References

- 1 British Medical Association. *Handbook of medical ethics*. London: BMA, 1984:69.
- 2 British Medical Association. *Handbook of medical ethics*. London: BMA, 1984:70-2.
- 3 British Medical Association. *Handbook of medical ethics*. London: BMA, 1984:78-80.
- 4 British Medical Association. *Handbook of medical ethics*. London: BMA, 1984:43-6.
- 5 Black DAK, Morris JN, Smith C, Townsend P, Davidson N. *Inequalities in health: the Black report*. Harmondsworth: Penguin, 1982.
- 6 Fox T. Purposes of medicine. *Lancet* 1965;ii:801-5.
- 7 British Medical Association. *Handbook of medical ethics*. London: BMA, 1984:11.
- 8 Beauchamp TL, Childress JF. *Principles of biomedical ethics*. 2nd ed. Oxford and New York: Oxford University Press, 1983:242-3.
- 9 McKeown T. *The role of medicine: dream, mirage or nemesis?* London: Nuffield Provincial Hospitals Trust, 1976.
- 10 Illsley R. *Professional or public health?* London: Nuffield Provincial Hospitals Trust, 1980.
- 11 Fitzpatrick RM. Social causes of disease. In: Patrick DL, Scambler B, eds. *Sociology as applied to medicine*. London: Baillière Tindall, 1982:30-40.
- 12 Chivian E, ed. *Last aid: the medical dimensions of nuclear war*. Oxford: W H Freeman, 1982.
- 13 International physicians for the prevention of nuclear war. Call for an end to the nuclear arms race. *Lancet* 1983;iii:506.
- 14 British Medical Association. *Report of the Board of Science and Education inquiry into the medical effects of nuclear war*. London: BMA, 1983.
- 15 Relman AS. Physicians, nuclear war and politics. *N Engl J Med* 1982;307:744-5.
- 16 Haines A, White CB, Gleisner J. Nuclear weapons and medicine: some ethical dilemmas. *J Med Ethics* 1983;9:200-6.
- 17 Kay HEM. Thinking the unthinkable at Easingwold. *Lancet* 1984;i:38-9.
- 18 Mullan F. *White coat, clenched fist: the political education of an American physician*. New York: Macmillan, 1976.
- 19 Blane D. Inequality and social class. In: Patrick DL, Scambler B, eds. *Sociology as applied to medicine*. London: Baillière Tindall, 1982:113-24.
- 20 Smith R. Occupationless health. *Br Med J* 1985;291:1024-7, 1107-11, 1191-5, 1263-6, 1338-41, 1409-12, 1492-5, 1563-6, 1626-9, 1707-10.
- 21 Higgs R. Unemployment in my practice: Walworth, London. *Br Med J* 1981;283:532. (One of a series of articles on this theme by general practitioners, starting at 282:2020-1 and ending at 283:1844-5.)
- 22 Engelhardt HT. The concepts of health and disease. In: Engelhardt HT, Spicker SF, eds. *Evaluation and explanation in the biomedical sciences*. Dordrecht: Reidel, 1975:138.
- 23 Ivy AC. Nazi war crimes of a medical nature. Reprinted in: Reiser SJ, Dyck AJ, Curran WJ, eds. *Ethics in medicine—historical perspectives and contemporary concerns*. Cambridge, Massachusetts and London: MIT Press, 1977:267-72.
- 24 Jadresic A. Doctors and torture: an experience as a prisoner. *J Med Ethics* 1980;6:124-7.
- 25 Tobias PV. South African Medical and Dental Council and the "Biko doctors." *Br Med J* 1980;251:231.
- 26 Bloch S, Reddaway P. *Soviet psychiatric abuse: the shadow over world psychiatry*. London: Victor Gollancz, 1984.
- 27 Fitton F, Acheson HWK. *The doctor/patient relationship: a study in general practice*. London: HMSO, 1979.
- 28 Jefferys M. Independence and the GP: retrospect and prospect. *Update* 1985;31:733-6.
- 29 Berlant JL. *Profession and monopoly—a study of medicine in the United States and Great Britain*. Berkeley, Los Angeles, London: University of California Press, 1975.
- 30 Dyer AR. Ethics advertising and the definition of a profession. *J Med Ethics* 1985;11:72-8.
- 31 Shaw GB. *The doctor's dilemma*. London: Bodley Head, 1973.
- 32 Stevenson RL. Underwoods. In: Smith JA, ed. *Collected poems*. London: Rupert Hart-Davis, 1950.
- 33 Kennedy I. *The unmasking of medicine*. London: Allen and Unwin, 1981.
- 34 Sieghart P. Professions as the conscience of society. *J Med Ethics* 1985;11:117-22.
- 35 Downie R. Professions as the conscience of society—a rejoinder. *J Med Ethics* 1986 (in press).
- 36 Anonymous. Medicine, profession and society [editorial]. *J Med Ethics* 1985;11:59-60.

