

# ACTION ON POVERTY TODAY



## Tackling Health Inequalities

- Policy recommendations to reduce health inequalities
- Perspectives on participation in primary care; Ireland and New Zealand
- The health needs of asylum seekers

 **Combat Poverty  
Agency** *working for a  
poverty-free Ireland*

# Reports show women more likely to be poor in pensions, pay, and disability

Women in Europe are at greater risk of poverty than men. Four European Commission reports have shed fresh light on the gender dimension of poverty in Europe.

## Report 1

Headline information on poverty patterns is available from the *Report on equality between women and men 2007*, which provides the following information:

- Women are generally at a higher risk of poverty than men – 20 per cent compared to 15 per cent overall.
- The inequality gap, i.e. the difference between the male and female rates of poverty, is more than 10 per cent in Ireland, Romania, Bulgaria, Slovenia and Estonia.
- Lone mothers are at a high risk of poverty.
- The risk of poverty for women over 65 years is 5 per cent more than for men in the same age range. The highest poverty rates for older women are in Cyprus (55 per cent) and Ireland (45 per cent).
- Unemployment affects women more than men (9.9 per cent as against 7.9 per cent). Women are also more likely to be long-term unemployed (4.5 per cent as against 3.5 per cent).

## Report 2

The second report, *The gender pay gap – Origins and policy responses; A comparative review of 30 European countries* (the Irish report is by Ursula Barry and Sarah Murphy), deals with the labour force. It indicates that the average European gender pay gap is 25 per cent, highest in Britain at 30 per cent, lowest in Slovenia at 11 per cent, and at the high end of the scale in Ireland, 26 per cent. The report comments that countries at the high end of the scale 'do not seem to be doing very well on this indicator' and that the gender gap is mainly attributable to the many years women spend out of the labour market.

## Report 3

A more detailed examination of gender inequality is available in *Gender inequalities in the risks of poverty and social exclusion for disadvantaged groups in thirty European countries* (with the same Irish contributors). Attention is drawn to the risk of poverty for women with disability in Ireland: 58 per cent of Irish women with disabilities are at risk of poverty compared to 52 per cent of men, though both figures are very high.

The proportion of people with disabilities in the labour force is only 12.5 per cent for women, compared to 25.5 per cent for men, and they earn less, largely because they work fewer hours. They are more likely to be on lower, short-term allowances or dependent on a male partner for an income.

## Report 4

In the fourth report (2006), *Synthesis report on adequate and sustainable pensions*, the Commission explores why pension outcomes for women are so 'unsatisfactory'. Although member states have tried to take more account of the absence of women from the labour force due to caring for dependents (e.g. with pension credits for absence), this is undermined by the decline of state pensions at the expense of private schemes, and corrective solidarity measures are rarely present in private or occupational schemes. Women often work in jobs that lack access to occupational pensions. The Irish section of the report says that the incomes of our older people have lagged behind those of working age and that pensioners' incomes are 'among the lowest' in Europe.



BRIAN HARVEY is an Independent Research Consultant.

## VIEWPOINT

### The Winds of Change

'Making Our Country Poverty Free' was just one of the challenges tackled by the students at this year's Young Social Innovators annual showcase. Collinstown Park Community College from Clondalkin won the 'Making Our Country Poverty Free' challenge. Their project was on early school-leaving – recognition from young people themselves that a good education can provide one of the best opportunities for positive change in tackling poverty.

A new government also signifies change. One of the key challenges for this government will be to deliver on the reform of the health service. Health inequalities are among the issues that need to be addressed and an important element of this is ensuring access to quality primary care services. The establishment of primary care teams must involve the local community.

We welcome the extension of social inclusion units to more local authorities. The experiences of Laois and Wicklow County Councils, featured in this issue of *Action on Poverty Today*, are evidence that local anti-poverty and social inclusion plans, involving local anti-poverty groups, provide an important base from which to deliver anti-poverty measures at local level.

The establishment of a power-sharing government in Northern Ireland is a very positive change in building the peace process and supporting cross-border collaboration. It is timely as we embark on a new Peace Programme (Peace III), which will have an increased role for coordinated delivery at the local level through the County Development Boards, supported by Border Action and the Community Relations Council.

As this is my last Viewpoint before my departure to the National Economic and Social Council, I would like to pay tribute to the support of readers of *Action on Poverty Today* and to the work of Combat Poverty as the agency that, with others, is striving to work for a poverty-free Ireland.

HELEN JOHNSTON is Director of the Combat Poverty Agency.



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# Combat Poverty health statement says public policy central to healthier lives

PAGES 4 + 5

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**The Combat Poverty Agency's health policy statement stresses the need to radically improve the health of people living in poverty. It recognises that public policy has a key role to play in creating the conditions for people to live healthier lives.**

The statement draws on a wide-ranging evidence base, including the *Building Healthy Communities Programme*, five commissioned background papers and new research by the ESRI on access to community health services.<sup>1</sup>

The statement recognises that adverse social conditions affect people's health. To achieve better health, services are needed that are people-centred, accessible on the basis of need and not ability to pay, and are delivered in an integrated way. This implies better cooperation between health services and central and local government. Communities that experience poverty have to be involved in the design, implementation and review of policy and services. A focus on the social determinants of health and policy measures to prevent poor health is needed.

In its statement, Combat Poverty makes a number of recommendations relating to the social determinants of health, access to primary and secondary health care, mental health and children's health services.

## Social determinants

A range of factors, including poverty, determines health. Premature death is much more likely where there are poor social and economic conditions, inadequate income and accommodation.

Combat Poverty recommends that:

- all policies should be assessed for their impact on poverty and health
- early school-leaving and educational disadvantage should be tackled
- adequate standards for housing and accommodation should be met
- the public transport needs of people living in rural areas should be addressed.

## Primary care services

Poorer health means a greater need for health services. Improving access to, and reforming, primary care services<sup>2</sup> are central to more effective health services. Much of the demand on hospital services could be reduced if there was an adequately resourced primary care service.

Combat Poverty considers that the right to health and its benefits should be recognised through the provision of free or subsidised primary care for all.

- The new primary care teams should be underpinned by national standards that ensure equal access to care and ancillary services.
- Primary care teams should be targeted on areas of the greatest need.
- Communities should be involved in the design and delivery of their services.
- Higher thresholds for medical cards should be introduced to ensure that people living in poverty have access to the services they need.

