



Healthy Food for All
access | availability | affordability

Crosscare

Pre-Budget Submission to the Department of Social and Family Affairs

25th September 2006

This pre budget submission is being presented in the context of the most recent exchequer returns. The country's finances now invite a radical review of the poverty issues and poverty traps that remain to be tackled. We are now in a position to make major changes to the landscape of poverty and exclusion that a significant number of our citizens occupy. The success of the Government strategy over the past number of years has yielded rich dividends for most of the population. Our message is simple, now is the time for public policy to focus more effectively on the reality of those who have been left behind

For over sixty years CROSSCARE has been involved in providing services and resources for disadvantaged and poor persons within the Diocese of Dublin. Founded in 1941 to tackle the dreadful poverty in Dublin in the war years, the Catholic Social Services Conference as it was then called, set up its famed food centres providing nourishing meals for those who were hungry, while the clothing department provided those in need with new clothes. The growth in Crosscare's services emerged as the needs and concept of poverty changed in the Archdiocese over the following sixty-four years. However the central remit of this social care agency has always been to address and redress poverty, marginalisation and social exclusion in Dublin.

Over these decades we have continually adapted our responses to meet the current and emerging needs of the most vulnerable in our society. Today we are still providing food and shelter to those who are homeless and those who are living without support. We are still working in communities that are ravaged with social problems. Our services include providing food and shelter, teenage counselling, addiction education and prevention, immigrant and emigrant issues, community education and community support to carers. Through this work we are able to identify the significant minority that have not benefited from the economic success of the nation. These are the groups that occupy the boats left behind on the rising tide.

From our experience we can identify inadequacies in public policy and administration which can perpetuate and aggravate the situation of people who are poor because of their dependency on social welfare or low wages. We argue that certain policy changes could address some of the human needs in local communities. We challenge this government to translate the climate of confidence in the business and commercial world into a sense of hope in the world of those left behind. We assert that action on poverty should constitute a moral imperative for policy formulation. This demands policies which guarantee that every citizen has an adequate income related to the prevailing living standards and adequate access to health care, housing and education.

We know from working with the most vulnerable groups in society that with inflation having doubled in the past year, higher food prices, escalating domestic fuel costs, increased indebtedness means it is becoming even more difficult to make ends meet their day-to-day living costs. This submission is being made on behalf of Crosscare. The submissions that follow outline the following key issues which must be addressed by Budget 2007:

- Inadequate Social Welfare Rates
- Child Income Support
- Rising Food Costs and Health Inequalities
- Inadequate Social Housing.

Healthy Food For All – Budget 2007 Recommendations

1. Increase lowest personal welfare rate by minimum of €20 per week in line with 2002 commitment.
2. Hot school lunches to be made available to all children as part of a universal school meals scheme.
3. Establish a €10million fund for community initiatives.
4. Reduce cost of food by supporting establishment of discount food retailers in low-income areas.

1. Introduction

Healthy Food for All is a multi-agency initiative to promote access, availability and affordability of healthy food for low-income groups. The Combat Poverty Agency, Crosscare and the Society of St Vincent de Paul published jointly *The Food Poverty and Policy Report* in May 2004. The three organisations formed a consortium to channel the energy and momentum following the launch of this groundbreaking report and have worked together since to establish the HFFA initiative in order to implement the recommendations of the report. All three agencies, through their various programmes and activities are acutely aware of the reality of food poverty. The three Agencies developed partnerships with agencies in the statutory, private and community sectors to establish Healthy Food For All.

2. Food Poverty and Dietary Inequalities

Food poverty is defined as the lack of an adequate and nutritious diet due to issues of affordability and access to food. Food poverty highlights structural constraints rather than personal preference as the key determinants of food consumption. The consumption of a healthy diet is constrained by issues pertaining to the availability of/access to food, affordability of food and social and cultural norms.

There are clear links between health status and diet, and research tells us that in Ireland people in the lower income deciles eat less fruit and vegetables, more processed foods and consume more saturated fats. This same cohort is less likely to meet the dietary guidelines issued by the Department of Health and Children even though they spend more on food as a proportion of their income.¹

- Consistent poverty figures tell us that (6.8%) of the population in Ireland live on incomes below 60% of the median. In addition, almost one-fifth (19.4%) of the population are income-poor.² Three of the eight commonly used deprivation indicators used in national statistics on poverty pertain to food poverty.
- For people living on low-incomes, accessing and affording nutritious food for themselves and their families is generally not a reality. The recommendation of spending approximately 1/3 of the weekly welfare allowance of €165.80 may not be feasible for all recipients. Proximity to supermarkets and access to transport greatly influence location choices for shopping.
- Food poverty is linked to a number of critical public policy issues, notably health inequalities, low educational attainment and constraints on participation in social norms and activities. There is also a connection between food poverty and the emerging public health problem of obesity as outlined in the report of the Government's National Taskforce on Obesity³. The forthcoming National Nutrition Strategy recognises the importance of addressing the eating habits at an early stage and has a strong focus on childhood food poverty.

