



Developing the Anti-Poverty Agenda in the Eastern Area - a Shared Focus

Issues and priorities Brief 2: NIAPN

Key issues and priorities for working age people:

- Access to health services continues to be a postcode lottery.
- Inadequate Income when dependent upon benefits causes poverty and ill health. (*not everyone of working age is able to work)
- Low pay 'Poverty Trap' is alive and well and causes poverty and ill health.
- There is still a serious lack of Information on entitlements in & out of work as well as financial supports for people accessing health care.
- Ever rising cost of living means the future looks bleak for disadvantaged communities and key groups at risk of poverty.
- The rising cost of property and complete lack of provision of affordable housing stock has caused a crisis in housing provision right across NI. These circumstances add to the ever increasing burden felt by low income parents to continue to provide on a range of fronts for family members. It results in over crowding, ill health, family breakdown and a growing crisis for single people who have little chance of housing provision under the existing points system.

(Source: Get Heard Report Northern Ireland, NI Anti-Poverty Network 2005 & The Real Story Family & Child Poverty in Northern Ireland, NI Anti-Poverty Network 2006 - Note: There is a serious lack of data on minority ethnic groups & migrant workers experiencing poverty in NI.)

Key challenges for the next years in tackling poverty and health inequalities (short term, medium and long term)

- **Address and remove the postcode lottery re access to health services.** The postcode lottery for access to services across NI needs to be urgently addressed. We need fast track service provision focused on major areas of illness (circulatory and cancer diagnosis and treatment plus) targeted toward people from disadvantaged areas (Neighbourhood Renewal areas plus) and those groups identified at greatest risk of poverty. (women, carers, people with a disability and long term limiting illness) The primary aim should be to reduce health inequalities between the top and bottom socioeconomic groupings and thereby reduce poverty and social exclusion. (s/t-l/t)
- **Invest in community based preventative health care.** While supporting existing community health programmes, government should work with community health practitioners, Health Action Zones & other expert agencies to identify the key health inequalities faced by working age adults. Qualitative and quantitative research findings should inform the provision of secondary and acute health priorities & resource allocation. (s/t-l/t)

- **Resource holistic provision of services:** There is a large gap in interagency work between health service providers and other agencies. Where pilot projects have worked well, especially where there is holistic provision of services these schemes should be rolled out across NI again to targeted disadvantaged areas and groups. (s/t-l/t)
- **Develop a cross sectoral shared action plan and monitor progress.** Build further on the existing key strategies & commitments such as Lifetime Opportunities (2006) & Investing for Health (IFH) (2003). Use existing 'tools' such as Health Improvement Planning (HIP) activities & existing health information resources such as Wellnet and carry out a key policy-mapping exercise to identify the key regional strategies & key issues of common & shared concern. Use this mapping to identify and agree responsibilities, timescales, targets and actions. (s/t)
- **Water charges and rates bills:** Introduction of new water charges and new rates bills will create greater economic hardship for people on a fixed or low income. Water charges should be scrapped as they are already paid for within current rates bills. Rates should be set on your income level and on your risk of poverty not on the value of your home. Capping rates will increase poverty and health inequalities as people on lower incomes will be forced to subsidise those with higher incomes. (s/t)
- **More affordable social housing is required urgently.** We need more social housing for low income families and for people living on benefits. NI Assembly needs to resource and increase social housing build as a matter of urgency. Private housing developers should also commit a minimum 10-20% of their new developments to building affordable social housing. (s/t-l/t)
- **Link benefit levels to average earnings & address low income employment:** Inadequate increases to state benefits keep people living in poverty. Linking benefit levels to average earnings would have a disproportionate effect on the poorest in society. Benefits need to be raised in line with wages rather than prices to help eliminate poverty in low income, workless households and those households in receipt of incapacity and sickness benefits. (s/t)
- **Increase the winter fuel payment and pay it to those groups identified at greatest risk of poverty:** Fuel poverty –energy costs have risen far quicker than any rise in income in NI (earnings or benefit based). The winter fuel payment needs to be increased to reflect rising costs and to be paid to those groups identified at greatest risk of poverty. (s/t)
- **Provide accessible information on benefit and entitlements for working age adults.** The basic issue is that good information is needed. Information on benefit and travel entitlements must be made accessible to all groups accessing health services. E.g. Carer's assessment schemes should be improved and tied into real outcomes. Health Board Trust staff need to make the connections and tell carer's about their Direct Payment entitlements. Although obliged to do so many do not. (s/t-l/t)

(Source: Get Heard Report Northern Ireland, NI Anti-Poverty Network 2005 & The Real Story Family & Child Poverty in Northern Ireland, NI Anti-Poverty Network 2006)