RESEARCH

Hygiene Hub

An exploration of Hygiene Poverty in Ireland

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Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

FOREWORD

We are proud to present the first dedicated research into hygiene poverty in Ireland, with an aim to contribute to a deeper understanding of its impact on social inequality in this country.

As you read this report, you will learn about the multiple forms of hygiene poverty, examine the factors that lead to it, and explore its wide-ranging impact. The stories and findings shared here validate what we, along with our network of partners, have witnessed regarding the enduring effects of hygiene poverty, both in the short and long term.

By sharing this work, we aim to influence the broader conversation on poverty and raise awareness about the urgent need for collective action. This is not a job we can do alone, and so we recognise the invaluable work done by our network of Community Partners, many of whom fed into this research effort.

We extend our deepest gratitude to our research team, whose commitment has brought this report to fruition. Through this research process, we have grown and matured as a charity, clarifying our aims and understanding our long-term goals. We are incredibly grateful to the Irish Human Rights and Equality Commission for their crucial funding and support, which has been truly transformational for us.

However, our most profound thanks are reserved for our volunteers—individuals who have dedicated their time, energy and passion to addressing this issue. They are the backbone of our work and the kind, friendly faces that we are so well known for. Every single one of them is a testament to the work we do and the value we provide.

This is so much more than a report; it is a call to action, an appeal for change, and a commitment to a future where equal access to personal care items is a reality. We embark on this journey knowing that the road ahead is long, but with the unwavering belief that through collective effort, we can bring about tangible change.

Thank you for joining us on this critical mission.

Sincerely,

Sorcha Killian, Ciára Dalton and Rosie McDonagh

Hygiene Hub Co-Founders

Hygiene Hub

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ABBREVIATIONS

AROP… At risk of poverty rate

CP… Consistent Poverty

CSO…Central Statistics Office

DSP… Department of Social Protection

EAPN… European Anti-Poverty Network

ED… Enforced Deprivation

GOI… Government of Ireland

HH… Hygiene Hub

IPAS... International Protection Accommodation Service

MESL… Minimum Essential Standards of Living

NAS… National Anti-Poverty Strategy

SILC… Survey of Income and Living Conditions

LIST OF TABLES, FIGURES AND BOXES

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SUMMARY

This research has been funded by and conducted on behalf of Hygiene Hub[1] and represents the first comprehensive study of hygiene poverty in Ireland. The research was conducted over a six-month period beginning in May 2023. It has consisted of a state-of-the-art literature and policy review, an expert workshop and expert submissions, an online survey which gathered 258 unique responses, two focus groups and four in-depth biographical case study interviews. The research was conducted with a view to gaining a comprehensive overview of hygiene poverty as a component of the overall experience of poverty in the Irish context. While no precise definition of hygiene poverty currently exists, limited research undertaken to date describes how hygiene poverty can be defined as being unable to afford everyday essential hygiene items, for example, shampoo, deodorant, shaving gel, toothpaste, detergents, nappies or period products. This diverse range of items encompasses an essential hygiene toolkit that people need across the life course, from birth through teenage years into adulthood and later life. The research presented in this report suggests that experiences of hygiene poverty and hygiene deprivation are prevalent but remain difficult to surface and are often not thought of in the context of hardship, poverty and deprivation in the way that other forms of discrete deprivation are. Moreover, this research suggests that not having consistent access to personal and household hygiene items is something that cuts across income groups, potentially affecting those both at risk of relative income poverty and those with nominally high incomes. The research also suggests that where hygiene related needs are present in households with limited resources, these tend to be demoted in favour of meeting other needs, such as children's needs within households and food, fuel/energy needs across households. Fundamentally, this research suggests that consistent access to personal and household hygiene items is key to human flourishing and should be viewed in the context of and as aspects of basic human rights. In order to gather information on prevalence and to tailor and direct policy responses, this research suggests that consistent access to personal and household hygiene items should be measured as an aspect of deprivation in the Irish context and further afield.

KEYWORDS

Deprivation; Hygiene Poverty; Poverty.

[1] See https://www.hygienehub.ie/

INTRODUCTION

Hygiene poverty or hygiene deprivation associated with poverty remains an understudied phenomenon in the social sciences generally despite the fact that good personal hygiene and the ability to maintain a clean household environment are both key constituents of overall wellbeing and are arguably aspects of core human rights. In this respect, a landmark study in the UK, prepared by Gunstone et al. (2022) on behalf of The Hygiene Bank UK, represents a first of its kind and comprehensively documents different aspects of hygiene poverty. Amongst the findings documented in the Hygiene Bank report, it is shown that:

- In the UK, Hygiene poverty was found to affect an estimated 3,150,000 adults in the UK (6% of the population).
- This baseline rises significantly for disabled people or those living with a long-term health condition.
- Those from lower-income households, younger people and those from ethnic minority backgrounds were also found to be at a greater risk of experiencing hygiene poverty.
    - hygiene poverty affects 6% of adults in the UK.
    - hygiene poverty affects 21% of disabled people.
    - hygiene poverty affects 13% of those from lower-income households.
    - hygiene poverty affects 11% of younger people (18–34-year-olds).
    - hygiene poverty affects 11% of those from an ethnic minority background.
    - hygiene poverty affects 5% of adults who are working.

These findings suggest that experiences of hygiene poverty in the UK are not uncommon and disproportionately affect persons with disabilities and those from lower socioeconomic backgrounds, along with high levels of younger people, people from minority ethnic backgrounds and people in formal paid employment. Taken together, this suggests that experiences of hygiene poverty in the UK cuts across income groups. A relatively similar welfare system and political economy to that of the UK persists in Ireland, yet similar, fine-grained research has thus far remained absent and access to good hygiene as an aspect of deprivation is not measured in key statistical programmes such as the Survey on Income and Living Conditions [SILC] (CSO, 2023).

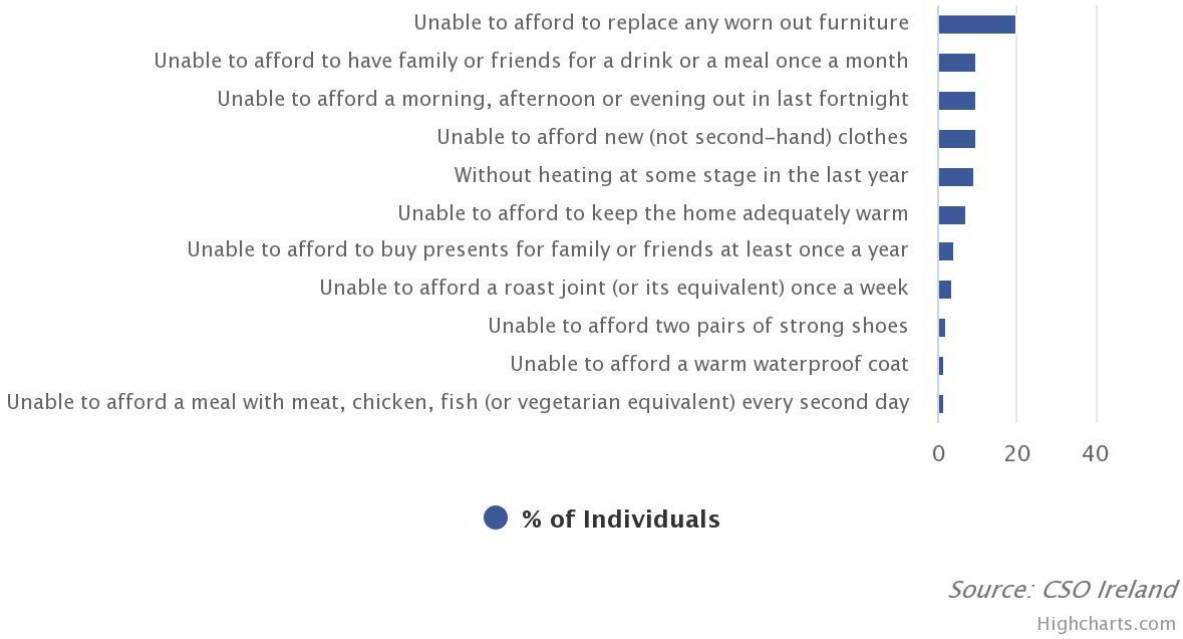


Figure 1: Types of deprivation experienced in 2022.

The data that is gathered by the CSO on deprivation as it relates to specific items on the index does provide some indicators that can allow for reasonable inferences to be made. For example, as seen in **Figure 1**, if someone is unable to afford to provide a roast joint (or vegetarian equivalent) once a week (3.5%), it is reasonable to infer that they may also struggle to access other items, including personal hygiene and household cleaning products. However, approaching the phenomenon of hygiene poverty through reasonable inferences based on non-hygiene related items on the deprivation index is ultimately unsatisfactory and does little to surface hygiene poverty as a real and tangible aspect of the overall experience of poverty.

In a report published by EAPN Ireland (EAPN, 2023) and prepared by O'Connor and Singleton (2023), which looks at the growing need for support with basic necessities and the impact of this on low-income households and the community and voluntary sector, hygiene products are noted as being among the basic necessities that people can struggle to provide. It is further noted that charities and community organisations can find themselves providing these as a result. However, the report stops short of elucidating hygiene poverty in detail and focuses more specifically on food and energy poverties, which are arguably more broadly understood. Nevertheless, focus group participants whose responses are documented in the

EAPN Ireland report do speak about making difficult choices with limited resources, and this does foreshadow much of what is presented in this report further on[2].

More recently, a research paper authored by Cid (2023) and commissioned by the Irish Refugee Council, examined the needs of the people living in Ireland's International Protection Accommodation Service (IPAS). Approximately 23,000 people reside in the IPAS system, which is designed to provide accommodation to those seeking International Protection. Families living in the IPAS system are provided with a Daily Expenses Allowance (DEA) that pays €38.80 for adults and €29.80 for children each week. The research by Cid (2023) explores what people use their DEA for and what they can find it hard to afford in this context. Access to personal hygiene items emerges as an area of considerable concern for those who took part in the research, particularly with respect to the needs of children. Analysing the outcomes of a survey, focus groups and interviews, the report noted that 62.5% of the 67 people surveyed indicated using their DEA for 'Buying personal care items (e.g. hygiene products; toiletries)' with 54.0% indicating using the DEA to purchase similar items to meet children's needs. Moreover, 38.0% of survey respondents noted that the current level of support is not adequate with respect to meeting the need for personal care items for children. This research is revealing insofar as it illuminates the experiences of persons within the IPAS system. However, while this is an important part of the overall picture, broader experiences of hygiene poverty remain underexplored.

With this narrow research landscape as a backdrop, this report documents the outcomes of what represents the first comprehensive study into hygiene poverty in Ireland and has sought to advance an understanding of the factors that can lead to hygiene poverty and the impact that hygiene poverty can have while also seeking to raise awareness of hygiene poverty as a real and consequential aspect of the overall experience of poverty. In this respect, the research has sought to:

- Understand the factors that lead to hygiene poverty.
- Explore the impact of hygiene poverty.
- Share research findings on hygiene poverty to increase awareness.

[2] Internal documents provided to the research team by Hygiene Hub and that are used to support the work of Hygiene Hub draw on the Coyne Research Omnibus which surveys 1,000 adults aged 18+ - representative of the population. This suggests that 41% of those surveyed had gone without or cut back on the use of hygiene items and/or household cleaning products as a result of their financial situation while also suggesting that 48% of those surveyed prioritised other spending ahead of purchasing hygiene items and/or household cleaning products as a result of their financial situation.

- Share research findings with key stakeholders to influence the wider conversation on poverty.

To meet these objectives, a mixed methods approach, which provides a broad macro level perspective coupled with an exploration of in-depth experiential phenomena in the context of hygiene poverty, was utilised. This is described in more detail in the next section of the report.

STUDY METHODS

Because hygiene poverty is a relatively under-researched area in the Irish context and in general, multiple understandings are called for, and so a mixed methods approach was utilised to provide as comprehensive an overview as possible. Chosen methods were also guided by Hygiene Hub's key research objectives, which were:

- To understand the **factors** that lead to hygiene poverty.
- To explore the **impact** of hygiene poverty.
- To share our findings on hygiene poverty to increase **awareness.**
- To share findings and recommendations with key stakeholders to **influence** the conversation on poverty and the living wage.

Taking the key research objectives set out by Hygiene Hub as a starting point and focusing on **factors**, **impact**, **awareness** and **influence**, mixed methods were used to provide a broad macro perspective coupled with an exploration of in-depth experiential phenomena in the context of hygiene poverty. This process was designed to be iterative, with each stage informing and enhancing the others. This is represented visually in **Figure 2**:

Figure 2: The research approach

Using mixed methods in this way has allowed the researchers to take an approach to knowledge production which aims to capture perspectives from the top, middle and bottom. In this respect, knowledge is drawn from the top down through a focus on up-to-date policy and literature coupled with the views, expertise and insights drawn from workshop participants and those who made subsequent submissions. A broad macro perspective, which offers a snapshot of understandings, perspectives and experiences of hygiene poverty, is introduced via the survey results. Finally, a fine grained and deep understanding of hygiene poverty is elucidated via the experiential data that are drawn from the focus groups and interview case studies. Taken together, this mix of research methods, each of which informs and enhances the other, makes for a robust and authoritative account of hygiene poverty in Ireland.

POLICY AND LITERATURE REVIEW

A 'state-of-the-art' review of policy and literature was conducted during the early stages of the study and revisited continuously. Focusing on publications from the previous five years only, the review helped to frame the study and inform later stages of the project by focusing on the **factors** that can lead to hygiene poverty along with the **impacts** of hygiene poverty on those who experience it.

WORKSHOP AND SUBMISSIONS

With a view to tapping into existing expertise, a participatory workshop designed to help identify key **factors** that can lead to hygiene poverty was facilitated by the research team. This helped to guide and inform later stages of the research. Workshop participants included:

- A representative from the European Anti-Poverty Network Ireland (EAPN)[3].
- A representative from Hygiene Hub.
- A representative from All Together in Dignity Ireland (ATD)[4].
- A representative from St Vincent de Paul (SVDP)[5] [Frontline volunteer].

[3] See https://www.eapn.ie/
[4] See https://www.atdireland.ie/
[5] See https://www.svp.ie/

The workshop was interactive, and following an introduction and some roundtable conversation, participants were provided with worksheets[6] to complete. The completed worksheets, along with researcher notes from the session, helped to ground understandings of hygiene poverty while also helping to inform the later stages in the research process. Additional worksheet submissions were made by representatives from the following groups:

- Money, Advice and Budgeting Service (MABS)[7].
- One Family[8].
- St Vincent de Paul [Policy Officer].
- Social Justice Ireland (SJI)[9].

These also helped to inform and enhance the later stages of the research.

FOCUS GROUPS

Two focus groups were conducted. The first focus group was conducted with Hygiene Hub volunteers with a view to tapping into the expertise and experiences of some of the people who are arguably best positioned to offer a perspective on hygiene poverty in a service provision context. The second focus group was conducted with persons with lived experiences of poverty and of hygiene poverty, specifically with a view to getting an insight into and understanding of hygiene poverty from those who have experienced it first-hand. In the first instance, focus group discussion points were informed by the outcome of the literature/policy review and the workshop/submissions. The substantive topics introduced as discussion points for the focus groups aimed to illustrate the **factors** that can lead to hygiene poverty and the **impact** of hygiene poverty on those experiencing it. These themes also helped to guide the analysis. Those who took part in both sets of focus groups were given a €50 voucher as a token of appreciation for taking part in the research.

[6] An example worksheet can be seen in the appendices.
[7] See https://www.svp.ie/
[8] See https://onefamily.ie
[9] See https://www.socialjustice.ie/

INTERVIEWS

Following on from the focus groups and aiming for more biographical depth, a series of four in-depth interviews were conducted with persons who have lived experience of hygiene poverty, two of whom were based in a deprived part of a densely populated urban centre (Dublin city) and two of whom were based in more rural, townland settings (large towns in the Leinster region outside of Dublin). Guided by early analysis of the focus groups, the substantive approach of the interviews focused on eliciting biographical details as these related to the **factors** that can lead to hygiene poverty and the **impact** of hygiene poverty on those experiencing it. As with the focus groups, these themes were used to help guide the subsequent analysis and the specific details and complexities of the participants' lives were also explored closely. Interviews are presented as separate case studies further on. Those who took part in the interviews were given a €50 voucher as a token of appreciation by the research team.

SURVEY

A survey was conducted using the professional survey platform Survey Monkey and targeted respondents who are broadly representative of the profile of low/mid-income consumers in Ireland. Analysis was conducted using SPSS[10]. The survey was promoted through relevant social media channels and via email mailing lists. To maximise the response rate, the chance to win one of ten €50 vouchers was used to incentivise participation. Responses were limited to one per IP address to avoid multiple submissions, and respondents were informed that they needed to complete the survey fully to be in with a chance of winning the voucher. Participants were unable to proceed with the survey without first reading an information message and thereafter indicating that they were aged 18 or over. With a total number of 258 unique respondents in a precise two-week period, the survey results were analysed to identify key themes of statistical relevance in the data.

ETHICS

Good ethical practice is key to good social research. Ethical approval to conduct this research was granted by the School of Social Work and Social Policy's Research Ethics Committee at

[10] SPSS Statistics is a statistical software suite developed by IBM for data management and advanced analytics.

Trinity College Dublin[11] and by the Data Protection Officer's office[12] with respect to handling personal information. To protect the identity of participants, where names are used further on, these are pseudonyms in all cases. Moreover, the research has complied with the ethical principles set out in the TCD Ethics Policy and the European Code of Conduct for Research Integrity. Guiding ethical principles were as follows:

Informed Consent: Gaining informed consent was seen as being vital to the study. In this respect, all in-person participants were asked to sign a consent form after being provided with an information sheet to read and keep[13]. This was also where the researchers sought permission to record the focus groups or interviews, informing participants that excerpts may be used as part of a final research report, in subsequent publications or as part of a presentation of findings to interested groups by both the researchers and Hygiene Hub.

Confidentiality and anonymity for service users: Confidentiality and anonymity were important considerations for the research team. All participants' names and identifying details have been kept anonymous during the research. Where names are used further on, these are pseudonyms in all cases, and potentially identifying details have been changed to protect anonymity. The limits of confidentiality under circumstances where a researcher has a strong belief that there is a serious risk of harm or danger to either the participant or another individual (e.g. physical, emotional or sexual abuse, concerns for child protection, self-harm, suicidal intent or criminal activity) or if a serious crime has been committed were explained to participants and noted in the information sheet.

Right to withdraw: All in-person participants were made aware of the fact that they could withdraw from the process (both focus group and interviews) without any repercussions. The participants were also made aware that they did not have to answer any questions during the focus groups or interviews that they did not wish to answer and that they could ask to have their data withdrawn for up to two weeks after the focus group or interview ended. None did. Survey participants were not able to complete the survey without first reading an information message and thereafter indicating age and consent.

[11] See: https://www.tcd.ie/swsp/research/ethics.php
[12] See: https://www.tcd.ie/dataprotection/
[13] A consent form and information sheet are available to view as appendices.

Data Protection: An ethical data management system has been in use throughout the project. Data was stored on TCD's OneDrive system. Personal details of participants have been kept in separate files from those containing interview recordings and transcripts. Data will be held for a minimum of five years before being destroyed.

REMAINING REPORT OUTLINE

The remaining report consists of six substantive sections. The first of these is a policy and literature review, which offers a state-of-the-art review of relevant and contextual materials. Following this, the findings from the workshop, along with the submissions from the civic society groups, are presented. From here, key themes of statistical relevance arising from the survey are presented in detail and notable correlations are highlighted. Themes from both focus groups are then explored, and this is followed by a presentation of the interviews as case studies. The report concludes with a discussion and a set of recommendations.

POLICY AND LITERATURE REVIEW

INTRODUCTION

Hygiene poverty can be viewed as the hidden consequence of the cumulative impact of poverty, occurring when people are forced to make stark choices when purchasing essential items, often going without the basic personal care products they need. Living without access to these basic hygiene items can have negative impacts on a person's life and dignity in multiple, intersecting ways, from basic hygiene needs to restricting full participation in society. It can lead to stigma and shame with consequences for participation in work, educational or social life. Compounded by the rising cost of living, the experience of hygiene poverty is a growing phenomenon, affecting an increasing number of people. Access to essential hygiene products is needed at all life stages to facilitate an engaged participation in social life, with no one group exempt from this basic need. A lack of access to these basic hygiene essentials has long-reaching negative implications for health and wellbeing and perpetuates poverty cycles.

There is a notable absence of research on the experiences of hygiene poverty, both in Ireland and internationally. Literature to date has focused on general perceptions of poverty in terms of food or fuel poverty rather than uncovering the more nuanced experiences of how choices are made when deciding which essentials are needed and what the implications of these decisions are. Nevertheless, the issues related to hygiene poverty in the context of wider forms of poverty are explored here.

DEFINING KEY TERMS

While no precise definition of hygiene poverty currently exists, the limited research undertaken to date describes how hygiene poverty can be defined as being unable to afford everyday essential hygiene items, for example, shampoo, deodorant, shaving gel, toothpaste, detergents, nappies or period products. This diverse range of items encompasses an essential hygiene toolkit that people need across the life course, from birth through teenage years, into adulthood and later life.

The first benchmark study of hygiene poverty in the UK defined hygiene poverty as an "individual or their household having gone without basic toiletries or hygiene items because they could not afford to buy them" (Gunstone et al., 2022). The inability to afford

everyday hygiene products is mirrored in an Australian study of school-age children which found that "although individual and families may experience hygiene poverty differently, some of the hardships they face can include the inability to take a shower with shampoo, conditioner and soap" (D'Rosario et al., 2022). In the USA, basic hygiene essentials are described as "hygiene products that are needed to keep one safe and healthy", with hygiene poverty defined as "struggling to access basic hygiene products" which are essential for bodily health and care and are often exacerbated by identities including race, age and family size (Donations for Dignity, 2022). Writing in the context of COVID-19 infection controls, Knighton (2022) says that hygiene is not optional and the inability to afford everyday products is rarely addressed as a necessity to quality of life and an approach that is "inclusive and ensure[s] easy and equitable access to basic hygiene resources, tools and best practices – starting with communities that are most vulnerable due to systemic inequities" is required (Knighton, 2022). A list of items that are included when discussing hygiene poverty is included in the appendices.

PREVALENCE OF HYGIENE POVERTY

While dimensions of poverty are difficult to dissect, understanding the different aspects and interconnectedness of poverty facilitates an understanding of how people are forced to make difficult choices between food, fuel and other essential items. Much of the empirical evidence regarding hygiene poverty is bundled up with other discrete forms of poverty. However, there is an indication of the levels of hygiene poverty that are being experienced in the UK. For example, a 2017 report from The Trussell Trust in Scotland found that over 50 percent of people accessing their food banks were unable to afford toiletries (The Trussell Trust, 2017a, 2017b). More recent research from the UK in the spring of 2023 reveals that hygiene poverty has tripled over the last year, from an estimated three million to nine million, representing 17 percent of UK adults (Mahase, 2023). In the poll of UK adults conducted by YouGov, hygiene poverty was being experienced by a diverse range of households who said they had gone without hygiene products in the past six months because they could not afford to buy them (In Kind Direct, 2023). This builds upon previous UK research by The Hygiene Bank in 2022, which investigated which groups are more likely to experience this issue. It found that hygiene poverty affected over three million (6%) adults in the UK, however, this rises significantly for people with a disability or long-term health condition (21%). People from lower-income households, younger people and those from ethnic minority backgrounds were

also found to be at greater risk of experiencing hygiene poverty. This report also found that households with children were more likely to report having experienced hygiene poverty (8%), rising to 13 percent among those with three or more children in the household. Notably, while non-working groups were more likely to have experienced hygiene poverty, 5 percent of working adults in the UK also reported having experienced hygiene poverty (Gunstone et al., 2022).

In Ireland, research to date has focused on fuel and food insecurity, demonstrating that as household bills increase, people face tough decisions about whether to put food on the table or heat their home (Amárach Research, 2022; Barrett et al., 2022). A St. Vincent de Paul online survey in 2022 found that 37 percent of respondents have cut back on heating and electricity, and 17 percent have reduced spending on other essentials such as food (SVP, 2022). Exploring the difficult decisions that are made between essentials has many dimensions and is not, as yet, adequately captured in Ireland. However, research by Barnardos and Aldi Ireland shows that 43 percent of households have cut down on spending in one or more areas in order to afford food (Amárach Research, 2022). This has led many households to seek supports and was the subject of an EAPN report investigating the growing reliance on community organisations and charities for support with basic necessities such as food, heating and hygiene products. As experiences of poverty become increasingly complex, many are now reliant on the Community and Voluntary sector for basic supports, causing significant stress on individuals and further strain on under-resourced organisations (O'Connor and Singleton, 2023).

THE COST OF LIVING CRISIS AND INCOMES

The EU Survey on Income and Living Conditions (EU-SILC) is compiled and published annually by the Central Statistics Office (CSO) and provides a picture of the broad issues in relation to income and living conditions in Ireland. It provides an official source of data on a number of key poverty indicators such as the at risk of poverty rate, the consistent poverty rate, and rates of enforced deprivation (CSO, 2023a). The latest survey results, published in February 2023, shows the at risk of poverty rate was 13.1 percent in Ireland, up from 11.6 percent in 2021. A person is defined as being at risk of poverty if their income is less than 60 percent of the median disposable income. The data shows that based on the median equivalised disposable income, the at-risk of poverty threshold was €15,849 per annum or less than 300 euros per week. One in three adults living alone were found to be at risk of

poverty and people living in rented accommodation were at greater risk of poverty (23.6%) than those living in owner-occupied homes (8.7%).

In SILC 2022, 17.7 percent of the population were found to be living in enforced deprivation, defined as experiencing two or more of the eleven types of deprivation, as shown previously in **Figure 1** (CSO, 2023b). This is compared with 13.8 percent in 2021 and 14.3 percent in 2020. The groups most likely to be experiencing enforced deprivation were; living in one-adult households with children under 18 (43.5%); unemployed (48.6%); unable to work due to long-standing health problems (44.3%); living in rented or rent-free accommodation (35.6%). In terms of household composition, single-adult households with children were experiencing the highest rates of deprivation (43.5%). For those at risk of poverty, the deprivation rate was 40.7 percent, a 6.6 percent increase from 34.1 percent in 2021. The consistent poverty measure is defined as people who are both at risk of poverty and experiencing enforced deprivation. The consistent poverty rate in SILC 2022 was 5.3 percent, compared with 4.0 percent for the previous year.

In its 2021 guide to understanding poverty in the UK, The Joseph Rowntree Foundation, says that poverty constrains a person's ability to afford to buy what they need and participate in routine activities. An income which covers the cost of living is key to enabling a person to take part in, and contribute to, society. If the price of essentials increases at faster rates than incomes, household budgets are squeezed, putting further pressures on those with lower incomes (Joseph Rowntree Foundation, 2021). The difficulty for Irish households to make ends meet is reflected in European Commission data, showing in 2022, Ireland was the most expensive country in the EU for household expenditure on goods and services at 42 percent above the EU average (Eurostat, 2023). In SILC 2022, one in two households (50.8%) reported they had some difficulty in making ends meet, compared with 42.0 percent of households in 2021. It was found that the risk of poverty, deprivation and consistent poverty tends to be correlated with employment status and the consistent poverty rate is highest amongst people unable to work due to long term health problems (19.7%) and the unemployed (18.0%). For households with one person at work, the consistent poverty rate is 6.5 percent (CSO, 2023a).

Assessing the job quality of minimum wage workers in Ireland, a 2023 report by the Economic, Social and Research Institute (ESRI, 2023) finds that 9.6 percent of employees in Ireland are paid the minimum wage, the sixth highest rate in the EU and are mainly concentrated in the retail, accommodation and food sectors. While minimum wage employees were found to be more at risk of poverty, it was also noted they are more likely to become

unemployed as they are associated with precarious and unstable employment (ERSI, 2023), potentially exacerbating experiences of poverty and unaffordability of essential items.

An analysis of changes in the cost of a basket of goods and services in Ireland is captured by the annual Minimum Essential Standard of Living (MESL) and provides a consensus on the necessities required to enable people to live with dignity. In the year to March 2023, the average food basket increased by an average of 20.8 percent (Vincentian MESL Research Centre, 2023a), demonstrating the enduring impact that cost of living increases are having on Irish households.

A further dimension is the increasing costs of fuels and heating homes. Energy poverty can be described as a complex and persistent issue that is often a central component of the complexity of poverty experiences. Many households have to make difficult choices between putting food on the table, heating their homes or spending on essential hygiene products, often necessary for health, wellbeing and basic hygiene standards within the home. In recent years, a range of academic research publications have been published on this topic (Lalor and Visser, 2022; Tovar Reaños, 2021) which link the increased risk of fuel poverty to inadequate incomes, characteristics of a dwelling and the general cost of living. Figures from the Economic and Social Research Institute (ESRI) in October 2020 estimate that 17.5 percent of households are experiencing energy poverty (O'Malley et al., 2020).

THE IRISH POLICY LANDSCAPE

National policy initiatives, specifically on hygiene poverty, are fragmented and generally have been located within the wider context of poverty in Ireland and, more recently, within the frame of the cost of living crisis and energy poverty. While this is necessary to understand macro level responses to poverty in Ireland, it leaves a gap when assessing targeted policy responses to hygiene poverty. Nevertheless, the Roadmap for Social Inclusion 2020-2025 (Government of Ireland, 2023) sets out the government strategy for tackling poverty in Ireland. Its overarching aim is to reduce the number of people in consistent poverty and increase social inclusion for those who are most disadvantaged in Ireland. The mid-term review in June 2023 (Department of Social Protection, 2023; Sprong and Maître, 2023) measured progress against the roadmap ambitions and goals. Based on EU-SILC data available from 2022, Ireland had reached three of the 22 social inclusion and poverty targets for 2025, but the report acknowledged that progress has yet to be made in many areas. Accounts of the lived experiences of poverty and social exclusion for marginalised groups

when reporting progress in meeting Roadmap targets and goals were proposed. This would reflect lived experiences and may contribute to further understanding the many dimensions of poverty evident in Ireland, uncovering the many nuanced issues within the area, such as hygiene poverty.

The Children First Guidelines (The Department of Children and Youth Affairs, 2017) recognises that parents and guardians have the primary responsibility for the care of their children, but at times may need support and assistance. While the guidance covers a wide spectrum of issues, it does indicate that a child's health and development is impaired if there is an inattention to basic hygiene. Referring to this government policy, a review of direct provision centres in Ireland in 2011 argued that social exclusion and child poverty are greatly influenced by household income and directly impact a child's experience of social inclusion if they do not have the means necessary to participate in activities or acceptable living conditions. Inadequate hygiene can impact a child's ability to attend school, participate in after-school activities or be socially accepted (Arnold, 2011).

One aspect of hygiene poverty that has been the focus of attention in policy documents relates to menstrual hygiene. The 2021 discussion paper on period poverty states that inadequate access to menstrual hygiene has the adverse consequence of recurrent exclusion from activities of daily life (Government of Ireland, 2021). The paper recognises that modules on period poverty are not included in representative population surveys with the consequence that data on the issue is very limited. However, it suggests that between 53,000 and 85,000 women and girls in Ireland are at risk of period poverty. The paper also highlights the role that charities and NGOs play in tackling this issue and acknowledges that there is a significant increase in the incidence of period poverty, particularly amongst those experiencing homelessness or addiction, minority communities and those living in abusive relationships. While state-managed or supported accommodations, such as refuges, sheltered accommodation and direct provision centres, do provide period products to residents, it is acknowledged that accessibility and quality may not always be optimal. Campaigns focusing on changing attitudes to periods and demanding period dignity have called for period products to be available in places of education and workplaces and can contribute to promoting period equality (FORSA, 2023; Unite The Union, 2023).

IMPACT OF HYGIENE POVERTY

The inability to afford basic hygiene essentials and its impact on people in Ireland is currently not sufficiently documented. However, there are insights which can be gleaned from the international literature. The 2021 report on Hygiene Poverty in the UK found that hygiene poverty has significant negative impacts on physical and mental health. 61 percent of people struggling to afford hygiene essentials in the UK said there were negative impacts on their mental health with high levels of anxiety, depression, shame and stigma. As a result, they avoided seeing family or friends and felt lonely and isolated. One-third of the survey respondents reported that their physical health was negatively impacted. These negative impacts on physical and mental health created multiple barriers to participation in employment and education, contributing to respondents avoiding work and school as their confidence and self-esteem were impacted (Gunstone et al., 2022).

The pressure of meeting the costs of hygiene essentials in the context of stretched budgets puts considerable stress and anxiety on households which can negatively impact overall wellbeing and lead to growing health inequalities. For example, women and girls who lack the necessary resources to manage their menstrual hygiene reported negative impacts on their health, bringing distress, embarrassment and shame (Boyers et al., 2022; Briggs, 2021). Empirically linking period poverty to mental health, a study from the USA found that women experiencing period poverty were more likely to report moderate or severe depression than those who did not (Cardoso et al., 2021). International research has explored how social and economic deprivation has the potential to widen health inequalities. Common dental diseases were found to be correlated with financial circumstances as hygiene poverty limits the ability to afford basic products essential to maintain oral hygiene or attend for regular dental care (Cope and Chestnutt, 2023), resulting in poorer dental health outcomes. The impact of difficulty affording basic hygiene essentials affects everyone across the life course and is recognised by the Irish government as exacerbated by low incomes, homelessness, living in abusive relationships and amongst minority ethnic communities (Government of Ireland, 2021).

CONCLUSION

In summary, the literature, though limited, suggests that access to basic hygiene essentials has far reaching consequences for the health and wellbeing of many people in Irish society and further afield. Increasingly, people and families on lower incomes are facing difficult choices between putting food on the table, heating their homes or cutting back on essential items that are needed to meet basic hygiene standards in our society. Experiences of poverty are complex and multi-dimensional, and this review has highlighted one aspect in the form of hygiene poverty in an international and Irish context. Moreover, the literature and policy reviewed here, though limited, foreshadow many of the most prominent findings that emerged from the original research documented further on. The next section of the report begins the task of documenting this original research beginning with the outcomes of the workshops and submissions.

WORKSHOPS AND SUBMISSIONS

In order to get a sense of if, where and how civic society and expert groups in Ireland are encountering hygiene poverty, a one-hour consultation workshop was facilitated by the research team. This involved open discussion as prompted by the research team and participants were also asked to complete a worksheet on hygiene poverty (see appendices). Because several groups expressed an interest in the workshop but could not attend on the day, worksheets were also circulated by email as a way of gaining additional insights from groups not present. The live workshop was attended by:

- A representative from the European Anti-Poverty Network (EAPN).
- A representative from Hygiene Hub.
- A representative from All together in Dignity Ireland (ATD).
- A representative from St Vincent de Paul (SVDP) [Frontline volunteer].

Additional worksheet submissions were made by representatives from the following groups:

- Money, Advice and Budgeting Service (MABS).
- One Family.
- St Vincent de Paul [Policy Officer].
- Social Justice Ireland (SJI).

The overarching purpose of this early part of the research was to draw from top-down expertise to inform the later stages of the study by exploring what those who work in the areas of advocacy, policy and social support understand about hygiene poverty while also exploring their views on the factors that can lead to hygiene poverty and the impacts hygiene poverty can have. The following sections are coded under the headings 'understandings of hygiene poverty', 'factors that can lead to hygiene poverty' and 'impacts of hygiene poverty'.

UNDERSTANDINGS OF HYGIENE POVERTY

Those who attended the live session were presented with an image (see appendices) which was taken from Hygiene Hub's website and was introduced to facilitate discussion and develop understanding for those who were unsure of what precisely hygiene poverty consisted of. While not everyone had considered hygiene poverty as a distinct form of deprivation, there was a broad or instinctive understanding about what hygiene poverty was likely to consist of among the group both in the live session and in the subsequent submissions. There was also some evidence of witnessing hygiene poverty; for example, the representative from SVDP [frontline volunteer] who took part in the live session noted that the need for hygiene items came up during home visits while also noting that people tend to put food and other costs ahead of hygiene costs. The representative from Hygiene Hub also noted the growing demand for hygiene related products from Community Partners as being indicative of a real and tangible need. Several of the participants both at the live session and in the subsequent submissions mentioned the impact of mental illness or poor mental health as potentially leading to or exacerbating poor personal hygiene. The idea of hygiene poverty arising as a consequence of limited choices in the face of inadequate monetary resources was a universal point of understanding across the group. For example, the representative from EAPN noted on the worksheet that:

> People experience hygiene poverty because their income is inadequate, and this may be one of the first areas people make cutbacks.

For almost all the participants hygiene poverty was understood as one aspect of, or a discrete deprivation within, the overall experience of poverty and was heavily linked to income inadequacy. In general, there was some resistance to focusing on or singling out one aspect of poverty. However, there was also an acknowledgement that hygiene poverty was likely to be

widely experienced by those experiencing poverty in general. This is summed up by the representative from SJI who notes that:

> [hygiene poverty is] a subset of an overarching issue of poverty. If you are living on a low income you still need to pay for rent / mortgage, food, light and heat, there may be child costs etc. and that is extremely difficult, so choices will be made to prioritise certain expenditures over others.

FACTORS LEADING TO HYGIENE POVERTY

This brings us to factors leading to hygiene poverty. When asked to consider the factors that could lead to experiences of hygiene poverty, inadequate income was the most commonly cited. In fact, all participants and those making submissions were asked to pick up to five keywords when considering factors that could lead to hygiene poverty and while there were some differences between the precise terms used by each, all participants picked a variation of income inadequacy in their answers. Income inadequacy was strongly linked to insufficient welfare or benefit rates and to insufficient wages for paid employment. The suggestion that inadequate income could lead to instances of hygiene poverty was also nuanced considerably through a focus on competing expenses. All of the participants emphasised that competing expenses such as rent, fuel and food were likely to lead to personal hygiene products and household cleaning products being placed lower on a list of priorities for those experiencing income inadequacy. Children's needs and meeting these first was also suggested as a potential factor leading to hygiene poverty. The representative from One Family, focusing on persons parenting alone, summed this up in the following terms:

> For people parenting alone who are experiencing poverty and deprivation, oftentimes priority is placed on ensuring children's needs are met first. Housing, energy, education or childcare and food costs are often prioritised in terms of family . This can mean that parents' wellbeing, including access to hygiene products, slips down the list of priorities or drops off that list altogether.

Moreover, particular pinch points in the calendar year were identified. So, for example, the representative from Hygiene Hub noted that back to school and Christmas expenses could lead to difficult financial decisions for persons including needing to forgo personal hygiene

and household cleaning products. Furthermore, the representative from Hygiene Hub noted that while expected periods of additional expenses may be a factor in experiences of hygiene poverty, sudden and unexpected expenses were also likely to have a similar effect for persons on low incomes. Poor mental health and mental illness as factors potentially leading to hygiene poverty also featured strongly in the responses, as did the general expense of personal hygiene and household cleaning products.

IMPACTS OF HYGIENE POVERTY

With respect to the impacts of hygiene poverty there was considerable agreement among those who attended the live session and those who made subsequent submissions. When considering personal and psychological impacts, shame, embarrassment, stigma and low self-esteem were all mentioned in various ways. There was also a strong thread in the responses which suggested that there could be health consequences as an effect of experiencing hygiene poverty. Alongside impacts at a personal level, there was a sense from the responses that experiencing hygiene poverty was also very likely to have social consequences and could lead to instances of social exclusion and discrimination. Moreover, all of the participants noted that experiencing things like social exclusion and discrimination as a factor of hygiene poverty was likely to lead to social isolation. The representative from SVDP [Policy Officer] sums this up in the following terms:

> Hygiene poverty and wider issues of poverty deprive people of the basic human right of living with dignity causing shame, stigma and social exclusion.

While all of the participants and those who made submissions were conscious that hygiene poverty was perhaps best thought of as an aspect of the experience of poverty generally, there was also widespread acknowledgement of the potentially devastating psychosocial effects of experiencing hygiene poverty on persons.

In the next section, the survey findings are reported. The process of building the survey was informed by both the literature and policy review and by the workshop responses and submissions detailed in this section of the report.

OVERVIEW OF SURVEY FINDINGS

INTRODUCTION

This chapter presents the findings of the online survey. The survey was circulated by email link to the network of Hygiene Hub volunteers for further dissemination and shared on various social media platforms including X (Twitter) and Facebook. Posters with QR codes were also put up in various community locations. The survey was open for two weeks, from Wednesday 20th September to Tuesday 3rd October 2023. In total, 258 people completed the survey. The survey instrument contained a mix of questions with both closed and open-ended responses which covered a broad range of topics relating to the affordability of hygiene products in Ireland. To permit thematic comparison with international reports, many of our survey questions were closely aligned to the 2022 report on hygiene poverty from the UK (Gunstone *et al.*, 2022).

Questions included participant demographic information such as gender, age and income and questions relating to the factors and impacts of affordability of hygiene products in Ireland. Participants were also invited to explain further their more nuanced experiences of affordability of hygiene essentials in open ended responses. The results are presented in three sections. The first section offers a profile of our respondents, and the prevalence of hygiene poverty is reported, highlighting which groups are most likely to be affected. Section two addresses the factors influencing and causing hygiene poverty. Finally, section three explores how hygiene poverty impacts people's health, social and family life and the access and barriers to supports is presented.

SECTION 1 – EXPERIENCES OF HYGIENE POVERTY

We sought to understand the proportion of people in Ireland experiencing difficulty affording essential hygiene products and to examine which groups were more likely to experience these issues. This section sets out the characteristics of our respondents in terms of gender, age and income. This is followed by a detailed look at those who reported personally experiencing difficulty affording basic hygiene essentials in the previous twelve months. The specific items that households went without due to inability to afford them are presented, and the areas where respondents cut down their spending in order to afford hygiene products are detailed.

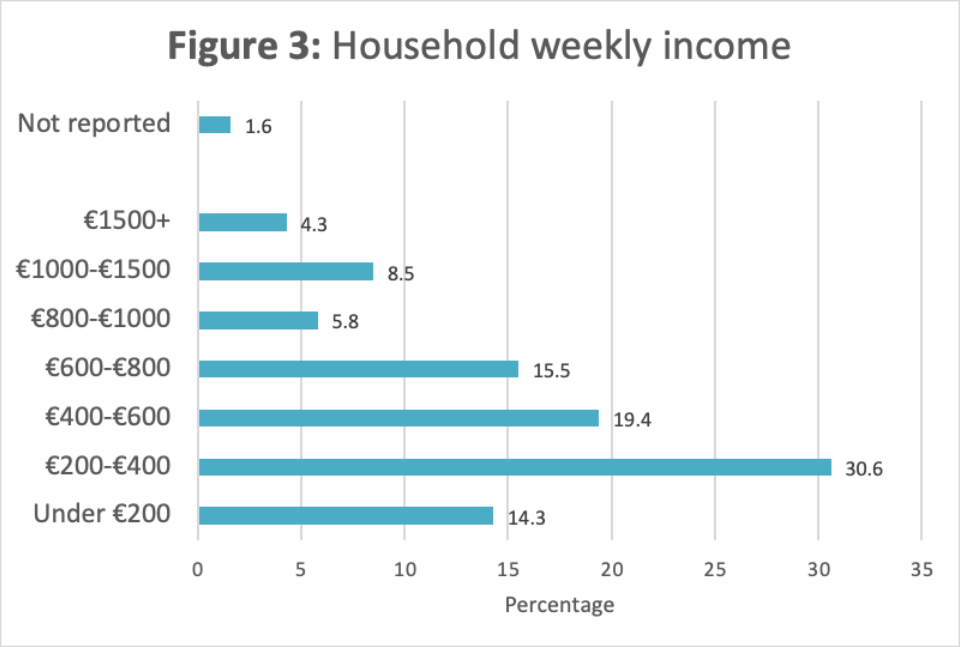
RESPONDENT PROFILE

The survey consists of 258 adult participants, of whom, 165 are female (64.5%), 89 are male (34.8%) and two identified as non-binary (0.8%), there were two missing values. Table 1 presents a distribution of respondents by gender and age group.

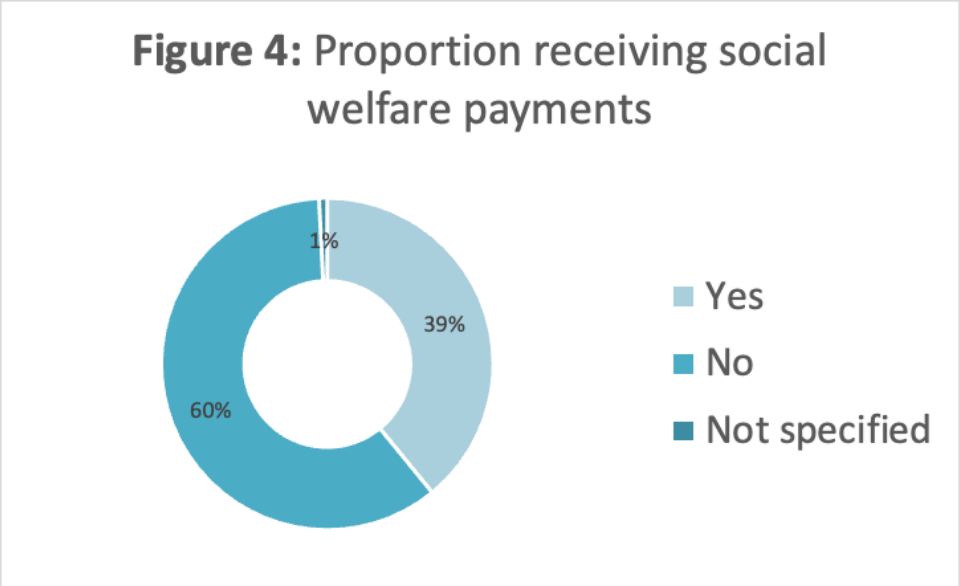
Table 1: Distribution of respondents by gender and age group

Age Group	25 or under	26-35	36-45	46-55	56 or over	Total
Female	14.5% (n=37)	16.4% (n=42)	16.8% (n=43)	10.9% (n=28)	5.9% (n=15)	64.5% (n=165)
Male	8.2% (n=21)	6.6% (n=17)	10.2% (n=26)	6.6% (n=17)	3.1% (n=8)	34.8% (n=89)
Non-binary	0.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.4% (n=1)	0.0% (n=0)	0.8% (n=2)
Total	23.0% (n=59)	23.0% (n=59)	27.0% (n=69)	18.0% (n=46)	9.0% (n=23)	100% (n=256)

In order to gain insights into our respondents' financial circumstances, they were asked what their weekly household income is, the majority (30.6%, n=79) reported their household income is between €200 and €400 per week (Figure 3).

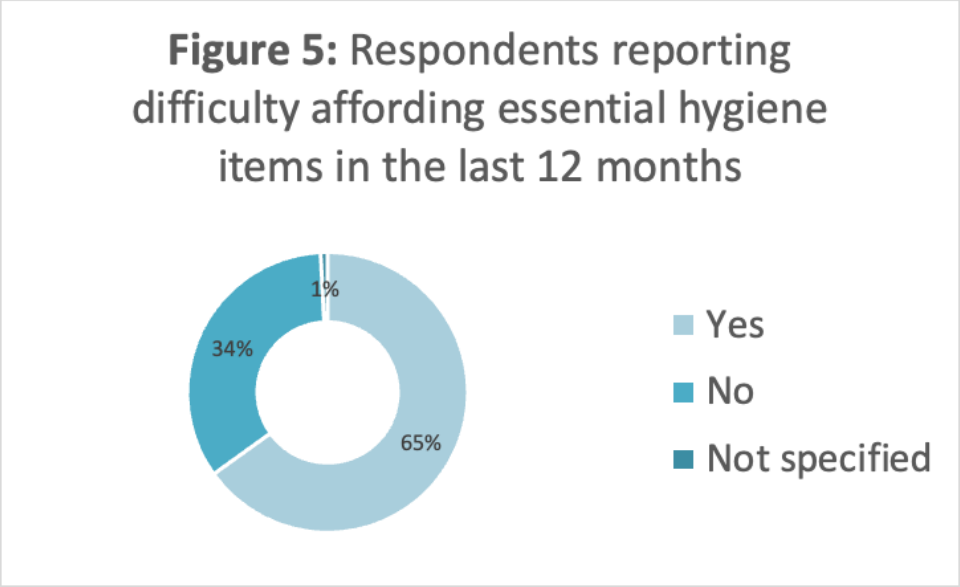


Respondents were asked if they received a social welfare payment and 60.1% (n=155) reported they did not, while 39.1% (n=101) reported they did (see Figure 4). When probed to specify which type of payment they received, the majority reported that they received a disability or unemployment payment, while carers allowance, pension and one parent family payments also featured.



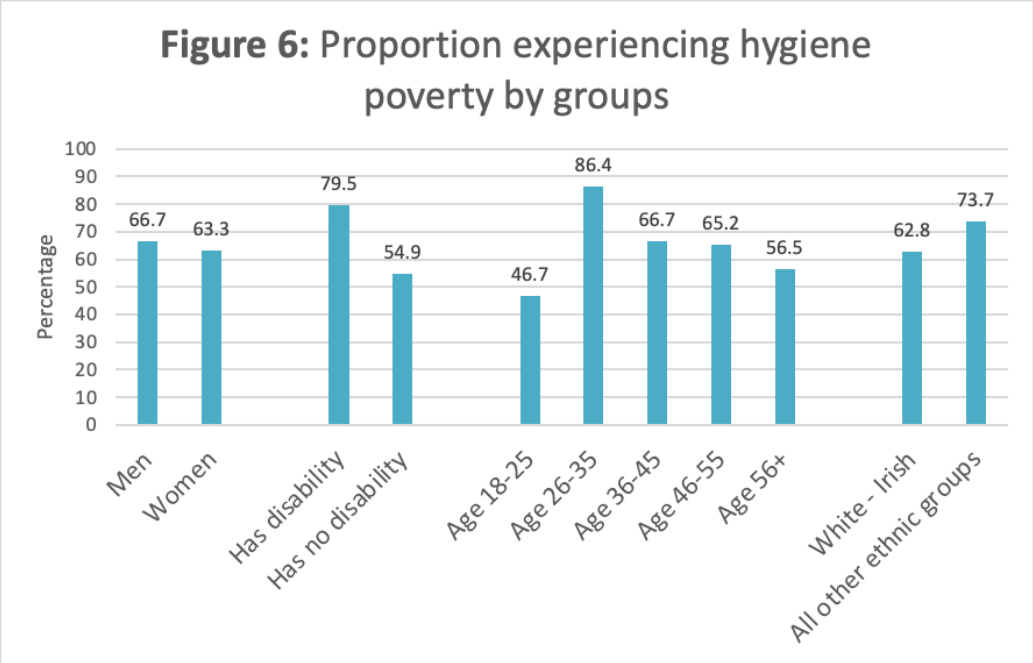
PREVALENCE OF HYGIENE POVERTY IN IRELAND

Our study found that 65.1% of respondents had personally experienced difficulty affording essential hygiene items in the previous 12 months (see Figure 5). This was defined as 'having gone without basic toiletries or hygiene items because you could not afford to buy them. These items can include everyday essentials such as shampoo, deodorant, shaving gel, toothpaste, detergents, nappies, period products or any similar items which you consider necessary for bodily health and care'.

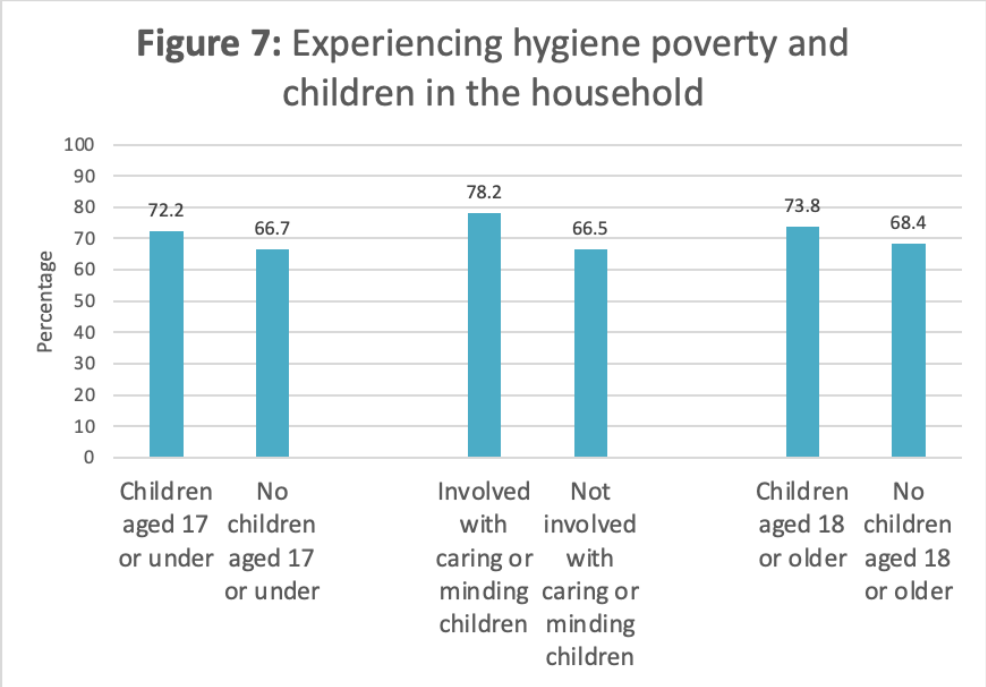


Of the people who reported difficulty affording hygiene essentials (n=168), some groups were more likely to be affected. For instance, 79.5% of respondents living with a health

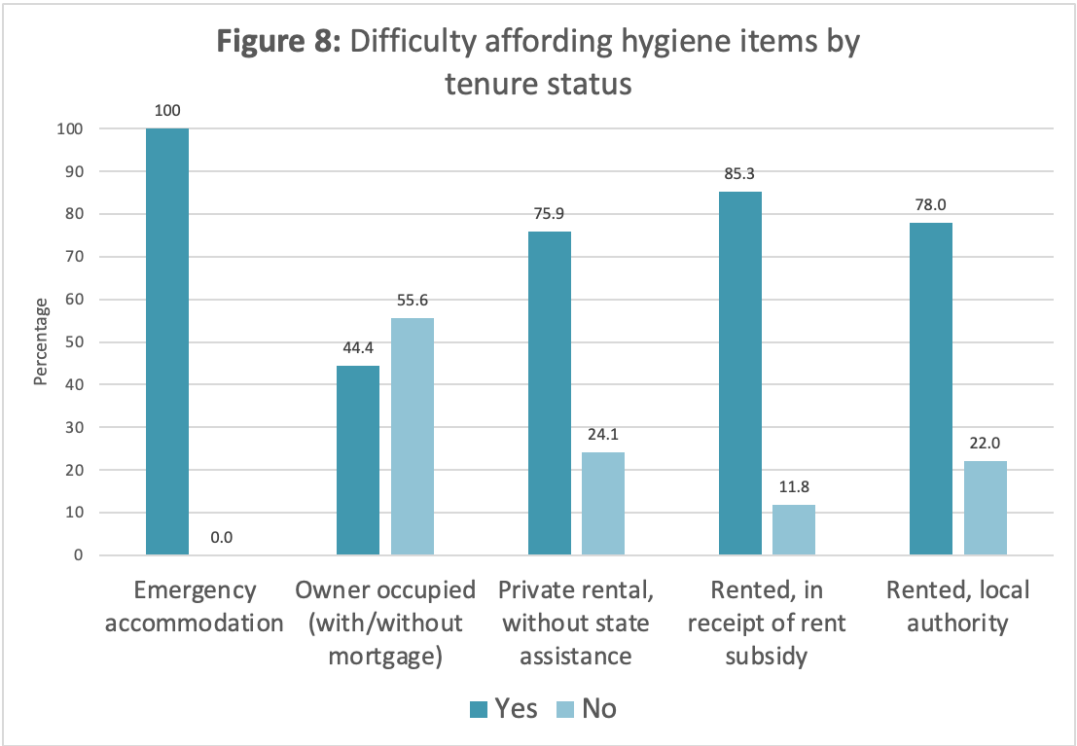
condition or disability (vs. 54.9%), 70.4% of those employed part-time (vs. 56.1% full-time workers) and 64.3% of students (vs. 20.0% retirees). Women were marginally more likely to report difficulty (66.7%) than men (63.3%). With increasing age, experiences of hygiene poverty were found to decrease, with 86.4% of people aged 26 to 35 (n=51) reporting difficulty compared to 56.6% (n=13) of people aged 56 and over. Our study also suggests that a higher proportion of people from an ethnic minority background (n=57) experience hygiene poverty compared to those from a white Irish background (n=188) (73.7% vs. 62.8%). **Figure 6** presents a comparative overview of different groups who reported experiencing hygiene poverty in the last twelve months.



Adults who indicated having responsibility for children were also more likely to experience hygiene poverty than those who do not. Examining this in further detail, households with children aged under 17 (n=70) were more likely to report having experienced hygiene poverty than households with no children aged under 17 (n=82) (72.2% vs. 66.7%). This increased slightly if there were adult children in the household (n=45) compared to households with no adult children (n=108) (73.8% vs. 68.4%) (see Figure 7).

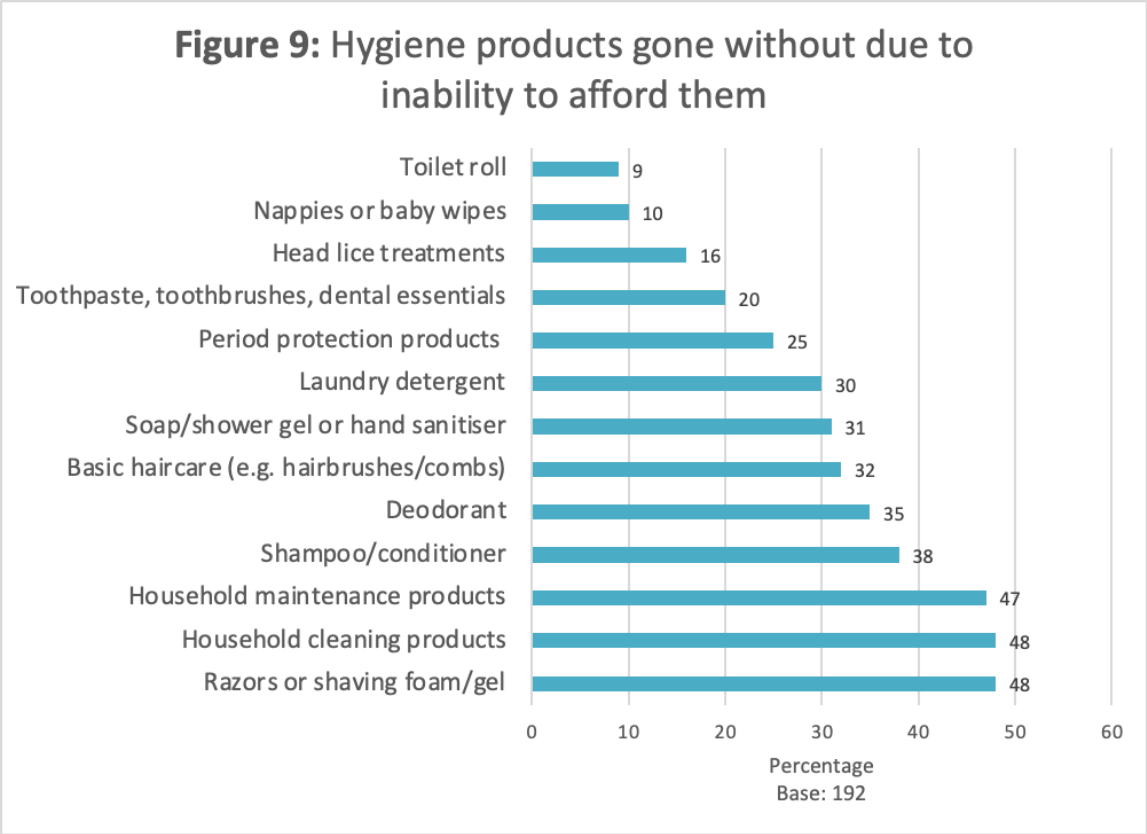


The tenure status of respondents also provided an indication of their ability to afford hygiene essentials. For example, 44.4% of those living in owner occupied accommodation reported difficulties, this is contrasted with 75.9% of those in private rental accommodation or 85.3% of those in receipt of a housing assistance rent subsidy and 100% of people in emergency accommodation (see Figure 8).



HYGIENE ESSENTIALS: SPENDING AND CUTBACKS

When asked which hygiene products they had gone without due to inability to afford them, the most common products our respondents cut back on were household cleaning products (48.4%), razors, shaving foam or gel (47.9%) and household maintenance products (47.4%) (Figure 9).



As expected, some hygiene products are used mainly by certain groups at different life stages. Overall, men and women reported similar rates of going without razors or shaving foam/gel (35.6% vs. 35.2%), soap/shower gel (23.3% vs. 23.0%) and laundry detergent (22.2% vs. 22.4%). However, men were more likely to report cutting back on head lice treatments (20.0% vs. 6.7%) and deodorant (32.2% vs. 22.4%). Whereas women were more likely to cut back on household cleaning products (39.4% vs. 28.9%), household maintenance products (41.2% vs. 25.6%) and shampoo and/or conditioner (30.3% vs. 24.4%). Of our female respondents aged between 26 and 35, 33.3% reported going without period products due to difficulty affording them. Notably, when asked to provide additional comments, some respondents also reported their need for incontinence pads and incontinence products, this

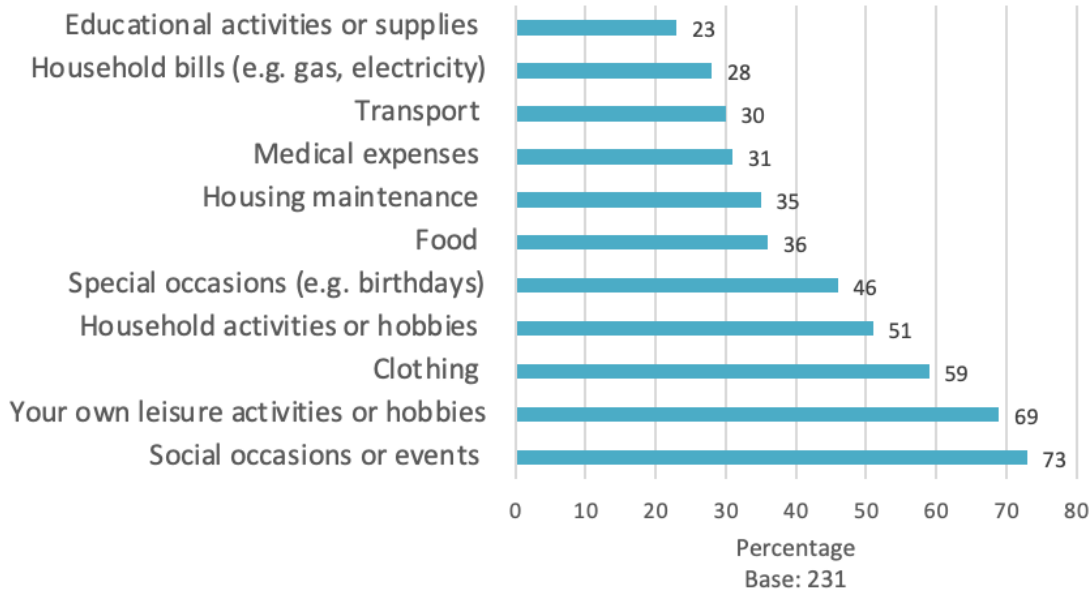
was reported both by older respondents and those with children with adjacent health care needs.

Further examination of which age groups were cutting back on particular products, revealed that 42.0% of all respondents aged 36 to 45 reported going without razors or shaving foam/gel. Older groups were more likely to cut back on household products; 45.7% of respondents aged 46 to 55 were cutting back on household maintenance products, and almost half (47.8%) of those aged 56 or over were reducing expenditure on household cleaning products.

In terms of employment status, those who were unemployed or unable to work due to a health condition, consistently reported the highest rates of unaffordability of individual items, for instance, soap or shower gel (32.4%, 37.5%), basic haircare items (35.3%, 43.8%), razors or shaving foam/gel (32.4%, 62.5%). Similarly, those who reported their status as homemaker were most likely to go without items such as deodorant (57.1%), period products (42.9%), head lice treatments (28.6%), toilet roll (14.3%), nappies or baby wipes (14.3%).

When asked about in which areas they had cut spending in order to afford essential hygiene items, the most frequent was social occasions or events (72.7%), followed closely by the respondents own leisure activities or hobbies (69.2%). **Figure 10** presents an overview of the areas that respondents said they cut back on in order to afford hygiene essentials.

Figure 10: Spending cutbacks to afford hygiene products



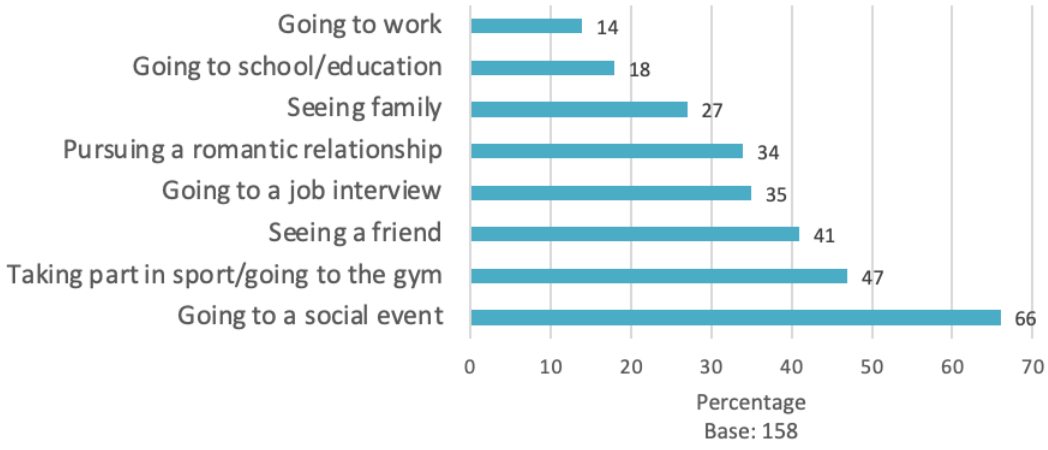
Generally, men were less likely to report cutting back on expenditure than women and some gendered differences were observed. Men were less likely than women to cut back on transport (20.0% vs. 31.5%), housing maintenance (24.4% vs. 35.8%), clothing (41.1% vs. 59.4%) and their own leisure activities/hobbies (51.1% vs. 67.9%).

All age groups said they were cutting back on social occasions, special events and leisure activities. However younger age groups, aged 18 to 45, were prioritising these areas for making steeper cutbacks, for example, 63.3% of respondents aged 25 or under reported cutting down on social occasions or events. Respondents aged 36 to 45 consistently reported the highest levels of cutbacks in most categories, for example, medical expenses (39.1%), food (40.6%), clothing (60.9%). Those who reported making the biggest cutbacks in household bills (39.1%) were individuals aged 56 and over.

AVOIDING ACTIVITIES

Difficulty affording basic hygiene essentials can prevent people engaging fully in their social, work and educational activities. Our respondents reported most frequently that they avoided going to a social event (66.4%), taking part in a physical activity (46.8%) or seeing a friend (40.5%). There were also impacts on employment and career with respondents reporting avoiding going to a job interview (34.7%), attending work (13.9%) or education (17.7%) (see Figure 11).

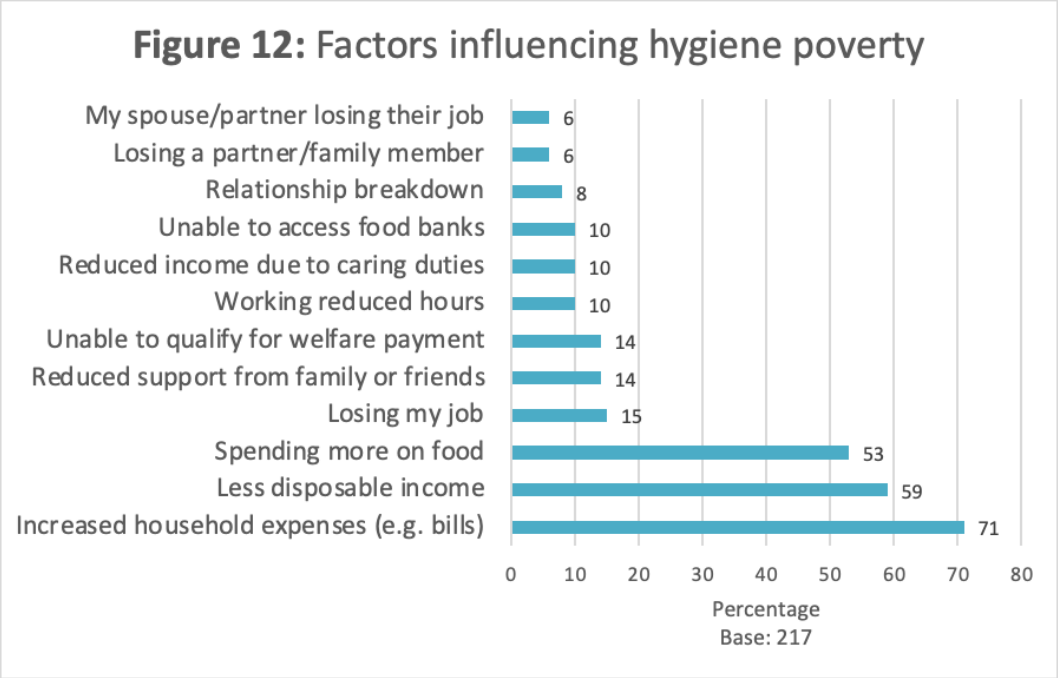
Figure 11: Activities avoided due to experiencing hygiene poverty



Slight differences in social engagement were observed between the oldest and youngest respondents, with individuals aged 56 or over more likely to have less social contacts, such as avoiding seeing a friend (17.4% vs. 15.0%) or going to a social event (30.4% vs. 26.7%). Respondents aged 26 to 35 were most likely to say they avoided taking part in a sporting activity (35.6%). Impacts on education, career and employment due to difficulty affording hygiene products was evident. Ten percent of respondents aged 25 or under said they avoided education, while those aged 36 to 45 were most likely to report avoiding going to work (13.0%) or a job interview (11.6%).

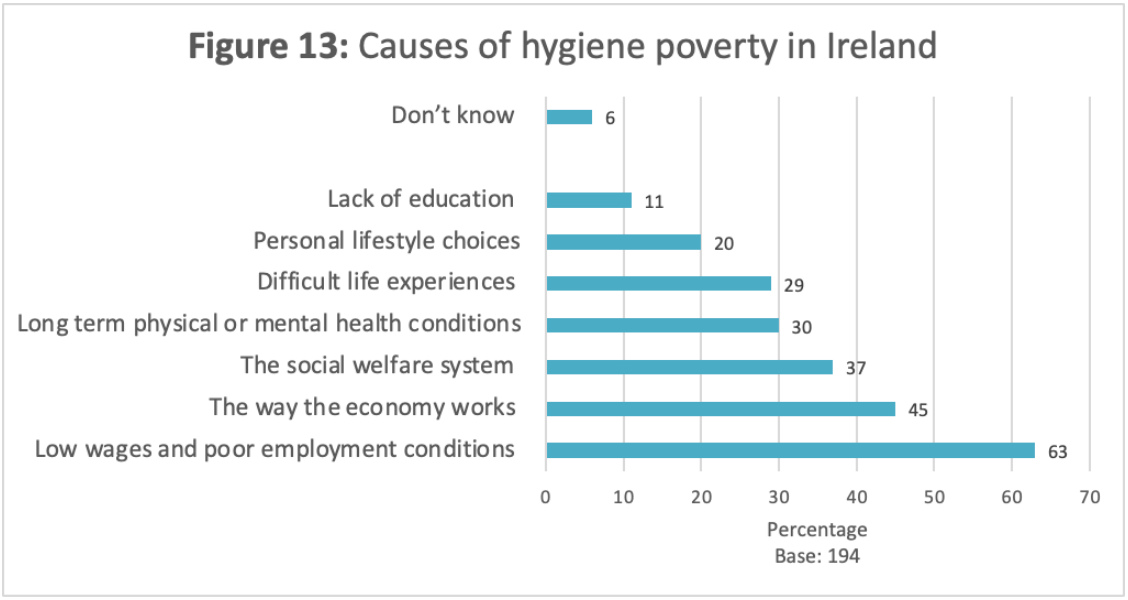
SECTION 2 - FACTORS INFLUENCING HYGIENE POVERTY

When asked which factors are influencing ability to afford hygiene products, the top three reasons respondents reported were; increased household expenses (gas or electricity bills) 70.5% (n=153); less disposable income 58.6% (n=127) and spending more on food 52.9% (n=115). This held constant across gender, ethnicity, presence of children in the household and employment status, however, those who were in private or local authority rental accommodation reported slightly elevated levels. Upon closer inspection, those in receipt of a housing subsidy payment, such as HAP, were also most likely to report losing their job (23.5%), relationship breakdown (20.6%), and not able to access food banks (14.7%) as factors influencing their ability to afford essential hygiene items. Those in private rental accommodation without any housing supports were most likely to report less disposable income (57.4%) and notably, reported the highest incidence of working reduced hours (14.8%) and reduced income due to caring duties (14.8%) as factors.



CAUSES OF HYGIENE POVERTY

The most frequently reported cause of hygiene poverty was low wages and poor employment conditions (63.4%). However, respondents also attributed hygiene poverty to the way the economy works (45.3%) and the social welfare system (36.6%).



While men and women held similar views on the causes of hygiene poverty in Ireland, women were more likely than men to say low wages and poor employment conditions

(50.9% vs. 43.3%), the way the economy works (38.2% vs. 27.8%) and difficult life experiences (25.5% vs. 15.6%), indicating gendered differences in employment conditions and expectations. This was echoed by those who reported their employment status as homemaker and this group were more likely to report the way the economy works (71.4%) as a factor. Respondents who indicated that they had a disability or health condition were most likely to say their long-term physical or mental health condition was a factor in causing hygiene poverty (34.1%), additionally 40.9% reported the social welfare system was a contributing factor.

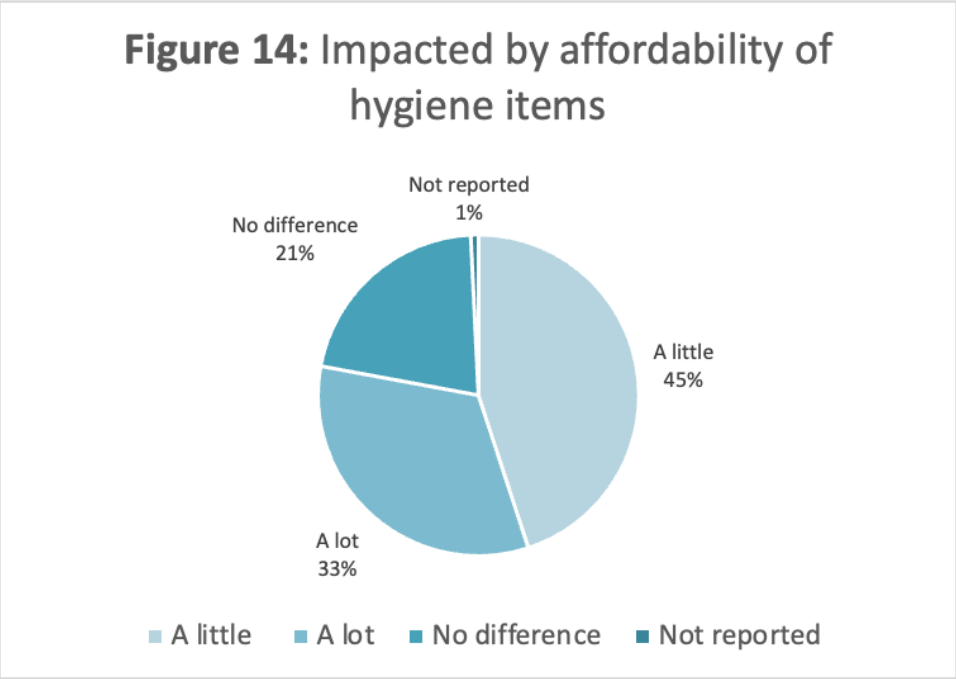
Respondents were provided the opportunity to provide comments on the causes of hygiene poverty in Ireland and recounted how the rising cost of hygiene products in the wider context of food and fuel increases was a compounding difficulty. Several also pointed to the false economy of buying cheaper products which were mostly of inferior quality, potentially leading to issues such as skin irritations. Many commented that despite there being a full-time worker in the household, there was a constant struggle to cope with cost of living increases with increasing rent, mortgage rates, medical expenses all featuring. Expensive childcare costs were cited as a barrier to employment.

Finally, demonstrating that employment and income from employment were not always a sufficient barrier to overall experiences of hygiene poverty, of those respondents who identified as being in full-time employment (31.8%), 56.1% indicated struggling to afford hygiene items in the last 12 months rising to 70.5% for those in part-time employment. Moreover, some degree of struggle was reported across all income bands. Unsurprisingly, those on the lowest income (€200- €400 per week) were the most likely to have struggled to afford hygiene items in the previous 12 months (86.1%) while 62.0% of those with an income of €400- €600 per week, 33.3% of those with an income of €800- €1000 per week and 36.4% of those with an income of €1000- €1500 per week reported struggling to afford hygiene items in the previous 12 months.

SECTION 3 -IMPACT OF HYGIENE POVERTY

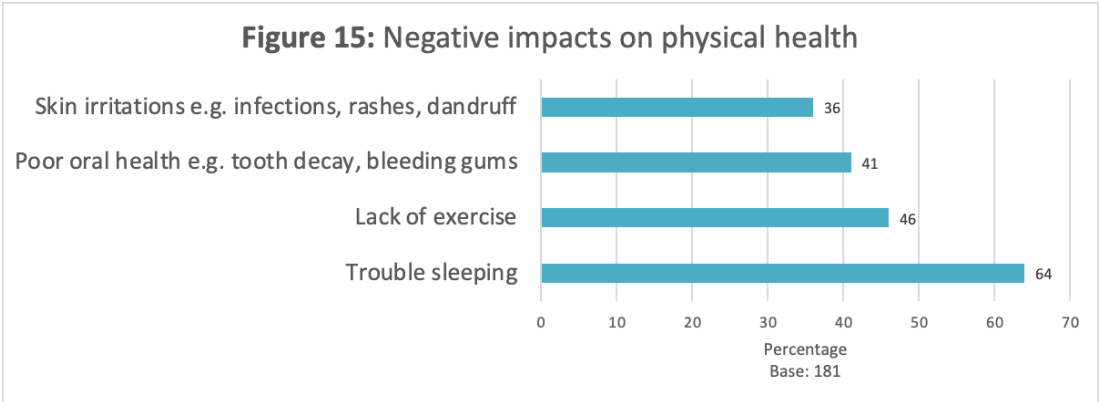
Our respondents reported that the unaffordability of essential hygiene items was impacting their physical and mental health and many aspects of their social and everyday life. Amongst our respondents, 77.9% of our respondents said their ability to afford hygiene items had been impacted ‘a lot’ (32.9%, n=85) or ‘a little’ (45.0%, n=116) in the previous 12 months. Of those who were impacted, 88.1% were in receipt of a weekly social welfare payment.

Notably, almost half (47.7%) of respondents who receive no social welfare supports still reported their ability to afford hygiene essentials was impacted (n=74) suggesting that experiences of hygiene poverty cuts across income groups.



PHYSICAL HEALTH

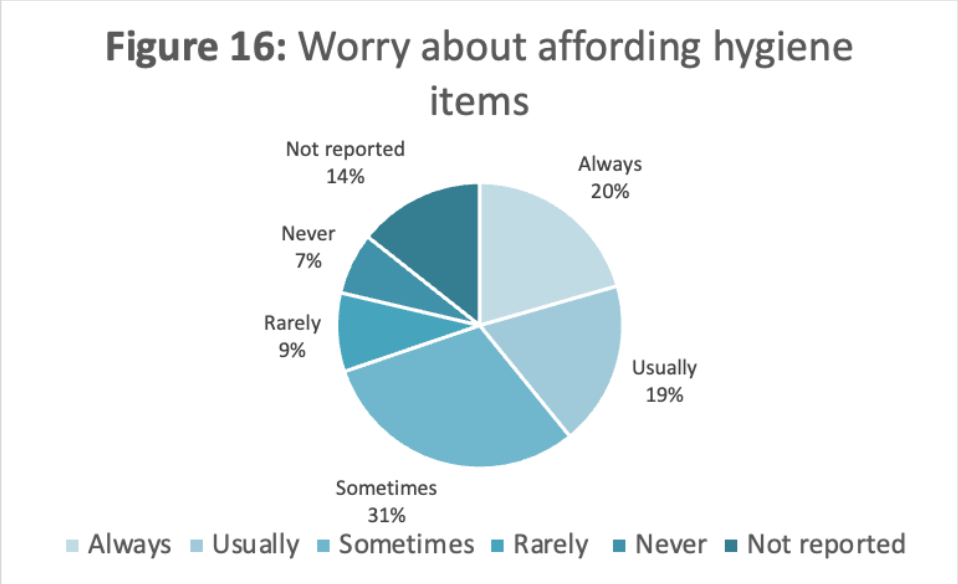
Amongst our respondents, there was a high level of reported negative impact on physical health due to unaffordability of hygiene items. The most frequently reported impact was trouble sleeping (63.5%), followed by lack of exercise (45.9%) and poor oral health (41.4%) (see Figure 15).



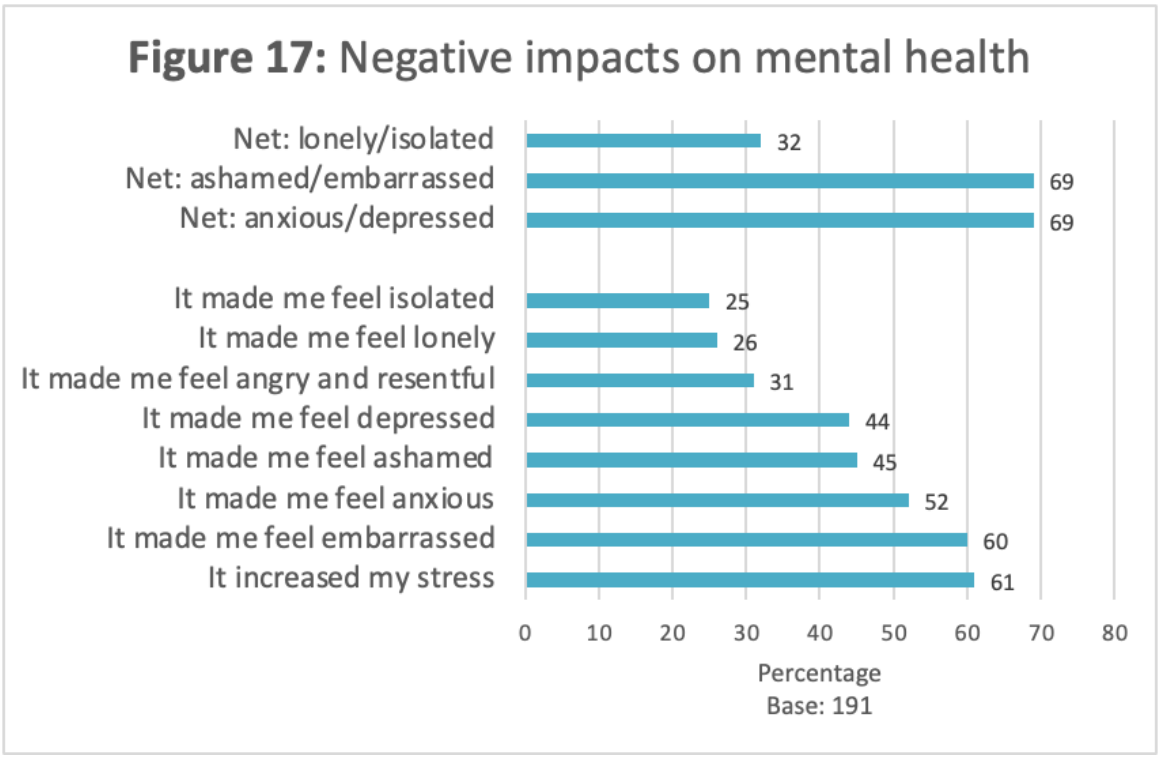
Trouble sleeping was frequently reported across all age groups but did appear to increase with age, impacting 36.7% of those aged 25 or under in comparison to 47.8% of those aged 56 or over. Poor oral health was most frequently cited by those aged 26 to 35 (42.4%) and lack of exercise was most common in the 46 to 55 age group (43.4%). Women were more likely to report lack of exercise than men (38.2% vs. 21.1%). Respondents with a disability were more likely than those without a disability to have trouble sleeping (50.0% vs. 40.5%), lack of exercise (48.9% vs. 22.9%), poor oral health (42.0% vs. 20.9%) and skin irritations (33.0% vs. 21.6%). Impacts on physical health were felt most acutely by those in lower income households. Amongst those in the highest income brackets (€1000+ per week), the only reported negative impact on physical health was lack of exercise. When asked for additional comments regarding impacts on their physical health, several respondents highlighted the impact of poor diet. An over reliance on cheap, processed foods was identified as having a negative impact on health, for example, weight gain due to difficulty affording more expensive foods such as fresh fruit, vegetables and meat.

MENTAL HEALTH

Seventy percent of our respondents acknowledged they worry about their ability to afford hygiene essentials. Notably, over a quarter (26.7%) of our male participants were more likely to report the highest levels of worry, compared to 17.6% of women. Higher levels of worry also increased with age (8.3% under 25 vs. 30.4% over 56) and the presence of children in the household (24.7%). Those in receipt of a social welfare payment also reported they were ‘always’ or ‘usually worried’ (52.4%) about affording hygiene essentials.



Feeling anxious and depressed (69.0%) or ashamed and embarrassed (69.0%) was reported by the majority of our respondents. Increased stress was reported by 61.2% of individuals as a result of not being able to afford basic hygiene items (see Figure 17).



Similar rates of negative impacts on mental health were observed between men and women, however, women had slightly elevated rates compared to men regarding feelings of embarrassment (46.1% vs. 40.0%) and anxiousness (43.0% vs. 30.0%). People with a

disability were more likely than those without a disability to report feeling angry or resentful (35.2% vs. 15.0%), lonely (31.8% vs. 9.8%) or isolated (30.7% vs. 10.5%).

Table 2 shows impacts on mental health by income. Negative impacts on mental health were most commonly felt by those in lower income households. Households with an income of less than €20,800 per annum were more likely to feel anxious/depressed (51.1%/44.5%), ashamed/embarrassed (40.9%/56.7%) and lonely/isolated (38.1%/31.2%) as a result of a difficulty affording essential hygiene items in the last year (see Table 2). Feelings of loneliness and isolation decreased rapidly as incomes increased, from 38.1%/31.2% in the lowest income bracket, decreasing to 5.0%/7.5% for those earning less than €41,600 per annum, to 0.0% for those earning over €41,600 per annum. Although increased stress was reported across all income levels, increased stress was acutely felt by households in the lowest income bracket (54.3%). Notably, higher income levels were not immune to negative mental health impacts, with reported feelings of depression (20.5%) and embarrassment (22.7%) gaining an uptick in the highest income bracket.

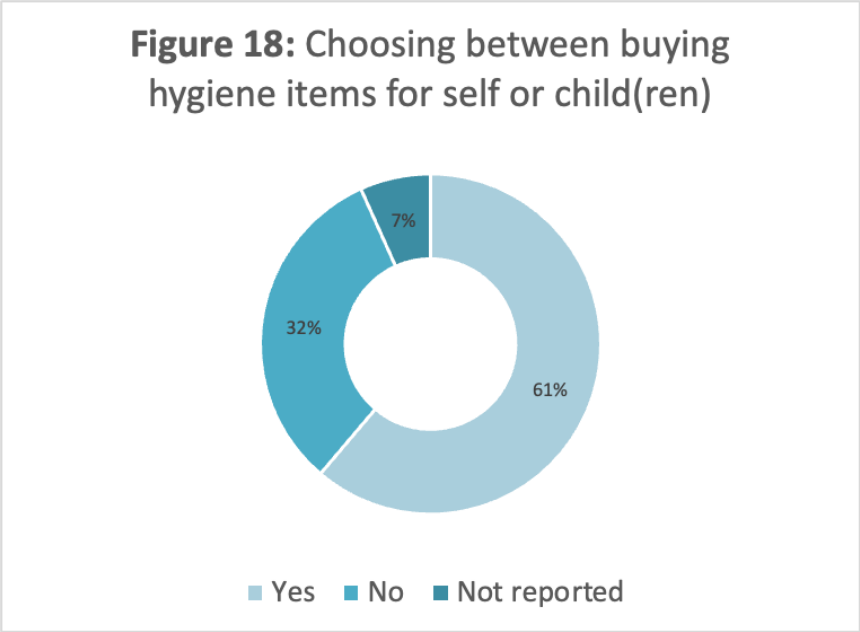
Table 2: Impact on mental health by income

Weekly/annual household income:	Under €400 <€20,800	€400-€600 <€31,200	€600-€800 <€41,600	€800-€1000 <€52,000	€1000+ >€52,000
Anxious/depressed	51.1%/44.5%	36.0%/34.0%	27.5%/17.5%	26.7%/13.3%	13.6%/20.5%
Ashamed/embarrassed	40.9%/56.7%	32.0%/44.0%	22.5%/30.0%	26.7%/20.0%	13.6%/22.7%
Lonely/isolated	38.1%/31.2%	6.0%/10.0%	5.0%/7.5%	0.0%/0.0%	0.0%/0.0%
Increased stress	54.3%	48.0%	42.5%	26.7%	18.2%

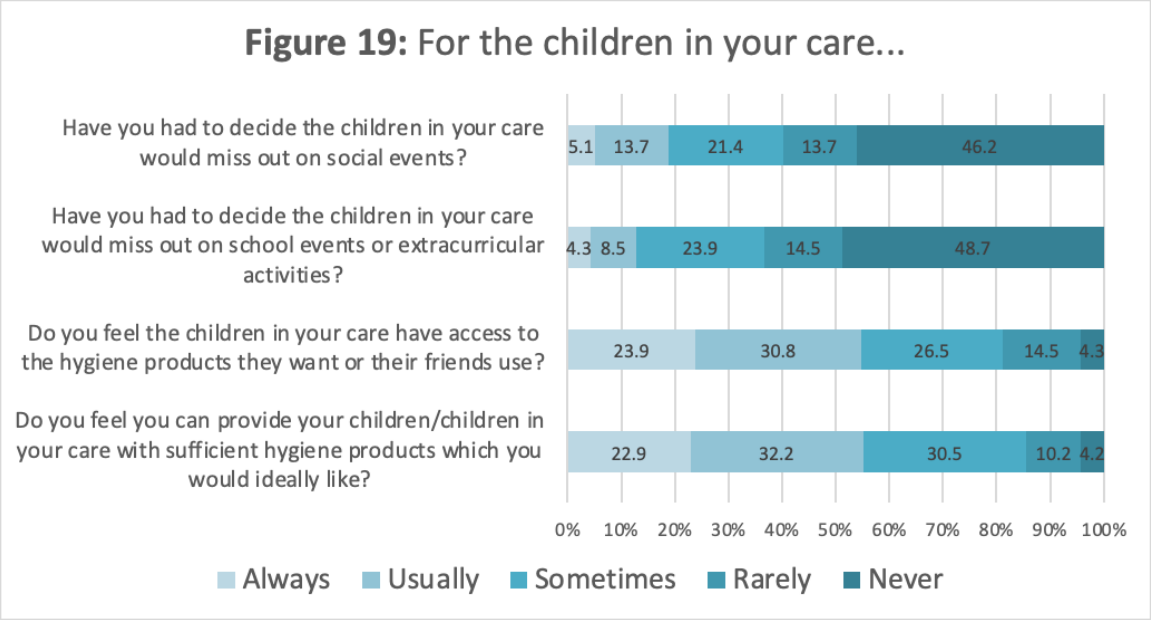
IMPACT ON FAMILIES

There were 134 households with dependent children, this was made up of children both under and over 18 years of age and grandchildren. In these households, 30.5% (n=36) reported that one or more of the children they care for has a disability, impairment, chronic health condition or learning difference. Respondents who indicated there were children in their household were asked an additional set of questions about the impact of hygiene poverty on their family life.

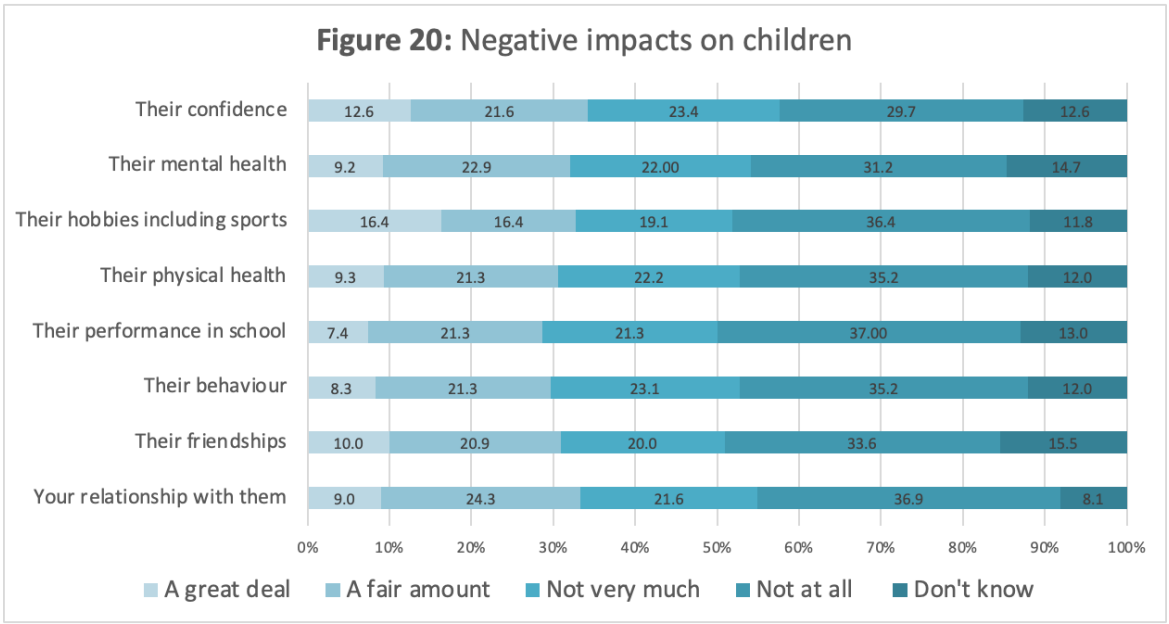
Overall, 61.2% (n=82) of households with dependent children (n=134) said they had to make a choice between buying hygiene products for themselves or the child(ren) in their care in the last twelve months (see Figure 18). Of the respondents who reported making this choice, 73.2% were women and 84.2% were in receipt of a social welfare payment. Those on the lowest incomes were also more likely to report having to make this choice in comparison to those on higher incomes (37.8% vs. 7.3%).



Respondents were asked about the choices they had to make for the children in their care. The majority of respondents reported the children in their care never missed out on social events (46.2%) or school/extracurricular activities (48.7%) due to concerns about affordability of hygiene items. Similarly, most respondents said children in their household 'always' or 'usually' had access to hygiene products their peers had (54.7%) and there were sufficient amounts available (55.1%) (see Figure 19). However, there was a strong response throughout to the median option, 'sometimes' suggesting difficult decisions were being made and indicating that a protective or shielding effect was not an option for all households. For example, 30.5% of households with children reported they were able to provide sufficient hygiene products 'sometimes'.



A range of negative impacts on children's health, social life and education was reported when households did not have sufficient basic hygiene products. For respondents with dependent children, 34.2% say their child(ren)'s confidence has been negatively affected with mental health (32.1%) and physical health (30.6%) both impacted. Children's hobbies, including sports, was reported as impacted 'a great deal' (16.4%). However, consistently one one-third of respondents said these areas were 'not at all' negatively impacted in the last twelve months (see Figure 20).

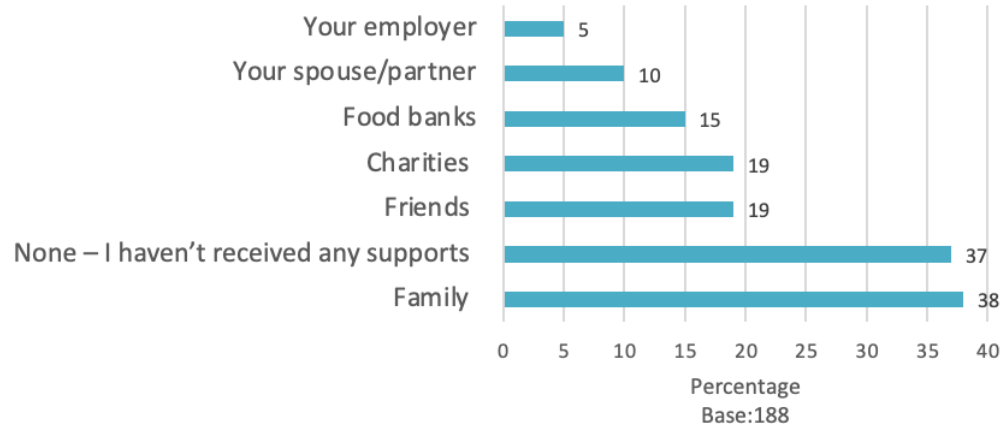


Tenure status was observed to play a role in overall wellbeing, with households in receipt of rent subsidies experiencing a greater negative impact on children compared to those that are owner-occupied. For example, physical health (14.7% vs. 10.0%), mental health (20.6% vs. 11.1%) and performance at school (17.6% vs. 10.0%). Respondents who reported that a child in their household had a health condition or learning difference experienced greater impacts, such as confidence (44.4% vs. 29.1%), behaviour (38.9% vs. 18.1%) and friendships (38.8% vs. 22.3%).

ACCESSING SUPPORTS

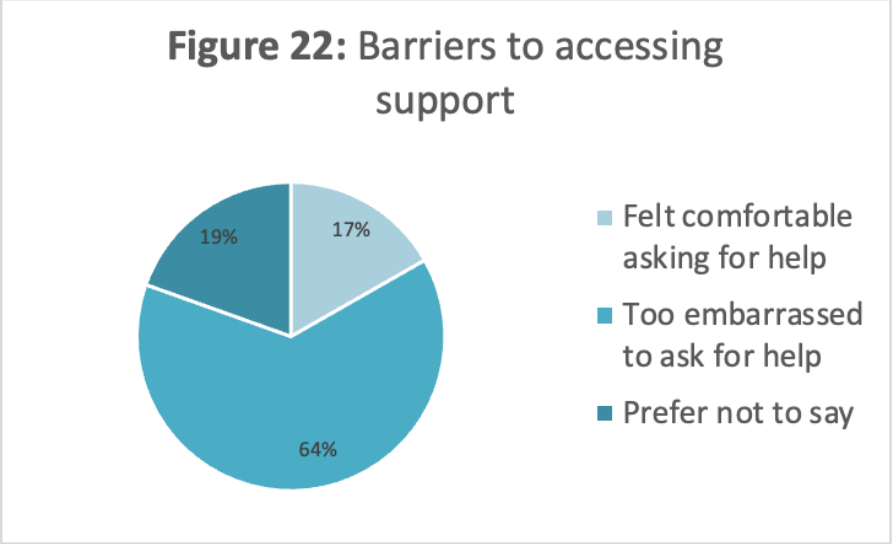
Respondents were asked what, if any, types of supports they had received in the last twelve months. Receiving help from family with getting basic hygiene essentials was reported by 37.9% (n=71), while 36.7% said they had not received any supports. Other sources of support were from friends (18.6%), charities (19.1%) and food banks (15.4%) (see Figure 21).

Figure 21: Types of support received



BARRIERS TO ACCESSING SUPPORTS

When asked, 63.7% (n=114) of our respondents reported feeling too embarrassed to ask for help (see Figure 22).



Feeling 'too embarrassed to ask for help' was more commonly reported by women (48.5%), full-time workers (48.8%), individuals with a health condition (51.1%) and those from an ethnic minority background (66.7%). Amongst households with children aged 17 or under, 54.6% (n=53) felt too embarrassed to ask for help.

CONCLUSION

This section reported the findings of a national survey on experiences of hygiene poverty in Ireland. In concluding this section of the report, it is worth offering a brief comparative note. Due to the limited international evidence, comparison to the 2022 report by The Hygiene Bank UK (Gunstone *et al.*, 2022) is the main source for comparative analysis, and for this reason, many of our survey questions are closely aligned to this report. Throughout, many of our findings have a strong similarity to the UK report in many areas. Our findings were broadly similar to the UK report in terms of the prevalence of hygiene poverty and which groups are more likely to experience this issue, e.g., people with a disability, younger people and ethnic minorities were all impacted and low incomes and the presence of children in the households correlated with experiences of hygiene poverty.

While not directly comparable from strictly statistical perspective, the following findings represent the most striking thematic similarities and differences:

- Razors or shaving foam/gel were the most reported hygiene products gone without in both Ireland and the UK (48% vs. 49%).
- Greater negative impacts on physical health were found in Ireland, for example, trouble sleeping (64% vs. 23%) and lack of exercise (46% vs. 16%).
- Elevated rates of negative impact on mental health were found in Ireland. Greater numbers reported feeling ashamed/embarrassed (69% vs. 49%) or anxious/depressed (69% vs. 50%). Increased levels of stress were also reported in Ireland (61% vs. 41%)
- Across both surveys, low wages and poor employment conditions were found to be the most reported cause of hygiene poverty (63% vs. 64%), however, lack of education was less frequently cited in Ireland (11% vs. 30%).
- Similar rates of choosing between buying hygiene items for themselves or child(ren) (61% vs 62%) were evident.
- Less negative impact on children was reported in our findings, for example, confidence (12% vs. 16%) or mental health (9% vs. 16%).
- Broadly similar levels of support were reported, with family being the main source of supports (38% vs. 34%).
- Higher rates of embarrassment seeking help or supports were found in Ireland (64% vs. 48%).
- The impact of tenure status on experiences of hygiene poverty was not explored in the UK report and was shown to be a factor in our study.

While comparisons to The Hygiene Bank UK report prepared by Gunstone et al., 2022 have been offered here as a means of grounding the survey in an already existing set of results arising from a reasonably similar jurisdiction, some limitations must be noted. In this respect, the response rate for this survey represents a relatively small sample at 258 unique responses. Nevertheless, the thematic similarity to the results of the UK survey is striking and the findings presented in this section of the research report do go towards establishing incidence rates along with a range of specifics with respect to hygiene poverty. Moreover, what has been presented in this section of the report offers a broad macro picture in which to ground the qualitative reporting that follows and many of the key survey findings are brought into stark relief in the testimony that follows. In this respect survey results, rather than

standing on their own, strengthen and are strengthened by the various other aspects of the report thus ensuring rigour. In the next section the qualitative reporting begins with the outcomes of the focus groups. This is then followed by the interview case studies.

FOCUS GROUP FINDINGS

As part of the qualitative fieldwork undertaken by the research team and building on the workshop and expert group submissions, two focus groups were conducted. The purpose of the focus groups was to 'get closer' to the issues at the heart of experiences of hygiene poverty. The first focus group consisted of volunteers and organisers who work directly with Hygiene Hub and so have first-hand experience of hygiene poverty as a social issue and from a service delivery perspective. Participants for this focus group were recruited directly through Hygiene Hub's network by the research team. The second focus group consisted of persons with direct experience of poverty which included lived experiences of hygiene poverty. In the case of the latter, participants were recruited through community groups who work with people who have experienced or who are experiencing poverty. The focus groups were recorded and professionally transcribed, and the transcripts were coded using NVivo 12 Plus[14]. Below, the findings from each focus group are explored in turn focusing on factors that can lead to hygiene poverty, the impact of hygiene poverty and general awareness of hygiene poverty. Excerpts are used to illustrate key themes and are presented verbatim for authenticity.

FOCUS GROUP A

Focus group A was made up of the following participants:

1. Denise: A volunteer with Hygiene Hub based in Dublin.
2. Ellen: A volunteer with Hygiene Hub based in Dublin.
3. Sadhbh: Manager/head office volunteer with Hygiene Hub.
4. Siobhan: A volunteer with Hygiene Hub based in Wicklow.
5. Rachel: Manager/head office volunteer with Hygiene Hub.

Collectively, this group of research participants were able to offer a unique insight into hygiene poverty as people who possess an intimate knowledge of need in this area with experience that cuts across direct volunteering to organising donations to being involved in and responsible for the day-to-day operations of a charitable organisation that focuses on the area of hygiene poverty exclusively. As with previous steps in the research, the core elements

[14] NVivo is a qualitative data analysis computer software package

of discussion for this focus group sought to explore factors that can lead to hygiene poverty, the impact of hygiene poverty and general awareness of hygiene poverty. Each area for discussion was prompted by the researchers and the participants were encouraged to converse freely amongst themselves.

FACTORS LEADING TO HYGIENE POVERTY

COST OF LIVING

Beginning with the factors that can lead to experiences of hygiene poverty, many discrete factors were seen as relevant by the group, and some came across very strongly and from all participants. In the first instance, the general cost of living was seen as being a driver of demand for personal hygiene and household cleaning items and precursor to experiences of hygiene poverty. From a broad systemic perspective, Rachel sees this as something that is affecting the charitable sector as a whole:

> …I think like what we're seeing right now with the cost of living crisis that's - I think it's sort of a mix of things that we've had more charities come and reach out to us that we're not able - you know, the size that we are, we're not able to respond in the way that they need it. But the conversations that I've had with those who are, you know, looking for support, the charities are facing all these financial restraints anyway…

Hygiene Hub fosters partnerships with a wide range of other charities and community resource centres through whom it makes personal hygiene and household cleaning products—received via donation—available to people who need them. Rachel's testimony here reveals a pressure in the system that stems from demands that a growing but still relatively new charity like Hygiene Hub finds it increasingly difficult to meet. This in turn is reflective of an increased demand for personal hygiene and household cleaning products from those affected by the cost of living crisis.

COMPETING EXPENSES

Coupled with the rising costs of goods and services brought on by inflationary economic conditions which, in effect, has created a cost of living crisis affecting those who might otherwise traditionally remain unaffected, the relative expense of personal hygiene and

household cleaning items and the need for these to compete with other increasing costs within a constrained budget was also something that the participants of focus group A highlighted:

> I think it's a lot - like people take that for granted like that's the - like kids are talking about doing like summer camps and bigger things but people who are in hygiene poverty are thinking about ice cream. Do you know it's like a really basic thing because it's like that box of fairy was nine euro, so like that's a huge chunk of money every week.

In the above excerpt, Siobhan captures this tension. Her observation captures at once the nature of competing expenses, in this case summer camps or even the cost of ice-cream for children and the relative expense of an essential household cleaning good in the form of washing powder. Siobhan, who is a volunteer with Hygiene Hub and so a witness to these specific types of need in close quarters, deepens the above observation in a separate comment which once again denotes a tendency for competing expenses to have an effect on the day-to-day lived realities of persons struggling to afford expensive household cleaning products.

> …so they kind of put the donations out on a table and one of the moms had come up and said 'oh because I can take this box of washing powder I can now take the kids for ice cream today'.

This anecdote from Siobhan also demonstrates the impact that third sector organisations like Hygiene Hub can have by helping to ameliorate need through the provision of personal hygiene and household cleaning products. However, the necessity for this is arguably indicative of more entrenched social issues that goes beyond the cost of living crisis and the relative expense of items.

POVERTY, SOCIOECONOMIC STATUS AND POLICY RESPONSES

While participants were sure that the cost of living crisis coupled with the relative expense of personal hygiene and household cleaning products has seen increased demand for Hygiene Hub services, there was also a strong acknowledgement of poverty generally as a factor leading to experiences of hygiene poverty:

> Well I suppose some of the areas that I would deliver to…you know when you go out to the family resource centre, they're so delighted with what we get and they're thrilled but you can see it all around you really the deprivation [and] poverty and I just think for kids that were born into that, it's really hard to escape it.

Ellen locates poverty geographically here and observes that the need for the types of products provided by Hygiene Hub is greater in impoverished and deprived areas. This suggests that, for many, hygiene deprivation as a facet of poverty is connected to something much deeper than the onset of a cost of living crisis. Bearing this out further, Ellen also makes the point that poverty can be generational 'I just think for kids that were born into that, it's really hard to escape it'. Related to this and relevant from a macro or universal social policy perspective, Rachel made the observation that the rates of social welfare[15] or benefits payments were likely to be inadequate in the context of preventing poverty generally. Adjacent to this, Sadhbh also addresses a lack of discrete policy responses, noting that hygiene poverty does not appear to have the same currency as other discrete forms of poverty such as food or fuel poverty in political circles and in-general. This point was also echoed by Siobhan who noted that: '…there's very little government-led…like I've never heard the government once mention about anyone's hygiene needs…'

OTHER DISCRETE FACTORS LEADING TO EXPERIENCES OF HYGIENE POVERTY

There were many other discrete factors that the participants raised as having the potential to lead to experiences of hygiene poverty. Ellen and Rachel both spoke about displaced persons and asylum seekers in particular as potentially having an increased level of need in the context of personal hygiene due to having access to limited resources and often poor living conditions and this reflects research carried out by CID (2023). Denise spoke about how people's experiences with current or previous addiction could be or become a contributing factor in the context of personal hygiene. Siobhan made specific reference to people experiencing homelessness and to how a lack of sufficient facilities with which to maintain hygiene could present a very real difficulty. In doing so, Siobhan foreshadows the testimony

[15] Taking Jobseekers Allowance as an example of a core working age social protection payment, the current adult social welfare rate stands at €220 per week for persons over the age of 25 and €129.70 for those aged 18-24 unless living independently. See: https://www.citizensinformation.ie/en/social-welfare/social-welfare-payments/unemployed-people/jobseekers-allowance/ . Note: Budget 2024 has indicated that there will be €12 per week increase to core social welfare payments commencing January 2024.

of Frankie who took part in focus group B and who has had direct experience of homelessness. In the next section, the observations of this participant group on the impact that experiences of hygiene poverty can have will be documented.

THE IMPACTS OF HYGIENE POVERTY

Just as the factors potentially leading to hygiene poverty were varied and complex according to the participants of focus group A, the impacts of experiences of hygiene poverty also went across a broad spectrum. These ranged from deeply personal consequences to social consequences and an overview of these are presented below.

PSYCHOLOGICAL IMPACTS OF HYGIENE POVERTY

An analysis of the participant responses on the psychological effects of experiencing hygiene poverty suggest that they are potentially wide-ranging. In the first instance, not having access to basic personal hygiene items was suggested as being something that could lead to issues with confidence and self-esteem. In particular, this was suggested as potentially affecting school going children, teenagers and young adults. In the below excerpt, Siobhan refers to teenagers specifically:

> I think, like, it seems to be a lot around their self-confidence. Really just about how they interact in the world. Like…they're embarrassed to go to things or to hang out with their friends or to - like it just has such an impact on their self-esteem, do you know I think that's the huge thing, is that kind of constantly wondering 'oh are people talking about me?' or 'are people saying something?'

This is a point that was echoed by other participants. Deepening this point and further exposing the complexities that can come with having an unmet hygiene need, Ellen, who previously worked in education, suggested that for children or young people experiencing personal hygiene poverty at school, bullying was a very real possibility:

> …it can lead to bullying in school as well, you know, no one wants to sit beside somebody or, you know - they don't smell very nicely - you know it's true cause I learned from my own school having to deal with it…and then [it] sort of comes to the child doesn't want to come into school and if they come in, the shirts are, you know, they're, the collars are dirty or they've only one shirt for the week or, you know it can have a very cruel.

As a respondent who had previously worked in education, Ellen was perhaps uniquely positioned to offer this insight. While Ellen was clearly conscious that the fault for poor hygiene or unwashed clothes did not sit with the children or young people experiencing these things, she was also realistic enough to understand that the reality of coming to school with an obvious hygiene need was 'cruel' and very likely to have an overtly negative effect. Again, this point was echoed throughout the group as demonstrated here by Sadhbh who suggests that experiencing hygiene poverty may cause absences from school:

> Like we know that people miss school because of it, because like there's an inherent shame around being 'dirty'…

Sadhbh speaks specifically about the concept of shame here, something which Fischer (2018), lest we are tempted to cursorily dismiss shame as inconsequential, describes as that most notorious and painful emotion. Shame should be seen then as a real and detrimental consequence of hygiene poverty. Furthermore, this example of an impact of hygiene poverty with respect to what shame can lead to demonstrates the potential for consequences beyond an internal loss of confidence or self-esteem and reveals a consequence which has a distinctly social texture along with social repercussions. This potential for shame and stigma and for hygiene poverty to be responded to in shaming and stigmatising ways was suggested by both Ellen and Sadhbh to be at least partly a consequence of a misunderstanding or non-awareness of hygiene poverty:

> I think that is part of the issue about the awareness of it, is like, that builds into that shame, is that if it's food poverty people are like 'yeah, that's a thing', you know what I mean?

In the previous excerpt, Sadhbh suggests that there is an awareness and an acknowledgement of other forms of discrete poverty or deprivation, that they are understood. Issues with hygiene on the other hand, because they are not thought about in the same way or perhaps not even considered as an aspect of poverty, are potentially more shameful and can have tangible social repercussions.

SOCIAL IMPACTS OF HYGIENE POVERTY

Building on this, the participants also described a range of social impacts that could potentially arise from experiences of hygiene poverty. With respect to education, alongside the potential for negative experiences such as bullying or school absences, there was an acknowledgement that students attending third level education could face a series of difficult choices:

> And like there's university students who might get into college and then they can't afford maybe to live and so they'll use money for their food and then they can't afford to maybe buy deodorant all the time and you know they're, like not everybody goes to college has loads of money to be spending on…

This observation by Denise suggests that, on the one hand, hygiene poverty can be something that is experienced by people at different stages in the life course meaning that students, who may be short of income in general, may need to make difficult choices between things like food and personal hygiene products. However, this is likely to be exacerbated where students come from poorer or disadvantaged backgrounds in general, meaning that making it to university is a success tempered by the reality of doing so with limited resources. A further area identified by the research participants where hygiene poverty is potentially socially impactful is with respect to employment. Here, for example, Rachel talks about the consequences of not being able to maintain a clean unform where this required for work:

> I'm quite lucky I can go to work in whatever I want like it's quite relaxed, but if you're in a position where you have to look a certain way or you have to have the right uniform, it has to be clean…just the pressure from people around you and like the culture and society around you, I don't know you sort of internally it's just not that nice feeling when you're not able to clean your clothes properly or you know you're always a bit worried like 'oh can someone tell that I haven't been able to do this or I haven't been able to do that or I haven't been able to wash the clothes' - you know, whatever it might be.

Again, the spectres of shame and worry are present here and Rachel talks about the pressure to conform with expected appearances, the internal turmoil this potentially creates and how this can potentially be a consequence of not having access to the products needed to keep

clothes clean. In roles where cleanliness and personal appearance are a factor of employment, Rachel notes that this is likely to be further exacerbated.

AWARENESS OF HYGIENE POVERTY AS A SOCIAL ISSUE

At the conclusion of focus group A, a final area that the researchers asked the participants to discuss was awareness of hygiene poverty as a social issue. Undoubtedly this particular group of research participants have a keen awareness of hygiene poverty as a social issue and so they were asked to focus not on their own awareness but on awareness in general.

LEVELS OF AWARENESS

One aspect of awareness addressed by the participants was the degree to which they felt people were generally aware of hygiene poverty as a distinct social issue. In general, it was agreed that broad societal levels of awareness of hygiene poverty were likely to be low but growing:

> There's so many different levels of awareness, like there's general population awareness, there's also awareness of people who use our services because even though I think we're quite well spread, there's definitely still people who can use our services that aren't aware of them.

In the previous excerpt, Sadhbh suggests that while awareness of hygiene poverty through awareness of what Hygiene Hub offer is growing, it could still grow further and there are likely many people with hygiene related needs who remain unaware of the service. Siobhan further notes the need to raise awareness of Hygiene Hub as a charity but moves beyond this to suggest that there is a need to raise awareness more generally as a way of breaking the taboo of hygiene poverty:

> I think it's raising awareness of us as a charity, but separate to that it's raising awareness of the issue as a whole, cause it's just not something - and taking that taboo out of it…

This observation by Siobhan echoes observations made earlier by Sadhbh which suggested that because hygiene poverty remains below the radar and generally misunderstood, this is likely to increase the levels of shame and stigma associated with it. Raising awareness to break the taboo as Siobhan suggests, might go some way towards ameliorating this.

USING SCHOOLS TO RAISE AWARENESS

Having noted that awareness levels are generally low but growing, there was some discussion from the group about how to go about raising awareness levels further. Education was seen as being key and it was noted by Denise that this type of work was already ongoing:

> So when we give the talks to the transition year students and you know the schools collect products for us which is great because we get lots of products from schools, but I think we're just making them - a lot of students - aware of hygiene poverty, which I think is really good as well.

Denise is talking about a purposeful endeavour here which sees Hygiene Hub volunteers entering secondary level schools with a view to raising awareness of hygiene poverty as a social issue. Based on activities like this and on rising awareness levels in general, there was agreement among the group that awareness of hygiene poverty as a real and challenging social issue was growing and should continue to grow.

FOCUS GROUP B

Focus group B was made up of the following participants, all of whom have had direct experiences of hygiene poverty:

1. Gerard: Male aged late forties approx.
2. Gary: Male aged early thirties approx.
3. Frankie: Male aged early forties approx.
4. Cathleen: Female aged mid-thirties approx.
5. Lily: Female aged early thirties approx.

Where the testimony of focus group A was based on collective experiences of participants involved in a charitable organisation which works to directly address hygiene poverty, the testimony of focus group B is much more directly experiential through being rooted in biography. Nevertheless, similar themes are borne out through the testimony of the focus group B participants demonstrating a high degree of overlap. As with previous aspects of the research, this focus group focused on factors that can lead to experiences of hygiene poverty, the impacts of experiencing hygiene poverty and awareness of hygiene poverty as an issue.

FACTORS LEADING TO HYGIENE POVERTY

COST OF LIVING

Like the participants in focus group A, the participants in focus group B were keenly aware of the current economic landscape and how this is having an effect on the cost of living. This was something that all of the participants saw as being directly related to their experiences of hygiene poverty and poverty in general:

> To me anyway it's cost of living, your bills are going higher and so, recently our electricity went up, the rent went up, the gas went up, so you have to prioritise that first, then your kids and personally me I would leave myself to last. It would be like, I won't go and get razors, shave, or - I just make sure my family is provided for first and then I can think about myself if there is money at the end of the week.

In this excerpt from Gary, a clear line is drawn from the rising costs of goods and services to experiences of a hygiene related need, in this case, a deeply personal one as Gary talks about leaving his own needs unattended until bills are paid, and his family are looked after. The ever-increasing cost of bills coupled with Gary's sense of needing to put family before his own needs are clear factors that ultimately lead him to 'hold off' on shaving, not by choice but out of necessity. Alongside the rising costs of goods, there was a general sense that high taxes and insufficient welfare rates were partly responsible for making personal hygiene and household cleaning items difficult to afford. Below Frankie talks about low welfare rates and taxes when working:

> I think sometimes what they should do is give you a proper…payment, to give you enough to survive really, because when people are working taxes hit them…

For Frankie, insufficient income, whether through a social protection payment or through paid employment can have consequences with respect to having enough to survive.

MEETING OTHER BILLS FIRST

Building on the experiences of Gary and Frankie, Cathleen addresses the factors that can lead to experiences of hygiene poverty directly and talks about the need to put other expenses ahead of hygiene items:

> …there has been days where we weren't able to afford the likes of even shampoo and I had to wash my hair with body wash. Sometimes I had to wash my hair with dish

> soap. There was a time we were struggling with nappies, so we had to ask Vincents' for help and we had to go - sometimes we have to go to food banks to get a little bit of extra help because on the day that we get paid and by the time we pay our bills and get a bit of shopping in…

Here Cathleen illustrates the stark reality of hygiene poverty. For Cathleen, hygiene poverty can be about not being able to afford shampoo, having to rely on charity and having to wash her hair with dish soap. While the impact of hygiene poverty is clear in Cathleen's example, the factor leading to it clearly devolves on insufficient monetary resources. Cathleen, a mother of two, also spoke about putting the needs of children first and this was commonly observed across the group.

PUTTING CHILDREN FIRST

There was general agreement in the group that based on their own experiences and through what they have observed of those in their communities, there is tendency for parents to put the needs of children above their own needs and this resonates with other research on how low-income groups manage day-today (Daly and Leonard, 2002). Earlier, we saw that Gary, a father of two, spoke about effectively putting the needs of his family ahead of his own 'personally me I would leave myself to last. It would be like, I won't go and get razors, shave, or - I just make sure my family is provided for first and then I can think about myself if there is money at the end of the week'. There was also an acknowledgement within the group of the impact that the struggle to keep children clean could have:

> My biggest thing now at the moment is the likes of the bills, like the gas and stuff. Like there's days I had to have cold showers, there was days I couldn't wash me or me children.

In the above excerpt, Cathleen talks first about the expense of bills before noting that because of this, there have been days where she has had to take cold showers or has been unable to wash both herself and her children. This excerpt from Cathleen speaks to the nuances of hygiene poverty while showing how it can be caught up with other aspects of poverty. Cathleen is driven toward hygiene poverty in part because of the expense of other bills. Hygiene poverty in this instance is not about being unable to afford hygiene related products, it is as simple yet as devastating as being unable to wash with warm water.

Having explored the testimony of focus group B with respect to factors that can lead to hygiene poverty, in the next section the impacts of experiences of hygiene poverty will be explored.

THE IMPACTS OF HYGIENE POVERTY

There were clearly many factors leading to experiences of hygiene poverty for those who took part in focus group B. The experiences of hygiene poverty recounted by the group, both direct and observed, were equally complex and took in both deeply personal impacts and impacts that were couched in social textures. Moreover, the impacts of hygiene poverty as described by the group were numerous and cut across many areas of their lives.

COMPROMISES, SACRIFICES AND WORKAROUNDS

Because of the budgetary constraints faced by those who took part in focus group B, it was often necessary to find 'workarounds' or ways of saving money or avoiding costs. Gerard for example talks about using the occasion of having a shower to also wash his clothes:

> So as you're washing yourself you're washing your clothes in the shower…I've had to do that…I'd get in the shower with me socks, with me jocks, with me t-shirt, have a wash, shower and I'd be washing the clothes and I'd then be taking them off me after washing them, so I'm making - I'm availing of the shower and the opportunity to wash my clothes at the same time.

What Gerard describes is something the most people would arguably find difficult to contemplate, yet the reality of experiencing poverty for Gerard meant looking for methods of saving his limited resources creatively. Workarounds like this, designed to save money while still maintaining basic hygiene, were common for the group. Washing clothes in general was something that members of the group found challenging with respect to the costs associated with maintaining clean clothing for themselves and family members:

> Like even again the likes of washing clothes, I've often had to go like a week or two without getting me own clothes washed because I'd have to wash the kids' clothes first…So we could be wearing say the same clothes for three days before we get a

> chance to change our clothes, you know what I mean? There's times where we've had to wash socks and underwear in the sink like.

This last excerpt from Cathleen gives a clear example of the difficulties associated with washing clothes and also speaks to the need to make sacrifices by washing children's clothes first. Cathleen talks about going for periods of time that most people would find unacceptable without being able to wash clothes and resorting to hand-washing socks and underwear. This speaks to the lived reality of experiencing poverty in an overall sense yet within this example from Cathleen, a form of deprivation, that devolves on aspects of hygiene, surfaces and is rendered in stark terms. There was also a sense from the group that a consciousness of costs in general and as a backdrop, formed part of their day-to-day lived experiences and this foreshadows the testimony of the interview participants further on. Demonstrating this, though he may be unsure of the specifics, Gary talks about the possibility of availing of a night meter and putting on the washing when the tariff for doing so is low:

> …hygiene poverty would be - it makes you more aware of time cause like there's certain - there's certain times where you can use a washing machine that, it wouldn't cost as much as like if you used it during the day. Like say past six o'clock is the cheapest.

The consciousness of cost and practice of being thrifty was something that Gerard also mentioned in numerous contexts and included letting his beard grow to avoid buying expensive razors alongside looking for low-cost alternatives in supermarkets and bargain bins. In turn, this speaks to the reality of living a precarious existence and one in which clocks are set to when basic utilities are cheapest, and purchases must be made with care and forethought.

IMPACTS ON CHILDREN

Some of the group also noted the effects that hygiene poverty could potentially have on children:

> I think it's starting to play a lot as well on the kids, especially the kids that are you know above the age of five and they're aware and they're queuing up at these food banks with their parents and they're wondering 'Why are we standing here looking for food? Why aren't we in a shopping market and doing shopping like normal people?' and then it comes to school, kids' parents sometimes can't afford lunches for

> them, the kids get slagged and bullied over what they're eating, if their uniform is not cleaned they get bullied…

This observation from Cathleen paints a picture of the complexity of poverty in children's lives in general. Poverty can clearly place children in spaces, such as foodbanks, which fall outside the realm of common experience. Cathleen also suggests that children above a certain age can be very conscious of differences they perceive between themselves and their peers. She further notes that both food poverty with respect to school lunches, and hygiene poverty in the context of uniforms which may not be cleaned, can have a very real effect on how children and young people are treated and received by their peers thus echoing observations from focus group A. Moreover, the effect on parents of not being able to provide the basics for their children can also be devastating as noted by Gerard:

> I've lost a couple of friends in the last couple of years due to suicide. Some of these were so strong, characters, that I just couldn't believe it. I was just blown away. And it was down to all this sort of stuff, you know? They couldn't afford to just even give the children basics…

Gerard looks outward here and offers an observation based on what he has witnessed in his community. The reality of not being able to provide the basics and the consequences that this can have on the internal wellbeing of persons is illustrated by Gerard in a way that speaks to the human cost of poverty.

WITHDRAWING FROM THE SOCIAL

An observation which came most strongly from the women in the focus groups B was a tendency to withdraw from social contexts because of issues with hygiene poverty or not being able to afford personal items. For example, Lily talks about cutting back and putting family and bills before other expenses:

> …women in like poverty hygiene, had to cut back. So like say if there was an event coming up, they can't get their nails done, they can't get their hair done, their make-up, whatever they need done…Buy a new outfit or whatever, new shoes or whatever. We can't because our bills and our family come before us.

Lily talks here about the reality of living on a low income and of what this can mean in terms of making decisions about what is and isn't affordable. Lily, who needs to have her feet treated frequently for medical reasons also spoke about how this was difficult to afford even

with state assistance in the form of a medical card which doesn't always cover all of the costs:

> …he was charging people €25 on top of a medical card just to get your feet cut. Like I had to go over a year without getting my feet done.

For Lily here, it is clear that a cosmetic treatment, which might otherwise be seen as superfluous, is essential, yet the prospect of going over a year without having her feet treated is part of her lived reality. Like Lily, Cathleen also spoke about the withdrawal from social contexts because of an inability to afford cosmetic items. Cathleen spoke about being someone who has worn make-up since she was old enough to do so and of how it forms an essential component of her identity. Because of this, makeup is something she is not comfortable without:

> Like I wear makeup - I grow up wearing makeup, it's kind of like a mask to me cause I'm a very pale person as it is and there was days that I couldn't afford make up …So what I used to have to do was I'd refuse to leave the house with no make-up on…

Not being able to afford make-up in the context of competing expenses has had a very real and tangible impact on Cathleen causing her to refuse to leave the house on occasions where she can't afford it. On the surface, not being able to afford makeup may seem like relatively minor thing, yet, for Cathleen, this clearly isn't the case and not feeling able to leave the house due to not being able to afford something she sees as essential has undoubtedly had real and tangible negative effects on her in the context of her mental health which was also something Cathleen also touched on.

OTHER DISCRETE IMPACTS OF HYGIENE POVERTY

There were many other observations by the group that while not common to all, are nonetheless worth noting. For example, Gerard, looking outward, spoke about the impact of hygiene poverty when trying to secure employment:

> I know people that want to go to job interviews, but they can't. 'I'm in the same clothes from last week and I haven't washed in' - you know that way?

In this example from Gerard, the reality of trying to secure employment while not being able to wash clothes before attending a job interview surfaces another factor of poverty in the context of hygiene deprivation and echoes testimony given in focus group A. Frankie, as

someone who had experienced homelessness talked about the reality of being on the street and having nowhere to adequately meet personal hygiene needs:

> …I used to sweat a lot…but when I was on the streets I couldn't [wash myself] because I was afraid to go into Brother Luke's[16] in case a knife went through the back. Some places you're scared to go in and clean yourself up, you know…

The harsh realities of living on the street and needing support are made clear here by Frankie. Yet, the ability to maintain personal hygiene may not be what immediately springs to mind when it comes to experiences of homelessness. However, for Frankie, this was a real feature of his lived experience and so Frankie's example surfaces yet another texture of hygiene poverty. This was something that Gerard also touched on specifically:

> …people are not having access to showers, chance to change underwear, toothbrush - it sounds so simple - shampoos, cleaning their clothes, having to carry their clothes all day in a bag - the rain hits the bag, they're soaking wet - or they're having to hide it in the park cause they don't want to carry it around all day, so they're getting dirty, their clothes become dirty and smelly and people view them as dirty, smelly, that they don't have access to so many parts of society, they're excluded…

Here Gerard describes the reality of the challenges for people experiencing homelessness in the context of hygiene poverty and the social exclusion that this ultimately leads to. This extreme type of poverty as described by Gerard and Frankie is likely to arouse a visceral response in most people who encounter it, it is something that most people are likely to view as inhumane and inherently wrong. Deepening our understanding, based on the testimony given by Frankie and Gerard, hygiene poverty and hygiene deprivation are clearly a core feature of the indignity of homelessness.

AWARENESS OF HYGIENE POVERTY AS A SOCIAL ISSUE

At the conclusion of focus group B, a final area that the researcher's asked the group to address was awareness of hygiene poverty as a social issue. There was general agreement that hygiene poverty was a hidden facet of the lived experiences of poverty and the group's response to this prompt was to consider ways that it might be possible to raise awareness. Gerard suggested that getting a high-profile celebrity to highlight hygiene poverty as a

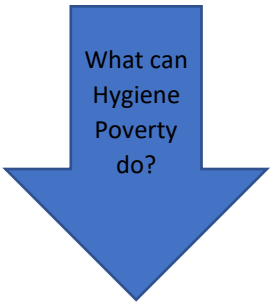
[16] The Capuchin Day Centre, informally known as Brother Lukes, is charity in Dublin which provides services to people experiencing homelessness, food poverty and other difficulties associated with poverty. See: https://www.capuchindaycentre.ie/Capuchin_Day_Centre_2013/Capuchin_Day_Centre_-_Services.html

distinct social issue could be worth pursuing in terms of raising the profile of the issue. This idea was well received by the group and Lily suggested that potentially getting an elected representative to get involved in a campaign to raise the profile of hygiene poverty might also work. Cathleen suggested that social media could be utilised as this is likely to attract a large and varied audience.

This concludes the section covering focus groups. Headline findings from this section of the report are illustrated in **Box 1.**

Box 1. Focus group findings

Factors leading to hygiene poverty	Impacts of hygiene poverty
Insufficient income generally.	Limits resources leading to difficult choices in which hygiene related items are often placed at the bottom of a list of priorities.
Insufficient welfare or benefit payments.	Fosters precarity and leads to difficult choices in which hygiene related items are often placed at the bottom of a list of priorities or are altogether unaffordable.
Cost of living crisis.	Has exacerbated already existing hardship, affects a range of cohorts but is likely to be disproportionately felt by those from lower socioeconomic backgrounds with already limited resources leading to difficult choices in which hygiene related items are often placed at the bottom of a list of priorities.
Lack of awareness of hygiene deprivation as an aspect of poverty.	Can lead to feelings of shame, stigma and to experiences of being stigmatised.



Affect mental health and self-esteem
Lead to experiences of shame and stigma
Diminish opportunities for social interactions
Affect educational experiences and opportunities
Affect employment experiences and opportunities

INTERVIEW CASE STUDIES

In this section of the report, four interview case studies are presented. Each is presented separately, and the specific biographical details of each participant are given at the outset to ground the reporting. The purpose of this section is to further elucidate and get closer to the lived realities of hygiene poverty. This section also has the effect of further grounding the survey data as many of the same themes are present and rendered in fine detail. By tracking the circumstances and experiences of four separate individuals, a fine grained and intimate picture of how hygiene poverty is experienced is offered in each case and this serves to demonstrate the complexities of hygiene poverty as something which can have very particular effects depending on individual circumstances. In this respect, there is something unique in each set of circumstances and this has the effect of deepening and enriching an understanding of how hygiene poverty is experienced. Over the remainder of this section, each individual is introduced, and their details are presented in both narrative and visual form highlighting key biographical details. From here, the factors that have led to experiences of hygiene poverty and the impacts that these experiences have had for each individual are reported[17]. Excerpts from the interviews are used to illustrate key points and are presented verbatim for authenticity. Each case study concludes with a box that illustrates key factors and impacts in visual form.

AN INTERVIEW WITH GRACE

Grace is a mother of two children one of whom is of school going age and one aged under five. Grace's age is bracketed in the 25-35 range. She is single, unemployed and receives a social welfare payment in the form of One Parent Family Payment. Grace receives no other formal support. Grace lives in area of Dublin city that would be considered severely disadvantaged in terms of socioeconomic deprivation[18]. Grace suffers from Polycystic Ovary Syndrome[19] (PCOS) and this is of particular relevance to her experience of hygiene poverty as Grace experiences irregular and prolonged menstrual periods sometimes resulting in intense personal hygiene needs. With respect to tenure status, Grace lives in socially provided rented accommodation.

[17] Note that some minor details have been deliberately changed or otherwise obscured by the researchers to avoid participants potentially being identified.
[18] Socioeconomic deprivation using Census figures and as measured by a mix of factors including age, dependency ratio, lone parent ratio, proportion of population with primary education only, proportion of population with third level education, proportion of people renting local authority accommodation and unemployment rates. See https://maps.pobal.ie/
[19] Polycystic ovary syndrome is a condition where women can have few, unusual or very long periods.

Name	Grace
Age	25-35
No of children under 18	Two
Civil status	Single
Employment status	Unemployed
Receiving a welfare payment	Yes. One Parent Family Payment.
Tenure status	Socially provided rented accommodation
Additional, relevant, biographical details	Grace lives in a severely disadvantaged area of Dublin city. Grace suffers from PCOS.

FACTORS LEADING TO HYGIENE POVERTY FOR GRACE

The factors leading to experiences of hygiene poverty for Grace were varied and echo, in part, the testimony given by those who took part in focus group B so that, for example, Grace was aware that the level of her social welfare payment (One Parent Family Payment) was often insufficient in terms of allowing her to meet her and her children's overall needs. In this respect, Grace spoke about experiencing pinch points in the year such as Christmas and Easter and ongoing costs through things like school expenses. She also spoke about being very conscious of costs in general and of tailoring her behaviour because of this, for example, drip drying as opposed to blow drying her hair to save on electricity. However, what is most striking in Grace's testimony is a set of deeply personal circumstances which have led to her experiencing hygiene poverty as a feature of her general experience of poverty. Moreover, Grace does not locate these experiences in a discrete cost of living crisis, rather her experiences of poverty and of hygiene related poverty are and have been an ongoing aspect of her life experience generally. In the first instance, Grace talks about difficult personal circumstances and about struggling through these alone:

> I'd other things going on with my ex-partner - we're finished to, ten/eleven years since we, you know, we never parented together, we were together as teenagers and then split up when I had me son…Anyway, he was going through his issues with

> whatever was going on in with him, which was affecting my son, which was affecting me - time and money and everything else…

Against this backdrop of difficult personal circumstances which see Grace parenting her two children alone and without any formal material or financial support aside from what she receives via state welfare, Grace also spoke about how struggling to cope affected her mental health and her view of herself generally and as a mother. On mental health specifically, Grace spoke about how poor mental health or experiences of depression can lead people, and has led Grace in the past, to make decisions affecting personal hygiene:

> …so your mental health then, so then you kind of, it's nearly kind of like, do you know people that have depression or something, you're like 'Oh I don't need this extra shower today because I have to pay two euro on the electric and I've the shower gel and then I've to dry my hair…

In the previous excerpt, Grace speaks about making difficult choices in the context of being price conscious, specifically not showering due to the cost of electricity. However, she insightfully relates this specifically to depression and suggests that people experiencing depression are perhaps more inclined to let aspects of personal hygiene go. What Grace is suggesting then is that good mental health can be needed to maintain good personal hygiene and that where someone is mired in a consistent struggle of just trying to survive, the former is likely to suffer, and this can in turn affect the latter. The cycle as described by Grace suggests that struggling to survive on limited resources can lead to poor mental health which in turn can lead to poor personal hygiene practices which further exacerbate mental health which can have numerous and far-reaching implications. This nuanced set of observations by Grace are more powerful for being couched in her own lived experience. Grace consolidates these observations by noting that when she began to address her own mental health and started to feel better as a result, was also when she began to do better generally with respect to managing aspects of her day-to-day life:

> …yeah so I think that once your mental health is ok it's easier to kind of cope…and manage.

Grace also spoke about how she has sometimes seen herself as a person and as a mother, along with how she has felt she would be perceived by others and this also led directly to experiences of exacerbated hardship and of hygiene poverty by preventing her from looking for help:

> I'm doing everything wrong. Oh my God I can't keep up with my bills. Oh my electric is gone now again. I've no food. I'm not going in there to tell another mother I can't feed my kids, I can't buy pads, I can't do this. It's embarrassing.

In the previous excerpt, Grace talks about the struggle of laying herself bare and potentially submitting to the judgment of another or others as part of what is needed in order to seek help. She describes what it potentially feels like to ask for help when things are difficult and what this, in effect, means admitting to 'I'm doing everything wrong'. Grace specifically mentions how having a conversation with another mother tempers her decision on whether or not to ask for help before noting the potential for embarrassment and shame. For Grace, this has meant not asking for help even in instances where she has badly needed it. Moreover, this has meant that though help and resources have been available, Grace has often left these unclaimed either because of a fear of judgment or because she has felt undeserving of the help.

While these indirect routes formed a key component of the factors that led Grace to experience hygiene poverty, there were also much more direct factors and these, again, echo both the collective insights of focus group A and the biographical testimony of those in focus groups B as well as bearing out many of the survey findings. For Grace, this effectively came down to making choices about what to spend her limited income on and, also reflective of the limited literature on the topic, hygiene and the ability to maintain a clean environment were often placed at the bottom of an inverted hierarchy of needs. Placing personal hygiene items in-particular at the bottom of a hierarchy of needs was further exacerbated by the fact that Grace feels that people generally perceive personal hygiene items as a luxury and perhaps not something someone on limited income should concern themselves with:

> …like you wouldn't buy deodorant; you wouldn't buy moisturiser or like the extra little bits…It was nearly a luxury for me, for a long time, it was nearly like this is where - so I have, 'This is for my shopping, this is for my gas, electric, this is for my toiletries…this is for the kids', and it's like 'Right, I need to cut take - I need to cut back on something this week, I'll have to cut back on my stuff'…

In the previous excerpt, Grace describes how personal hygiene items, things like deodorant and moisturiser, sat at the bottom of a hierarchy of need, taking on the status of luxuries and were the first things to go when things got difficult. This is further complicated by the fact that Grace not only feels that others see personal hygiene and personal care products as

luxuries, she also at least partly subscribes to this view herself. Yet, there are aspects of Grace's experience where her personal needs could not easily be dispensed with. Grace suffers with PCOS and this can have unpredictable consequences for her:

> So, I have PCOS…So it means that you've irregular periods. So I could bleed for six weeks…So it costs - it probably costs me more than someone that doesn't have PCOS, that's buying one packet [of pads] a month to four five or six or seven, depending on if I have ruptured cysts…

Having PCOS has a had very real and material effect for Grace. The unpredictable nature of the syndrome can sometimes lead to higher levels of personal hygiene requirements, and these come at a considerable cost:

> …like obviously when you've PCOS , or if you've something else going on that causes [excessive or prolonged bleeding], you've double the amount of showers, amount of washes, sheets washing, washing detergent, bleach…

The consequences of having PCOS for Grace means increased personal hygiene needs that she can't simply turn off or place at the bottom of a hierarchy, these are needs that have to be met and that are vital to her functioning and wellbeing. Ultimately, because of her limited resources this has forced Grace to make choices that impact on other areas of her life:

> …that would have really frustrated me in my experience cause I think that, I don't know, I nearly would have used to think like 'If I didn't have this I could actually manage, I could actually buy a bottle of foundation or make up or -', do you know like little things like that.

Here Grace makes plain the real material effects of having PCOS and the intense personal hygiene needs that result from this. She notes her frustration and describes how if she didn't have to grapple with PCOS, she could perhaps afford other personal care items. However, a combination of limited resources and the expense of managing PCOS means that Grace has to make cuts in other areas, and this often means denying herself items that she would like to have access to but can't ultimately afford.

IMPACTS OF HYGIENE POVERTY FOR GRACE

The impacts of experiencing hygiene poverty for Grace effectively mirror the factors that have led to these experiences and devolve, in the main, on being extremely conscious of cost

and making difficult decisions about what to spend her limited resources on. This has resulted in a very precarious, day-to-day existence for Grace:

> But usually, normally, day to day it's one wash a day and stuff like that. So I do, I nearly, I feel like I'm on kind of rations. But that's how I manage.

This clearly speaks to Grace's broader experience of poverty and hardship, but it does also impact directly on hygiene related needs and in the above excerpt, though speaking generally, Grace does signal limiting or 'rationing' her use of the washing machine. While eking out a daily existence on extremely limited resources and remaining vigilant with respect to the costs and expenses may seem mundane or innocuous, the reality for Grace is that it has a tangible impact:

> But yeah so I feel like that's what it's like, it's nearly like you live week to week and then that's really like, I can't explain it but yeah you kind of, it's nearly like there's no hope or something at certain points.

Here Grace struggles to get under the skin of what a precarious, day-to-day, existence can feel like before ultimately suggesting that at certain points, the grinding nature of hardship and precarity can make it feel like there is no hope. Within this ongoing and often intensely difficult set of circumstances, aspects of Grace's experience intersect with the difficult reality of maintaining personal and household hygiene on limited resources. In fact, for Grace, hygiene related needs loom extremely large in that, as has been seen, they are always the first things to go where this is possible:

> So basically like that, not being able to buy the shower gels or the shampoos or more things like that. They'd be the first things that I'd cut back in out of me kind of grocery shopping and things like that. So that's what it means. Or things like pads and stuff like that as well.

The previous excerpt from Grace effectively captures what hygiene poverty means to her and what the impact of it is. The meaning of hygiene poverty for Grace is not being able to afford to buy what many would see as basics, 'the shower gels or the shampoos' these are effectively the first thing to go when things get tight and when resources are limited. The impact of this is that Graces faces a reality in which she has to do without these items, in which she has to forgo basic hygiene items in favour of other necessaries. Within this, Grace

still struggles and finds ways to maintain personal hygiene denoting that it is something she is keenly aware of:

> So I wash my hair - after the two of them are in the shower, I get them dried and hop in and I just tied my hair up then. I don't use my drier, my straightener, or anything.

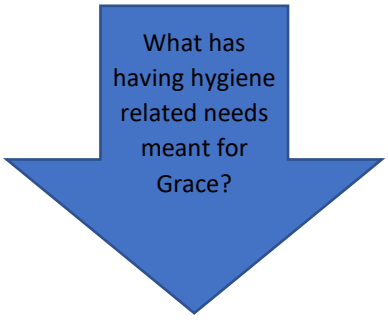
Here Grace talks about managing shower time at home as effectively and efficiently as possible. A further strategy that Grace spoke about employing in order to try maintain personal and household hygiene in the face of limited resources is thrifty purchases and bargain hunting and this again speaks to grinding precarity and day-to-day living. Ultimately however, when thrift and efficiencies fail, Grace has found herself needing to ask for help through charitable provision something which, as noted earlier, she has in the past found difficult to do:

> …so I always struggled, but I just thought everyone always struggled…you don't just kind of…ask for something. But then I felt like I was going to have a nervous breakdown and I was like 'I need to reach out to somewhere…

Ultimately Grace found herself reaching out for help to St Vincent de Paul and to her local Family Resource Centre where she has received significant support. While the kinds of support she has needed has varied, in many instances she has required help with personal hygiene and household cleaning items, the very things she has placed at the bottom of her hierarchy and that her limited resources often just can't be stretched enough to afford. For Grace then, a real impact of having hygiene related needs is having to go beyond the state and effectively trying to have these needs met via the charitable sector.

Box 2. Case study interview with Grace

Factors leading to hygiene poverty	Impacts of hygiene poverty
Insufficient income generally.	Grace has a low level of income, and this causes to her to have to make difficult choices often forgoing personal hygiene items as a result.
Insufficient welfare or benefit payments.	Grace receives One Parent Family Payment and this is often not sufficient enough to meet the needs of Grace and her children. In turn, this has meant Grace has had to rely on charitable provision for access to personal hygiene and household cleaning items.
Poor mental health.	Grace has noted how poor mental health can lead to poor personal hygiene and how this can in turn exacerbate poor mental health.
PCOS.	Grace suffers from PCOS and this has the effect of increasing her personal hygiene needs.
Cost of living crisis.	This has exacerbated already existing hardship, although Grace had been experiencing considerable hardship prior to the onset of the current cost of living crisis.



Has created a hierarchy of need wherein hygiene items and personal hygiene items in particular are placed at the bottom.
Has led her to make difficult choices about what she can afford to purchase and what she does without.
Has caused her to seek help from charities where her own resources are not sufficient.
Has affected her mental health and self-esteem.

AN INTERVIEW WITH FIONA

Fiona is a mother of three children all of whom are aged under eighteen. Fiona's age is bracketed in the 35-45 range. She is married and describes herself as a homemaker. Her husband works two jobs, and this is responsible for the larger share in household income. Two of Fiona's children are neurodivergent and have special needs and this is relevant in the context of hygiene poverty because of the children's requirements and the expense associated with these. Fiona receives Carer's Allowance and Domiciliary Care Allowance with respect to two of her children. Fiona lives in a townland in the Leinster region. With respect to tenure status, Fiona lives in privately provided rented accommodation.

Name	Fiona
Age	35-45
No of children under 18	Three
Civil status	Married
Employment status	Homemaker
Receiving a welfare payment	Yes. Carer's Allowance and Domiciliary Care Allowance.
Tenure status	Privately rented accommodation
Additional, relevant, biographical details	Fiona lives in a large town in the Leinster region and two of her children have special needs.

FACTORS LEADING TO HYGIENE POVERTY FOR FIONA

There are areas in which the factors leading to hygiene poverty for Fiona echo those mentioned by the participants of focus group B and by Grace in the previous case study. For example, Fiona mentions pinch points in the year such as birthdays and Christmas and also talks about the inadequacy of the welfare payments she receives. However, there are also key biographical differences, and these are reflected in Fiona's experiences. Fiona does receive a form of welfare payment which functions to allow her to care for her children with special needs. However, this is not her household's only strand of income and she has indicated that her husband works two jobs. The state assistance that Fiona receives is something that she therefore describes as a 'great help' as opposed to something she is fully reliant on. Fiona lives in a townland location and not in an area that would be considered disadvantaged.

Ostensibly, Fiona appears to be materially better off than someone with a profile like that of Grace yet recent economic conditions have meant that for Fiona and her family, the increase in the cost of living has had a real and biting effect and, just like Grace, personal hygiene and household cleaning items have often ended up at the bottom of a hierarchy of need in favour of other necessaries. For Fiona this increased level of hardship has come most notably in the last year and particularly in the period after the COVID-19 pandemic and she sums this situation up in the following terms:

> You know I was able to - two years ago - I was able to save money - fifty to a hundred euro a week and put it away. I can't do that right now and I'm kind of - I'm really shocked, I'm like 'I - 'I can't save. I'm really struggling to save'. I'm struggling sometimes –

This strongly suggests that for Fiona, increases in the cost of living have effectively wiped out much of her family's disposable income. This in turn has had a knock-on effect for her day-to-day lived reality. Much like Grace, changes in what she can and can't potentially afford have caused Fiona to become much more price conscious and thrifty and has even led her to change her approach to household cleaning products:

> Yeah, cleaning products and that like…I stopped buying a lot of them - went back to baking soda and vinegar for as much of it as I could because they've just gone ridiculously expensive as well and like I said then as well, going to four different supermarkets to try and get the best deals…

Here Fiona talks about moving away from purchasing household cleaning products in favour of home-made alternatives and this foreshadows the testimony of Ryan who we will hear from further on. What is also clear is that Fiona has to do this because of the expense and potential unaffordability of household cleaning products. She also talks about shopping around to get the best deals. This conjures the same sense of precarity and day-to-day living that was evident in Grace's testimony though perhaps not as sharply pronounced. While the cost of living crisis and the general cost of household and personal hygiene items were certainly factors in Fiona's experiences of hygiene poverty, the most striking component of her testimony was undoubtedly in relation to the costs associated with her two special needs children. In setting out the context for the challenges that Fiona's family can face she shared the following:

> I have two kids on the spectrum. They have different needs. My oldest…has dyspraxia and hypermobility as well so he needs leg braces and stuff. So they, with their different things and their speech and language therapy, there is a lot of different things that they have to come before, food and that as well, you know, so they can survive in this world and understand this world - the neurotypical world - do you know that kind of way? So that would have a big factor.

In the previous excerpt from Fiona, she lays out in stark detail the challenges that parents with neurodivergent, and special needs children can face. With respect to the material effects that this can have she goes so far as to say that the various services her two special needs children require, services to help them survive in and understand the world, come even before food. This offers an insight into the often-hidden sacrifices that families such as Fiona's have to make. Yet there are perhaps even more deeply hidden and therefore difficult to surface sacrifices and these connect to essential personal hygiene needs. For example, one of Fiona's special needs children suffers from severe eczema:

> …like his body cream is fifteen/sixteen euro and I could go through a tub of that within a week because there's only one that he can use - it's unfragranced and that. He has eczema, so he has to have on four times a day and then he has a steroid cream has to be mixed with it cause the steroid cream is really abrasive, so - and that can only be put on the exact spots where this eczema is, otherwise he can't sleep because he's scratching all night…

Here Fiona describes the reality of what it means to have a child with a condition like eczema in a severe form. Moreover, she gets across the expense of treating and ameliorating the condition. Sticking with this topic, Fiona also describes how this greatly limits the personal care products that are suitable for use on her child's skin:

> Then I need to use the Aveeno unscented baby body wash. I can't use any of the Doves or any of the ones that say that they're lovely and soft and kind and gentle. If there's a hint of fragrance in it, he'll have an allergic reaction…So I've to be really careful what I put on his skin and like that, washing powders and stuff. I've been using Fairy for a long time cause it's the only thing and I'm terrified to move away from it.

Fiona describes the very specific and individual needs of one of her children here. Yet these are clearly hygiene related needs also. Fiona describes effectively being 'locked in' to

purchasing particular brands of hygiene products regardless of the expense associated with the brand. Given that she has to do this continually and with limited disposable income, this illustrates a real challenge in the context of hygiene related needs.

IMPACTS OF HYGIENE POVERTY FOR FIONA

The impacts of hygiene poverty and hygiene related expenses more broadly were varied for Fiona and were often deeply personal. In a general sense, a consciousness of cost in the context of limited disposable income has had direct behavioural impacts on Fiona, effectively curating where she goes and even how she chooses to pay for things:

> So yeah, I probably shop between four different supermarkets, so I - part of me feels like I'm wasting petrol going around but the other part is going 'No I actually have a little bit more in my pocket than I did have'. I stopped using my bank account as much. I actually use more - I take cash out, so I know exactly what I have in my hand because using the bank card you're kind of just tapping away and then you kind of have to re-evaluate at the end of the week…Hygiene products that, you know, your Colgate was always €2 in ALDI, it's now nearly four - three something.

Fiona talks here about saving money by shopping around and this is perhaps standard for people on limited income or with limited disposable income. Interestingly, one tactic Fiona has deployed to help manage her finances involves a move away from using her bank card and towards cash; something which is becoming increasingly challenging for people due to the proliferation of card only outlets. Fiona also specifically denotes an awareness of the increasing prices of hygiene items, focusing in particular on branded toothpaste. In some respects, focusing on a particular brand may seem overly fussy but when one considers the very specific needs of two of Fiona's children, both of whom have intense sensory issues, focusing on a specific brand may be entirely necessary in Fiona's case. Like Grace and like others from focus group B, one of the main ways in which Fiona was affected in the context of hygiene related needs was through the difficult choices she was continually faced with. These could be choices through which the whole household was affected, or they could be deeply personal. In the following excerpt, Fiona illustrates the day-to-day challenges that can come when finances are stretched, and disposable income is limited:

> Yeah, a lot of it is 'Shit, when's the next bill coming in? Have I enough to cover it?', you know, 'This person needs shoes, I need to - I can't do them for another month,

> what am I going to do?' Do you know that kind of way? Going to charity stores, which is fine but it's, then he's allergic to everything. I don't know what way they've washed it, I'll have to rewash it. That's just more time and energy, do you know that kind of way?

Here Fiona not only describes the real financial pressures that can characterise her day-to-day life and the decisions that have to be made as a result, she also illustrates just how stressful managing in this way can be. This again conjures a sense of precarity that comes with day-to-day or week-to-week living. Yet for Fiona, there were impacts in the context of choices and expenses that were very personal to her and these are directly connected to aspects of her womanhood and to personal hygiene needs:

> For myself, from my own personal point of view as a woman, I found sanitary products had gone incredibly expensive. I considered getting a cup, but I've too many kids, I don't have time to go in and fiddle with things in the bathroom, do you know that kind of way?

Fiona notes the expense of period products and even talks about a potential workaround in the form of a menstrual cup before noting that with three children and a busy lifestyle, this wouldn't be practical. However, this area of her life has not just been something she has worried about and stressed over in the abstract, it has had a real and tangible effect beyond this:

> So it's kind of, yeah, sanitary products were a big like 'Oh my God what - '. I would be slightly embarrassed to say that I probably left them on longer than I should have for not being able to afford to get another packet and hoping to God that my period stopped so I didn't have to buy another packet because the kids needed something or we needed oil or we needed something else…

This raw and powerful testimony from Fiona illustrates in very stark terms just what making decisions in the context of hygiene related needs can mean as she attempts to will her body to comply, to stop the natural process of menstruation so that she is not put in a position of needing to purchase more sanitary pads which could effectively mean needing to forgo something else. However, the struggle described by Fiona has driven further and more fundamentally life altering decisions as she attempts to get around the expenses associated with menstruation:

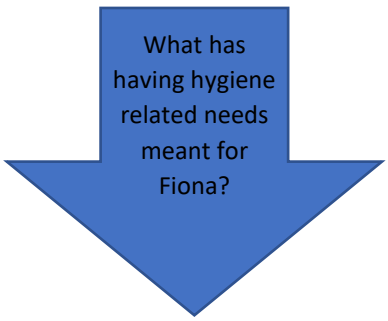
> So I ended up then - I got the coil, so I didn't have to buy sanitary products. That was one of the main reasons that I got the coil…'This could be in for five years, so this is my last baby there'. And that makes you a bit sad as a woman as well, going, you know, everybody - I don't know if everybody - but I suppose my third child was a happy accident. If I had another happy accident, I'd be perfectly fine with that. But now I'm kind of at a stage where, no, actually things are getting too expensive. I can't afford a happy accident, do you know that kind of way?

In this final excerpt from Fiona, we get an example of how the expense associated with hygiene related needs, in this case the ongoing cost of period products, feeds into decisions that are overtly and tangibly life-altering as Fiona describes her decision to access a long-acting contraceptive in the form of the 'coil'[20]. For Fiona, this has the immediate effect of cutting down on the expense of regularly buying period products and her testimony denotes that this is clearly part of the reason she made the decision. Below the surface of this decision, Fiona is keenly aware that she has very possibly ended her prospects of having further children. This is not necessarily because Fiona doesn't want more children, in fact she acknowledges that she would be fine with a 'happy accident' on an emotional level. However, ultimately, another child is something that Fiona feels she can't afford and so removing the possibility as a consequence of wishing to remove hygiene related expenses takes on a form of collateral damage for Fiona, the decision, in many ways, being made for her as she resigns herself to its necessity.

[20] The 'coil' or Intrauterine device (IUD) is a small T-shaped plastic and copper device that's put into a woman's uterus by a doctor or nurse. It releases copper to stop unwanted pregnancies and protects against pregnancy for between 5 and 10 years.

Box 3. Case study interview with Fiona

Factors leading to hygiene poverty	Impacts of hygiene poverty
Limited disposable income.	Fiona and her family have seen their disposable income reduced and this has meant that she has to make difficult choices which often affect how and what she purchases including hygiene related items.
Cost of living crisis.	The increase in the cost of living has greatly impacted on Fiona and her family and has caused her to make difficult choices which often affect how and what she purchases including hygiene related items.
Children with special needs.	Two of Fiona's three children are neurodivergent and have special needs. This has meant that Fiona often has to purchase expensive branded products.



Has led her to make difficult choices about what she can afford to purchase and what she and her family have to do without.
Has created a hierarchy of need wherein hygiene items and personal hygiene items in particular are placed at the bottom.
Has caused her to make life altering decisions such as accessing a long-lasting contraceptive to avoid the expenses associated with her menstrual cycle.
Has affected her mental health and self-esteem.

AN INTERVIEW WITH RYAN

Ryan is a father of one child aged under 18 and who has just started primary school. Ryan's age is bracketed in the 25-35 range. Ryan has a partner, is unemployed and receives a Jobseekers Allowance payment. He receives no other formal support although he does frequently attend a Family Resource Centre where he receives some additional in-kind support, including support with hygiene items and where he also engages in upskilling programmes. Ryan lives in an area of Dublin city that would be considered severely disadvantaged in terms of socioeconomic deprivation. Ryan has a keen interest in 'making or growing your own' in the rounded sense and this includes making his own household cleaning products. With respect to tenure status, Ryan lives in socially provided rented accommodation.

Name	Ryan
Age	25-35
No of children under 18	One
Civil status	Has a partner
Employment status	Unemployed
Receiving a welfare payment	Yes. Jobseeker's Allowance
Tenure status	Socially provided rented accommodation
Additional, relevant, biographical details	Ryan lives in a severely disadvantaged area of Dublin city

FACTORS LEADING TO HYGIENE POVERTY FOR RYAN

For Ryan, the factors leading to experiences of hygiene poverty and to poverty in general are something to which he has given a lot of thought. Ryan was therefore able to offer both concrete personal examples alongside much more political and economic ones. In the case of the latter, these types of explanations by Ryan were based much more on his instincts—on what he felt and feels is happening—and are strongly linked to Ryan's sense of social injustice. In this respect, Ryan has strong views and feels that injustices are being perpetrated

on the part of the government and big businesses and he links this strongly to hygiene poverty though in a somewhat disorganised way in terms of how he communicates it:

> …hygiene poverty means that the - I think it means that the government are kind of taking more of the - they're taking more of the resources that we actually need in the world and making a profit out of them instead of actually making a better life for the community in these circumstances. So instead of actually making people be afford to clean their selves and stuff, they're actually just trying to make more money off it than actual health - make the health problems actually go down and stuff like. So that's why I really think it is like.

Ryan's reasoning here may be muddled at the level of detail; however, this does not make him wrong, and his observations are couched in his lived reality which is characterised by struggle and deprivation. His thoughts on the surface may seem disorganised yet, in the end, he is talking about the distribution of resources. In a society where a small percentage of people own the vast bulk of wealth and resources, Ryan's instinct that something isn't quite right and that someone somewhere is benefiting from the unequal distribution of wealth and resources amounts to a fairly accurate summation of current political economy. Ryan is also keenly aware of the fact that the producers and sellers of hygiene products are not social enterprises involved in the distribution of goods as an act of beneficence, they are interested, ultimately, in profit:

> Like there was a lot of times I'd be going into these supermarkets and one minute they'd have Dettol there for two-fifty a bottle, but then when you walk down the aisle they'd have the same Dettol bottles there and they'd be like 'Ah a big sale, get these two for five-fifty' and you're like no - it's more of mind control than anything else because I think the government know that we need this stuff, it's a daily thing that we actually need and they know that no matter how much they put this kind of stuff up that there is a lot of people there that will actually [buy them] so the government kind of take advantage of that and say well 'We don't actually care because we know people need this toothpaste, so it doesn't matter if it's two euro or four euro, we still know the people are going to buy it, so we don't care about the people'.

In the previous excerpt, Ryan addresses the prices of hygiene and household cleaning products and suggests a role for the Government in manipulating prices. While this may be factually incorrect, Ryan's line of reasoning remains sound in other important ways. He

makes the very important and salient point that hygiene products are not optional extras, that they are essential, and that people need access to hygiene related goods on a daily basis. In this way, Ryan evokes the idea of hygiene rights as a basic component of human rights and therefore perhaps not something that should be purely at the mercy of the market. Moreover, on the basis that hygiene related goods and the ability to access these in order to maintain adequate levels of personal and household hygiene can be seen in the context of basic necessities that are commensurate with wellbeing, Ryan tacitly presents an argument that perhaps such items should be taken into consideration when measuring and accounting for deprivation. These political, social and economic insights from Ryan are all the more salient for being made in the context of his own considerable lived experiences which, as noted earlier, has been characterised by intense hardship and deprivation. By drilling down into Ryan's everyday life, it quickly becomes apparent that there are also deeply personal factors connected to Ryan's experiences of hygiene poverty. Below, for example, Ryan talks about the cost of essential items, the reality of toilet training a young child and the inadequacy of his social welfare payment:

> So like a four roll pack of toilet roll is like two-fifty in Lidl and with me and me girlfriend and a four-year-old son, which is toilet training at the moment as well, it's absolutely hectic, hectic because he's just pissing his pants all of the time, pooing all over the place, so you're just going through the toilet roll like there's no tomorrow and you just constantly forget like how much toilet roll is, so like when you're only on a certain amount, like two-hundred euros a week on the jobseeker's, like obviously the food comes first before - the essentials - but the health essentials come after, but you have to make sure the food is there first.

Like Fiona and Grace before him, Ryan's testimony evokes a sense of precarity and day-to-day living in which tough decisions are made and resources are limited. At this particular point in Ryan's life, toilet roll is a considerable and virtually unavoidable expense. Toilet roll in general is clearly an essential household hygiene product, a health essential as Ryan describes it, yet for Ryan, who must try to make do on limited resources, toilet roll vies with food in a by now familiar hierarchy of need:

> Heating, rent all comes first before all…and then even like you need actually a lot of money comes off for like the schools' fees, like uniform, like I've spent a lot of money this month on uniforms and just getting me son into school and stuff.

Like the previous interview respondents, Ryan identifies a hierarchy of need as things like rent and heat vie for position with other essential expenses. Moreover, Ryan identifies expensive pinch points in the year such as getting a child ready for school and notes how these exacerbate already difficult circumstances. From this testimony it can be seen that alongside Ryan's views about how the distribution of resources in society leads to hygiene poverty there are deeply personal and difficult experiences. Just as Ryan thought a lot about the factors leading to hygiene poverty, he gave considerable thought to the impact that hygiene poverty can have. In Ryan's case, the impacts, on a personal level, were sizable.

IMPACTS OF HYGIENE POVERTY FOR RYAN

In the first instance, there have been some impacts of hygiene deprivation which, for Ryan, may be describable as positive even if the circumstances leading to them have not been. Ryan is a keen do it yourself/make your own enthusiast and due to the expense of household cleaning products, this interest has extended to making his own versions of these:

> So I've actually cut down on a lot of cleaning products where it's, I just think it's just a load of rubbish like there's – none of the cleaning products actually do good as stuff as actually normal remedy stuff can do if you actually learn how do these things. Like I only watch like a few 10/15 minute videos on YouTube on natural remedy things and I've actually learned that it's actually a lot more healthier with the food wise, like if you're cooking chicken and stuff, like it's a lot healthier to clean your countertops and all with like proper vinegar and lemon and certain stuff like that instead of actually using all these chemicals stuff to where like they're not actually 100% like healthy going into your body as well like. So that's why I learned a lot on that.

Influenced by what he sees as the poor quality of household cleaning products along with their expense and also influenced by what he sees as the health benefits of using homemade cleaning products, Ryan has become a self-taught producer and user of same. At this point in the interview, when talking about making his own cleaning products (Ryan also spoke about growing produce for cooking and eating) Ryan was clearly talking about something he enjoyed and got a sense of satisfaction from and so, in a perverse way, necessity driven by experiences of hygiene poverty has led Ryan to something he has subsequently become passionate about. However, while household cleaning products may be something that Ryan

can and does produce at home, personal hygiene items and essentials are not as easily replicated and so much of the impact of hygiene poverty for Ryan has fallen into this domain and is rendered starkly in his testimony as being characterised by stress, hardship and deprivation, all of which are present in the following excerpt:

> It never really stops. It's always like 'Alright, I need to get food' and then you forget about the washing and then you do the washing and then you forget about the food so it's never actually an ending circle of like a poverty run, you know what I mean? Like it's always 'I need this and I'm going to have to save on this' and it's never actually, you never come to a circumstance to where you're actually like 'Right, I'm after getting enough money to do me toilet roll for a month so I don't have to deal with that', like you never actually get to that because as soon as you try get to that, then it's just like 'I need to buy a load of new boxers for the son because he's after pooing and peeing in all them and then I have to buy a new tracksuit because he's after pooing and peeing in all them.

In this excerpt from Ryan, we get a clear picture of the reality of trying to manage with extremely limited resources. Ryan's testimony here speaks to poverty in general but there are clear hygiene related needs within this. What perhaps comes across most strongly is the grinding nature of what Ryan describes. There appears to be no reprieve or let up, as soon as once cost is met another presents itself. The stress of living continuously in these circumstances is palpable and, just as with Grace and Fiona, this affects Ryan's capacity to hope for something better:

> Yeah you never get a break. You don't ever get a break from the poverty like. So it kind of is hard but I don't think it will actually ever change…

Furthermore, for Ryan, as was seen in the testimony of the focus group B participants and in the testimony of both Grace and Fiona, the stress of living in difficult circumstances and with limited resources is underpinned both by making difficult choices between essentials and by attempts to be thrifty in order stretch resources as much as possible:

> Now, well in my experience like sometimes like you have to kind of decide whether you want to buy the washing up liquid or the gas in some weeks like. So it's more like you kind of have to balance everything out to say like 'Right, we're going to have to save up on the toothpaste this week because we need more toilet roll' because toilet roll is…more needed throughout the day than toothpaste.

Here we see Ryan talking about choosing between gas and washing up liquid, between toilet paper and toothpaste, each of which are clearly essential with some needing to be placed lower on a hierarchy of need simply because available resources won't cover everything. This need to acutely manage limited resources has made Ryan, like others, think deeply about how and what he buys and even about how he stores things like food:

> With the food as well like, so you need to kind of understand with the type of food you're eating as well, like is it the healthy food for you and will it last long and basically how to store it these days and stuff to get the most the most life out of them these days, and even storing the toothpaste and your toilet roll and all, like I've tried to bulk up on them nowadays…

This again speaks to a lived reality characterised by thrift, precarity and an underlying consciousness of needing to make the most of resources at all times. Living in this way in general has clearly been incredibly stressful for Ryan and has taken its toll on him. What he describes is managing a household day-to-day on limited income. Yet there is a deeper layer of impact apparent in Ryan's testimony, a deeply personal layer which connects directly to hygiene related needs:

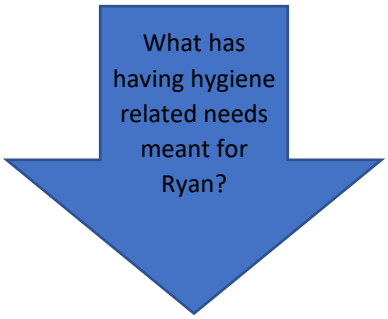
> Yeah and then at the end of it you're kind of - people are looking at you at the end, they like 'Ah here have a bit of spare Lynx and all there' and then you're like 'Bollox. After all this, I'm after forgetting to do me'…'All this work and then I'm after forgetting to take care of meself' and then I'm the one walking around like an absolutely disgrace because I'm trying to take care of the family like, do you know what I mean?

At this point in the interview, Ryan was visibly upset and needed to take a break. His testimony here is a powerful illustration of the toll that poverty and hygiene related deprivation within this, can take. Ryan puts such a degree of effort into trying to make the best of things for his family day-to-day that he forgets or is unable to meet his own basic needs. The spectres of shame and embarrassment loom large here as Ryan describes people looking at him and offering him deodorant prompting a stark realisation that he has forgotten or has been unable to take care of himself. This testimony by Ryan offers a deep insight into the potential impacts of hygiene poverty. Moreover, Ryan's testimony nuances our understanding and suggests that hygiene poverty as an aspect of poverty is not necessarily just about not being able to afford or access hygiene items, it can also arise as a result of the

toll that daily precarious living can take on a person's life. In this way, for Ryan, personal hygiene can be the last thing he thinks about and when he is confronted by the fact that he has let his personal hygiene needs go, this has stark psychological consequences and is something he finds profoundly upsetting.

Box 3. Case study interview with Ryan

Factors leading to hygiene poverty	Impacts of hygiene poverty
Limited disposable income/resources.	Ryan receives a social welfare as his primary strand of income. Because of this, Ryan struggles to meet his and his family's needs day-to-day, and this affects his ability to afford hygiene related items. This has also led Ryan to begin making his own household cleaning products and to being thrifty and price conscious.
A young child at toilet training age.	Ryan's four-year child is currently being toilet trained and this has led to higher levels of need with respect to hygiene related items including replacing soiled clothes. This stretches Ryan's already limited resources.
Forgetting about himself.	Ryan finds that he spends much of his time worrying about others and so can neglect his own personal hygiene as a result.



Has led Ryan to make difficult choices about what he can afford to purchase and what he and his family have to do without.
Has created a hierarchy of need wherein hygiene items and personal hygiene items in particular are placed at the bottom.
Has caused Ryan to neglect his own personal hygiene needs.
Has affected his mental health and self-esteem.

AN INTERVIEW WITH JANE

Jane is a mother of three children all of whom are aged under eighteen. Jane's age is bracketed in the 35-45 range. She is married and describes herself as a homemaker. Her husband works fulltime, and this is her family's primary strand of income. Jane does not receive a welfare or benefit payment. Jane lives in a large town in the Leinster region. One of Jane's children, a daughter, has complex special needs and requires a high level of care and attention in the area of personal hygiene. Moreover, her special needs daughter can only use very specific personal hygiene items which affects the rest of the family. With respect to tenure status, Jane is a homeowner.

Name	Jane
Age	35-45
No of children under 18	Three
Civil status	Married
Employment status	Homemaker
Receiving a welfare payment	No
Tenure status	Homeowner
Additional, relevant, biographical details	Jane lives in a large town in the Leinster region. Her husband works fulltime and this the primary strand of income in the household.

FACTORS LEADING TO HYGIENE POVERTY FOR JANE

The factors leading to hygiene poverty for Jane are not dissimilar to the factors leading to hygiene poverty for Grace, Fiona and Ryan and Jane's experiences of hygiene related deprivation also share many similar textures. Indeed, with Jane's interview making up the last of the case studies, much of what has characterised Jane's experiences will, by now, be familiar. On the surface, Jane's personal circumstances have much in common with Fiona's. Jane is married and has a husband who works fulltime. She has a child with complex special needs. She has been profoundly affected by the rising cost of goods and services that characterise the increase in the cost of living seen over the previous eighteen months or so. Grinding and long-term poverty has not been a continuous backdrop for Jane as it has for Grace and Ryan, and she does not live in a socioeconomically deprived area. Yet, Jane has

nevertheless experienced many of the same things as she struggles to make choices between essentials, is intensely conscious of price and is forced to live an often day-to-day, precarious existence. What is perhaps unique in Jane's case is that although she has considerable caring responsibilities with respect to her special needs daughter, her household income is such that she doesn't receive any state support. This means that her testimony effectively illustrates how households with nominally high income can experience significant material, social and psychological hardship. In describing the factors that can lead to poverty and to hygiene poverty in particular, in the first instance, Jane describes the rising cost of goods:

> I think it's just the increase on everything. It's not just that petrol is more expensive, it's, you know, the petrol's more expensive, the diesel is more expensive, the heating is more expensive, the meat is more expensive, the vegetables are more expensive. Everything has increased.

It is clear from Jane's testimony here that she is experiencing the full force of the rising costs of goods and services. As with other interview participants, this had led directly to experiences of hygiene related deprivation through the creation of a hierarchy of need within the household:

> So I think if it had just been hygiene products that would increase, you know, you'd figure it out cause everything else would reduce, but it just feels like everything is so much more expensive and hygiene products kind of feel like the lesser of the things. Like they need to eat more than they need a new toothbrush. They need - you know, I need to be able to have diesel in the car so I can get to the hospital more than we need a nice shower gel or sanitary products or whatever it may be.

Jane is clear here, the rising costs of hygiene products alone is not the problem, rather it is rising costs of household goods and services overall that have coalesced to make things difficult. For Jane, this has created a by now familiar hierarchy of need as food and fuel come before hygiene products like new toothbrushes which are characterised as 'lesser' in terms of overall needs. While the general cost of living has clearly had an impact for Jane, there are also several personal or discrete factors within her household which have also led to experiences of hygiene poverty. For example, Jane's testimony shows that hygiene poverty within a household is not necessarily evenly dispersed:

> So you, definitely as a parent, go without and it's just…we always will put our children first, but it does sometimes suck and there's days I get really angry that I

> don't have a basic moisturiser maybe or, you know, a new razor, you know things like that that are just - they seem like such a huge luxury. They go on the Christmas list in the hope that somebody else might pick them up for you. But yeah, the kids, you always make sure that they have everything they need. I have a boy that's in puberty, so he needs deodorant now and you know, he needs the shower gel and he's very aware of 'does he smell nice?' and there's a lot of pressure to make sure you're buying the things that his friends have, which is really difficult…Like myself and my husband would share a deodorant. He doesn't get a nice man's one and I don't get a nice woman's one, it's the same one for both, and you say nothing. But yeah it is, it's, as I said, it's always choices and going without.

This telling excerpt from Jane's interview offers a number of important insights into the factors that can lead to hygiene poverty. In the first instance, we can see that hygiene poverty is not always evenly dispersed within Jane's household meaning that it is possible for one or more people in the household to experience having unmet hygiene needs or having their hygiene needs met in a less than satisfactory way while others in the same household fare better. For example, Jane is conscious of her pubescent son who, in turn, is conscious of the social textures of good hygiene and so she strives to make sure he has the shower gel and deodorant he needs. Conversely, she and her husband share a deodorant in order to reduce outgoings. Moreover, Jane describes going without a fresh razor or decent moisturiser in order to put children first and make sure they have everything they need. Personal hygiene products ultimately take on the status of luxuries and are placed on the Christmas wish list. Having evoked Christmas, Jane also identifies pinch points in the calendar year as needing to be carefully managed, particularly when it comes to the expectations of children:

> I've been very realistic with my kids - they ask for three things and Santy does its best and that's all we can ask for. But of course, as a mother you're like 'We'll just get an extra little thing' or you want to throw something else in or whatever, but you're constantly planning. You always have to be one step ahead, at all times. Like at the minute now it's all about the budget.

This carefully planned, intensely budget conscious way of living characterised much of Jane's daily life as she spoke about weighing up the costs of traveling to purchase cheaper goods from discount retailers versus the price of the fuel it would take to get there. Perhaps the biggest budgetary strain for Jane however, and one with clear implications in the context

of essential hygiene needs, are the costs associated with caring for her special needs daughter, costs for which she receives no formal state support:

> …I have a daughter with additional needs, and she needs incontinence pads and things like that and they're not funded for me. So, in order for me to ensure I have them - I've had to use puppy pads, I've had to use potty training pads for her in the bed and these things really, like they affect her massively. She's already hugely embarrassed by the fact that she uses a catheter and yet I feel like I'm failing her by not giving her equipment that she needs and has a right to have. It's been really difficult.

This testimony from Jane in which she describes her daughter's needs is devastating and powerful in equal measure and speaks to the impact of striving to meet the hygiene and bodily related needs of a child with very specific requirements in the face of limited resources and no additional help. Jane describes making compromises by having to use alternatives for her daughter who needs incontinence pads. Moreover, she talks about the impact that this has on her daughter. While it is clear that, on the surface, stretched resources is the factor leading to the experience of a difficulty in meeting the hygiene needs of her daughter, Jane also alludes to rights and to what it means when the rights of someone to have their bodily and hygiene needs met are left unfulfilled. In this way, Jane tacitly suggests that access to the things needed to meet basic bodily and hygiene needs are indeed rights and should be thought of as such. Accessing these rights though, has not been easy for Jane and she characterises this as a fight:

> And I'm definitely at the point where the fight's wearing off. I'm just - and I'm sad now. I'm really sad now. You know I shouldn't have to fight for my nine-year-old. I shouldn't have to fight for any of my children or my husband or, you know, for basic needs for myself.

Jane places hygiene needs under the umbrella of basic needs here, something she feels she shouldn't have to fight to access. Yet, Jane *has* had to fight and doing so has clearly left her worn out and worn down at times.

IMPACTS OF HYGIENE POVERTY FOR JANE

For Jane, mirroring the testimony of each of the participants who took part in the interviews, the impacts of experiencing hygiene poverty were multifaceted. In the first instance there is that by now familiar mix of stretching to make things last coupled with personal hygiene and household cleaning products being placed on the bottom of a hierarchy of need. In the following excerpt we see instances of both:

> You're always watching, you know, you get paid on a Thursday morning and by Monday you're thinking 'Right, have we enough milk? Is there enough toothpaste left?', you know, bringing washing-up liquid up to wash your hands in the sink upstairs because you've ran out of soap. Little things like that are huge…Little things like that versus the more severe things of reusing sanitary products because you are that stuck, or using products that are irritating you because they're cheaper.

Here Jane talks about carefully monitoring supplies. She also talks about workarounds such as using washing-up liquid to wash hands. Jane characterises the latter as a 'little thing', yet it is still an example of personal hygiene needs being diminished due to a lack of resources. To use Jane's own words, there are more severe examples in what she describes also as she talks about reusing period products or using cheap hygiene products which can irritate and are less than ideal. Jane also worried about what the effects of having to be spendthrift in this way might be on her children as she tries to manage their expectations in terms of what the household can realistically afford:

> You know, having young children - like my eldest is 11. He gets frustrated cause he doesn't understand - and nor should he. I mean he's a child - but he does get frustrated and, you know, 'Can you not get me that nice deodorant? Or, 'Get me that nice shower gel', or 'Oh my friend uses this, can I have it?' and you're constantly trying to reassure them that you're not broke, so they're not to worry that mammy and daddy have nothing, but at the same time, that things are expensive, and as a child you can see it in him going 'So, you've no money? So are we going to eat tonight? and you're like 'No, no, we are. Of course, we are.

Here Jane recounts an exchange with her son who, as noted earlier, is increasingly aware of the social currency of good hygiene. Furthermore, we see that Jane's son is also conscious of having access to specific brands and this also has a distinct social texture as he sees what

friends have access to and wishes for the same. In terms of impact, conversations like these appear to play out in the context of broader concerns about limited resources. