



National Women's  
Council of Ireland

Comhairle Náisiúnta  
na mBan in Éirinn

# **Submission to the Review of the National Anti-Poverty Strategy**

March 2001

**Giving women a fair share**



## **Introduction**

*'The Government is strongly committed to reducing women's poverty. I fully support the national policy objectives, which you set out of eliminating women's and child poverty. We now have the resources to effectively eliminate poverty for all our people'* Dermot Ahern T.D. Minister for Social, Community and Family Affairs (October 2000)

One in every four women raising children or managing households on their own will experience poverty despite our economic boom and a growth rate of 8% (ESRI 2000). This submission is based on 'Out of Sight the Hidden Poverty of Women' (October 2000), an NWCi policy discussion paper on Women's poverty which involved wide ranging consultations with our 156 affiliates from national and local organisations focused on women's issues. The submission also draws on further consultations with our affiliates through the NWCi Millennium Project and the Beijing Platform for Action seminars.

## **Women are at a higher risk of poverty than men**

The implications for women arising from the 1997 data are highlighted in the following statistics:

- Women are at greater risk of poverty than men as is evident from the 1994 and 1997 data
- Households headed by someone 'working full-time in the home' form the largest income poverty group - 29%. The risk of poverty has increased significantly for this group from 35% in 1994 to 51% in 1997. This group is composed predominantly of women.
- The risk of falling below the 50% line for households headed by an older person (65 years) rose from 10% in 1994 to 29% in 1997. This group is composed predominantly of women.
- There has been an increase in the number of households headed by an employee at risk of poverty. This group doubled as a proportion of those in poverty from 6% in 1994 to 13% in 1997. The incidence of low pay is central to this increase. A significant number of women hold low paid jobs.
- Lone parents were shown to be one of the groups at highest risk of poverty in 1994 and they remain in the *at-risk* category in the 1997 Survey. In 1994 32% of lone

parents were at risk of poverty and 70% of lone parents fell below the 60% poverty line.

The *Women and Poverty Report* by Brian Nolan and Dorothy Watson for the Combat Poverty Agency (1999), based on 1994 data, showed clearly that women were at greater risk of poverty than men.

Overall female headed households faced a 24% risk of poverty compared to 17% for male headed households. This was predominantly due to the high risk of poverty for two categories of households, which are mainly headed by women

- single adult households
- households headed by someone working full time in the home

The 1997 data reveals that the risk of poverty for both of these groups has increased. The data emerging from the *Living in Ireland Survey* and the *Women and Poverty Report* points to a conclusion that the overall risk of poverty for women has increased in the period since 1994. In the absence of a more detailed gender analysis, it is not possible to draw further conclusions regarding the gender implications of the new data. Furthermore, as a number of categories of women have not been adequately recorded in the 1994 or 1997 surveys, the picture of women's poverty which has emerged is of necessity incomplete. However, even given the limitations of such data as currently exists, these surveys indicate a worsening situation for a number of female-dominated categories of people between 1994 and 1997. When the groups of women who have not been adequately recorded in either survey are taken into account, it is reasonable to infer from this evidence that there has been an evolving trend throughout the 1990s towards the progressive feminisation of poverty in Ireland.

## **Recommendations**

1. The National Anti-Poverty Strategy set a target to eliminate women's poverty.
2. The National Anti-Poverty Strategy set a target to eliminate child poverty
3. The National Anti-Poverty Strategy set a target for the reduction of relative income poverty

## **The Measurement of Poverty - The invisibility of women's poverty**

When an analysis is undertaken of the issue of women in poverty, it becomes evident that the above statistics should be viewed with caution as a number of difficulties arise concerning the methods used in collecting the data. In addition, much of the current data available is not disaggregated by sex or other equality grounds. Therefore, the gender implications of this information are difficult to ascertain.

In relation to the data collection methods used, key groups have been excluded from the *Living in Ireland Survey* and from the data and analysis including:

- those living in hostels, refuges, B&Bs, institutions and residential homes
- homeless people
- Travellers
- asylum seekers

These groups are not only at great risk of poverty but are also likely to experience extreme deprivation and multiple disadvantage. They represent a significant omission from any analysis of poverty. They are also important in analysing women's experience of poverty as women are a large proportion of those who are homeless or living in refuges and likely to be facing extreme disadvantage and exclusion.

There is also evidence to suggest that the majority of homeless women with children are victims of violence and sexual abuse. Such abuse may in itself pose a significant barrier, hampering their access to any opportunities for overcoming their problems in relation to poverty and social exclusion.

