues. I spend a lot of time volunteering to help others in the community and at the end of the day; my husband is left to pick up the pieces, I think this greatly unfair."*

It was further noted that many people with mental ill health live in isolation. One woman shared her experience and said *'I live like a hermit in my own home now, confined in four walls all day, that is my life'*. The stigma attached to mental ill health especially for more complex conditions such as bipolar disorder and schizophrenia is more damaging to people's recovery and care. One activist from South Lanarkshire noted that:

'It seems easier to say to people that you have depression, than to say I am schizophrenic. The attitude towards you immediately changes before your own eyes".

On access to welfare, mental health activists shared their frustration at the constant changes to the benefits system.

"If government could leave me alone with my 'social' without interfering with it, I am happy to get on with my life supporting others with their recovery than worrying about my money"' (Mental health activist- South Lanarkshire)

Regarding access to alternative therapies, one carer said that alternative therapy is very expensive. She said:

"When my son was diagnosed with a mental health condition, I panicked and wanted him to access care quickly which was not available on the NHS. His therapy cost us £110 per session on private. I was lucky my mum was able to pay for it, otherwise I had no penny to my name. Access to therapy should be a right not a privilege to only those that can afford to pay".

It was also noted by another group we met in South Lanarkshire that newly diagnosed patients wait for a long time to access services. There is a need to challenge healthcare providers to avoid long waiting times for new cases. For young people experiencing mental ill health for the first time, this is even more difficult. Access to treatment and care takes a long time to come through and by that time an individual's condition may have escalated into a crisis. One parent from one of the groups said:

"my teenage daughter was diagnosed with a mental health condition and it took eight months, a full eight months, to get a referral to a consultant. By that time she attempted suicide and that is when action was taken."

It is also a concern of many of the people we met who work in the mental health field that there is too much emphasis on medication rather than exploring other treatment options. *'I think we get medicated too much'* noted one activist.

On rights to have a family like anybody else, one young woman described her experience. *'When I asked my parents if they would support me if I became a mother, they out rightly said no. They said that I was too unstable mentally to cope with the demands of looking after a child'*. This lady described how she has had to put off the desire of ever being a mother as she would need support to raise her child if she became unwell.

On access to employment, it was noted by mental health charities we met that many service users see this as a 'distant aspiration'. Activists with lived experience of mental ill health told us that the current labour market is not suited to their needs and the challenges they have when dealing with the public. However, it was noted that people with mental health issues are happy to do volunteer work where appropriate and this ought to be encouraged and supported as part of the pathway to recovery.

4.   Getting involved

It is clear that welfare changes and cuts to funding and services are having a considerable impact on people experiencing poverty and on those organisations that support them. However, all the community organisations we spoke to are both keen to continue the work that they do and see the value of working with the Poverty Alliance. Mental health groups we met emphasised the important of highlighting the scale of mental health problems across the country and the fact that there is no parity between investments in general health and mental ill health. Campaigners stressed that mental health and physical health are interlinked and ought to be given equal attention in response across the board.

Signposting works best if local services work together in building trust and relationships with the people they work with at community level and this is something the Poverty Alliance could continue to raise at national and local levels. Small community based organisations said that the Poverty Alliance gives them a greater voice amongst policy makers and the wider public at both local and national levels. This is particularly important when they lack the resources or capacity to do this directly.

Almost all community groups that have some involvement with food bank referrals believe that the emergency food initiatives need to be broader than reactive ad-hoc measures that exist at the moment, and that efforts ought to be made in finding lasting solutions to the food poverty problem in Scotland.

Community groups told us of their constant struggle to access funds in an increasingly competitive funding environment. There were suggestions that perhaps the Poverty Alliance could offer fundraising support and build capacity in the organisation to support community groups in the area of fundraising to assist groups to tackle poverty at local levels. There would appear to be more that The Poverty Alliance and other national umbrella organisations can do to direct community organisations to local sources of support, such as Councils of Voluntary service, that can provide this kind of support.

Rural community groups mentioned the need for Poverty Alliance to challenge big energy companies on fuel poverty at national level. A national debate and engagement with energy companies would be essential to get them to hear directly from people with experience of fuel poverty issues. The intended outcome would be to influence better tariffs and improve access to reasonable energy pricing.