3. Making Healthy Food Affordable

Current social welfare rates are inadequate. For those dependent on social welfare it is not possible to feed their family on current rates. A recent Combat Poverty funded study demonstrated that a lone parent would have to spend 79% of their social welfare payment to

¹ Friel, S. and Conlon, C. (2004). *Food Poverty and Policy*. Combat Poverty Agency, Crosscare and Society of St Vincent de Paul: Dublin.

² EU Survey on Income and Living Conditions (EU-SILC) 2005

³ Dept. of Health & Children, (2005) *Obesity: The Policy Challenges. Report of the National Taskforce on Obesity*. Department of Health & Children.

meet the recommended dietary guidelines set out by health experts.⁴ Welfare Adequacy is key to addressing the issue of food poverty. Income support policies should ensure that payments are, at a minimum, adequate to meet the recommended dietary needs of adults and children, as well as enabling households to participate in the social milieu surrounding food consumption. HFFA recommends that Government consider the range of costs involved in accessing an appropriately healthy diet when reviewing the Supplementary Welfare Allowance:

1. Honour NAPS commitment to increase lowest adult welfare payments by a minimum of €20 per week in line with government target to increase rate by €150 in 2002 terms. Factoring in the cost of living and wages growth this rate must increase by €24.20 from €165.80 to €190 by 2007
2. Increase the child benefit rates by €12 per week for older children. This would ensure that child income support is at least 35% of the adult rate in accordance with Governments commitment to reduce child poverty.

We know from our collective work that consuming and sharing food is problematic for those on low incomes living in areas with poor service provision and adequate shopping facilities. Proximity to supermarkets and access to transport greatly influence location choices for shopping. Therefore Government should:

3. Reduce cost of food by supporting the establishment of discount food retailers in low-income areas.

4. Availability of Healthy Food

School Food Programme

Food poverty has a particularly detrimental impact on children. Lack of a nutritionally adequate diet can negatively affect a child's health, behaviour and cognitive functioning thus leading to poor school performance, non school attendance and leaving school early and without qualifications. Intervention at an early stage therefore is crucial as it is better for the child and better for society. Research has shown that the school is an important setting in obtaining a healthy diet. HFFA regrets that the recommendation that the School Food Programme as recommended by the Departments own review of the School Meals Scheme has not been implemented. HFFA calls on the government to implement a universal School Food Programme to ensure that all children have access to a healthy diet. This will be of particular importance to the large number of children experiencing food poverty but not attending designated disadvantaged schools. HFFA recommends Government:

4. Provide a hot school lunch for all low-income children as part of a universal school meals scheme.
5. Assist schools with capital costs for kitchens and canteens.
6. A dedicated worker is needed to oversee the implementation of a comprehensive and effective School Food Programme and to co-ordinate the involvement of the Dept. of Health & Children, Dept. of Education & Science, Dept. of Social & Family Affairs and Dept. of Food and Agriculture.
7. The School Food Programme needs to link the provision of food with a wider healthy school policy and education curriculum.

Community Food Projects

Community initiatives are well placed to provide practical solutions to barriers to healthy eating and can address issues of access, availability and affordability. Local food projects can provide access to healthy food at a low cost. They can also provide a space for people to meet and eat together. Local food initiatives in Limerick (Southill Food Cooperative and Limerick Food Partnership), Leitrim (Rossinver Organic Centre) and Tallaght (Fresh food programme in Fettercairn) highlight the potential for new approaches. Focus Ireland's Extension Café is an example of how a food initiative can target vulnerable groups. The state has a network of community development infrastructure which provide the ideal opportunity for providing alternative sources of food. The Family Resource Centres are a good example of an existing infrastructure through which this fund could be delivered. There is a role for local food producers and suppliers to support local food initiatives. HFFA recommends that:

8. €10 million fund is established for pilot projects aimed at families on low-income which promote healthy eating and enable them to provide sufficient and varied food to meet all their requirements as recommended by reports of both the Nutrition Advisory Group (1995) and Cardiovascular Health Strategy (1999).

⁴ Friel, S., Walsh, O. and McCarthy, D. (2004). *The Financial Cost of Healthy Eating in Ireland*. Combat Poverty Agency Research Working Paper 04/01: Dublin.