Occupationless Health

Financial and local action to help the unemployed

RICHARD SMITH

Most unemployed people, and particularly those with families, have incomes much lower than when they were working, and many slide into poverty.^{1,3} More than anything else poverty may be the link between unemployment and poor health⁴; so raising the living standards of the unemployed may be one of the most effective ways of improving their health. This can be achieved by increasing benefits and their uptake and by reducing the price of travel, entertainment, educational facilities, and the like for the unemployed. The Archbishop of Canterbury's commission also makes the important point that how benefits are made available matters as well as how much is given.⁵ At the moment the experience of claiming benefits is becoming steadily more stressful and humiliating.

Benefits for the unemployed

The government recognises that our outdated social security system is falling apart under the enormous strain and has embarked on what it has called "the most fundamental examination of our social security system since the second world war."^{6,9} The present system, it says, is too complex, fails to support those who need it most, and leaves many people trapped in poverty and unemployment. The aim of the suggested reforms is thus to simplify the system and get more benefits to those who need them most. But another important aim is to create a "secure financial base for the social security system," and many groups are suspicious that these much trumpeted reforms are in fact a cost cutting exercise. Critics are worried that the introduction of the reforms in April 1988 may

increase the gap between the rich and the poor, a gap that has been widening steadily in Britain since the second world war.⁶

The main proposals relevant to the unemployed are the replacement of supplementary benefit by income support and of the family income supplement by family credits; housing benefits are also to be substantially reformed and simplified. In addition, dozens of existing benefits will be replaced by the social fund, which will make loans rather than grants. What will happen to unemployment benefit is not yet clear, and a government study is now in progress "to see what improvements can be made to the arrangements for paying benefits to the unemployed."

What matters most to the unemployed is whether they will have more or less money under the new system, and this will not be known for sure until the new system begins. But the government has calculated that the families of the long term unemployed will be £1.40 a week better off under the new system. The Policy Studies Institute, however, says that the long term unemployed with families will be either no better or worse off.¹⁰ This is because many of the single payments currently made—for items such as furniture, bedding, and cookers—are to be replaced by loans that will have to be repaid. The institute says that the average family claims £3.20 a week in such payments and so will be £1.80 a week worse off. The National Consumer Council has made similar calculations and also concludes that unemployed families will on average be £1.60 a week worse off.¹¹ This may sound like a paltry sum to those who regularly spend this amount on a lunchtime gin and tonic, but the proposed basic rate for unemployed couples is £48 a week; those with children will get a family premium of £5.75.

The council also points out that under the new proposals it will still be very difficult for the unemployed to do any casual or part time work without losing benefit.¹¹ At the moment they can earn £4 without losing benefit, and under the new scheme it will be increased to £5. If it had been uprated with inflation since 1975, the council points out, it would now be worth £10. Another snag for the

unemployed with the new scheme is that they are likely to end up with smaller pensions. Although the state earnings related pension scheme is not to be abolished—as was originally proposed—the pension will now no longer be calculated on the best 20 years. This means that every spell of unemployment will lead to a smaller pension.