## Hospital services

Everyone in Ireland is entitled to public care in hospitals. However, there is a two-tier health service whereby 52 per cent of the population buy private health insurance that gives them private access and treatment. Public patients, often living on low incomes, have to wait longer for hospital care.

To address inequities in the provision of hospital services, Combat Poverty recommends:

- the establishment of a common waiting list for all patients, with no differences in timing or type of medical care provided
- the full implementation of the Government's Health Strategy

This would require continued investment in health care facilities over the next ten years and increases in day-to-day spending on health. Such an investment in public health services would gradually reduce the extensive need for the National Treatment Purchase Fund.

- the provision of more hospital beds, long-stay beds for older people and a comprehensive primary and community care service which would substantially improve hospital care and relieve pressures.

## Community development

A community development approach to health promotes people's right to health and to tackling the underlying causes of health inequalities. It empowers people to become involved in social change, and supports community participation<sup>3</sup> in the development, planning and delivery of health services. This leads to improved services designed to meet people's needs. This approach seeks to fulfil the right to the highest attainable physical and mental health.<sup>4</sup>

Combat Poverty recommends:

- national standards on community participation in primary care
- funding for communities to participate in primary care teams
- mainstreaming and resourcing of community development approaches to health
- support for a community development and health network
- training for HSE staff on community development.

## Mental health

People living in poverty experience poorer mental health and a greater need for mental health services. Promoting good mental health among people who are poor and improving access to quality mental health

services are central to reducing poverty and promoting social inclusion. The establishment of the NESF mental health project team, which will specifically address this issue, is a significant development in this area.

Combat Poverty recommends:

- measures to support people with mental health difficulties, including more work opportunities, social housing and support for participation in education and training
- further research into the complex links between poverty and health
- resourcing and support for social supports and networks
- health promotion programmes on positive mental health targeted at people in poverty with mental health difficulties
- the participation of people with mental health difficulties in the design and delivery of services targeted at them
- the insertion of a clause outlawing discrimination on the grounds of mental ill-health into the Equal Status Act.

## Child health

Children born into poverty face a higher risk of ill-health. Poverty affects physical, mental and emotional health and development and affects a child's health from before their birth through to adolescence.

Combat Poverty recommends:

- the implementation of policies to reduce child poverty
- the addition of child-health inequality indicators to the current indicators of national child well-being monitored through the State of the Nation's Child reports
- a further research programme to monitor inequalities in child health as a key component in the national children's longitudinal study
- that maternity and antenatal services, early years screening, immunisations, injury prevention and obesity reduction services would be designed in a way that would reduce child-health inequalities and be delivered on an equitable basis
- continued progress towards access to affordable, flexible and high-quality childcare for poor families.

ELAINE HOULIHAN is Project Officer of Combat Poverty's Health Programme.

<sup>1</sup> *Poor Prescriptions: Poverty and Access to Community Health Services*, Layte, R., Nolan, A. and Nolan B., 2007, Combat Poverty Agency, Dublin

<sup>2</sup> The Primary Care Strategy is outlined in *Primary Care: A New Direction (2001)*. See p. 15, Jargon Buster

<sup>3</sup> CLES Consulting, policy paper on *Developing Community Infrastructure in the Building Healthy Communities Programme*, Combat Poverty Agency (2006)

<sup>4</sup> Community Action Network, *CAN Comment*, 'Community development is good for your health', CAN, Dublin (2006)

# Community involvement in primary care services leads to better care for vulnerable groups in New Zealand

As part of a government agenda to reduce health inequalities, the New Zealand Primary Health Care Strategy was released in 2001 and a large amount of funding has been injected into the primary care sector since that time.



The 2001 Primary Health Care Strategy in New Zealand called for the establishment of local not-for-profit structures for delivering and coordinating primary health care services. Known as primary health organisations (PHOs), they receive population-based funding through District Health Boards (DHBs) to provide health and illness services to their enrolled populations.

The involvement of *iwi* (Maori tribes), consumers and communities in their governing processes is a minimum requirement of PHOs, and they are intended to be responsive to the communities they serve. The strategy and a subsequent policy document outlining minimum requirements for PHOs state:

PHOs must demonstrate that their communities, *iwi* and consumers are involved in their governing processes and that the PHO is responsive to its community (King, 2001).<sup>1</sup>

The DHB must be satisfied that community participation in PHO governance is genuine and gives the communities a meaningful voice. In addition, DHBs will require PHOs to show how they respond to their communities (Ministry of Health, 2001).<sup>2</sup>

This aspect of the Primary Health Care Strategy has been difficult both to implement and to evaluate. Over the past five years, eighty-one PHOs have been established in New Zealand, each responsible for enrolled populations of between 5,000 and 350,000 people.

## Unique make-up

Not only do PHOs vary enormously in size, but each one is unique in its make-up and its history of local relationships. Most of the smaller PHOs grew out of not-for-profit primary care organisations and had prior experience of successfully implementing community governance models.

In contrast, larger PHOs have tended to be managed by general practitioners' organisations (known as IPAs, Independent Practitioners' Associations) and are slow to involve communities meaningfully in their governance structures. Many have put 'community advisory committees' in place, which have no decision-making authority, while 'loading' the PHO board with general practitioners.

## Reduce inequity

Community involvement in primary care service planning and evaluation is more than consumer feedback. It is an important health promotion approach that has been demonstrated to reduce health inequalities, both in New Zealand and elsewhere.

It is still early days for primary health organisations in New Zealand. Even in a PHO environment, it is not easy for primary care providers to adopt a culture that acknowledges the contributions of consumers and communities to health service planning and delivery.

The experience of not-for-profit primary care organisations in New Zealand indicates that community involvement leads to a very real improvement in access to care for vulnerable groups. Changes to services include having staff of the same ethnic group(s) as patients, holding out-of-hours clinics and offering clinical services 'off-site' in community locations. These changes make primary care more accessible to disadvantaged groups, while the long-term effects may well be healthier communities that are more engaged with their local health services and with each other.

PAT NEUWELT is Senior Lecturer in Public Health, School of Population Health, University of Auckland, New Zealand.

<sup>1</sup> King, Honourable A. (2001) *The Primary Health Care Strategy*, Wellington: Ministry of Health, p. 30

<sup>2</sup> Ministry of Health (2001) *Minimum Requirements for Primary Health Organisations*, Wellington: Ministry of Health

# As Ireland becomes more diverse, HSE frames intercultural health strategy

As more and more people come to make their lives in Ireland, the HSE Intercultural Health Strategy is nearly complete and will be implemented as soon as it is finished.



