**POVERTY**

**Poverty is the drip, drip erosion of your soul (NIAPN & JRF 2006)**

**Relative poverty** individuals can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary or at least widely encouraged or approved in the societies to which they belong. (Townsend 1979)

**Absolute poverty** 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 (UN 1995)

These definitions start to move us away from the idea that poverty is solely about income. It introduces the idea that poverty is linked to people’s access to resources and services such as healthcare, education and or social services can lead to social exclusion as they are outside what is readily available to the majority in their society.

The 1983 study *Breadline Britain* tackles the question ‘how poor is too poor?’ by identifying the minimum acceptable way of life for Britain in the 1980s. Those who have no choice but to fall below this minimum level can be said to be ‘in poverty’. This took a deprivation approach to measuring poverty which means that living standards are measured rather than income.

This is known as the *consensual approach* to measuring poverty. (Mack and Lansley, 1985)

**Poverty and social exclusion** need to be considered together as they are so closely related. Social exclusion involves the lack or denial of resources rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in a society. It affects both the quality of life of individuals and the equity and cohesion of society as a whole. (PSE UK 2013)

**Poverty and Wealth**

Often the focus of debate and conversation is the problem of poverty but we see that moving the conversation to looking at how wealth is created and distributed may be helpful to identify clearer ways to address poverty. It can impact life at all levels not just financially.

Poverty is a global problem. We all benefit from poverty in the sense that the poor subsidise the cost of our food, clothes, housing and even computers. Poverty is the slavery of the 21st century and we need public health to play a lead role in correcting this devastating inequity that cheapens all of our gains (Foege 2012).

People of richer countries typically suffer less from diseases of one kind or another and live longer. (Sen 2000)

http://www.toonpool.com/cartoons/Disappearance%20of%20Poverty_26546

The problem of poverty is a problem of riches, class and privilege, these inequalities are not easy to overcome (Townsend 1979).

www.cdhn.org
Poverty and Health

The Black Report in 1980 made the link between social economic status and health. Since this report there has been a growing body of evidence around the impact of disadvantage that accumulates throughout a person’s life that has a negative impact on their health. (The Marmot Review 2010).

These reports reinforce earlier work undertaken in the late 19th century, which started the public health movement. This recognised that the health of the poor was adversely affected by the poor housing, poor sanitation and inadequate work and or working conditions. However as Britain’s economic fortunes improved with the success of the industrial revolutions and as the threat to major diseases lessened public health moved from “municipal reform and environmental factors to focus on biomedical aspects of illness (Naidoo & Wills 1996).

This has resulted in an emphasis on behavioural change and an individual approach to addressing major public health issues. This narrow perspective on health and well being has contributed to the growing misunderstanding that everyone can take control of their own health. For many their health is affected by accumulated disadvantage due to structural inequalities making this a near impossible task.

To understand the relationship between disadvantage and the impact that it has on mental and physical health the work of Canadian Public Health Specialist Ronald Labonte is useful. His health determinants model highlights risk conditions and the physiological, psychological and behavioural risk factors which can result. See fig 1 opposite Labonte (1998).

The effect of poverty and social exclusion Northern Ireland …

UK’s largest poverty study shows over 1/3 of Northern Ireland households are deprived. (PSE UK 2013)

36% of households in NI do not have what the majority of people consider to be the basic necessities. Those households lack three or more of 22 necessities covering food, clothing, housing and social activities.

“These findings present a bleak portrait of contemporary life for the bottom third of households in Northern Ireland”, (Tomlinson 2013).

Poverty and Children

The true measure of a nation’s standing is how well it attends to it’s children – their health and safety, their material security, their education and their sense of being loved, valued and included in the families and societies into which they are born. (UNICEF 2007).

Poverty and social exclusion are matters of social justice.

There is an obligation on all of us committed to community development to challenge the popular myths which reinforce that those who live in poverty are deserving of the situation. (JPIT 2013)

Community Development

The Communities in Transition programme delivered by Community Foundation for Northern Ireland reflected four areas where community development had a role to play in addressing poverty and austerity in Northern Ireland. The four areas are:

- Community resilience.
- Advocating for change in service delivery and call those in power to account.
- Deliver services in more inclusive and participatory way.
- Sustain dialogue with the communities on what kind of future they want and how that can be achieved.

Further details www.communityfoundationni.org

References