The Child Poverty Action Group is also concerned that the reforms do not discuss increasing uptake. Because of the low uptake of many means tested benefits the group argued for increases in universal benefits such as child benefit. The government dismissed this approach as too expensive and also argued that too much of the money would then end up in the pockets of the well off.

All these costings remain hypothetical, but what has happened already this year is that the government has announced a plan to claw back some of the small income of the unemployed.¹² From a date yet to be announced those who have not in a year earned the £1775 needed to qualify for full unemployment benefit will no longer get benefit paid at half or three quarters rate. This will affect over 50 000 people, many of them married women who were doing part time jobs.

Whether or not the proposed reforms are going to slightly increase or decrease the income of long term unemployed families, they are certainly not going to lead to the substantial increase that would be necessary to reduce the ill health of the unemployed and their families. The Archbishop of Canterbury's commission advocated a more radical package that included paying the long term unemployed the long term supplementary benefit rate, substantially increasing child benefit, and raising the amount that social security claimants could earn before losing benefit.³ It also wanted a major review of the system that, unlike the government's, would be independent, consider the whole welfare system, and consider what benefits are supposed to cover—because many people think that current benefits are set far too low. The commission would also like such a review to consider the radical proposal that all people should be paid a basic income.

Dilnot, an economist at the Institute of Fiscal Studies, has costed the proposals of the Archbishop's commission, which also include doubling the Manpower Services Commission community programme; spending more on houses, sewers, and roads; increasing the rate support grant; and expanding the urban programme of inner city projects.¹³ The total costs would be about £4 billion, which would mean 4p on the standard rate of income tax of 30p in the pound. To politicians of many colours this seems like a non-starter, but another way of looking at the issue is to recognise that the abolition of income tax relief on mortgages would raise £4.5 billion. Early last year an inquiry into British housing chaired by the Duke of Edinburgh advocated just such a proposal, although recognising that it would have to be phased in over 10 years to spare severe hardship.¹⁴

The Archbishop's commission addressed the question of whether the better off would be willing to make financial sacrifices to alleviate the misery of the poor and unemployed, and many at least say that they would.⁵ A survey in *Social Trends* showed that three quarters of the population thought that the gap between rich and poor was too large, and a third wanted taxation increased and more spent on health and social security.¹⁵ Only 9% wanted tax cuts with less spent on health and social security. The commission says that this confirms that altruism is still alive in Britain, and it repeats many times the sobering figures on the widening gap between rich and poor.

In 1976 the worst off fifth of the population received 7.4% of the national income, while the best off fifth received 37.9%; by 1983 the best off had increased their share to 39.6%, while that of the poorest had decreased to 6.9% (see table).¹⁶ The gap in original household income (from employment, occupational pensions, and investments and from other households—for example, alimony, gifts, etc.,—but excluding that from state pensions and benefits) is even wider: in 1983 the poorest 20% had an original income of £120 while for the richest 20% it was £18 640. And this inequality is widening much faster than the inequality in final income: in 1976 the poorest 20% earned 0.8% of the original income as opposed to 44.4% for the richest 20%; by 1983 the proportions were 0.3% and 48%.

Distribution of original, disposable, and final household income

	Quintile groups of households				
	Bottom fifth	Next fifth	Middle fifth	Next fifth	Top fifth
Original income*					
1976	0.8	9.4	18.8	26.6	44.4
1981	0.6	8.1	18.0	26.9	46.4
1982	0.4	7.1	18.2	27.2	47.1
1983	0.3	6.7	17.7	27.2	48.0
Disposable income†					
1976	7.0	12.6	18.2	24.1	38.1
1981	6.7	12.1	17.7	24.1	39.4
1982	6.8	11.8	17.6	24.2	39.6
1983	6.9	11.9	17.6	24.0	39.6
Final income‡					
1976	7.4	12.7	18.0	24.0	37.9
1981	7.1	12.4	17.9	24.0	38.6
1982	6.9	12.0	17.6	24.1	39.4
1983	6.9	12.2	17.6	24.0	39.3

*Income from employment, occupational pensions, investments, and from other households—for example, alimony, gifts.

