



The Faculty of Public Health response to public consultation on the draft Northern Ireland (NI) Executive Anti-Poverty Strategy

The Faculty of Public Health (FPH) is a membership organisation for around 6,000 public health professionals across the United Kingdom (UK) and around the world, as well as a registered charity. The role of the FPH is to improve the health and wellbeing of local communities and national populations. This letter outlines the response of the FPH to public consultation on the draft Northern Ireland (NI) Executive Anti-Poverty Strategy.

The development of the draft NI Executive Anti-Poverty Strategy marks an important step forward in addressing the poverty crisis across NI. We welcome this commitment from the NI Executive to working together to deliver this strategy and, in particular, as it relates to helping to improve and protect health.

Poverty and Health

Poverty is the major driver of health inequities, significantly increasing the risk of mental and physical health problems, as well as premature ill-health and death. Poverty tends to affect those already at highest risk of poor health, including disabled people, people experiencing homelessness, many ethnic minorities, carers and migrants and asylum seekers. Child poverty has severe impacts on health throughout the life course¹. Tackling poverty is a priority in the FPH's vision for public health and the NI Executive's development of an anti-poverty strategy with a clearly stated vision to effectively and sustainably eradicate poverty across communities is welcomed.

The FPH's view is poverty is a public health problem that requires a public health response, with action taken across the breadth of the system to both mitigate and adapt the impacts of poverty on health². Whilst the three-pillar approach provides a useful foundation, the NI Executive Anti-Poverty Strategy does not demonstrate a holistic 'systems approach' to understanding and addressing poverty. There is limited evidence of cross-departmental collaboration, particularly with the health sector, and insufficient emphasis on the prevention

¹ Faculty of Public Health. Living Healthier and Longer: Poverty and the Cost-of-Living Crisis. Available at:

[Living Healthier and Longer: Poverty and the Cost-of-Living Crisis - Faculty of Public Health](#)

² Faculty of Public Health. Why Poverty Matters to Health. Available at: [Why Poverty Matters to Health - Faculty of Public Health](#)



of potential ill-health linked to poverty, which could be achieved through policy actions on harmful gambling behaviour, excess alcohol consumption and poor nutrition.

There is insufficient acknowledgement of the wider determinants of poverty, particularly the inadequacy of the current social security system, employment insecurity, housing costs as well as wider cost-of-living pressures such as food, energy and childcare³. From a public health perspective, there is no consideration of the direct and indirect population health impacts of poverty, including those mediated through substance abuse, lack of economic productivity and social isolation. The psychological toll of poverty-related stigma and the inequities of the “poverty premium” are not acknowledged. These factors compound the challenges faced by individuals in poverty and make exiting poverty increasingly difficult.

Whilst there is a commitment to a joined up, long term approach to addressing poverty, ongoing or proposed actions or interventions are simply listed under each identified pillar of the strategy, with no consideration of the interlinkages between individual components or the relationships and dynamism required to facilitate implementation.

Learning from Previous Strategies

In November 2024, the NI Assembly Public Accounts Committee published their Report on Child Poverty in Northern Ireland.⁴ This report outlined the failure of the previous Child Poverty Strategy 2016-2020 (extended to 2022) on a number of fronts, including failure to turn the curve and reduce child poverty, failure to monitor outcomes effectively, failure of collective working and accountability and failure to engage with children and the community and voluntary sectors.

The Committee highlighted a new anti-poverty strategy for NI as an opportunity to learn from the shortcomings of the Child Poverty Strategy and to make improvements in areas of critical importance, such as accountability, joined up working and effective outcomes monitoring. The Committee made a series of recommendations to facilitate the development of an effective anti-poverty strategy for NI. Unfortunately, the draft NI Executive Anti-Poverty Strategy now brought forward by the Department for Communities fails to adequately fulfil a significant number of these recommendations, particularly in relation to:

³ Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J. Health Equity in England: The Marmot Review 10 Years On. Institute of Health Equity; 2020 Available at: [Marmot Review 10 Years On - IHE](#)

⁴ Northern Ireland Assembly Public Account Committee. Report on Child Poverty in Northern Ireland. October 2024. Available at: <https://www.niassembly.gov.uk/assembly-business/committees/2022-2027/public-accounts/reports/report-on-child-poverty-in-northern-ireland/>