5.   Recommendations

Most organisations we spoke to acknowledge the importance of the Living Wage as a means of addressing in-work poverty. However, it was also clear that many people are struggling in low paid jobs when their employers are not paying the Living Wage. The Scottish Government should do more to ensure that more employers pay the Living Wage, and find ways to compel more employers to do so.

There is need to ensure that poverty awareness and work to influence attitudes to poverty starts at early age in schools. The more children and young people understand the meaning of poverty, low income, disability issues, minority ethnic issues, old age etc. the better placed they will be to respond appropriately and sensitively towards these issues when they are older.

> *"We have got to remember that children and young people are the future generations and if they are given a good foundation to understand such issues when young, it is more likely that they will be more responsive in later life as adults, policy makers and service providers".* **(**Voice of a disability activist).

The Scottish Government should use the new powers it will have to make real changes over the welfare system in Scotland, especially changes to DLA and PIP. '*Most disabled people rely on the DLA to help them cope with the demands of their personal needs. Once this is taken away, their quality of life greatly deteriorates'* said one disability activist in West Lothian.

Community activists in Inverness recommended that the biggest campaign idea should be to get the UK Government to abolish sanctions. In their view *"the damage they inflict on vulnerable people takes longer to fix than the short term punitive measures achieve."* Groups believe that there is a positive alternative to sanctions that would work better by rewarding individuals for the progress they make on their transition towards employment.

Community groups asked the Poverty Alliance to influence government policy on assisting people with funeral costs. It was noted that it is now harder for people in receipt of benefits to get assistance for funeral costs, as the criteria has since been changed to take into account family members in work. If a family has an immediate family member such as a son or daughter, even if not living with them, in work, then they are not entitled to help with funeral costs. This is very challenging for people on low income at a time when people are grieving their loved ones and facing the prospect of incurring debt to pay for funeral costs.

Mental health activists recommended that Scotland needs a national training programme for all public sector employees such the NHS, Education, Social Work, Prisons, Police etc., to understand the links between poverty and mental ill health and how best to engage with people affected by mental ill health issues.

List of organisations visited – Appendix 1

1. Art Angel -Dundee
2. Active life Club - Govanhill
3. The Space
4. Disability West Lothian
5. Spirit Advocacy Highlands
6. HUG (Action for Mental Health)
7. Star Project
8. Disability can do project (Livingston)
9. Tea in the Pot
10. CASE (Action for Elderly Care) Cambernauld
11. Fool- on – Action for Mental Health (Bellshill)
12. Routes to Work - Motherwell
13. Clydebank Independent Resource Centre
14. With Kids – East End Glasgow
15. Galgael
16. 3D Drumchapel
17. Twechar Healthy Living Centre
18. North Lanarkshire Voluntary Sector Network (VANL)
19. Angela Melvin, individual
20. Libertie Project
21. Community Links –South Lanarkshire
22. Karibu Scotland
23. The Peoples' Assembly Ayrshire
24. Cranhill development Trust
25. Mead Project –Perthshire
26. The Fuse –East End Glasgow
27. Macular Society Hub – Glasgow
28. Jackie McQueen- DevelopmentTrust
29. West Lothian Drugs & Alcohol Service
30. Saheliya – North Glasgow
31. Amina Muslim Women Resource Centre
32. Abelour Guardianship Project
33. Voices for Change –Glasgow
34. Better Together Shotts
35. Scottish Spina Bifida
36. Next Step Initiative, Govan

Appendix 2 Information gathering pro-forma

Community engagement Recording Form/Questionnaire

Name	
Organisation	
Role	
Length of time of Involvement	
Key activities of organisation	

1. What are key issues that your organisation/group is dealing with at the moment?

2. What are the biggest changes in the context in which you have been working in the last year, last five years?

3. How are the changes you have described impacted on the people you work with? (Give concrete examples)

4. What kinds of changes do you think would help you achieve a bigger impact?

5. What should the Poverty Alliance focus on to help make a bigger impact on tackling poverty?

6. To help us plan future projects/activities, what support would you like from the Poverty Alliance to help you make a bigger impact?

7. How would you like to be involved in the Poverty Alliance, what contribution could you make?