

Developing the Anti-Poverty Agenda in the Eastern Area: A Shared Focus

Table Discussions 1: BRIEF 1 Save the Children

Key facts about CHILDREN & YOUNG PEOPLE (5-16)

'Not only do affluent people live longer, but they also spend a greater proportion of their lives in good health. (...) Children in Northern Ireland (...) experience a range of social and economic disadvantage. As a consequence, the impacts of deprivation can be expected to impact proportionally on the health and well being of future generations of adults in Northern Ireland.' (McWhirter, 2002, pp77&82).ⁱ

'Bad health is now more or less linked to poverty and disadvantage. Young mothers from poor families are more likely to have unhealthy babies. It's hard to separate children's health from family, poor nutrition and physical activity.' (Health expert quoted in NICCY, 2004).ⁱⁱ

Facts on child poverty

- In Northern Ireland more than one in three children - around 170,000 (38%) - go without basic necessities because their parents can't afford them. More than 100,000 live in income poverty, one in four children (24%).ⁱⁱⁱ Ten percent, or 44,000 children live in severe child poverty.

Children have higher risk of experiencing poverty if they live in a family where:

- There are no working adults;
 - There is only one resident parent;
 - There are four or more children;
 - There is at least one disabled adult; or
 - There is at least one disabled child.^{iv}
- Shockingly, benefit levels are such that, even if a family is claiming all they are entitled to, they may be living below the poverty line set by government. For example a couple with four children living entirely on benefits live on a weekly income of £289, £147.80 below the poverty line for that family type, and £2.25 below the severe poverty line.

Impact of poverty on children's health

- Shockingly, children born into poverty are four times more likely to die before the age of 20 than non-poor children. They are fifteen times more likely to die as a result of a house fire and five times more likely to die in **accidents**.^v
- The most recent analysis of **life expectancy** at ward level was conducted in 2002, using 1998-2000 data. This showed that females living in deprived wards live on average 2.5 years and men 3.1 years less than the average life expectancy for their sex.^{vi} Travellers have particularly low life expectancy.
- *'Alarmingly, the mortality rate for Traveller children up to the age of 10 has been found to be 10 times that for the population as a whole. Overall, life expectancy of Travellers is around 20 percent lower than the general population. Only 10 percent of the Traveller population are over 40 years of age and only 1 percent are aged over 65.'*^{vii}
- There is a **disabled child** in 15% of families living in severe poverty. This compares with 10% of families not experiencing poverty and 19% of families in non-severe poverty.^{viii} Children from manual classes are more likely to suffer from **limiting long standing illnesses** compared to children from professional and managerial classes.^{ix} Also, in general, children from low income families are more likely to visit their GP than children from higher earning families.
- Thirteen percent of children in severe child poverty are without needed **health or disability aids** because their parents can't afford them.^x Indeed despite having high levels of chronic illness and disability,^{xi} the household spending on medical products, appliances and equipment

in Northern Ireland is the lowest of the thirteen UK regions analysed in the 2004 Family Spending Survey.^{xii}