- The need for targets and outcomes that are quantitative, qualitative and timebound to properly measure performance and demonstrate the impact of strategic actions;
- The inclusion of an action plan with a range of clearly defined indicators, measures and targets aimed at quantifying and reducing poverty;
- The comprehensive costing of actions proposed, outlining specific actions which can be delivered from existing budgets and those which require further dedicated funding to be made available;
- A focus on investment in long-term early intervention and preventive measures, which aim to reduce the number of individuals falling into poverty;
- A lack of accountability mechanisms to ensure ongoing review and impact assessment of underlying actions, including the direct involvement of those with lived experience;
- The need for independent monitoring to provide robust scrutiny and monitoring of outcomes;
- A lack of a detailed plan for effective engagement with the community and voluntary sector to ensure those with lived experience continue to be engaged throughout the duration of the anti-poverty strategy.

UK Context

In July 2024, a Child Poverty Taskforce was established by the UK government and tasked with developing and publishing an ambitious cross-government UK-wide child poverty strategy to reduce and alleviate child poverty.⁵ This strategy is due for publication in late 2025, following engagement during development with ministers from all four nations and key child poverty stakeholders. This strategy has been posited as a shared and collaborative endeavour, aiming to learn from action on child poverty already being taken across the UK and to draw on levers, devolved and reserved, fiscal and non-fiscal and from within and outside government.

Despite this current engagement with other regions in the UK on the issue of poverty, the proposed NI Executive Anti-Poverty Strategy does not acknowledge NI involvement in this ongoing work or draw on examples of innovation or good practice from other regions of the UK experiencing comparable challenges. There is a need to demonstrate cognisance of action on poverty occurring elsewhere and to adopt an integrated and collaborative approach to strategic actions addressing poverty. The NI Executive Anti-Poverty Strategy should include reference to the anticipated UK Child Poverty Strategy, as well as acknowledgement of the need to align with and act upon the recommendations contained within.

⁵ Cabinet Office. Tackling Child Poverty: Developing Our Strategy. October 2024. Available at: <https://www.gov.uk/government/publications/tackling-child-poverty-developing-our-strategy>



Language and Engagement

Some of the language used within the draft strategy is not representative of the diversity now present within the NI population, or respectful of the rights of individuals and families to make personal choices about their home and family circumstances. The wording of some of the outcomes identified is vague, with no clear associated action or intervention to demonstrate how progress towards those specific outcomes will be achieved. Several of the listed outcomes also read as action statements, as opposed to the anticipated outcomes of an effective strategy, for example *'We will take steps to ensure that Ethnicity will not increase a person's risk of poverty'*. Further detail on the extent and depth of stakeholder engagement which occurred to inform strategy development, including with those who have lived experience of poverty, as well as the inclusion of comprehensive plan to ensure ongoing engagement through the lifetime of the strategy, would be welcome additions to the current draft.

Conclusions

The publication of the draft NI Executive Anti-Poverty Strategy marks a welcome movement to addressing the poverty crisis across the region. However, significant limitations remain in its current form. To overcome these, the FPH strongly advocate for a more integrated, cross-sectoral, and multidisciplinary approach. Central to this must be the recognition of the health sector's role, given the cyclical relationship between poverty and health, where poverty increases the risk of poor health, and poor health in turn deepens poverty and creates barriers to escaping it.

Meaningful engagement with individuals who have lived experience of poverty is essential. Their voices must be reflected in the final strategy to ensure it is grounded in real-world challenges and solutions. Effective stakeholder engagement will be critical to enabling this representation and ensuring visibility of lived experience throughout the strategy's development and implementation. It is imperative that NI's strategy connects with and learns from successful approaches elsewhere. In particular, the NI Executive Anti-Poverty Strategy should align with the forthcoming UK Child Poverty Strategy, due for publication in late 2025. To avoid repeating the shortcomings of previous strategies, such as the former Child Poverty Strategy, the recommendations from past evaluations must be carefully considered and fully integrated into the new strategy.

Poverty is a complex, multifaceted issue, and current efforts to address it are constrained by a challenging economic climate and limited resources. Therefore, strategic actions must be prioritised based on evidence of effectiveness and feasibility. Adequate investment is essential to ensure interventions can achieve their intended impact. Finally, a robust



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framework for monitoring and evaluation must be established. This will ensure transparency, accountability, and the ability to measure progress against strategic goals - ultimately enabling the strategy to deliver meaningful and lasting change for individuals and communities across NI.

Yours faithfully,

On behalf of the FPH