The Health Service Executive (HSE) has responsibility for managing the operation of the Irish health service as a unified system, including the adoption of a harmonised approach to provision of high-quality health and personal support services across the country.

The HSE Transformation Programme, which is currently under way, has two core objectives that are particularly relevant to socially excluded groups. They state:

- We will improve people's experience of our services and their outcomes, through developing, changing and integrating our services in line with best practice.
- We will work to protect, promote and improve the health and well-being of the population, based on identified need and with particular focus on measures to address social exclusion.

The population health approach endorsed by the HSE recognises the many factors affecting health and seeks to promote and protect health and well-being, paying special attention to measures aimed at reducing health inequalities.

Recognition of the distinct health and care needs of socially disadvantaged groups, coupled with the transformation of the HSE itself, marks a timely opportunity for the development of a National Intercultural Health Strategy. The National Intercultural Health Strategy aims to support both service users and service providers to participate meaningfully in designing, delivering and evaluating the provision of health care to minority ethnic service users.

## Countrywide consultation

The development of the intercultural strategy started with a countrywide series of consultations, taking the form of road shows, focus groups, small group discussions and surveys. Many of these events were hosted or co-ordinated by voluntary agencies in collaboration with the

HSE. Combat Poverty Agency, the National Consultative Committee on Racism and Interculturalism, CAIRDE, Spirasi, Pavee Point and the Immigrant Council of Ireland gave invaluable support. Their cooperation enabled a wide spectrum of service users to participate in consultations.

Both service users and providers offered a wealth of information on issues and experiences of accessing, using and providing health services, together with suggestions to improve or adapt them. This is helping to promote appropriate, culturally competent responses to the care and support needs of diverse service users.

A range of issues around accessing services dominated the consultations. These included:

- the need for quality, standardised interpretation services
- better mechanisms for improved collection and application of health data
- training and supporting staff in delivering equal, responsive, culturally competent services
- aspects of equality and discrimination, which were recurring themes throughout the discussions.

The Intercultural Health Strategy is nearing completion; implementation should start immediately after its launch. It is anticipated that a body representing all stakeholders will be formed to guide implementation of the strategy. Monitoring of its implementation will be an integral element.

For more details on the Intercultural Health Strategy, contact Diane Nurse at [diane.nurse@mailf.hse.ie](mailto:diane.nurse@mailf.hse.ie) or at HSE, Mill Lane, Palmerstown, Dublin 20.

*DIANE NURSE is Services Planner for Social Inclusion and Disabilities, HSE.*

# Report urges more money be spent on giving disadvantaged a sporting chance

**New research carried out for the Irish Sports Council on sport and disadvantage shows that income and education strongly influence participation in sport. This finding highlights the need to redirect much more money towards sports activities likely to benefit the disadvantaged.**



The Irish Sports Council report *Fair Play? Sport and Social Disadvantage in Ireland* set out to examine the impact of social disadvantage on various forms of participation in sport. It showed that the large majority of people who play sport in Ireland are from higher income and better educated social groups. This, in turn, allows this group to enjoy the health benefits associated with this physical activity, while less well-off and less well-educated people are much less likely to be active.

The research, written by the ESRI, suggests that a person who has a postgraduate degree is almost five times more likely to play sport than somebody whose formal education stopped at the Junior Certificate. Also, a person in the top income bracket is almost twice as likely to play sport as a person from the lowest income groups.

## Education and income

The separate effects of income and educational attainment are substantial. Where two people have similar income, the one who is more educated is more likely to play sport. Where there are two people with similar educational attainment, the one with higher income is more likely to play.

While the impact of income gets stronger with age, the impact of educational attainment on playing sport is constant across all age groups. This is an important finding. It suggests that the positive benefit of education on playing sport lasts a lifetime.

It is the time spent in the education system rather than the qualifications gained that produces the impact on sport. Extending full-time education further into adulthood offers the opportunity to develop good sporting habits and fitness in early adulthood.

The outcomes were consistent across the top fifteen participation sports in Ireland, including GAA, soccer, swimming, golf, cycling and tennis.

The report also confirms that age and gender strongly influence participation in sport, with men 2.5 times more likely to play sport than women. Regarding age, participation declines as people get older; any person is 1.5 times more likely to play sport than someone who is 10 years older than them.

## Social capital lost

It is noted that exclusion from sport extends from participation to volunteering to attendance at events. Therefore those who are disadvantaged are deprived of the range of benefits of sport, including an equal share of the social capital<sup>1</sup> produced by sport. The report also produced evidence to suggest that disadvantage starts early, with children from designated disadvantaged schools offered less sport outside the curriculum.

Low income makes young adults more likely to drop out from sport altogether rather than switch sports. However, it does not necessarily follow that cost remains the biggest barrier to taking up sport again later in life. Then, health or time constraints may be the causes.

The report notes that because of the proven benefits of sport there is a strong case for substantial public expenditure in support of mass participation. It draws the policy conclusion that there is a need to redirect a much more substantial proportion of expenditure towards sports activities that are likely to benefit the disadvantaged.

PAUL MCDERMOTT is Communications Manager at the Irish Sports Council.

<sup>1</sup> See p. 15, Jargon Buster

# Customer-centred approach needed for quality public services – NESF

Ireland spends €39 billion a year on public services. A report by the National Economic and Social Forum suggests practical ways to improve services, with the citizen at the centre of reform.



The NESF report<sup>1</sup> has many practical proposals to enhance public services. The project team that undertook the report placed a particular emphasis on the links between improved public services and equality, social inclusion and the rural–urban dimensions. Its focus is on putting the citizen at the centre of public services reform.

The report finds from experiences across countries that public sector reform is a continuous process. While many improvements have been made here in public services over the last decade, there are still significant shortcomings, particularly in relation to more complex social problems, as well as new and emerging challenges to be met.

A 'whole-of-government' approach is needed to address the complex problems that people face today. We need to plan ahead to ensure that public services are in place as communities need them, rather than years afterwards. Public services have a key role to play in supporting the inclusion of new communities here, given the high level of immigration.