A number of important gender implications arise from the way in which we measure and hence interpret the data relating to poverty. The manner in which data is collected on women and poverty is hampered by the following structural inadequacies:

- An absence of gender disaggregation and analysis of the information
- The use of the 'household' rather than the individual as the primary unit of analysis
- The manner in which the 'household head' is determined in the survey
- An absence of data on the manner in which income is distributed within the household
- A lack of analysis of the gender implications of the index of the deprivation indicators
- The problem of providing a comprehensive gender analysis of the data when the deprivation index is not constructed with a view to facilitating a gender analysis.

The use of the household as the basic unit for analysis is a fundamental part of this issue. This prevailing model assumes that all resources of the household are shared equally and that all individuals within the household have equal access to those resources. While empirical data on the issue of poverty within households is sparse, the fundamental problem which must be addressed is that any research which perceives families and households as one unit minimises, by its very nature, the differences between men and women. Furthermore, it does not recognise the existence of gender inequalities or the fact that gender is an organising principle of our society. Consequently, it fails to take account of the particular manner in which women will experience poverty and the way in which such experience of deprivation may remain invisible.

## **Recommendations**

4. The gender disaggregation of all data collected with regard to poverty

5. The development of an equality-sensitive data collection system in consultation with groups representing the different equality agendas
6. The development of a system for data collection and analysis of additional statistics and qualitative information relating to poverty experienced by groups who are currently excluded from the *Living in Ireland Survey*. This would include
  - all those living in hostels, refuges,
  - homeless people
  - Travellers
  - asylum seekers
7. The establishment of alternative/additional methodologies of data collection on poverty in Ireland so as to recognise gender relations and gender inequalities in the measurement of poverty in Ireland
8. The development of further analysis of the distribution of household income and sharing of household resources with a particular gender perspective.
9. The development of new indicators for inclusion in the deprivation index applied in the Living in Ireland survey.

These recommendations are in line with those proposed by the National Women's Council of Ireland and adopted in the Programme for Prosperity and Fairness (PPF) commitments to provide 'relevant data and data collection systems for the monitoring and evaluation of poverty' and to commission 'new studies to address the gender dimension of poverty'.

## **DIVERSITY OF WOMEN EXPERIENCING POVERTY**

While women's experience of poverty has certain features common to all groups, it also covers a wide range of diverse experiences for differing groups of women. The recognition of differences is crucial to an understanding of diversity among women. This diversity of women's experience of poverty must be central to any analysis of women in situations of poverty. Diversity can lead to a high degree of discrimination and exclusion from participation in society and can significantly increase the risk of poverty for certain groups of women. The following is intended to illustrate some of the diverse experiences of women living in poverty.

- Travellers are widely acknowledged as one of the most marginalised and disadvantaged groups in Irish society. Travellers fare poorly in every indicator used to measure disadvantage: unemployment, poverty, social exclusion, health status, infant mortality, life expectancy, illiteracy, education and training levels, access to decision making and political representation, gender equality, access to credit, accommodation and living conditions. Because many Travellers are forced to live in intolerable circumstances, they have different and significantly worse health and disease problems than the settled community. Traveller women live on average 12

years less than their settled peers. Traveller women have over three times the risk of dying in a given year than settled women.

- Because rural poverty is widely dispersed and not confined to specific geographical areas, it can be hidden and more difficult to tackle. Barriers that place certain categories of rural women at a high risk of poverty include: lack of childcare facilities creating obstacles preventing women from taking up employment or training; lack of access, in any case, to employment possibilities; poor public transport infrastructure; constraints on access to continuing education. The under representation of women in decision making structures of new bottom-up approaches to local development ensures that the development of strategies to tackle rural women's poverty are not adequately prioritised.
- Older women and especially rural women living alone are particularly vulnerable to poverty according to a new Report by the National Council on Ageing and Older People. The risk of poverty among female-headed elderly households is 2.5 times that of the non-elderly. This is because many women rely on the on the Non-Contributory Pension and the Widow's Pension. Most older women did not have the opportunity to make sufficient insurance contributions in their own right, having had no option but to leave the workforce when they were married. Poor housing conditions were also found to be an important factor in older people's experience of poverty.
- The risk of poverty for female lone parents has increased sharply since 1987 from 17.4% to 31.7% in 1994. In 1997, the risk still remained high at 29.3%. The review of the One Parent Family Payment by the DSCFA found that :
  - lone parents have low levels of educational attainment with almost 60% having only primary level education.
  - the majority of lone parents depend on social welfare payments as their main or only source of income
  - the employment status of lone parents was found to be closely related to their educational attainment.

(Review of the One Parent Family Payment DSFA September 2000 Govt Publications Dublin)

- Currently there is a significant gap in comprehensive information on the situation of women with disabilities in Ireland. Research in other countries shows that women with disabilities are more isolated from the larger socio-economic system than men with disabilities. Women with disabilities are less likely to receive training for employment. Approximately 70-80% of people with disabilities are unemployed, over 50% of whom are women.

- Research on the economic and social effects of discrimination on lesbians and gay men found that one fifth (21%) of respondents were living in poverty (CPA 1995). The cumulative effects of exclusion, discrimination and prejudice impoverish the quality of life and standard of living of lesbians

A deeper analysis of the complexity of women's lives and individual circumstances is necessary if policy-makers are to arrive at an adequate understanding of women's poverty. Such an analysis must examine the interaction of women within the home, workplace, social welfare, education and training systems, together with an exploration of the effect on women's circumstances of family and intimate relationships and of societal expectations.

### **Poverty and Inequality**

The NAPS recognised the overlapping dimensions of inequality, poverty and gender and that 'discrimination can produce barriers to equal opportunities, participation, outcomes and conditions and can thus increase the risk of poverty and exclusion for some groups'. The effects of multiple discrimination create additional obstacles inhibiting an escape from poverty.

### **Recommendation**

- 10.** The NWCI recommends the relationship between inequality and poverty should be strengthened in a policy recommendations arising from the NAPS review.



## **INCOME ADEQUACY**

### **INTRODUCTION**

Lack of money and access to financial resources are central to the causes of women's poverty. The critical objectives which arise in this context are :

- to ensure an independent adequate income for women
- to remove structural inequalities within the social welfare and taxation system, which have created women's dependency on men, and, as a consequence
- to address specific gender issues within the social welfare system

### **SECURING AN ADEQUATE INCOME**

#### **Rationale**

Securing an adequate income for women is a key policy objective in order to enable women to move out of poverty. The level of social welfare payments upon which women in poverty rely is central to this issue. The levels of social welfare payments must be maintained at a sufficient rate to enable those relying on them to participate fully in society. This issue is becoming more critical as the gap between rich and poor in Irish society increases. Uprating social welfare payments in line with increases in average incomes is therefore critical in attempting to alleviate women's poverty and in ensuring that there is no further marginalisation of women who are already dependent on low incomes.

#### **Recommendations**

1. Establish a Benchmarking Working Group with a timescale for adult social welfare payments.
2. Index social welfare payments to increases in average incomes.

### **INDIVIDUALISATION AND SOCIAL WELFARE**

#### **Rationale**

The underlying assumptions of the Irish Social Welfare system are based on patriarchal values concerning the role of women and men in society regarding work, family and domestic responsibilities. This model of social welfare is referred to as the male breadwinner model as it emphasises the male role as the breadwinner and the women's role as homemakers i.e. wives, mothers and daughters. The rights of women are derived from the rights and entitlements of men. The construct of the system is therefore based on the concept of gender inequality and this is reinforced through a range of policies to consolidate the male role as the breadwinner and women's role as economical

dependants.

The construction of the social welfare system in this gender-biased manner is essential to the way in which women experience poverty and the strategies to be pursued to combat and remove poverty amongst women.

Reforming the system has commenced slowly. However, the reforms to date have not challenged the fundamental concept of dependency and the male breadwinner model. Moving away from this model to one which considers both men and women as individuals with their own needs and resources must be central to policies aimed at moving women out of poverty. The new model is a prerequisite for gender equality.

### **Recommendations**

3. The NWCI recommends the adoption of a proactive policy on the individualisation of the social welfare system. This will involve a phased approach to implementation of the following
  - the introduction of two adult rates for both spouses
  - the introduction of full social insurance credits for those engaged in full time caring responsibilities and those participating in second chance education and training.
  - development of a fully inclusive social insurance model of social welfare

## **CHILD POVERTY**

### **Rationale**

The effect of poverty on their children is central to women's experience of poverty. The rate of child poverty in Ireland is the second highest in Europe, affecting between one-quarter and one third of Irish children. Children are up to 1.25 times more likely to be in income poverty than adults. Ireland has a severe problem of child poverty - the results of research on child poverty in Ireland shows that 26% of all children under the age of 18yrs are living below the 60% income poverty line. Child benefit should be targeted to meet the real costs of rearing a child with regard to costs of food, nutrition, clothing, education, health, recreation and general development costs.

### **Recommendation**

4. Establish a benchmark for child minimum income support to be paid within Child Benefit and for the childcare element of Child Benefit.

## **CHILDCARE**

### **Rationale**

The availability of quality, affordable childcare in Ireland is central to women's participation in society. The evidence from the NEW Opportunities for Women Programme and the Evaluation Report of Equal Opportunities and the European Structural Funds in 1999 highlights that the lack of childcare facilities and financial supports to pay for childcare is one of the biggest barriers to women's participation in employment, education and training. The NWCi has advocated a universal approach to any initiative which would assist parents to pay for their childcare costs. This approach has been accepted by Government. However, level of subsidy provided in Budget 2001 is minimal and does not provide adequate support so as to enable women to move out of poverty and to participate equally in society.

### **Recommendation**

5. The establishment of a target for adequate financial support for parents to pay for childcare costs which would be indexed to annual increases in childcare costs. This would be paid as part of Child Benefit and in addition to the child welfare element of Child Benefit.

**Note: Child Benefit would then encompass two separate transparent objectives, (a) to meet a target for child welfare and (b) to meet a target for childcare.**

## **EDUCATION**

### **Introduction**

Women, primarily in disadvantaged communities, benefit from community based educational opportunities every year in Ireland. Women's community based education has played a central role in supporting women to combat disadvantage and poverty. The current review of NAPS presents an opportunity to consolidate this work and the following recommendations address key issues in relation to this work.

### **ADULT & COMMUNITY EDUCATION**

#### **WHITE PAPER ON ADULT EDUCATION**

##### **Rationale**

An implementation strategy for the White Paper needs to be developed in order to operationalise the structures developed within the White Paper.

##### **Recommendation**

1. That the Department of Education & Science develop an implementation strategy and a time frame to operationalise key elements of the White Paper:
  - National Adult Learning Council (NALC)
  - Local Adult Learning Boards (LALBs)
  - Community Education Facilitators
  - Outreach and Guidance Services

**Indicator:** Establishment of above structures and staffing up of relevant posts

#### **FUNDING**

##### **Rationale**

There is a need for core funding for women's and men's community-based education which would allow for continuity and security in the provision and delivery of essential educational services. Such core funding will require the establishment of an inter-departmental structure, bringing together government departments that currently have parallel responsibilities for funding education and education-related activities at community level: Departments of Health and Children; Education and Science; Social and Community and Family Affairs; and Justice, Equality and Law Reform. The current budget for community education gives an approximate total of £4.3m per annum for community education. This would average out at £4,300 approximately for each community-based women's education group currently involved in education provision. (*At the Forefront - The Role of Women's Community Education in Combating Poverty and Disadvantage in the Republic of Ireland*). The Education Equality Initiative is a

welcome development but needs to have its budget significantly increased and mechanisms need to be put in place to ensure that successful EEI projects are mainstreamed as a matter of course.

### **Recommendations**

2. A publicly accountable community education fund with clear criteria for project and group selection to be widely disseminated. This could be administered through the Local Adult Learning Boards. The annual report of the LALB would be published annually and would specify the projects funded and include amounts received and a profile of the beneficiaries of the expenditure.
3. An increase to £3m for Phase II of the EEI Programme. A commitment to ensure core funding for at least 60% of EEI projects through LALB budgets on a multi-annual basis. An exploration of a funding scheme similar to that supported by the DSCFA which allows groups to progress to different levels of funding.

**Indicators :** (a) Annual Reports of LALB showing project funding levels and activity to include details of how funding was advertised, e.g. newspaper adds etc, (b)£3m EEI Phase II Budget. Tracking of EEI projects from pilot to mainstream phase.

## **REPRESENTATION AT DECISION MAKING LEVELS**

### **Rationale**

Research into the current position regarding equal representation for women and men at decision making levels in Ireland is poor (ADM, NWCI, NIWEP/NWCI, WEFT 2000, WERRC, Humphreys, Drew & Murphy). For example 82% of the Chairs of Partnership Boards are men. Existing structures tend to exclude and marginalise women. It is essential that the new structures envisaged in the White paper on Adult Education embrace gender equality and ensure that women involved in providing community education at ground level have direct access to and representation on decision making levels.

### **Recommendation**

4. Direct representation for providers of women's community education on NALC and LALB. Mechanism to be established in consultation with women's education groups by the LALB and Community Education Facilitators.

**Indicator:** Representatives of women's community education on NALC and each LALB

## **TARGETED PROGRAMMES**

### **Rationale**

Lifelong learning has come to be recognised as vital to the development of the social, economic and political development of Irish society. The role of informal community education with both women only, men only and mixed groups must be recognised. The community education sector plays a vital role in creating a progression route into formal schemes such as VTOS etc. Specific at risk groups such as Travellers, older women, lone parents, lesbians, refugees and ethnic minorities as well as disadvantaged women and men need targeted programmes.

### **Recommendation**

5. A consultation process with community based women's and men's education groups as well as groups which represent specific groups such as those listed above to establish how to promote their work and how to represent their interests at decision-making levels.

**Indicator:** Consultation process and resulting recommendations.

## **ACCESS BARRIERS**

### **Rationale**

Barriers to women's participation in education are primarily the under-resourcing of appropriate support services, particularly childcare, transport, mentoring, personal support and learning resources. Physical resources such as buildings and equipment are often crucial to the sustainability of women's community based education.

### **Recommendation**

6. Ringfencing of 10% minimum of the budgets for community education for tackling practical barriers such as child/elder care and transport unless similar resources can be accessed via other financial supports. Ringfencing of 5% min. of budgets for community education to tackle the need for personal supports such as mentoring and counseling.

**Indicator:** Budgetary allocations for practical and personal barriers

## **THIRD LEVEL COSTS**

### **Rationale**

Participation in education is expensive. Women in a survey carried out in West Tallaght cited 'high costs' as they main reason for not returning to education. Many women are stuck in low paid jobs and need qualifications to move into more secure and better-paid employment.

**Recommendation**

7. Part-time and open distance learning fees to be abolished in line with criteria for non-payment of fees for people entering full-time, on site courses.

## **EMPLOYMENT**

### **Introduction**

The current Government approach that the best route out of poverty is a job makes the issue of work particularly pertinent to any consideration of women and poverty. In the current economic structure, certain fundamental problems exist even for women in paid employment as they remain at higher risk of low pay and insecure employment than men. Furthermore, the absence of adequate childcare makes it difficult for many women to access full-time employment. In addition, women returners face a series of barriers such as the need for education and training, for information and psychological supports if they are to avoid the trap of low-paid, unsustainable employment. In any case, the application of a purely economic approach which fails to take account of women's caring responsibilities or their right to exercise free choices with regard to employment and caring risks becoming a simplistic solution to what is a complex and multi-faceted issue. A review of the relationship between women, work and poverty needs to adopt a gender-based approach if it is to offer sustainable strategies to combat women's poverty.

## **LOW PAY**

### **Rationale**

In the area of employment, the major issue for women is their continuing predominance in low paid employment as low pay presents a major barrier to women's capacity to exit from poverty. According to the Women and Poverty in Ireland study, women face a higher risk of being in low paid employment than men and 30% of women employees are below the low pay threshold, in comparison with 18% of men. The higher incidence of women in low paid employment is linked to the higher proportion of women in part-time work and to their concentration in particular low paid sectors such as the services sector. The Women in the Labour Force (1999) study found, for instance, that 111,100 women were engaged in part-time work in comparison with 37,100 men. In spite of labour shortages and consequent pressure on wages, the growth of the services sector as a consequence of the Celtic Tiger makes it more likely that low paid employment will continue to be a feature of women's employment for the future.

## **MINIMUM WAGE**

### **Rationale**

The introduction of the minimum wage has provided a useful measure with which to tackle low pay, particularly for women in employment. Its importance for women in low paid employment is confirmed in the Final Report of the Inter-Departmental Group on



Implementation of a National Minimum Wage (1999) which found that more than half of those earning below the minimum wage were women. However, the rate at which the minimum wage was set was set in May 2000 - £4.40, reflecting the figure recommended by the National Minimum Wage Commission in 1998 – failed to take account of the increases in inflation and average wages which had occurred between 1998 and 2000. Even the commitments in the Programme for Prosperity and Fairness to increase the minimum wage to £4.70 from July 2001 and to £5 from October 2002 remain below the rate recommended by the National Minimum Wage Commission of two thirds of the median of average wages. Furthermore, unless the minimum wage increases in line with inflation and increases in average incomes, it will not serve as an adequate measure to combat low pay. This issue is particularly critical in the current economic climate where we are experiencing growing inequalities between those on low and high incomes.

### **Recommendations**

1. If women are to avoid the trap of low pay and consequent poverty, the minimum wage needs to be indexed to increases in average incomes. The rate at which the minimum wage is set in comparison with average incomes should be considered within the Benchmarking Working Group.
2. If growing economic inequalities are to be redressed within Irish society, those on the minimum wage need to be taken out of the tax net. This is particularly critical given that recent tax changes in Budget 2000 and Budget 2001 have benefited those on higher incomes disproportionately.

## **ACCESS TO EMPLOYMENT**

### **Rationale**

Access to employment is vitally important if women are to be enabled to move out of poverty and to gain financial independence. In the case of women returners, many require education and training to provide them with the skills necessary to access sustainable and well-paid employment. However, certain fundamental obstacles continue to prevent women returners from moving into employment. These include :

- The existence of barriers such as the live register blocking participation in labour market programmes
- As many women are adult dependants and do not sign on in their own right, they remain excluded from programmes which require the person to be on the live register to be eligible to participate. Furthermore, a person who is available only for part-time work is not entitled to sign on, thus excluding many women who may wish to work part-time.

- The absence of childcare and eldercare supports
- Many women remain excluded from education and training programmes because these do not include childcare or eldercare supports. Furthermore, many programmes continue to be offered on a full-time basis, excluding women who, because of their caring responsibilities, are available only on a part-time basis.
- Inflexible working conditions and the absence of adequate family-friendly policies can make it impossible for women with caring responsibilities to enter, return to, or remain in the workforce. Furthermore, the availability of parental leave on an unpaid basis only makes it impossible for many low paid women to avail of this entitlement.

### **Recommendations**

3. The implementation by the Government of the recommendations of the Partnership 2000 Women's Access to Labour Market Opportunities Report is critical if the Government is to adhere to its own policy of using employment as a tool in combating women's poverty
4. The introduction of a national mainstream education and training support programme for women returners as recommended by the NESF (Alleviating Labour Market Shortages 2001) to provide women wishing to enter or return to work with the skills necessary to access sustainable employment.
5. This should include childcare and eldercare supports to enable women in situations of disadvantage to avail of this programme. The travel allowance provided for participants in FÁS programmes could provide a model for this type of caring allowance for participants on all labour-market programmes.
6. It should also include flexible part-time provision of education and training for women with caring responsibilities.
7. The Government needs to commit adequate resources to FÁS and other training providers to provide priority programmes for long-term unemployed women, disabled women, early school leavers and Travellers. Otherwise, it cannot hope to use access to sustainable employment as a strategy in combating the high risk of poverty experienced by these women.
8. The live register requirements need to be revised to enable women available only for part-time work to be in a position to access labour-market programmes.
9. The Government should introduce paid parental leave so that all women, particularly those in low-paid employment, can avail of their statutory entitlement.

## **CHILDCARE**

### **Rationale**

Families living in disadvantage have particular needs with regard to childcare. The provision of childcare supports can enable parents to participate in the workforce or to engage in training or education with the aim of eventual employment or the enhancement the educational standard of the family. Childcare has a contribution to make towards combating poverty. Access to quality childcare facilities for disadvantaged children increases the opportunity for them to develop to their full potential. While State subsidisation of childcare in disadvantaged areas under the Department of Justice, Equality and Law Reform's Equal Opportunities Programme is to be welcomed, much remains to be done to meet the needs of women living in situations of disadvantage. In disadvantaged areas, private childcare is almost non-existent, so there is a heavy reliance on the community and voluntary sector which is the least resourced area of childcare. It has already been proven that investment in childcare in areas of disadvantage provides enormous returns in terms of:

- higher school retention and achievement
- better employment prospects
- fewer early pregnancies
- fewer problems with delinquency, alcohol and substance abuse.

These economic considerations alone provide convincing evidence of the need for urgent Government action tackle the childcare crisis equitably.

### **Recommendations**

- 10.** The development of a national strategy for the provision of publicly funded childcare with specific targets and timescales and set in the context of the development of the local authority childcare structure.
- 11.** The introduction of a scheme to support the costs of low-income parents participating in all training and education programmes, including adult literacy and community education courses.
- 12.** The integration of an intercultural / anti-bias approach into the development of childcare policy.
- 13.** The establishment of a guarantee to provide free / nominal cost places to low-income families who access childcare places under the Equal Opportunities Childcare Programme and the Early Childhood Infrastructure under the NDP.

## **EMERGING ISSUES : ASYLUM-SEEKERS**

### **Rationale**

The continuing Government prohibition preventing asylum-seekers from accessing employment reinforces the risk of poverty for a group of women experiencing economic vulnerability. Certain anecdotal evidence already suggests that these women are at risk of exploitation by employers recruiting workers in the black economy. It can be expected that women asylum-seekers and their families will remain in situations of severe disadvantage if the Government does not ease its ban prohibiting them from accessing employment.

### **Recommendation**

14. The Government should consider allowing asylum-seekers to access employment. Not only will this offer them a useful support to combat poverty, it will also alleviate the labour-market shortages affecting the national economy.

# WOMEN, POVERTY AND HEALTH

## Introduction

*The Irish Government has signed up to the Beijing Platform for Action (1995) which clearly states:*

*Women have the right to the enjoyment of the highest attainable standard of physical and mental health... Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology.*

There is a proven correlation between health and poverty / social exclusion.

There are specific issues relating to health for *women* living in poverty and social exclusion which require specific policy responses. The issues include:

- women traditionally assume caring responsibilities and tend to put their families before themselves; there is considerable emotional and physical stress experienced by women struggling to survive in situations of poverty and social exclusion
- women require health services that meet *their* needs and understandings of health rather than those emanating from the male health model
- women experiencing particular (and overlapping) forms of disadvantage and social exclusion are particularly vulnerable to unhealthy social and material circumstances. Appropriate responses are required to ensure that services meet their needs and do not exclude them as a consequence of catering for the majority.

## Main Recommendation: Establish Target

1. The National Anti-Poverty Strategy should establish a target for health and a sub-target focusing on women's health. This would involve:
  - The adoption of a multi-sectoral approach to ensure that health services target those most in need of care.
  - Consultation with representatives of disadvantaged communities, especially service users, in the implementation of the NAPS at local level to ensure a more flexible and needs-led response.

## MEDICAL CARD

### Rationale

The current low-income cut-off point for medical cards is causing untold hardship for families with incomes above the set eligibility limits, often resulting in the neglect of women's health as a consequence of being forced to choose between their own health and that of their children. Thus the prohibitive cost of attending a GP inhibits women from seeking help when ill or availing of health screening such as smear tests (Cherry Orchard

Concerned and Active Citizens Group, 1999).

## **Recommendation**

2. Review eligibility for medical cards:
  - to raise income thresholds so as to facilitate low income families to access free health care
  - to extend medical cards to all dependent children under 18.

## **CONSULTATION**

### **Rationale**

Women in NWC Millennium Project Health Report (forthcoming) identified a high number of health needs as being ‘completely’ or ‘partially’ unmet.

### **Recommendations**

3. Fulfil the commitment in the Programme for Prosperity and Fairness (2000) and the Plan for Women’s Health (Department of Health and Children, 2000) to consult with women about health services. In particular women should be asked *what* health services are need and *where* they are needed, their *ethos and models of practice*. Consultations should use a multi-method approach, ensuring that *qualitative methods* are acknowledged as particularly appropriate for the elucidation / gathering of such information.
4. Ensure the inclusion and effective participation of groups of women experiencing multiple discrimination in the development of health policy and services.

## **PAVEE POINT PRIMARY HEALTHCARE PROJECT**

### **Rationale**

The Pavee Point Primary Healthcare Project is a partnership project between Pavee Point and the Eastern Health Board working to:

- establish a model of participation and health promotion
- facilitate the participation of Travellers in the promotion of their own health
- build skills to provide community based health service, including training Traveller women to become primary health care workers
- highlight gaps in health service delivery
- work towards reducing inequalities that exist in established services
- liaise and assist in creating dialogue between Travellers and health service providers in area.

### **Recommendations**

5. This model of primary health care should be extended to urban and rural communities in the context of Travellers' health.
6. The model should be explored with a view to its adaptation and application for use with, and by, other specific groups of women who experience discrimination and who have particular health care needs, for example, lesbians, older women, island women, women with disabilities, other minority ethnic women, women refugees and asylum seekers.

## **WOMEN IN PROSTITUTION**

### **Rationale**

A holistic approach to health care is important as the current harm reduction emphasis of current provision for women involved in prostitution is limited; women are often referred back to their GP for more 'normal' forms of health care. Many of women in prostitution are homeless and not registered with a GP.

### **Recommendations**

7. There is a need for 'one stop' health care provision. Such a service would entail:
  - centres based within local communities that are open for hours longer than 9 to 5
  - offer a range of provision including those for minor accidents and injuries
  - counselling
  - STD screening alongside normal GP, nursing, midwifery and community welfare provision.
  - Community pharmacy
  - Provision for hospitals to provide out-patients clinics on an outreach basis.
8. Health information should be made available in easy to read, non-jargon English, as well as in other languages.

## **TRANSPORT TO HEALTH SERVICES**

### **Rationale**

Discussions with women indicate that women may forgo attending medical services as a consequence of having no transport to get to their destination (Kelleher Associates, forthcoming).

### **Recommendation**

9. Resource flexible transport systems. Learning from community-based transport initiatives (eg Forum Community Development Project) should be mainstreamed.

## **ALTERNATIVE THERAPIES AND COUNSELLING**

### **Rationale**

The need for access to complementary therapies and counselling were key demands of women. They perceive that the lack of access to counselling and ways of managing stress leads to a greater demand for prescribed medicines (Kelleher Associates, forthcoming).

### **Recommendations**

10. The Department of Health and Children should make resources available to the women's sector to identify how their needs in this regard should be met.
  
11. The Department of Health and Children should recognise the role of complementary health therapies in contributing to the wellbeing of families and communities, and health boards should provide funding to community groups to source these therapies. It should also consider providing core funding to Slainte Pobal to act as a support agency in the area of complementary health to women's groups in the community and voluntary sector.

## **FAMILY FRIENDLY DRUG DETOX UNITS**

### **Rationale**

It is very difficult for many women to make adequate provision for their children whilst undergoing a detox programme. Drug use affects all the family who need to be more actively involved in the treatment and rehabilitation programmes. There needs to be greater pro-active support for recovering drug users within the community.

### **Recommendation**

12. Family friendly drug detox units should be established in conjunction with pro-active support for recovering drug users within the community.

## **TRAINING AND COMMUNICATION SKILLS**

### **Recommendation**

13. Provide awareness and sensitivity training at regular intervals to health care providers on issues of gender, ethnicity, sexuality, and economic disadvantage, and the relationship between social factors and health status (NWCI Millennium Project Health Report, forthcoming).

## **CARERS**



## **Recommendation**

14. Institute a wide range of reforms in services for carers, as advocated by the NWCI in its work representatives in the regional women's health committees (NWCI, unpublished, 1999), including: free home help for carers. Investment in respite care, co-ordination services for carers, a non means-tested Carer's Allowance, profiling the Homemaker's Scheme and institution uniform quality standards for all aspects of the caring services (NWCI Millennium Project Health Report, forthcoming).

## **REPRODUCTIVE AND SEXUAL HEALTH**

### **Recommendation**

15. Establish universal free provision of contraceptives, fertility treatment and information on reproductive choice and STDs (particularly HIV and AIDS).

## **HEALTH SERVICES FOR WOMEN AND GIRLS WITH EATING DISORDERS**

### **Rationale**

Appropriate and affordable services for anorexia and bulimia are difficult to access and mainly private. Publicly funded counselling and psychotherapy services are scarce. Health Research Board statistics indicate that in 1998, 180 people were admitted to hospital with eating disorders but there are only publicly funded, specialist beds specifically for eating disorders in the entire country. Most of the specialist in-patient units are located in Dublin and are private. Access to specialist in-patient treatment can depend on residing in a suitable catchment area or the willingness of the Health Board to pay for treatment in one of the specialist programmes.

### **Recommendations**

16. Provide appropriate, accessible and affordable services
17. Establish both prevention programmes and education and awareness to aid detection and to promote early treatment.

## **VIOLENCE AGAINST WOMEN**

### **Rationale**

In situations of domestic violence, most violent and abusive men will move to cut off and take control over, any possible avenue towards independence, choice and action of women with whom they are in a relationship. When the abuser chooses to use an unfair proportion of an already inadequate family income, the deprivation, the stress and the lack of choice are compounded many times over. Two main obstacles to leaving a violent

and abusive partner, identified in Women's Aid research (1995), were material; women had not where to go and they were financially dependent on their abuser.

### **Recommendations**

18. Adequately resource refuges, rape crisis centres, community-based services and transitional housing for women experiencing violence (PPF; National Task Force Report on Violence against Women 1997; A Framework for Developing an Effective Response to Women and Children who Experience Male Violence in the Eastern Region;)
19. Provide resources to groups working to address poverty and social exclusion experienced by women, to enable them to develop appropriate responses to male violence against women.
20. Establish targeted support measures integrated into education, training and workplaces for women who have or who are experiencing violence and who wish to participate in the workforce.

## **WOMEN EXPERIENCING MULTIPLE FORMS OF DISADVANTAGE**

### **Recommendations**

21. Implement affirmative policies to address the health needs of groups experiencing multiple discrimination and disadvantage.
22. Resource women's groups working with older women, lone parents, Traveller women, lesbians, minority ethnic women, refugee and asylum seeking women, women with disabilities, women on low incomes, and other women who are living in poverty to do research on their health issues and needs.

## **EMERGING CAUSES OF POVERTY**

### **Racism and women's health**

Racism is not new to Ireland; both existing and newly-arrived minority ethnic groups experience racism at societal and institutional levels. The correlation between racism and poverty has been well documented. Women from minority ethnic communities require specific and appropriate responses to their health needs. These are required to eliminate discrimination as a consequence of intersecting inequalities.

### **Recommendation**

23. **Note:** See recommendation on Pavee Point Primary Health Care Project (above)

## **Health needs of women asylum seekers and refugees**

Women asylum seekers and refugees have specific health needs that require culturally appropriate, sensitive and accessible responses.

### **Recommendations**

- 24.** Develop culturally appropriate and accessible health service provision for women asylum seekers and refugees. Ongoing consultation, monitoring and evaluation with service users are essential. Resources should be provided for the participation of women in such processes.
- 25.** Consider the recommendations of the research on the maternity needs of women asylum seekers (Jo Murphy Lawless)
- 26.** Implement measures to ensure that Direct Provision and Dispersal policies do not impact negatively on women asylum seekers' access to health information and services.

## **VIOLENCE AGAINST MINORITY ETHNIC WOMEN**

### **Rationale**

Minority ethnic women (including Traveller women) experiencing male violence have a right to culturally appropriate and accessible services.

### **Recommendation**

- 27.** Organisations providing services for women experiencing male violence should be resourced to ensure their services are culturally appropriate and accessible.

