

# High art, low wages

The Tate Galleries are the pride of the nation, but the people who clean the museums, and the staff who serve in the restaurants earn just above the minimum wage. In Ealing, London, primary school dinner ladies working for the catering company, Harrison's, get just about the same. Lambeth Council in London has now abandoned plans to make sure all contractors who provide services for the Borough pay their staff more than the legal minimum.

With evidence accumulating about the difficulties of purchasing a healthy diet on a low wage, campaigners are challenging employers like these to ensure the Living Wage. According to London Citizens, a grassroots charity supporting low paid workers, a Living Wage is, "A level of pay and conditions that enables a full-time worker to make ends meet for themselves and their family."

In London, that means a wage of at least £7.20 an hour, a rate calculated by economists for the Greater London Authority, and considerably higher than the National Minimum Wage of £5.52 an hour. But, the Government consistently fails to legislate for a decent minimum wage, leaving employers to shift the burden of financial provision back to the state in the form of benefits. And, if the Government fails to take a lead on tackling social inequalities, it does not exactly encourage employers to take up the reins independently.

Many employers are slow to recognise the benefits that come from paying staff a decent

wage, for example, in the form of staff retention and fewer sick days. According to new research from London Citizens and The Food Commission, the health of workers paid the minimum wage suffers partly because they skip meals more regularly and eat less fruit and veg than those paid the Living Wage.

In Ealing, primary school dinner ladies, employed by Harrison's, are worried about the health impacts of their low waged employment on the young people in their care. According to Teacher Assistant Margaret Sowa, "When Dinner Ladies get to know children well, remember their names and their likes and dislikes they can convince them to try new dishes. It is such a negative experience for the children to see forever changing faces behind that food counter. A key way to enhance retention is to improve the pay and conditions of staff."

London Citizens is supporting the Ealing Dinner Ladies in their campaign for the Living Wage. Under new provisions in the Sustainable Communities legislation, all Councils are now being required to submit suggestions to the Government about how it can help local areas to become more sustainable. Will any recognise that ensuring that all who work for them are in decently paid jobs is part of this? If the Government supported a Living Wage for all workers, the short-term costs to businesses would be more than made up by the savings in health costs for the whole nation.



**Demonstration organised by London Citizens in support of cleaning and restaurant staff at the Tate Modern who are paid less than the London Living Wage of £7.20 per hour. Photo © ChrisJepson.com**

■ See London Citizens [www.londoncitizens.org.uk](http://www.londoncitizens.org.uk) for information on the Living Wage.

■ The Food Commission has co-authored a new report with London Citizens, *The impact of low wage employment on workers' health, nutrition and living standards: a case for the London Living Wage*. See [www.foodcomm.org.uk/latest\\_news.htm](http://www.foodcomm.org.uk/latest_news.htm)

## Challenging health inequalities

Concern with inequalities goes back well before Rowntree's investigation into working class living conditions, before almshouses and Maundy money, and perhaps back to the origins of tribal hierarchy. Yet inequality, and the poor, appear always to be with us.

The *Black report* of the 1980s, the *Acheson report* of the 1990s and recent Department of Health policy initiatives, all speak of the constant battle to understand and thus to tackle the remarkable association between the educational and income status of a household on the one hand and its health profile – from life expectancy and infant mortality through to diabetes, obesity and heart disease – on the other.

The lessons we have learnt, few though they are, tell us that we should not see this as a problem among the poorest sections of society, for the 'health gradient' stretches up through each level of income and education. And, they tell us that although absolute poverty is likely to be a major impediment to obtaining good health, relative poverty is just as significant, and in wealthier societies possibly more so.

Furthermore, if you compare countries that have a greater degree of equality, e.g. a low differential between the incomes of the rich and the poor, with those that have less equality, you find the disease statistics follow suit.

A new book, *Challenging Health Inequalities*, takes a broad sweep through current issues in inequality research, with chapters looking at housing, ethnicity, biological development and, of course, food and nutrition. It alerts us to the subtle difference between food insecurity (where poor people may have difficulty simply getting enough to eat) and nutrition insecurity (where food may be available but not with a healthy range of nutrients).

The food and nutrition section concludes with a call for serious upstream intervention, requiring, "imaginative and courageous cross-sectoral working." In the last chapter of the book, veteran sociologist Mick Carpenter reminds us that all too often we deal with inequality by, "gilding the ghetto" – with all that the phrase implies in criticising the cosmetic community project that does little to bring about real change in the power relations between rich and poor.

There are opportunities for positive community initiatives, he shows, but the approach is best rounded in the terminology of social justice rather than health improvement.

I somehow sense we have lost something here that used to be available in these debates. It may have been the Marxist analysis, it may have been the revolutionary fervour, it may simply have been the certainties enjoyed in this reviewer's youth. But, surely we need something a bit more powerful than 'upstream policies' and 'community empowerment'. Social justice comes quite near it – but this is an ideal, not a programme of action.

Where are the demands for change? Why is there no sense of struggle and street action to back up the calls for social justice?

Public health protagonists have a role to keep these issues at the forefront of politics, but there may need to be a greater political shift, a sense of real popular demand, if we are to see new upstream policies actually come into effect.

■ **Challenging Health Inequalities: Form Acheson to 'Choosing health'** E Dowler and N Spencer (eds). The Policy Press ISBN 978-1-86134-899-9.

■ Tim Lobstein