



 **Combat Poverty**
*working for the prevention
and elimination of poverty* Agency

AGAINST ALL ODDS

LIVING WITH POVERTY AND POOR-HEALTH

Introduction

With all our wealth and prosperity what is it like to be poor in Ireland? The most recent poverty data (2001) tells us that:

- 6% of the population live without basic necessities and on weekly incomes of less than €172 per adult
- 4.9% (192,000) of population are on weekly incomes of less than €192 for an adult and €63 for a child and lack basic necessities
- 22% of the population live on weekly incomes of less than €164 per adult and €54 per child per week
- 6.5% of children (66,000) experience consistent poverty; 23.4% (237,000) are in income poverty.

A Combat Poverty Agency study, called *Against All Odds – Family Life on a Low Income*, is revealing about how poverty impacts on families and children. The study was an in-depth examination of 30 families in urban and rural areas.

It highlights how inadequate resources and lack of basic necessities curtail people's everyday life. The families studied were very poor – the average weekly income for an adult was €124. Health problems or care responsibilities were significant reasons for those who could not work. The study also highlights that poverty is a situation people want to escape. This briefing is part of a three part series based on the study that highlights the experience of:

- Growing up in poverty
- Living in deprived communities
- Living with poverty and poor health

FACTBOX

- People who live on low incomes are more likely to suffer poorer health, experience more psychological distress and generally lead shorter lives than those who are more affluent;
- In Ireland, for households headed by people who are ill or disabled, the risk of poverty has risen sharply.

From the *Against All Odds* study:

- There were some health problems in two thirds of families;
- People affected by ill-health were more likely to live on a low income because they were unable to gain employment or because their employment experiences were likely to be sporadic due to ill-health;
- The state of people's physical and mental health was connected to their generally poor quality of life;
- For many, stress, isolation and depression were induced by lack of money;
- Inadequate income made a healthy diet difficult;
- The majority of people, including young people, did not participate in active leisure pursuits mainly due to lack of provision and affordability.



Impact of poverty

In the study, the high level of ill-health among adults, children and young people, many of whom suffer from several illnesses, re-affirms the link between low income, poverty and ill-health.

“Having a clot on my brain, that’s the worst part of my life...I worry about getting worse and leaving the kids. I don’t know when I am going to take a turn...All my friends are getting wee jobs as cleaners and I can’t get one. They’re all getting jobs for Christmas because you can’t manage otherwise. I ask them to ask for me but they say, ‘He won’t take you on because of your head’. Do you think somebody would give me a job for Christmas?”

Insufficient money, insufficient capacity and resources to change their situation and insufficient public service provision exacerbate problems related to health and well-being.

“You are paying a fortune for basic food. The vegetables are crap... Like I got this book from the Health Board, a recipe book and there’s great things in it but to make a meal from that book costs a fortune.”

Contact with health services

“I’m due to go in for a bypass. I’ve had three heart attacks and I’m waiting six years. I told them ‘If I had a cheque book you’d have me in straight away,’ and the doctor says ‘its not like that’, but it is, let me tell you.

When asked about satisfaction with specific services, the response depended on the service in question. Satisfaction was expressed about contact with social workers and public health nurses.

Severe criticism was levelled at other services delivered by the Health Boards, specifically, the supplementary welfare allowance scheme¹. The vast majority of the households in the study had some contact with Community Welfare Officers, who deliver the scheme. There was a high level of dependence on the scheme due to insufficient income. People found asking for help a very stressful and sometimes a humiliating experience.

“You feel degraded going in. It’s like confession...You feel like a beggar on the street. ‘Sorry I can’t help you.’”

Most criticism was targeted at the system rather than individual staff. People felt that the system was unfair and that the decision-making process lacked transparency. This perception of receiving unequal treatment was particularly emphasised in relation to the exceptional needs payment² which is made on a discretionary basis.

Information about community welfare schemes was considered insufficient, difficult to access, and difficult to understand.

“The only way I know is from booklets on what I’m entitled to. But it’s a different language. When I bring them home, I can’t make head nor tail of them.”



¹ This scheme provides a basic weekly allowance as a right to eligible people who have little or no income. People with low incomes may also qualify for a weekly supplement under the Scheme to meet certain special needs. In addition, payment can also be made in respect of urgent or exceptional needs.

² This payment helps to prevent hardship by providing for essential one-off exceptional payments. These payments are generally made at the discretion of the Health Board.