Emigrant Advice – Budget 2007 Recommendations

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| 1. Increase resources to all public services to ensure their accessibility to those whose first language is not English. |
| 2. Grant basic social welfare support to EU jobseekers. |
| 3. Fund awareness campaigns to ensure EEA workers are aware of their entitlements. |
| 4. Re-instate Child Benefit as a universal payment and remove the condition of Habitual Residency as a requirement for payment to non-EEA citizens. |

Introduction:

Emigrant Advice is a project of CROSSCARE, the Dublin Diocese Social Care Agency. Emigrant Advice is an information and advocacy service for people who are planning to emigrate from or return to Ireland and immigrants into Ireland. Emigrant Advice is the only direct service provider of its kind.

Emigrant Advice:

- Runs a 'walk-in' information service accessible at its city-centre premises or by email, post, phone and via our website www.emigrantadvice.ie
- Runs an advocacy service (e.g. from contacting an Irish organisation in the UK to see what the housing situation is for a vulnerable intending Irish emigrant to liaising with a government department on entitlements of a returning emigrant to supporting a non-Irish national to challenge work exploitation through the Employment Appeals Tribunal)
- Produces and distributes high-quality publications on emigration, return migration and immigration. A new range of pre-departure publications will be developed by end '06 and *'Living in Ireland – A Guide for New Residents'* will be in circulation in booklet format in Poland (in Polish) and available on-line in English and Polish by end 2006
- Runs an immigration outreach service through weekly clinics in Dublin's Polish and Islamic Centres and runs an emigration outreach service through inputs to relevant organisations about continuing emigration of people in crisis (the latter is informed through regular communication with Irish organisations in the USA and UK which inform us of cases of recent Irish emigrants ending up in crisis)
- Provides back-up support to information provision organisations nationally and internationally by phone, email and training inputs, where requested
- Inputs all client contacts into a database and uses data to compile social policy documents pushing for policy change
- Networks as a member of Integrating Ireland, NCCRI Migration Sub-group and Emigrant Advice Network.

This submission is based on evidence drawn from the issues and queries of people who use Emigrant Advice information and advocacy services.

SUBMISSION:

- While recognizing that there have been some developments in the area over the past 12 months Emigrant Advice believes that all public services in Ireland need increased resources in order to be accessible to those whose first language is not English. This is a particularly pressing issue for our larger ethnic minorities. A key example is information on getting a PPS number. In the UK information on how to obtain a National Insurance number is available in 8 different languages, whereas in Ireland it is still only available in English.
- Emigrant Advice is particularly concerned about vulnerable EU nationals who have little option but to work in the 'black economy' when employers refuse to register them for PRSI and tax. Such situations also lead to worker exploitation. Emigrant Advice strongly urges greater resources for Social Welfare inspectors to clamp down on such employers. Greater co-operation with the Labour Inspectorate is also urged in this respect.
- Related to this issue is the difficulties that the Habitual Residence Condition creates for workers whose employer does not register them for PRSI or tax. They remain outside the system of social protection. Previous to the Habitual Residence Condition, Unemployment Assistance was an option for newly arrived EU migrants but now an Irish PRSI contribution is

a minimum prerequisite in order to apply for Supplementary Welfare Allowance. With this in mind and considering the behaviour of many employers (particularly in the construction industry) there is a worrying development of employees who remain outside the system of social protection for increasingly longer periods of time. Emigrant Advice is aware of the parallels of this situation with Irish construction workers in London from previous decades and the consequences for these men in older age, which are now being seen in areas such as Cricklewood & Kilburn in London. We would like to draw the Department of Social & Family Affairs' attention to the possibility that we could be seeing the creation of a new group of socially excluded which may not become fully evident until workers reach pension age and wish to stay in Ireland – the same way that many marginalised Irish pensioners now see London as their home.

- In particular reference to the Habitual Residence Condition (HRC) Emigrant Advice has observed that this condition is causing extreme hardship and homelessness for a small group of EU nationals. Some who have recently arrived and some who have been here for a time and had little option but to work in the 'black economy'. Emigrant Advice suggests that EU jobseekers be granted basic social welfare support to prevent homelessness.
- Following the welcomed reinterpretation of the HRC in relation to family payments and Supplementary Welfare Allowance (SWA) for EEA workers, Emigrant Advice requests that information on the current entitlement to family payments and SWA is disseminated widely. Emigrant Advice has observed that people in situations of need are not aware of their entitlements to these payments. There is also a lack of knowledge about EU citizens rights to combine social security contributions in another EU country with their Irish contributions to be eligible for some benefit payments'.
- Finally Emigrant Advice urgently requests that Child Benefit be re-instated as a universal payment and that the condition of Habitual Residency which is required for payment of Child Benefit to non-EEA citizens is removed.

