Defining inequalities and poverty: taking collective action

Workshop Background paper

Setting the context

For all residents, cities offer unique opportunities to live, work, play, and learn. Cities act as cultural meccas, vibrant spaces which provide a range of services in close proximity to need, including those to improve health and social conditions. Regeneration and development act as catalysts for keeping residents and attracting new life to a city, this is increasingly true of Belfast.

The positive aspects of city life and associated benefits can be extremely uneven in their distribution. Today, cities across the world contain dwellers who suffer disproportionately from poor health and these inequities can be traced back to differences in their social and living conditions. No city is immune to this problem; Belfast can learn from approaches developed and implemented in other cities and transfer the knowledge from progress achieved.

Poverty is a largely unacknowledged feature of urban life. For the urban poor, the advantages of city life are lacking or non-existent. Unfortunately, some city dwellers experience inequalities, various forms of exclusion and marginalisation. The health sector alone cannot tackle inequities and the various urban health challenges. Cities directly influence the living conditions, socioeconomic opportunities and health outcomes of all city dwellers. As such, real and lasting changes on health of urban residents involve a large number of stakeholders, and have a positive impact on all of society. Between 2009 and 2011, on average 5,500 premature deaths per year occurred which accounted for 38% of all deaths over the same period and an average of 17 potential years of life lost per person (deaths relate to those aged less than 75 years).

While there has been general improvement in health, not everyone has been able to avail fully of the benefits of this progress. Evidence shows that inequalities based on race, disability, age, religion or belief, gender, sexual orientation and gender identity can interact in complex ways with socioeconomic position in shaping people's health.

Action to tackle poverty, inequalities and inequities

In Belfast a wide range of work is being undertaken across the city to tackle poverty, life and health inequalities within the community and voluntary sector, statutory agencies and government departments. Inequalities are interpreted and understood in different ways by sectors and agencies in the city. Health Equity in All Local

Policies has been an area of work for Belfast as a member of the World Health Organization European Healthy Cities Network during Phase V (2009-2013) and Phase VI (2014–2018). Belfast Strategic Partnership (BSP) was established to address life inequalities across the city through five priority areas: mental health and emotional wellbeing, lifelong learning, alcohol and drugs, early years and early interventions and healthy urban environments. Poverty is one of BSP's cross-cutting themes, central to all its priorities with Health Equity in All Policies as an underlying theme.

The widening gap in inequalities is bad for all of society, causing huge differences in life expectancy. Life expectancy refers to the expected years of life at birth based on the mortality rates of the period in question. Life expectancy values for Northern Ireland as a whole are 76.8 years for males and 81.4 for females.[1] Life expectancy is lowest in three Belfast constituencies (West, North and East). In Belfast West, the life expectancy of males (72.3 years) is four and one half years less than the Northern Ireland average (76.8), while the life expectancy of females (78.4) is three years lower than the regional average (81.4). Northern Ireland Multiple Deprivation Measure indicates that 26 of the top 20% most deprived areas are in Belfast Local Government District.[2] Males in the 20% most deprived areas could expect, on average, to live 4.3 fewer years than the NI average and 7.3 fewer years than those in the 20% least deprived areas.[3] Female life expectancy in the most deprived areas was 2.6 years less than the regional average and 4.3 years less than that in the least deprived areas. Tackling inequalities requires a whole-of-society and whole-of-government approach. The World Health Organization recommends a Health Equity in All Policies approach, which is also recognised within *Making Life Better: A Whole System Strategic Framework for Public Health (DHSSPS)*.[4]

Countries and communities which centrally involve all stakeholders in the decisions that affect their lives are more equal and experience better health outcomes. Research suggests that life expectancy is longer and rates of adult mortality, infant mortality, mental illness and obesity are lower in more equal societies.

Making Life Better (DHSSPS) suggests inequalities must be addressed across the life course, avoiding public health interventions which increase inequalities and require departments and agencies to work together to improve health of society. The Public Health Agency works to protect public health, improve public health and social wellbeing, and reduce inequalities in health and social wellbeing. In April 2015 local planning powers will be passed to Belfast City Council. The forthcoming 'Belfast Agenda' and local development plans provide an opportunity to put health at

[1] Northern Ireland Assembly (2012) Research and Information Service Briefing Paper: Health Inequalities in Northern Ireland by Constituency
http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2012/health/13512.pdf
[2]NINIS (2010) Northern Ireland Multiple Deprivation Measure 2010 Indicator Definitions
http://www.ninis2.nisra.gov.uk/public/Theme.aspx?themeNumber=137&themeName=Deprivation
[3] DHSSSPS (2014) Health Inequalities: NI Health and Social Care Inequalities Monitoring System – Regional 2014, Information Analysis Directorate, http://www.dhsspsni.gov.uk/hscims-2014-bulletin.pdf
[4]DHSSPS (2013) Making Life Better: A Whole System Strategic Framework for Public Health 2013-2023
http://www.dhsspsni.gov.uk/making-life-better

the heart of the urban policy agenda and provides a renewed opportunity for all sectors to work together to realise innovative and effective solutions that mitigate health risks and increase health benefits.