- One in five children in severe poverty goes without **fresh fruit and vegetables** every day, because their parents can't afford them. Most strikingly, one in seven (14%) of children in severe child poverty go without **three meals a day**, because their parents can't afford them. This is almost double the rate for Great Britain, where eight percent of children in severe child poverty go without three meals a day because of low income.^{xiii}
- Parents find it difficult to provide a **healthy diet** for their children, given the cost of food, particularly fresh fruit and vegetables. The Office of National Statistics report *Relative regional consumer price levels in 2004* found that, across the twelve UK regions, the cost of food in Northern Ireland was high, second only to London.^{xiv}
- **Dental health** and income are often closely associated. Children from disadvantaged backgrounds have higher levels of tooth decay and are more unlikely to have cavities treated than children from more well off families.^{xv}
- The **physical environment** a child is raised in also impacts on their well being. Over half of areas with the worst physical environment are in the most deprived fifth of all local areas.^{xvi} Children living in bad housing are more likely to develop diseases such as bronchitis, TB or asthma.^{xvii}
- *"Multiple housing deprivation appears to pose a health risk that is of the same magnitude as smoking and, on average, greater than posed by excessive alcohol consumption".* (British Medical Association, 2003).^{xviii}
- Young people in lower economic classes are more likely to **worry** about having enough money and about crime, particularly violence compared to their counterparts in higher economic classes. The **suicide rate** for young males living in deprived areas of Northern Ireland is nearly twice that for those living in wealthier communities.^{xix}
- Some attribute the higher levels of **stress** as a consequence of the conflict in Northern Ireland, which impacted most severely on poorer areas. One health professional explains: *In some of the most deprived and fragmented sections of our society, rising levels of emotional and psychological stress among children and young people, manifesting as anxiety, depression, deliberate self-harm and escalating suicide rates are collateral damage following years of civil strife.*
- 42% of children who receive free school meals have **smoked tobacco**, compared to 33% of those who do not receive free school meals. **Alcohol consumption** for children who receive free school meals is also slightly higher than those who don't. Poorer children are also more likely to have experimented with **drugs and solvents**.^{xx} 16% of school age children (11-16) from low socio economic backgrounds have had **sexual intercourse** compared with 10% of those from wealthier families.^{xxi}
- The rate of **teenage pregnancy** in Northern Ireland is among the highest in Europe. Within Northern Ireland they are highest in areas of greatest social and economic deprivation.^{xxii} In 2004, in the most deprived areas of Northern Ireland, seven girls in every 1,000 aged 13 to 16 gave birth. In other areas, by contrast, just two such girls in every 1,000 gave birth.^{xxiii}
- Teenage pregnancy is both a cause and consequence of health inequalities and social exclusion. Young mothers and their babies face higher risks of poor outcomes that can cast a long shadow on their future health and well being, including 60% higher rates of **infant mortality**, 25% higher rates of **low birth weight** and three times the rate of **postnatal depression**.^{xxiv}

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- ⁱ DHSSPS, 2002.
- ⁱⁱ NICCY research 2004 p78.
- ⁱⁱⁱ McLaughlin, E. and Monteith, M., (2006), *Child and Family Poverty in Northern Ireland*, (OFMDFM, Equality Directorate Research Branch)
- ^{iv} DSD, HBAI 2004/5
- ^v DHSSPS 2000.
- ^{vi} Health and Social Care in Northern Ireland: A statistical profile, (DHSSPS, 2002)
- ^{vii} Traveller PSI Working Group report (OFMDFM, 2001)
- ^{viii} Sue Middleton (SCUK, forthcoming 2007)
- ^{ix} CSU, (2006), *Continuous Household Survey 2005/06*. NISRA.
- ^x McLaughlin, E., Montieth, M., *The Bottom Line*, (Save the Children, Belfast), p17.
- ^{xi} Kenway, P. et al, (2006), *Monitoring poverty and social exclusion in Northern Ireland 2006*, (JRF, York). This report indicates that the proportion of the working age population in receipt of Disability Living Allowance in NI (9%) is more than twice the GB average (4%).
- ^{xii} ONS, Family Spending Survey 2004.
- ^{xiii} McLaughlin, E., Montieth, M., *The Bottom Line*, (Save the Children, Belfast) p18.
- ^{xiv} Wingfield, D. et al, (February 2004), *Relative regional consumer price levels in 2004*, (ONS, Economic Trends 615).
- ^{xv} DHSSPS, (2004), *Equality and inequalities in health and social care in Northern Ireland*.
- ^{xvi} Northern Ireland Multiple Deprivation Measure 2005.
- ^{xvii} Shelter, (2006), *Toying with their future: the hidden cost of the housing crisis*. www.shelter.org.uk.
- ^{xviii} Board of Science and Education, (2003), *Housing and health: building for the future*. British Medical Association.
- ^{xix} Investing for Health, (2006), *Section 75 analysis of Suicide and Self-harm in Northern Ireland (2000-2006)*, DHSSPS.
- ^{xx} CSU, (2000), *Young Person's Behaviour and Attitude Survey- Additional Analysis*, NISRA.
- ^{xxi} CSU, (2000), *Young Person's Behaviour and Attitude Survey- Additional Analysis*, NISRA.
- ^{xxii} DHSSPS, (2002), *Teenage Pregnancy and Parenthood – Strategy and Action Plan 2002-2007*.
- ^{xxiii} Ibid
- ^{xxiv} Teenage Pregnancy Unit, (2004), *Who Cares? A guide to commissioning and delivering maternity services for young parents*. Department of Health and the Royal College of Midwives.