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CentreCare – Budget 2007 Recommendations
1. Increase housing options for those in insecure accommodation or those that are homeless.
2. Implement Rental Accommodation Scheme as a matter of urgency throughout the country.
3. Ensure that all rental stock provided in the private sector is of the highest quality.
4. Review current Rental Allowance System and increase rent caps to reflect the real cost of the housing market.

Introduction

The overall objective of The Department of the Environment, Heritage and Local Government housing policy is to "enable every household to have available an affordable dwelling of good quality, suited to its needs, in a good environment and as far as possible at the tenure of its choice". The general principle underpinning the housing objective is that those who can afford to provide for their housing needs should do so either through home ownership or private rented accommodation and that targeted supports should be available to others with particular health, social and other needs.

The reality is that, for many who are on one of the Local Authority Housing Lists, to secure accommodation they have to look to the Private Rented Sector. Figures from the 2002 census show that there were 141,459 households living in private rented accommodation. Many of these households are living in poor quality, inadequate housing due to low incomes.

CentreCare assists people to secure private rented accommodation. Many of those that we meet through this service are living vulnerably in society.

Issue: There are limited housing options for those in insecure accommodation or those that are homeless.

Availability of affordable accommodation for those on low incomes and those reliant on Rent Supplement is limited, particularly for single people and those parenting alone. This fact is highlighted by the homeless agency 2005 "counted in" figures that state that 85% of all homeless households were made up of single people (77%) and those parenting alone (8%)

Recommendation:

- Both in relation to local authority schemes and private rented accommodation, a significant increase is necessary in the provision of affordable accommodation of an acceptable standard.
- The Rental Accommodation Scheme (RAS), currently being piloted in a number of
- Local Authorities must be implemented in its entirety on a national basis.
- The Government must provide some flexibility in the provision of assistance towards rent payments to those in full time, low paid and part time employment.

Issue: Shortage of Landlords that Accept Rent Supplement

There is a shortage of landlords willing to accept people as tenants that are in receipt of Rent Supplement. Prospective tenants are often discriminated against because they are dependant on welfare benefits.

Recommendation:

- That the Rental Accommodation Scheme (RAS) be implemented as a matter of urgency in Local Authorities throughout the country.

Issue: There needs to be a review of the Rental Allowance System. Specifically the "red tape" around accessing Rental Allowance and increasing rent caps to reflect the housing market.

Due to the limited supply of rental stock within the rent cap limits, a significant number of landlords are providing sub standard accommodation. Many tenants in their desperations are accepting this accommodation, particularly single person households.

CentreCare also deals regularly with people who are having difficulties obtaining rent supplement and deposits. This is due, in some cases, to red tape and delays in processing applications. It appears that in some areas Community Welfare Officers are under severe pressure and do not have the resources to provide an efficient service. In some cases people have been waiting a number of weeks to have their application processed, and in some situations ended up losing their accommodation as landlords will not wait this long. Also based on CentreCare's database records, an added barrier for people in accessing private

rented accommodation is the fact that rent allowance is paid in arrears. A person in receipt of Supplementary Welfare Allowance has already proved that they do not have the means to support themselves. While a CWO may pay a deposit up front, the prospective tenant is relying on the goodwill of the landlord to wait until the end of the first month for the rent payment for that month. The landlord may not always be prepared to wait. The need for a person in such circumstances to wait a month to pay rent to a landlord only serves to exacerbate an already difficult situation. In many cases, this forces people to stay without suitable accommodation for much longer than necessary while they get together the first months rent.

Recommendation:

- Adequate resources need to be in place to ensure that all rental stock provided in the private sector is of the highest quality. Private rented dwelling standards should be agreed and enforced by relevant local authorities this means regular inspections of properties to make sure they are up to standards.
- While rent caps have been increased, we recommend that rent caps should reflect the real cost of renting, particularly in large urban areas. This should be done in consultation with organisation dealing directly with those affected, e.g. CentreCare.
- Provide adequate resources for dealing with Rent Supplement applications, so that people are not waiting for long periods of time to have a decision made on their application.
- It should be common practice of Community Welfare Officer to pay first months rents in advance at all times.

Carer Support Programme – Budget 2007 Recommendations

1. Review Home Care Support Package to ensure it meets the needs of both Carer and Caree.
2. Provide adequate resources to target and train former family carers.
3. Provide regular health checks and respite breaks to those caring for family members.

