



CHILD POVERTY and HIV

Catholics for AIDS Prevention and Support (CAPS): A Response to HM Government Child Poverty Strategy 2014 -17 Consultation

For HM Government:
Child poverty strategy 2014-17: a consultation

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1. About CAPS

Catholics for AIDS Prevention and Support (CAPS) is an inclusive and diverse network of Christians in Britain promoting HIV prevention and support. We aim to be a voice in the church for people living with HIV/ AIDS and a catholic voice in the world of HIV/ AIDS. CAPS is the only national Christian agency providing pastoral support and care for people living with HIV in the UK (PLWH).

2. Summary of our key points

CAPS welcomes government's aspiration to tackle child poverty. We agree with the minister that "tackling child poverty must be a priority for any government" and that "no child should have to live in poverty." CAPS supports government's commitment to the "Coalition agreement to maintain the goal of ending child poverty in the UK by 2020."

The experience of poverty in childhood can be highly damaging and its consequences can be felt well into adult life. This can be exacerbated where a person living in a household is living with HIV/AIDS.

CAPS is pleased that the four income measures from the Child Poverty Act 2010 have been retained. This is because measures of household income indicate the financial constraints households experience in providing the necessary environment to protect children against poverty.



CAPS is also pleased that the draft child poverty strategy recognises the multidimensional aspects of childhood disadvantage and proposes measures to address crucial factors such as parental health and wellbeing, housing and living costs, affordable warmth and the impact of utility bills. Most researchers accept that in addition to household income measures, any measure of child poverty has to partly reflect social and cultural contexts. Income remains a pivotal part in aiding our understanding of child poverty. This has been established by previous government research (DWP 2003).

3. In summary

CAPS emphasises the following specific points:

- Household income is key to understanding child poverty.
- Income measures for child poverty should reflect wider living costs.
- The impact of welfare reform measures should be considered in any assessment of child poverty.
- Any understanding of child poverty must always take account of the many complex factors that contribute to and are characteristic of childhood poverty. These include health conditions of household members; existence or lack of networks of wider social support; asylum and immigration status; employability; education and regional poverty.
- Poor housing is a major factor in our understanding of childhood disadvantage.
- For many reasons, where a person is living with HIV/AIDS in a household, this can have a major impact on child poverty. Government strategy must take account of the high correlation between HIV and poverty.

4. Increasing incidence of child poverty

Child Poverty Act 2010 defines *relative* poverty when a household's income falls below 60% of the contemporary median income in a given year; and absolute poverty when a household's income falls below 60% of the contemporary 2010-2011 median income when adjusted for inflation. Despite a difficult and protracted economic downturn and despite some progress regarding employment (1.3 million by 2010 (LFS 2013)¹), research shows that there are 3.5 million children living in poverty in the UK today. That is 27% of children living in the UK (CPAG 2013)². Institute of Fiscal Studies research estimates that over a million more children are expected to be in poverty in 2020 than in

¹ <http://www.ons.gov.uk/ons/rel/lms/labour-market-statistics/september-2013/statistical-bulletin.html>

² CPAG cited: Households Below Average Income, An analysis of the income distribution 1994/95 – 2011/12, Tables 4.1tr and 4.3tr. Department for Work and Pensions, 2013



2010 (IFS 2011) ³. Not only does child poverty have a long term impact on the life opportunities of individuals, it is estimated that child poverty costs £29 billion each year in costs to the Exchequer and reduced GDP (JRF 2013)⁴. This shows that real challenges remain in tackling child poverty and that determined effort must be taken by government if child poverty targets are to be met.

5. The relationship between HIV and poverty

The National AIDS Trust (NAT) estimates that by the end of 2012, an estimated 98,400 people were living with HIV in the UK, including about 77,610 people diagnosed with HIV and 21,900 who infected but undiagnosed⁵. CAPS believes that in many instances of HIV infection, there is evidence which shows a specific *bi-directional* relationship between household poverty and HIV/AIDS. This is because household poverty in its broadest socio-economic sense can increase vulnerability to HIV infection and when a family member becomes infected, living with HIV can significantly impact upon the social and economic potential and well-being of the individual thus exacerbating both poverty and ill-health of people living in a household including children.⁶

From experience and research, CAPS knows that PLWH are amongst the poorest and most disadvantaged people in our society today.⁷

This is borne out by social science research. A 2010 report on Poverty and HIV by NAT (National AIDS Trust) and Terrence Higgins Trust (THT) showed that at least one in six people diagnosed with HIV in the UK had experienced “severe poverty” between 2006 and 2009 and that the level of poverty experienced by people living with HIV had increased in recent years.⁸ This research identified six drivers for increasing levels of poverty for people living with HIV/AIDS in the UK:

- an immigration system which limits the ability of many migrants living with HIV/AIDS to generate and receive income;
- poor physical and mental health arising out of poverty but also pushing people living with HIV/AIDS towards poverty;
- high levels of unemployment (90% of applications to THT’s Hardship Fund were unemployed and causal factors were physical and mental health problems and immigration restrictions);