We need to move towards a more customer- and user-centred approach, where services are 'wrapped around' people's needs and circumstances. Improved services could be designed through a focus on how people actually experience services, found by 'mapping the customer or user journey'. User consultation models can help to inform the design and delivery of services.

## Recommendations

- A new 'public value' approach for delivering higher-value public services should be adopted. Its main elements should be:

- (1) designing and planning services around user's needs
  - (2) prioritising resources on early intervention and prevention
  - (3) integrating service provision and providing multi-annual funding
  - (4) establishing quality standards for services and reporting on their outcomes.
- A medium-term perspective for the planning, funding and provision of public services should be developed to tackle key policy issues on a longer-term basis. There should be greater freedom and flexibility, on a pilot basis, over the use of resources to innovate and experiment.
  - Providers of public services should clearly set out the standard of service that users can expect to receive. Service outcomes should be reported upon. Information should be provided on the entitlements and rights of people to use a service.
  - To provide the joined-up services that people need, responsibility for the design and co-ordination of services in a sector should be given to a 'lead agency'.
  - Service providers should adopt a 'case management' approach to identify and meet the needs of their more vulnerable clients.
  - A supportive Policy Framework should be agreed to strengthen and develop the relationship between the community and voluntary sector and the state sector.
  - A standing high-level committee on public services should be established to drive forward a programme for the improvement of public services, and it should have the capacity to implement it.

GERARD WALKER is a Member of the NESF Secretariat.

<sup>1</sup> NESF Report 34: *Improving the Delivery of Quality Public Services*, 2006



## Protection against exclusion and poverty a European treaty right

One of the lesser known human rights in European law is the right to protection against poverty and social exclusion. The right is contained in Article 30 of the Revised European Social Charter, a Council of Europe treaty.

The Revised European Social Charter (ESC) could be described as a 'sister' to the European Convention on Human Rights. However, unlike the situation under the European Convention on Human Rights, individuals cannot bring cases to a court alleging that their rights under the Revised ESC have been breached. Instead, the body charged with monitoring the implementation of the Revised ESC and with legally interpreting its provisions is the European Committee of Social Rights. This is an independent body made up of thirteen independent experts 'of the highest integrity and of recognised competence in international social questions'.

### State and shadow reports

There are two ways in which the committee can consider whether a state is in conformity with the Revised ESC. One is under a system of 'state reports', in which the committee receives and examines regular reports by subscribing states on how they have complied with the provisions of the treaty, and issues its *Conclusions*.

Under this system, Ireland had been due to submit reports on Article 30 for consideration by the committee in 2003 and 2005, although it did not do so. The next deadline for Ireland to report on how it is complying with Article 30 is 31 March 2008, with the *Conclusions* due to be issued the following year.

The committee accepts 'shadow reports' from NGOs and other organisations for consideration alongside the state's report. Shadow reports have been used effectively by NGOs and the Irish Human Rights Commission to attract the attention of similar committees established to supervise the implementation of other international human rights treaties.

### Collective complaints

The second mechanism by which the committee can consider whether a state is meeting its obligations under the Revised ESC is through 'collective complaints'. Certain organisations may lodge complaints with the committee alleging unsatisfactory compliance with the Revised ESC. The committee reaches what are termed Decisions on collective complaints.

In the case of Ireland, organisations that may bring collective complaints are national organisations representing employers and trade unions, international organisations of employers and trade unions, and international NGOs that have consultative status with the Council of Europe. These international NGOs may submit complaints only in respect of matter in which they have been recognised as having particular competence. The European Anti-Poverty Network would appear to be an NGO that would be recognised as having that competence for Article 30.



### Significant points

Since the Revised ESC came into force, none of the 'collective complaints' made has concerned Article 30, and so all of the case law that the committee has developed on the right to protection against poverty and social exclusion arises from its consideration of reports by states. It would be impossible to list all of the relevant points that arise from the full body of the case law, but three points are of particular interest.

First, the committee has emphasised that the list of particular social rights named in the text of Article 30 (employment, housing, training, education, culture and social and medical assistance) 'does not exhaust the areas in which measures must be taken to address the multi-dimensional poverty and exclusion phenomena'. This suggests that other rights that are necessary to combat poverty and social exclusion need to be identified and established in law.

Second, the term 'poverty' has been interpreted as meaning 'deprivation due to the lack of resources'. The committee has not determined if it will use a relative or absolute definition of poverty to interpret the legally binding intentions of the drafters of the Revised ESC. Furthermore, the committee has not yet interpreted the term 'social exclusion', although the case law strongly suggests that this term does have a different meaning from poverty and it has used questions in its *Conclusions* in an effort to engage in a dialogue with states as to how 'social exclusion' should be defined.

Third, the committee has made two important statements about the way in which states must go about meeting their obligations under Article 30. The first of these is that states are required 'to adopt an overall and co-ordinated approach, which shall consist of an analytical framework, a set of priorities

and corresponding measures to prevent and remove obstacles to access to social rights'. The state 'must link and integrate policies in a consistent way, moving beyond a purely sectoral or target group approach'.

The second of these statements is that the monitoring mechanisms a state puts in place must involve all relevant actors, including persons affected by poverty and exclusion. It is not clear if the participation in monitoring mechanisms of people affected by poverty and exclusion is intended to be the final word or if the committee is open to argument that their participation in the design and implementation of policies that affect them may also be found to be a legal norm under Article 30 of the Revised ESC.

Cathal Kelly recently completed an MSc in Equality Studies at UCD, and this article draws on his thesis 'The Potential of Social Exclusion as a Legal Concept'.

### Revised European Social Charter Article 30 of the Revised ESC – The right to protection against poverty and social exclusion – states:

**With a view to ensuring the effective exercise of the right to protection against poverty and social exclusion, the Parties undertake:**

- to take measures within the framework of an overall and co-ordinated approach to promote the effective access of persons who live or risk living in a situation of social exclusion or poverty, as well as their families, to, in particular, employment, housing, training, education, culture and social and medical assistance;
- to review these measures with a view to their adaptation if necessary.

# Health needs of asylum-seekers in direct provision system explored

Since the introduction of the dispersal policy in 1999, all asylum-seekers who arrive in Ireland are accommodated in direct provision centres, where they receive food, accommodation and a weekly allowance. These new arrivals can often present diverse challenges in terms of their unique needs.



Research<sup>1</sup> carried out at Institute of Technology Sligo explored the health behaviours of asylum-seekers who were resident in Health Service Executive West and Northwest centres. The study covered 242 asylum-seekers who came from over forty countries.