Carer-Support Programme

This programme offers a variety of services to Family Carers on the North Side of Dublin including;

- Information and advice
- Carer Support
- Counselling
- Personal Development
- Advocacy
- Annual Respite
- Inter-Agency Collaboration

We work in centres in C.S.A. 6,7 and 8 including Lusk(2), Bonnybrook, Darndale, Donaghmede, Finglas (2), Portmarnock and the area around Drumcondra. We have over 400 Family Carers on our mailing list and they avail of the above services according to their needs during the year.

Our Aim:

To help improve the quality of life of family Carers who are often vulnerable and under considerable stress. Frail older persons and people with disabilities almost always want to remain in their own homes for as long as possible. We believe that if the Carer is adequately supported, not only will the well being of the Carer be enhanced but also that the person being cared for may be enabled to stay at home, in the community, and possibly avoid the necessity for long term institutional care.

Issue 1: Home Care Packages are not flexible to respond to the needs of Carers/Caree.

Background

Home Care Support Packages “will vary according to the care needs of the person” (Govt Press Release 8th Dec 05). The feed back from Older Family Carers is that they have to fit services that are available within their area rather than the package being tailored to meet the needs of the Carer/Caree:

- Lack of availability of home helps as part of package on northside of Dublin
- Package doesn't fit carers, rather the Caree has to fit into what ever services are available in the area
- Travel time of care assistant included in their allocated hour
- Care not always available during holidays and sick leave

CASE STUDY

In the example of an older couple living in North Dublin, a husband is caring for his wife who has had a stroke. The couple had built up a good relationship with two home helps in the area and John felt supported as a Carer. It was recommended to him that he should sign up for the Home Care Support Package and 6 months later regrets that decision, however he is loath to sign off the package as he may need more support than the home helps can give him in the near future. Their experience of the Home Care Support Package was they had to fit the package rather than the package being flexible to respond to their needs.

1. A Care Assistant calls in the morning and at night, there is no continuity in the Care Assistants and often the couple may have a different each day of the week.
2. The couple need help with light house work, this is not in the Care Assistant's job description
3. John enjoyed having the time each day, when the Care Assistant was with his wife, to go out and have time to himself. With so many people coming and going in his home he felt this was upsetting for his wife and now stay around to make her feel more secure.
4. Mary liked to stay up in the evening to watch a film and it was one of the few interests she had. When the package was put together they were told a Care Assistant would come in the evening to put Mary to bed. This was not a service the couple required, however each evening a Care Assistant arrives to put Mary to bed.

Recommendations:

In the short term

- Target and train former Family Carers
- Travel time for Care Assistants should not be included in the allocated hour
- Standardise training for Care Assistants
- Limit number of Care Assistants attending Caree (see Case Study)
- Encourage people to become Home Helps

In the long term

Extra Care, a Belfast based Charity which has been providing domiciliary care for mainly older people and respite breaks for their family carers since 1935. Since 1991 Extra Care has developed contracts with most Health & Social Services Trusts in Northern Ireland to deliver services on behalf of the Trusts and more recently with the HSE in Counties Louth and Meath. This is the model of care that we would recommend as it responds to the needs of the Caree and Carer and develops with their needs over the months and years.

Issue 2: Planned Respite for Carers

When asked what they most need a Carer will almost always say "someone to take over for a while". Unless a Carer has regular planned breaks from their caring duties they cannot continue to care.

Recommendation:

That Family Carers be offered **planned** respite for their carees on a regular basis.

Issue 3: Carers Health

The general health status of Carers is usually low due to the stress and physical strain of caring for a family member. According to a recent study, (Cameron et al 2002) Carers have a 63% higher mortality rate from Cancer than is the norm. They also suffer debilitating illnesses when caring ceases. It seems that Carers put their own health on hold while caring for another person.

Case study 1: Anne was a young wife when her husband had a stroke. She raised four young children single handedly. Having cared for her husband for 35 years Anne's G.P felt she could no longer take care of Joe and he went to live in a residential care home. Anne's own health began to deteriorate and rapidly and she spent three months in hospital. Her illness was totally stress related.

Case study 2: Dympna cared for her mother for 15 years. Her mother had Parkinson's disease and had very little mobility. Two years ago Dympna's mother died. Three months later Dympna (now aged 49) had severe pain in her legs and was diagnosed with arthritis in both hips and with an underactive thyroid. Dympna had to have both hips replaced.

Recommendation: That Carers be offered regular health checks and respite breaks while caring for family members.