†Original income plus state benefits minus income tax and national insurance contributions.

‡Disposable income minus indirect taxes plus imputed benefits from government expenditure on items like health and education.

Increasing uptake of benefits

To a small extent this staggering gap in original income between the rich and the poor is offset by state benefits, but the uptake of many of these is low. Potential recipients are unaware of benefits to which they are entitled, baffled by the complexity of the social security system, unwilling to accept "charity," scared of the stigma attached to attending social security offices, humiliated by the experiences they have in these offices, and ignorant of the many sources of advice on benefits—citizens advice bureaux, etc. Doctors and other health workers could play a key part in increasing the uptake of benefits because almost everybody has a general practitioner, two thirds of the population visit him or her at least once each year, and consulting the doctor or his practice staff carries nothing like the same stigma as attending a social security office.

Yet most general practitioners do not see it as part of their job to advise their patients on benefits, and, indeed, most know little about the rules for the roughly 30 state benefits currently available.¹⁷ Jarman has calculated in his inner London practice that about 1427 (2.3%) of 62 829 primary diagnoses made in 1979-81 were connected with social circumstances—and 565 (40%) of those were related to financial problems.¹⁷ He also looked at the patients whom he, his partners, or practice staff visited regularly, and discovered that a third were not receiving an attendance allowance to which they were entitled.

Jarman responded by writing a computer program that helped people—with the help of an operator from the local social security office—to find out about benefits they might be entitled to. The operator holds a "surgery" every morning in the health centre for booked and unbooked patients, and he also accepts referrals from other health practitioners. The program takes about 10 minutes to run through if people know the necessary details about themselves—for example, their weekly rent—and longer if they do not.

This project shows that general practitioners can help their patients by providing this information without having to learn for themselves the details of the social security system and without having to clutter up their consultations thumbing through manuals. Other practitioners might achieve the same result in different ways, perhaps by inviting into their health centres volunteers from the local citizens' advice bureau or perhaps by using somebody from the Manpower Services Commission community programme to man the computer. Once the will is there and once general practitioners think that it should be part of their job to provide this information then a service can easily be established.¹⁸

Local authority initiatives

Providing information on benefits is also an important part of the work of local authorities that have taken the initiative in trying to

<i>Advisory/communication</i> Careers advice office Citizens' advice bureau Claimants' union Community resource centre Directory of community initiatives Financial advice centre Law centre Local liaison initiative Phone in service Radio programme Resource pack Resources register Welfare rights group	Racism awareness training unit Training for black people in management	Training programme for young/disabled Women's training directory Youth Training Scheme/Youth Opportunities Programme/Manpower Services Commission Youth clubs Youth community workshop
<i>Counselling/psychological help</i> Alcohol centre Community programmes Depression group Playbridge Preredundancy counselling scheme Youth clubs	<i>Job creation</i> Community industry project Community schemes to increase employment Disabled workshop Employment and training project Push to employ youngsters previously in care	<i>Practical needs</i> Food cooperative Furniture recycling
<i>Ethnic groups</i> Advice/library facilities project Community relations council Community work course for mature black/ white people Multiracial community centre Preparatory course for mature black people	<i>Leisure/recreation</i> Bussing scheme Community centres Leisure scheme Leisure passport Librarian for the unemployed Sports centre	<i>Women</i> Women and employment resources centre Women and social security group Women's training directory Young women's employment group
	<i>Retraining/education</i> Adult education Careers advice Course for mature black people wishing to enter caring professions Disablement retraining Employment and training project Handicapped social skills course Long term unemployed training Retraining older workers scheme Technical college summer project	<i>Youth groups</i> Advice and counselling projects Detached youth project Information and training project Youth aid Youth clubs Youth leisure project Youth project—drop in Youth service unemployment project Phone in service Special local projects Youth inquiry service Young Men's Christian Association

FIG 1—Examples of local initiatives to help the unemployed.

improve the lot of the unemployed—as it is for the many other national and local organisations trying to do something. But most of these groups are also trying to do much more.