Voluntary organisations offer a vital lifeline

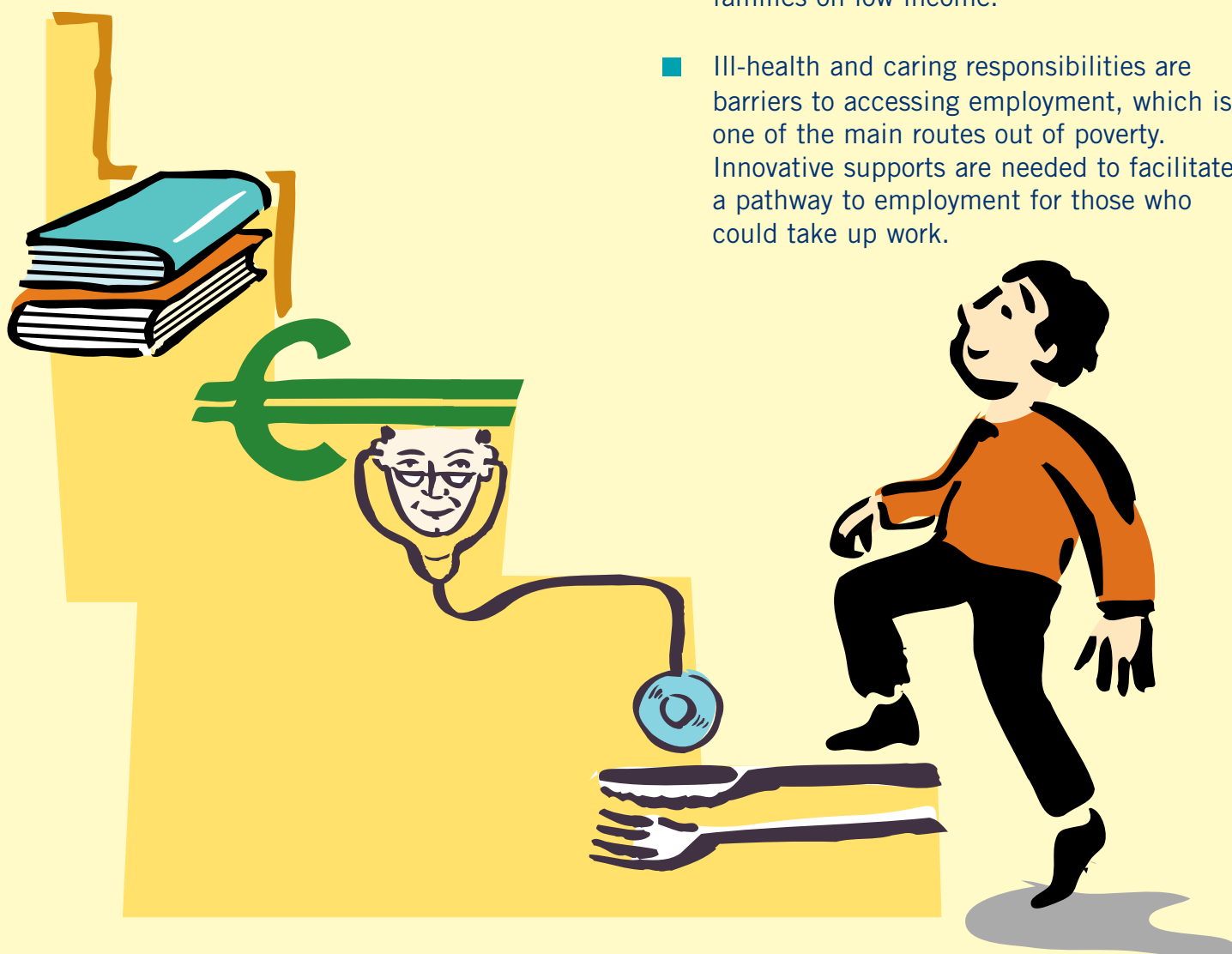
Families' contact with voluntary and community organisations was extensive and vital in supporting families to cope. While people appreciated the assistance, some expressed unease at having to depend on 'charity'

“Well some days we don't have a meal to eat. We depend on the Vincents [Society of the St. Vincent de Paul]. The bits of grub I get from them help me through the days.

Policy Implications

The revised National Anti-Poverty Strategy *Building an Inclusive Society* and the national health strategy, *Quality and Fairness – a health system for all*, set targets to reduce poverty and health inequalities. The study confirms the need for more ambitious integrated policy approaches to combat all inequalities. A number of policy implications arise from the findings of *Against All Odds*:

- Insufficient income to meet basic everyday living costs was a significant problem. Social welfare payments primarily support those who are not or cannot be in work. Higher and more adequate social welfare payments and child income support (Child Benefit and Child Dependent Allowance) are two main ways to raise incomes for families on low income.
- Ill-health and caring responsibilities are barriers to accessing employment, which is one of the main routes out of poverty. Innovative supports are needed to facilitate a pathway to employment for those who could take up work.



- Families need more help with their irregular expenses. The Supplementary Welfare Allowance scheme could improve its capacity to meet irregular but essential expenses. It could be made more accessible by introducing user-friendly guidelines that take account of local needs.
- Children in Ireland are almost twice as likely as adults to be poor. The need to develop an integrated programme for child health, as stated in the National Health Strategy is supported by the findings of the study. Central to the achievement of such a programme is to need to increase the thresholds for medical cards.
- More resources should be made available to the School Meals scheme to ensure that children have at least one nutritional meal per day.
- Awareness training should be available to the health sector and other front-line staff working with people who are experiencing poverty to improve mutual understanding and ensure the effective delivery of care and services.
- Integrated approaches to service planning and delivery to improve low income households' access to health services and other resources is vital. Such approaches should be central to reforming the Primary Healthcare system, and in meeting the NAPS health targets. There is a need to address four levels simultaneously - households/families, individual adults, children, and the local areas in which households are located.
- Further research should be undertaken, in particular, a longitudinal study of the relationship between poverty/low income and ill-health.

Useful contacts:

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The full report '*Against All Odds, Family Life on a Low Income*' by Mary Daly and Madeline Leonard is available for €18 from Institute of Public Administration, E-mail: sales@ipa.ie
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