Glossary of Terms

Defining inequalities & inequities: The Commission on Social Determinants of Health (SDH) was set up by the World Health Organization (WHO) in 2005 to collect evidence on what can be done to promote health equity, and to foster a global movement to achieve it. In 2008 the Commission on the SDH published a final report, *Closing the Gap in a Generation*.[5] The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. Inequities in health result from differences in quality of housing, living conditions, access to nutritious food, water and sanitation, quality health care services, employment, work environment and education.[6] The instance of chronic, noncommunicable diseases has risen in recent years due to unhealthy lifestyles, which are facilitated by urban life; tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol.

It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case, it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health. Inequities in health are avoidable between groups of people, within countries and between countries.

Deprivation is not the same as poverty but overlaps it. There are different views of deprivation including:

- Material deprivation – the access people have to material goods and resources;
- Social deprivation – people's roles and relationships and social contacts;
- Multiple deprivation – when several forms of deprivation occur at the same time.

The Northern Ireland Multiple Deprivation Measure is used by the Northern Ireland Statistics and Research Agency and is made up of indicators which are grouped into the following seven "domains" of deprivation: Income; Employment; Health and Disability; Education, Skills and Training; Proximity to Services; Living Environment; Crime and Disorder

[5] WHO (2008) Closing the Gap in a Generation: Health Equity through action on the social determinants of health http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf

[6] WHO (2010) Hidden Cities: Unmasking And Overcoming Health Inequities In Urban Settings. http://www.who.int/kobe_centre/publications/hiddencities_media/who_un_habitat_hidden_cities_web.pdf?ua=1

Social Exclusion is defined as being unable to participate in society because of a lack of resources that are normally available to the general population. It can refer to both individuals as well as to communities experiencing a range of problems such as low incomes, poor housing, and high levels of crime or poor access to services.

Defining poverty: Like inequalities, poverty is a complex issue. The United Nations Millennium Development Goals[7] set out to half extreme poverty rates as one of eight strategic goals to be achieved by 2015. While global poverty rates continue to decline due to this work, continued efforts need to be employed by governments around the world to eradicate the issue. The United Nations (U.N.) states that overall poverty is characterised by lack of participation in decision making and in civil, social and cultural life and takes various forms, including:

> "…lack of income and productive resources to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited or lack of access to education and other basic services; increased morbidity and mortality from illness; homelessness and inadequate housing; unsafe environments and social discrimination and exclusion"

Relative poverty varies from country to country and changes over time. It usually relates to people whose low income prevents them from enjoying a standard of living or participating in activities (economic, social and cultural) that are taken for granted by others in the society in which they live. The European Commission's Joint Report on Social Inclusion 2004, indicates:

> 'Because of their poverty they may experience multiple disadvantages through unemployment, low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation……..and their access to fundamental rights may be restricted."[8]

Absolute Poverty is defined as minimum standards which do not change and below which no-one anywhere in the world should ever fall. In 1995, the United Nation's objective was to "*reduce by half the proportion of people living on less than a dollar a day".*[9] Absolute poverty is defined as:

> "a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to services".[10]

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[7] United Nations (2000) *UN Millennium Development Goals* http://www.un.org/millenniumgoals/

[8] Frazer, H., EAPN Social Inclusion Working Group (2009) *Poverty and Inequality in the EU – Explainer.* The European Anti-Poverty Network. [online] Available at: http://www.eapn.eu/en/news-and-publications/publications/eapn-books/new-version-2009-of-the-poverty-explainer [accessed 08/01/2013]

[9] World Summit for Social Development, 1995. *Programme of Action Chapter 2.* [online] Available at: http://www.un.org/esa/socdev/wssd/text-version/agreements/poach2.htm [accessed 08/01/2013]

[10] World Summit for Social Development, 1995. *Programme of Action Chapter 2.* [online] Available at: http://www.un.org/esa/socdev/wssd/text-version/agreements/poach2.htm [accessed 08/01/2013]

Persistent Poverty is defined as being in relative poverty in three out of the last four consecutive years; the term is used to identify those people who are living in poverty for a long period of time. It can be difficult to escape from persistent poverty and can lead to families living in a cycle of poverty for generations.