The Association of Metropolitan Authorities has urged its members to think what they can do for the unemployed,¹⁹ but only Strathclyde Regional Council has published a draft plan.²⁰ The thinking behind the latter is that everything possible must be done to create new jobs and that “unemployment should never be accepted as a satisfactory option because its effects on people are intolerable.” But at the same time the council accepts that unemployment is likely to continue (and probably get worse) in Strathclyde, that it can do much to lessen the impact of unemployment on communities and individuals, and that in the long term “a solution is unlikely to be found without a fundamental change in the way society views work and how it should be rewarded.” This is progressive and practical thinking from north of the border and seems to be part of a growing tradition of confronting problems head on rather than edging round them as is so often the way in England.²¹⁻²³

The regional council wants each of its departments to examine what they can do about unemployment, which will mean “in service training, secondment of staff to work with and support voluntary effort in local communities and challenging the ‘way we’ve always done it’ approach to service delivery.” Each group will be required “as a matter of urgency” to devise “a comprehensive information service, a counselling service for unemployed people, a training package for staff, and a means of continuing direct communication links with the unemployed.” This last requirement is particularly important because so many initiatives for helping the unemployed have foundered on the fact that the unemployed tend to be scattered, alone, and unreachable.²⁴

Information is to be directed firstly at those who are about to become unemployed, and rarely in the past have employers made an attempt to prepare people for unemployment. Workers about to be made redundant can be helped to find other jobs, retrained, or at the very least advised about the implications of being unemployed and the many sources of help available. Although such schemes have been operated in the United States and occasionally in this country—when the Talbot plant in Linwood was threatened with closure, and when the British Steel Corporation closed the Consett

steel works—they are still unusual.²⁴ (Interestingly, this week sees a plan being launched to help those who will lose their jobs when the Greater London Council is disbanded, while a mile away in Fleet Street several thousand print workers are facing probable unemployment with no preparation whatsoever.)

The other groups at whom Strathclyde Regional Council will aim information will be those already unemployed, those about to leave school, and their own staff. Information will cover financial matters, regional and district council services, training opportunities, alternative sources of employment, and health and community matters. The council will use mass media as well as its own staff and offices, and it is also concerned to get across to the general public “the causes, scale, and effects of unemployment generally on individuals, families, local services, and society.” This general education is particularly important if our society is going to change its often negative attitude to the unemployed and the way that it views work.

The counselling that the council wants its staff to provide is to be “independent, honest, flexible, persistent (when required), informal, and confidential” and will help unemployed people and their families work through their problems as well as point them towards the practical steps that they can take to alleviate their plight.

The regional council plan makes many other specific recommendations and includes a whole section on health. But most of the recommendations on health are decidedly vague, and encouragement to health authorities to monitor the effects of unemployment on health and devise a plan for reducing the impact has met little response. Health authorities have been even slower than most local authorities to take any action on unemployment and health. Why this should be so needs to be further explored, but it is something to do with the attitude of health authorities to the unemployed, a failure to appreciate the effects of unemployment on health, an unwillingness to accept that responding to unemployment is part of their job, and a general preoccupation with other matters such as reorganisation and cuts. The next and final article will discuss what health authorities and individual health workers might do to alleviate the effects of unemployment on health, but I have described the plans of Strathclyde Regional Council at some length because they provide a blueprint for a health authority that wants to do something about unemployment.

Initiatives from other groups

I cannot begin to describe the whole range of initiatives taken by local groups, but fig 1 (after Popay *et al*²⁵) gives an idea of what might be available in one area. Local directories have been produced—for instance, in Lewisham, London,²⁶ and Strathclyde²¹—and ideally all health workers should have access to such a directory. Producing one might be a priority for any local unemployment and health group, and the next article will give useful national addresses.

Two national initiatives with local branches deserve further mention. In 1980 the Trades Union Congress launched a campaign to organise services for the unemployed and set up a network of unemployed workers centres. There are now about 210 of these, and they vary from place to place.²⁷ The kinds of services they offer are shown in fig 2, but generally they offer: advice; social, educational, and recreational facilities; jobs and training; and programmes to change public attitudes about unemployment. Another scheme is Church Action with the Unemployed, which now has a national network. Its three main activities are pastoral care, job creation, and providing work experience, and fig 3 gives ideas on what groups might do. Many health workers, whether or not they are Christians, might find inspiration from these suggestions.

The next article, which will be the last in the series, will discuss exactly what health authorities and health workers can do to improve the health of the unemployed. The article will also include a list of further sources of information and help.

Information

Materials provided by public, voluntary, and trade union bodies

Advice and counselling

"Surgeries" with local authority officials
Referral services
Legal advice

Education

Classes on adult literacy and numeracy
Courses on TUC campaigns, eg "Unemployment: the fight for TUC Alternatives"
Workshops on pottery, printing, photography
Readers groups, linked with libraries, books donated by local groups

Arts

Drama groups
"Keep fit" sessions
Discos, particularly for the young unemployed

Representation

Campaigning for free use of leisure facilities and travel
Providing meeting rooms and facilities for young people on Youth Opportunities Programme and union representatives
Arranging surgeries with full time union officials and direct union representation before tribunals

Organisation

Preparing newsletters for distribution at supplementary benefit offices
Organising "outreach" work to make contact with the unemployed at home
Organising visits to workplaces and trade union branches for school and college leavers
Providing facilities for unemployed women's groups and unemployed blacks' groups

Crèche facilities

Children's books and toys
After school collection service

Cookery

Imaginative cheap meals provided at low cost

Sports

Mainly five a side football fixtures at present, for young unemployed

Pastoral care
(Coping with being out of work)

- Start an unemployment group. Identify the special needs of unemployed people in your locality.
- Open a centre where people can meet for helpful counselling and advice.
- Adapt church premises for use as a drop in or resource centre for action, information, leisure, and recreation.
- Join with others in setting up self help groups.
- Promote discussion in your congregation on the changing role of work in life.
- Make unemployment the subject of a sermon or an article in your magazine.

Work experience
(A better chance to get jobs)

- Sponsor a scheme under the Manpower Services Commission (MSC) Youth "Training Schemes." Provide young people with work experience on employers' premises. Set up a training workshop. Devise a project of benefit to the community. Get money and help from the MSC.
- Sponsor a scheme under the MSC "Community Programme." Provide those adults who have been out of work for longer

periods with temporary work of community benefit. Money and help are also available from the MSC.

- Note that these MSC Special Programmes do not create permanent jobs and are in a sense palliative. But they do offer training and experience which can help people, especially young people, to have a better chance of getting jobs that are available. Insist on high quality schemes that give real training.

Job creation
(New jobs and permanent work)

- Join with others to create a new job administering your churches or maintaining the premises.
- Start a neighbourhood co-operative to do gardening and odd jobs work, to clean windows and cars, to go shopping and do housework for people.
- Start an Industrial Common Ownership enterprise. Join with others to use redundancy money as start up capital.
- Start a new business using existing local resources and skills.
- Ask the Department of Industry and MSC what loans and grants are available to finance these activities.
- Persuade employers to take on extra people.

FIG 3—Practical action advocated by Church Action with the Unemployed.

References

- 1 Moylan S, Millar J, Davies R. *For richer, for poorer? DHSS study of unemployed men*. London: HMSO, 1984.
- 2 White M. *Long term unemployment and labour markets*. London: Policy Studies Institute, 1983.
- 3 Smith R. "Gissa job": the experience of unemployment. *Br Med J* 1985;291:1263-6.
- 4 Warr P. Twelve questions about unemployment and health. In: Roberts R, Finnegan R, Gallie D, eds. *New approaches to economic life*. Manchester: Manchester University Press, 1985.
- 5 Archbishop of Canterbury's Commission on Urban Priority Areas. *Faith in the city: a call for action by church and nation*. London: Church House Publishing, 1985.
- 6 Department of Health and Social Security. *Reform of social security. Vol I*. London: HMSO, 1985. (Cmd 9517).
- 7 Department of Health and Social Security. *Reform of social security. Vol II. Programme for change*. London: HMSO, 1985. (Cmd 9518).
- 8 Department of Health and Social Security. *Reform of social security. Vol III. Background papers*. London: HMSO, 1985. (Cmd 9519).
- 9 Department of Health and Social Security. *Reform of social security. Programme for action*. London: HMSO, 1985. (Cmd 9691).
- 10 Timmins N. Poorest families "will not benefit." *The Times* 1985 Dec 19:5.
- 11 National Consumer Council. *The government's social security proposal. Briefing paper No 1. The long term unemployed still put at the bottom of the heap*. London: NCC, 1986.
- 12 Timmins N. Jobless benefit to be cut for more than 50 000. *The Times* 1986 Jan 16:2.
- 13 Dilnot A. Quoted in: Lipsey D. How much would it cost? *Sunday Times* 1985 Dec 8:17.
- 14 Bazlinton C, ed. *Inquiry into British housing*. London: National Federation of Housing Associations, 1985.
- 15 Jowell R, Airey C. British social attitudes. In: Central Statistical Office. *Social Trends 1985*. London: HMSO, 1985.
- 16 Central Statistical Office. *Social Trends 1986*. London: HMSO, 1986.
- 17 Jarman B. Giving advice about welfare benefits in general practice. *Br Med J* 1985;290:522-4.
- 18 Cohen R. Personal view. *Br Med J* 1986;292:54.
- 19 Balloch S, Hume C, Jones B, Westland P. *Caring for unemployed people: a study of the impact of unemployment on demand for personal services*. London: Bedford Square Press, 1985. (Prepared for the Association of Metropolitan Authorities.)
- 20 Anonymous. *Unemployment—implications for regional services*. Glasgow: Strathclyde Regional Council, 1985.
- 21 Black D, Laughlin S, eds. *Unemployment and health: resources, information, action, discussion*. Glasgow: Greater Glasgow Health Board Health Education Department, 1985. (For information and copies contact authors, Health Education Department, Greater Glasgow Health Board, 225 Bath Street, Glasgow.)
- 22 Scottish Health Education Coordinating Committee. *Health education in the prevention of alcohol related problems*. Edinburgh: Scottish Home and Health Department, 1985.
- 23 Anonymous. Scots lead the way on alcohol. *Br Med J* 1985;290:952-3.
- 24 Popay J. Responding to unemployment at a local level. In: Westcott G, Svensson PG, Zollner HFK. *Health policy implications of unemployment*. Copenhagen: World Health Organisation Regional Office for Europe, 1985.
- 25 Popay J, Dhooze Y, Shipman C. *Unemployment and health: what role for health and social services?* London: Department of Social Sciences, Polytechnic of the South Bank, 1985.
- 26 Voluntary Action Lewisham. *Directory of employment and training projects in Lewisham*. London: Voluntary Action Lewisham, 1985. (Address for copy: Voluntary Action Lewisham, Employment Development Unit, 120 Rushey Green, London SE6.)
- 27 Trades Union Congress. *TUC centres for the unemployed*. London: TUC, 1985.

FIG 2—Activities of Trades Union Congress unemployed workers centres.