A cross-sectional questionnaire was used to investigate participants' health and health behaviours in relation to the use of tobacco, alcohol consumption, diet and physical activity. Childbirth and child-feeding practices were explored, along with the participants' use of Irish health services.

## Health concerns

The findings highlight a number of concerns with regard to the health of the research participants. The researchers found that asylum-seekers in direct provision experienced deprivation in relation to food provision, service provision and the monetary allowances (€19.10) that they receive each week.

Generally, physical activity levels are quite low. Of the population studied, 43 per cent did not participate in physical activity on a daily basis.

Diets high in fat are also common. The majority (54.5 per cent) of respondents consume fried food daily. In relation to the food pyramid, there were significant deviations from the recommended daily serving guidelines for a healthy diet in some of the pyramid's food groups. Asylum-seekers in direct provision usually have little say regarding what food is served in these centres, as food is usually prepared and cooked by hostel staff.

Alcohol consumption and tobacco use is low among the sample; 74.4 per cent of participants stated that they do not smoke tobacco, 66.5 per cent do not consume alcohol. Breastfeeding rates were high in comparison to the Irish population.<sup>2</sup>

## Language difficulties

Inability to communicate effectively in English emerged as a major problem and 67.8 per cent said that they had difficulties with Irish health services because of language difficulties. A number also said that a lack of information about services was a real obstacle to accessing health care.

The research participants identified a number of options that they felt would improve their health. The majority of participants (65.7 per cent) felt that the right to work would have the most beneficial impact on their health. Currently, asylum-seekers in direct provision are denied the right to work. This denial, coupled with the low monetary allowance they receive per week, increases the social and economic gap between asylum-seekers and the wider community and adds to the poverty of connectedness that asylum-seekers experience.

The research also points to the importance of health care staff taking a more culturally competent approach in delivering health care to asylum-seekers. The research makes recommendations aimed at different levels, including the community, the direct provision system and health service planning and delivery.

For a copy of the full report, please email [cummins.gail@itsligo.ie](mailto:cummins.gail@itsligo.ie).

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<sup>1</sup> The research was funded by Institute of Technology Sligo and Sligo VEC.

<sup>2</sup> SLÁN, 2002; See p. 15, Jargon Buster

# Project shows value of participation as core element of primary care

**Lifford/Castlefinn Primary Care Project is one of the ten pilot implementation projects established in October 2002 under the Primary Care Strategy. It has put strong emphasis on ensuring meaningful community participation in the Primary Care Team.**



It seeks to influence the broader health agenda by:

- adopting a locality based approach to needs assessment and delivery
- participating within and beyond the health service
- having a strong input from local communities and service users
- focusing on improving services for service users
- promoting equity of access and service quality
- having clear lines of accountability
- promoting integrated care along the continuum of preventative care.

Key features of the new model include:

- integration of services between different health service providers
- community representation on the Primary Care Team
- inter-sectoral actions to improve the health of the people in the area.

The steps taken in Lifford and Castlefinn to ensure meaningful community participation on the Primary Care Team were:

- Two interim representatives were appointed until appropriate structures had been developed in the community from which representatives could be selected.
- The Community Participation Working Group (CPWG) was established as one of four working groups set up by the PCT to direct the community participation agenda.
- A needs assessment was completed which involved a comprehensive community consultation. A consultant completed this with funds obtained from Combat Poverty and the HSE.
- Lifford/Castlefinn Community Health Forum (CHF) was formed.
- Two community representatives from the Lifford/Castlefinn CHF were selected, with an additional

representative acting as a support to the two representatives.

- An Integrated Primary Care Action Plan was developed and implemented.

## Benefits

The CHF is actively implementing many of the actions in the primary care plan, to improve health in the area in collaboration with health service staff. Members of the CHF are demonstrating that they are equal partners with health care providers in building a healthy community in their area.

## Challenges

While it is clear that current national policy recognises community participation, it fails to exploit its real potential by consistently failing to establish community participation as a core element of primary care. Though much work was done in the project to influence evolving primary care policy, community participation has become a secondary objective of primary care policy. A HSE document on the implementation of primary care issued in April 2006 refers to 'Primary Care Teams in Development' and suggests that community involvement is implemented only after a team consisting of GPs and health professionals is established.

This contradicts the Lifford/Castlefinn experience where community participation played an integral part in the development of the PCT from the outset and was identified as one of the critical success factors in ensuring effective community participation.

MARIE McLAUGHLIN is a *Community Worker with Lifford/Castlefinn Primary Care Team.*

MAIRE O'LEARY is *Social Inclusion Manager, Lifford/Castlefinn Primary Care Team.*

## EAPN Brussels trip showed benefits of EU networking

In November 2006, twenty representatives from Irish community groups visited Brussels for three days.



This was part of a training course run by EAPN (European Anti-Poverty Network) Ireland on influencing EU policy on poverty. It was based on the belief that EU policy in areas like social inclusion and employment increasingly affects people's lives. Many community groups recognise this but do not have the time or information to engage with European debates.

The course was funded by the Communicating Europe Initiative in the Department of Foreign Affairs, and from EAPN Ireland's core (National Lottery) funding. The twenty participants were selected from groups in all parts of the country, in addition to some national organisations representing or working with women, lone parents, immigrants, older people, rural communities and people with disabilities.

### Key policy areas

Two days training in Ireland were followed by a three-day study visit to Brussels. On the first day, participants identified the key policy areas they wanted to discuss in Brussels. These included equality, social inclusion, immigration, minimum standards for services, EU funding, employment, European family policy, participation and democracy.

During the three days in Brussels the participants met and discussed these issues with:

- staff from the Irish Permanent Representation Office ('PermRep'), which is Ireland's embassy to the EU (This office is staffed by civil servants seconded from government departments at home. It is responsible for representing the Irish government and negotiating its position on all policy committees, with support from other Ireland-based civil servants.)
- staff from the European Commission Social Inclusion Unit, which works on the EU Inclusion Strategy and other policy areas
- seven Irish Members of the European Parliament (MEPs) and the assistants of five others

- members of the Platform of Social NGOs (Social Platform). The Platform represents approximately thirty-eight European-level organisations and networks involved in the fight against poverty and social exclusion at EU level and beyond.

Some of the key areas of learning from the training programme were:

- EU policy has an increased impact in Ireland in many areas, including social inclusion and employment. These policies will be developed with or without the input of community organisations.
- There are allies within the EU policymaking system, including the Irish Permanent Representation Office, NGOs, the European Parliament and the Commission.
- MEPs are very open to ideas from interested local groups.
- Civil servants from government departments are actively negotiating EU policy on behalf of the country. These are usually the same civil servants who deal with participants in Ireland.
- Those representing vulnerable groups and communities need to link with networks that operate at EU level and that have members in Ireland, such as the EAPN, to strengthen their influence. The networks can support the voice of such groups at EU level. It is important to engage with these organisations and easier to do so than most groups think.
- Brussels is not that far away!

The participants committed themselves to engaging in EU policy development and its implementation in Ireland in ways that are relevant to their communities.

PAUL GINNELL is Policy and Support Worker with EAPN Ireland.

# 2010 is European year against poverty

**It's now less than three years to go to 2010, designated by the European Commission as the 'European year of combating poverty and social exclusion'.**

This is the second dedicated year in the current period of the social agenda 2005–2010, with this year designated as '2007: European year of equal opportunities'.

Most European designated years involve European and national awareness-raising events, funded by the Commission and selected national agencies. Some critics say European years are gimmicky and no substitute for progress on policy. The purpose of the year, says the Commission, is to take stock of existing achievements, build on lessons gained and enable the participation of a broader range of stakeholders.

This spring the Commission asked European networks, organisations and interested parties to present their views on the 2010 year by circulating a 15-question memo. In the autumn the Commission will make its own formal proposals, with a small budget, to the European institutions. The Commission has invited views as to how the year can best be used to raise the visibility of the issue of poverty and strengthen the political commitment to social inclusion.

It has asked for ideas on:

- focus: how the 2010 year can stimulate debate, improve ownership of social inclusion policies, improve monitoring and evaluation, assess poverty better and strengthen the understanding of poverty and the tools used to fight it
- methods: the use of media (newspapers, TV, radio, events) and devices (posters, slogans and logos)
- activities: such as training, prizes, projects, media cooperation, surveys and studies
- involvement: of those who are experiencing poverty and consideration of how various stakeholders could participate, e.g. events, information campaigns and focal points.

BRIAN HARVEY *is an Independent Research Consultant.*

## Jargon Buster

### Council of Europe

The Council of Europe is an international organisation in Strasbourg that was set up to promote democracy and protect human rights and the rule of law in Europe. It should not be confused with the European Council, which is a regular meeting of the heads of state or government from the member states of the European Union for the purpose of planning Union policy.

### European Social Charter (ESC)

The ESC is a European treaty, adopted by members of the Council of Europe in 1961, which sets out a range of economic and social rights. In 1996 the members of the Council of Europe agreed the Revised European Social Charter, which revised and extended the 1961 Charter. The right to protection against poverty and social exclusion was introduced by this revision.

The Revised ESC is sometimes confused with the non-binding 'Social Charter' or Community Charter of the Fundamental Social Rights of Workers. Confusingly, this document has frequently been called the 'Social Charter'. This is a completely different document from either the ESC or the Revised ESC.

### Primary Health Care Strategy

Primary care is the provision of a coordinated range of health and personal social services at first-contact level by a group of practitioners.

Primary care and a team-based approach to providing a range of health and social services are key elements in the government's current health strategy and in the planned development of future health services.

### SLÁN

SLÁN is a regular Survey of Lifestyle, Attitudes and Nutrition carried out for the Health Promotion Unit of the Department of Health to gather information on patterns of health and lifestyle behaviour among Irish people, such as smoking, drinking and exercise.

### Social capital

Social capital is a term that describes the network of relationships between people and institutions in a society, as well as the shared values, behaviour, trust and cooperation that enable people to act together for their mutual benefit and for the wider good.

## NOTICEBOARD



### Young social innovators

Collinstown Park Community College from Clondalkin won the 'Making Our Country Poverty Free' challenge at this year's Young Social Innovators National Showcase for their project entitled 'Early School Leaving – What's Your Story?'

Pictured receiving their award from Helen Johnston, Director of Combat Poverty, are the students from Collinstown Park Community College, with their teacher Noel Kelly. Combat Poverty is a Gold Sponsor of Young Social Innovators.

### Photo exhibition

To mark its pivotal role in defining, measuring and tackling poverty over the past twenty years and to raise awareness of current issues, Combat Poverty has created an exhibition of photographs and images to illustrate the changing nature of poverty in Ireland from 1996 to 2006. The exhibition was officially opened by Fr Peter McVerry on 29 May in Dublin's Civic Offices and will go on display around the country over the summer. For details of venues or to enquire about hosting the exhibition in your area, please contact [elaine.byrne@combatpoverty.ie](mailto:elaine.byrne@combatpoverty.ie) or telephone 01 6026626.

### Farewell

This month we say farewell to Helen Johnston, Director of Combat Poverty, who will be leaving the Agency to take up a new position with the National Economic and Social Council. Helen has worked with Combat Poverty since 1993, originally as Head of Research and since 2001 as Director. She will be greatly missed for the breadth and depth of her understanding of poverty in Ireland, and her commitment to bringing about a fairer society where all citizens can reach their full potential. We wish Helen every success in her new role and look forward to staying in touch as she embarks on this new challenge.

### Community participation in primary care

The role of community participation in primary care will be discussed at a conference in Croke Park, Dublin, on 27 June. The conference will be of interest to health service providers, social inclusion managers, policymakers and community and voluntary organisations interested in tackling health inequalities and poverty. To register, please email [elaine.byrne@combatpoverty.ie](mailto:elaine.byrne@combatpoverty.ie) or telephone 01 6026626.

### So you want to influence the Budget? (July 3, Dublin)

On 3 July, Combat Poverty will host a half-day seminar in Dublin for community and voluntary groups interested in promoting solutions to poverty in Budget 2008. The event will provide an insight into the Budget process and the mechanisms for identifying and highlighting relevant issues. To register your interest, please email [elaine.byrne@combatpoverty.ie](mailto:elaine.byrne@combatpoverty.ie).

## NEW AND FORTHCOMING PUBLICATIONS

### Evolution of the health services and health policy in Ireland, Harvey, B., 2007, Combat Poverty Agency, Dublin

This paper explains the evolution of health services and health policy in Ireland. It outlines the role of voluntary and community organisations in providing health services and examines their relationship with the state. Government policies to address health inequalities are also discussed.

### New series – Finding Your Way ...

Finding Your Way is a new series of easy-to-read guides aimed at helping community and voluntary organisations to understand, analyse and influence the policy environment. They cover a number of key policy areas including: Local Government, the Budget process in Ireland (north and south), Social Welfare, and Family Policy and Health. Price: €10 each.

### Research working papers

Two new research working papers have been published on

the Combat Poverty website. **Older People in Poverty in Ireland: an analysis of EU-SILC 2004** by Martina Prunty and **The Institutionalisation of Anti-Poverty and Social Exclusion Policy in Irish Social Partnership** by Dr Eileen Connolly.

### Poor Prescriptions: Poverty and Access to Community Care Services, Layte, R., Nolan, A. and Nolan, B., 2007, Combat Poverty Agency, Dublin

This study presents an up-to-date analysis of health inequalities in Ireland. It examines the use of community health services by the Irish population and assesses whether there is equitable access for those on a low income. Price: €15

Combat Poverty publications can now be ordered online from [www.combatpoverty.ie](http://www.combatpoverty.ie) (publications page). Alternatively, please email [publications@combatpoverty.ie](mailto:publications@combatpoverty.ie) or telephone 01 6026644.

# ANTI-POVERTY *Work in Action*

## Social inclusion work gains pace at local level

### Anti-poverty groundwork starting to bear fruit

For many years, Combat Poverty has supported local authorities in making social inclusion a central aim of their activity. That groundwork is now bearing fruit and two Local Anti-Poverty and Social Inclusion Strategies (LAPSIS) are being launched in June by Laois and Wicklow County Councils.

Local authorities have the potential to do an enormous amount to improve the well-being and quality of life of people and communities. Tackling poverty and social exclusion and the specific needs that arise in particular groups are some of the most important policy aims local authorities can help to achieve. City and County Development Boards (CDBs) have an explicit responsibility to focus on social inclusion when framing strategies and planning their work.

Combat Poverty's Local Government Programme supported local authorities to embed social inclusion in their work. The ultimate aim was to have the National Anti-Poverty Strategy extended to local level through the development of a LAPSIS by each local authority. Raising awareness, providing training, forming networks for mutual support and information exchange were among the supports provided by Combat Poverty to help the development of anti-poverty strategies at local level.

In 2003, three local authorities, Cork City Council, Donegal County Council and Westmeath County Council were supported in drawing up LAPSIS. The councils tackled the project in their own way depending on their particular strengths and circumstances, and they contributed valuable insights and learning to the wider process.

Cork City Council developed its internal processes and did a great deal of internal and external awareness-raising and research, in order to ensure there was the strongest possible focus on social inclusion in the



*Margaret Moloney, Community and Enterprise Section, Wicklow County Council; Cllr Billy Ireland, Chairman, Local Authority Members Association; Yvonne Murphy, Community and Enterprise Section, Laois County Council; and Helen Johnston, Director, Combat Poverty Agency, at the Local Government Anti-Poverty Learning Network Seminar, 30 April 2007.*

corporate plan. Westmeath County Council developed a Local Social Inclusion Strategy 2005–2009. This helped staff to develop a new approach to service delivery and consultation with service users, leading to improved services and customer satisfaction. In Donegal the county council developed a detailed poverty profile, which was used to raise awareness of poverty and exclusion among policymakers and the wider public.

In 2005, the Local Government Programme was mainstreamed. Combat Poverty became a member of the Local Government Social Inclusion Steering Group, which was established to ensure that social inclusion continued to be embedded within Local Government. To support a continued focus on the roll-out of LAPSIS, Combat Poverty provided funding and support for Laois and Wicklow County Councils to develop strategies that would provide other local authorities with a tested model and practical lessons to draw on. The strategies in Laois and Wicklow draw in all of the stakeholders in the CDB in each county, unlike the previous three strategies which primarily focused on internal processes within each local authority. The two councils will launch their LAPSIS at the end of June, marking the transition of their work to address local poverty and social exclusion from an experimental, learning phase to actuality.



Margaret Moloney, Community and Enterprise Section, Wicklow County Council; Gerry Mangan, Director, Office for Social Inclusion; Helen Johnston, Director, Combat Poverty Agency; and Yvonne Murphy, Community and Enterprise Section, Laois County Council.

## Laois builds on existing user-centred approach

The development of a LAPSIS in Laois was a logical follow-on from a lot of work the county council had already done. Since the foundation of the CDB (County/City Development Board) and SIM (Social Inclusion Measures) groups, an audit of services and a poverty profile had been carried out. An Ethnic Minority Survey had been conducted, out of which an Integrated and Targeted Plan for Ethnic Minorities had been developed.

In addition, Combat Poverty funded the council to examine how its services affected different service users. Work with target groups showed that service users had a very different viewpoint on services than council staff. This resulted in the launch in 2006 of a Charter of Socially Inclusive Services, called *Doing the Right Things Right*.

In the planning stages for the LAPSIS much consultation work was done. An independent consultant did the external consultation with target groups, and newspaper and radio publicity was sought to raise general awareness. The poverty profile, carried out by the council and helped by information from the Department of Social and Family Affairs, showed that Laois had above-average elements of deprivation for some target groups and geographic areas. Parts of the county are mainly rural, with older people living alone, small farms and part-time and older farmers.

There is a lot of education disadvantage, with high numbers of people below Junior Certificate level and low levels of third-level education. There is a high incidence of lone parents in urban areas. In north Laois, overspill from Dublin is creating urban-type problems, with infrastructure lagging behind rising population and development. Overall, there is no countrywide Local Development Social Inclusion Programme (LDSIP) or

supported community development outside the three major towns. There is also a need for more small industry and employment opportunities, particularly in rural areas.

In preparing the LAPSIS, the steering committee studied a representative rural town affected by cumulative disadvantage to identify what such a town would need in terms of community supports and social, economic and infrastructural development. The council also wanted to see how it might use a more focused approach in its own work to address the pressing issues of this and similar towns.

All of this preparatory work showed that the following target communities needed focused supports: young people, isolated older people, lone parents, those affected by educational disadvantage, ethnic minorities, people with disabilities and Travellers. The LAPSIS set out specific actions to address the needs of these various target groups.

Young people need to be involved in meaningful activities, especially those who have left school early. The development of a youth café in Portlaoise is an objective, and the LAPSIS team is also working with the Regional Drugs Task Force and is planning a youth unemployment project.

A project for older people in Summerhill, Co Meath, in which older people themselves run and provide the services for each other, is the model Laois LAPSIS aims to set up locally. It is intended to complement this with the continuation of a personal alarm system, sheltered housing and extension of rural transport.



*Frank Dawson, Director of Services, Galway County Council; Joe Lane, Director of Services, Wicklow County Council; and Michael Curran, Director of Services, Louth County Council, pictured at the Local Government Anti-Poverty Learning Network seminar in Tullamore, 30 April 2007.*

The LAPSIS team worked with OPEN, the lone parents' organisation, to set up lone parents' groups and there is now a network of six groups. Group members did democracy training and it is hoped they will link in with a LDSIP when it is extended to Laois next year. The team will be working with the county childcare committee to increase provision of affordable childcare, which will allow lone parents to study, train or work if they so choose. A Back to Education programme is proposed and an Integrated Parenting Alone Strategy is to be developed, in partnership with the OPEN groups.

A similar partnership exists with the Traveller community in implementing an Integrated Strategy for Travellers. The council's Arts Office is working with Travellers to develop cultural activities, and increased participation in sport is being encouraged. Education and employment are still major issues and the team is working to provide homework supports.

Members of ethnic minorities are beginning to be integrated but, like others, are stymied by the lack of job opportunities. The arrival of workers from eastern European countries, who are mainly employed in building, agriculture and service jobs, has added another intercultural element to the county. A 'Laois Does Not Do Racism' campaign is planned, and the need for more language classes, improved access to services, opportunities to integrate into community groups, and youth supports has been identified.

Moneylending is a big problem, and efforts will be made to raise awareness of the problem within agencies and the community, and to promote the services of credit unions.

For people with disabilities, access is a daily challenge and the LAPSIS team is working to raise awareness among public and business bodies of the National Disability Authority's code of practice on disability and public services. It is seeking the provision of pre-school supports for children with disability and to inform parents of services that are available. A major gap identified was the fact that many people did not access information on services that they needed. An Information Strategy will be developed between agencies to address this gap.

In tandem with the development of the LAPSIS, the council developed an Internal Social Inclusion Strategy, working with each of the council sections to help them draw up a strategy for their service area. Staff have been trained on poverty proofing and poverty awareness.

Parallel to the LAPSIS, a County Development Board task group on economic development is working to promote local industry and job opportunities. There are plans to develop six new enterprise units throughout the county with support for local enterprises and a logistics centre to serve the N7 and N8 routes.

**Laois County Development Board can be contacted at (057) 866 4336.**

## Broad aims and detailed actions in Wicklow's strategy

Despite its reputation as 'the garden of Ireland' and a haven for the wealthy, Wicklow suffers from many of the features of social and economic underdevelopment, particularly in the south and west of the county, with a number of serious unemployment blackspots.

The 2005 poverty profile revealed the conditions that the LAPSIS team faced in drawing up the county's strategy.

- There is a strong north-south divide, with heavy, Dublin-influenced development in the north, especially around Bray, and a rural southern part relatively

untouched by recent economic advances.

- There is also an east-west divide that sees almost all the spending and social inclusion measures, including six community development programmes, focused on the urbanised east coast.
- There are only two Youth Services, in Bray and Arklow, leaving a large rural area and other towns without access to youth supports.
- Dublin-led demand pushes house prices beyond the reach of many and there are 2,000 on the council housing list and twenty-three Traveller families living on the side of the road.
- There are pockets of deprivation and unemployment in many areas, even in heavily urbanised towns such as Bray.
- Community-based, affordable childcare is often missing, blocking many people on low incomes from returning to education or employment.

In addition, many people have literacy difficulties; over 15 per cent of pupils don't go beyond Junior Cert level; and over 16 per cent of families are headed by a single parent. Some 7 per cent of the population have a disability or long-term illness, and employment levels among them are low.

*'We will try to move on each of these twenty-two actions and have something happen by the end of the year.'*

Margaret Malone, Community and Enterprise Development Officer

The Wicklow LAPSIS is both a strategy and a year-long action plan. It is steered by the SIM group of Wicklow County Development Board and much of it is based on previous development work for target groups, such as the Traveller Strategy and the Disability Strategy.

The LAPSIS identified seven target groups: lone parents, people with disabilities, Travellers, older people, children, young people, and the homeless.

The action plan for 2007 concentrates on four of these that are seen as urgently needing support. It adopted twenty-two specific actions, covering a number of thematic areas, which are to be addressed this year. Money has been earmarked from existing operational budgets or additional funding.

The 2007 target groups are: Travellers, older people (particularly those of limited means and in local authority housing or residential care), people with disabilities, and

children and young people, especially those at risk of early school leaving.

The thematic areas are:

- Housing/Accommodation (9 actions)
- Education (4 actions)
- Health (3 actions)
- Justice (3 actions)
- Customer-service and information (2 actions)
- Community consultation (1 action)

One sample action in the area of housing is the provision of easy-to-read information on the housing allocation process. Here the Housing Directorate and community and housing groups will publish a housing allocations explanation booklet for all target groups and consider the best way of delivering the information. It will be funded from the existing operational budget.

The customer service actions include piloting an inter-agency customer care training programme to ensure that all target groups are treated fairly and respectfully. On community consultation, a central resource and record of consultations will be developed in the county. It is also agreed that information collected for the LAPSIS can be used to develop strategies and actions for target groups in the future.

One of the broad aims of the strategy is that Wicklow's service providers develop a deeper understanding of how people in target groups become trapped in poor circumstances and that they consider the broader ways in which they might help them or refer them to other services. Other aims are that the CDB and local authorities will lead the drive against poverty and that marginalised groups will be empowered to contribute to the development of policies by statutory agencies. Many of the target groups identified in the poverty profile became directly involved in the overall process and its initiatives.

The SIM group will monitor progress. There is a commitment that future action plans will address the needs of groups that are not included in this year's plan and service providers have agreed to prioritise meeting the needs of the identified target groups.

**For more information and a copy of the LAPSIS (Local Anti-Poverty and Social Inclusion Strategy), contact Wicklow County Council Office of Community and Enterprise, (0404) 20208, website: [www.wicklow.ie](http://www.wicklow.ie).**