In-work poverty describes those whose low pay and other expenses mean that they remain in relative poverty even though they are in regular employment. The working poor are a growing and substantial group.

Child Poverty: According to Save the Children (SCF), 1 in 4 children in Northern Ireland live in relative poverty (living on incomes below 60% of the U.K. median net household income level) and nearly 1 in 10 live in severe poverty (living on incomes below 40% of the U.K. median net household income).[11]

According to a report from the End Child Poverty campaign "Child Poverty Map of the UK 2014", nearly 16% of children in Northern Ireland are classified as living below the poverty line (before housing costs) and 25% (after housing costs). The following figures from the report relate to the 18 parliamentary constituencies in Northern Ireland:

Parliamentary Constituency	Rate of child poverty after housing costs (%)	Parliamentary Constituency	Rate of child poverty after housing costs (%)
Belfast West	32%	Belfast East	21%
Foyle	32%	North Antrim	21%
Belfast North	29%	Upper Bann	21%
West Tyrone	27%	Strangford	20%
East Londonderry	26%	Belfast South	19%
Newry & Armagh	25%	East Belfast	18%
Mid Ulster	24%	North Down	18%
Fermanagh/South Tyrone	23%	South Antrim	17%
South Down	22%	Lagan Valley	16%

Fuel Poverty is defined as the situation when a household has to spend more than 10% of its income on all household fuel use in order to maintain an acceptable level of temperature throughout the home. In this definition income is net of tax and includes benefits and tax credits. According to the World Health Organization, an acceptable level of temperature is 21ºC in the living area and 18ºC in other rooms.

[11] Save the Children (2011) *Severe Child Poverty in Northern Ireland.* Save the Children

The term “fuel use” relates to space and water heating, lighting, cooking and running appliances.

The main causes of fuel poverty are low household income, high fuel prices and poor energy efficiency in the home. The 2009 House Condition Survey reported that 44% of households in Northern Ireland were living in fuel poverty; this equates to 302,310 households.[12] In Belfast, the highest rate was in West Belfast (54%) and the lowest in South Belfast (38%). The 2011 Survey showed a slight drop to 42% but the sample size was too small to report at local Council level.

According to new research on poverty in Northern Ireland[13] between 2006/07 and 2011/12 the average (median) income in Northern Ireland (NI) fell by almost 10 per cent compared with 7 per cent for the UK as a whole. The proportion of unemployed working-age people in NI almost doubled between 2007/08 and 2012/13 to reach 5.8 per cent.

Household incomes, poverty rates and the labour market have all worsened in Northern Ireland (NI) in the last five years. While the proportion of pensioners in poverty in NI fell from 19% to 16% in the five years to 2011/12. The rate of poverty for working-age adults and children rose over this period. In the five years to 2011/12, the poverty rate among adults aged 16 to 29 rose by 8 percentage points to reach 26%. Among those aged 30 to 59 poverty has also increased but it has solely been among those in working families. The status of welfare reform in NI is unclear, but the extent of its impact would be wider than in Great Britain (GB). The proportion of claimants in NI potentially affected by either the under-occupation penalty or the change to Disability Living Allowance is double the level in GB.

Tool development

Tools have been developed in Belfast as well as a number of other cities across the Healthy Cities Network. *Working Together for a Better Swansea Integration Framework* is designed to help align the activities of Swansea’s Community Planning Partnerships with their vision and to deliver Sustainable Development in Swansea. The framework is intended to be used by all members of the Better Swansea Partnership and each of the partnership organisations. It is for use in the development and evaluation of policies and projects. It should help to stimulate dialogue, generate new ideas and encourage ‘joined-up’ thinking. It also contributes to the Welsh Assembly Government’s strategic agenda and delivering its vision for a Sustainable Wales.

This workshop will provide an opportunity to develop a common and agreed understanding of inequalities in Belfast and identify the elements that can form part of a poverty/equity tool, which in turn, if used collaboratively and consistently across the city, could contribute further to towards mitigating or reducing the impact of

[12] Northern Ireland Housing Executive (2009) *Northern Ireland House Condition Survey*, p61. Northern Ireland Housing Executive

[13] New Policy Institute (2014) Monitoring Poverty and Social Exclusion in Northern Ireland 2014, Joseph Rowntree Foundation, http://www.jrf.org.uk/publications/monitoring-poverty-and-social-exclusion-northern-ireland-2014

inequalities or undoing or reversing the impact of inequalities in health. A reversal of health inequalities is only likely to be achieved through the more fundamental socio-economic and political measures which reduce the gaps in income and power.[14]

[14] NHS Scotland (2012) A Fairer Healthier Scotland 2012-2017
http://www.healthscotland.com/uploads/documents/18922-CorporateStrategy.pdf