³ <http://www.ifs.org.uk/comms/comm121.pdf>

⁴ <http://www.jrf.org.uk/blog/2013/06/child-poverty-2020-cost>

⁵ NAT (2014) <http://www.nat.org.uk/HIV-Facts/Statistics/Latest-UK-Statistics.aspx>

⁶ HIV is associated with poverty, particularly among migrant and ethnic minority populations. See for example Ibrahim, F., et. al., (2008). *Social and economic hardship among people living with HIV in London*. HIV Medicine (2008), 9, 616–624

⁷ Manning, V. (2014) *Joy of Gospel is also for people affected by AIDS*. The Catholic Times, Feb. 9th 2014.

⁸ NAT and THT (2010) *Poverty and HIV 2006-2009*, London, NAT and THT



- poor quality housing (including UKBA housing) with resultant negative health impacts;
- responsibility for children (one quarter of applicants to THT's Hardship Fund had caring responsibilities for a total of 6,800 children).

6. HIV related poverty in the UK: 2014 Terrence Higgins Trust Report

The Terrence Higgins Trust Hardship Fund offers grants to help PLWH. These include grants to assist people in setting up their first independent accommodation. In 2014, the Terrence Higgins Trust reported that 46% of applicants living with HIV who had applied to the Hardship Fund in 2012 had a disposable income of less than £50 a week and 35% had no disposable income at all. The majority of grants made were used to cover basic costs, including food (47%) and clothing (10%). Terrence Higgins Trust has also reported that between 2012 and 2013 there has been an increase in the number of applications from those whose benefits are under review (86% - 69 to 128 applications) or have stopped altogether (63% - 43 to 70 applications). The number of people who received more than one grant per year also increased by 42% (from 305 to 433).⁹ HIV related poverty not only affects people living with HIV, but all people living in a household and that includes children.

7. Child poverty and people seeking asylum living with HIV/AIDS

A recent UK cross parliamentary inquiry highlighted how low levels of asylum support are forcing thousands of children and their families seeking safety in the UK into severe poverty. Families seeking asylum in the UK are generally not permitted to work and cannot access mainstream benefits such as child benefit, housing benefit, income support or disability living allowance. The British Red Cross estimates that they assist 10,000 destitute asylum seekers in the UK each year. The inquiry reported accounts of serious problems experienced by families with disabilities or particular health needs including HIV diagnosis. The inquiry found that the asylum support system does not adequately recognise the additional requirements, needs and costs faced by families with a child or parent living with HIV: e.g. access high-quality food, clean, dry and warm accommodation and healthcare, transport to medical appointments, adherence to medical treatment which can be adversely affected by poor mental health, "dispersal" and frequently moving home.¹⁰ A recent serious case review submitted by the London Borough of Westminster which involved the death of a mother and her baby (Child EG) illustrates this point: the mother suffered from a brain condition linked to her HIV

⁹ Terrence Higgins Trust (2014) HIV and Poverty <http://www.tht.org.uk/our-charity/Campaign/Poverty-report>

¹⁰ National AIDS Trust: written evidence submission to the Cross party Parliamentary Inquiry



diagnosis leaving her unable to care for her child. Both mother and child starved to death.¹¹

8. Child poverty, housing costs and people living with HIV

The headline measure of child poverty (relative low income poverty) is an important measure because it shows relative low income poverty *after housing costs* have been subtracted. According to the Resolution Foundation¹², some 1.3m households on low or middle incomes pay more than 35% of their income in housing costs (an established threshold of affordability). They have insufficient income to afford prevailing private rents in many high-pressure parts of England. Furthermore, numbers of private tenants reliant on housing benefit are growing quickly: a quarter of private tenants now need housing benefit compared with 19% in 2008/09. To illustrate this, housing costs are rising rapidly in the UK. With regards to the private rented sector, a recent report from [Shelter](#) found that median rents were unaffordable (costing the average household more than 35% of their take-home pay) in more than half of English local authority areas. In addition, the report identified that rents had risen twice as fast as wages over the past decade. Average private rents now stand at £757 a month ([LSL Property Survey 2013](#)). This is important because some principal income earners living with HIV experience difficulty maintaining sustainable employment where they are living with a fluctuating health condition. Increasing housing costs can impact negatively on these households and this can have a detrimental impact on children living in these households.

9. Income measures for child poverty should reflect wider living costs

CAPS agrees with government that “job creation is vital for tackling poverty through work.” Government has also stated its intention to tackle low pay by enforcing the minimum wage and lifting low-income families out of the tax system. Government clearly recognise that “the UK currently has one of the highest rates of low pay in the developed world: over 20 per cent of full-time employees earn less than two thirds of the pay of the median full-time worker compared to 16% in the OECD as a whole” (OECD 2013). However, a commitment to securing higher rates of better-paid employment will have limited effect unless determined efforts are made to support the living standards of low-income families. Increases in basic living costs such as food, transport and heating have a major impact on low income households. Median household incomes have fallen by 3.8% since 2008 ([ONS December 2013](#)). In addition, ONS data shows the proportion

¹¹ Serious Case Review of Child EG from Westminster City Council (April 2012)

<http://www.westminster.gov.uk/services/healthandsocialcare/familycare/safeguardingchildren/serious-case-reviews>

¹² One Foot on the Ladder: How shared ownership can bring owning a home into reach. Resolution Foundation, 2013



of household income accounted for by essentials has risen from 19.9% in 2003 to 27.3% in 2013 with an increase in household spending on gas and electricity from 1.8% in 2003 to 3.1% in 2013. Increases in the costs of living have a major impact on family finances and as a consequence on child poverty. This is particularly the case for a household where a person is living with HIV. To maintain health and adherence to an adequate medication regimen, income must be spent on adequate food and warmth. Where households are struggling to manage a restricted income, difficult household decisions have to be made and this can negatively impact upon children living in the household.

10. The impact of welfare reform measures should be considered when considering child poverty

Government should consider the impact welfare reform measures will have on child poverty. Specifically, caps to local housing allowance restrict the level of support that families can receive with their rents to the 30th percentile of rents within a local area. This could result in families moving into cheaper, poorer-quality accommodation in areas where rental values are high.

Overall benefit caps restrict the total amount of support received by any one household to £500 a week for families with children. This will have a negative impact on households with children. DWP currently estimates that welfare benefit up-rating measures (capped at 1% for two years until April 2014) could result in around an extra 200,000 children being deemed to be in relative income poverty according to the definition of relative income poverty included in the Child Poverty Act 2010.

Changes to the way disability benefits are paid have also raised concerns among some disability organisations. For example, the [National AIDS Trust \(NAT\)](#) have identified that the impact of HIV on an individual's ability to work can be fluctuating and varied. NAT are concerned that proposals to time-limit Employment Support Allowance (ESA) for claimants in the Work Related Activity Group (WRAG) (expected to engage in work-related activity, such as job search) to 12 months (after this point, means-tested ESA will be Claimed) could adversely affect people living with HIV. This is also likely to affect other people with fluctuating health conditions and different disabilities.

11. Poor quality housing is a major factor in informing our understanding of childhood disadvantage

There is extensive research which evidences the negative effects of poor quality housing on children's health, learning and life outcomes. CAPS is disappointed that these factors have not been fully addressed by the child poverty strategy and review of



evidence. A [2006 report from Shelter](#) found that children growing up in poor housing incurred up to 25% higher risk of severe ill-health and disability during childhood, are more likely to likely to experience severe respiratory problems, experience slower growth, more accidents in the home and mental illness. Cold and damp homes can have a significant impact on children's health which in turn can affect attendance at school, capacity to concentrate, educational attainment and employment prospects. Cold homes increase the likelihood of children suffering respiratory problems – twice as likely as those living in warm homes. Infants in fuel poor homes are 30% more likely to be admitted to hospital or primary care facilities. It also impacts on mental health for adolescents with one in four in cold homes at risk of multiple mental health problems compared to one in twenty in warm homes ([National Children's Bureau briefing June 2012](#)). NHS statistics show one million children under 15 attend accident and emergency following accidents at home, and injury at home is the main cause of death in children over one years of age. There is also some evidence that the experience of poor housing in childhood can increase the likelihood of suffering ill health in adulthood, even if living in decent housing as an adult ([Marsh et al 1999](#)).

12. Recognising multidimensional dimensions aspects of childhood disadvantage

The Child Poverty Act 2010 committed government to take action to tackle socio-economic disadvantage including a requirement to consider key “building blocks” in its strategy such as skills development, parental employment, education, childcare and housing.

The European Union has adopted a broader working understanding of poverty as embracing: “Persons, families and groups of persons whose resources (material, cultural and social) are so limited as to exclude them from the minimum acceptable way of life in the Member State to which they belong”. In addition, the United Nations defines overall poverty as including “*ill health*; limited or lack of access to education and other basic services; *increased morbidity and mortality from illness*; homelessness and inadequate housing; unsafe environments and *social discrimination* and exclusion. It is also characterised by lack of participation in decision making and in civil, social and cultural life” (UN1995).

CAPS believes that a holistic understanding of the substantial impact of HIV/AIDS on child poverty is vital if Government is to secure positive life-chances for children growing up in a household where someone is living with HIV/AIDS.



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- B. Thornhill, J (2013) Unpublished Research Proposal: How is the Catholic Church called to explore its “preferential option for the poor” with specific reference to the experiences of people living with HIV/AIDS in Great Britain
- C. Terrence Higgins Trust (2014) HIV and Poverty, London, THT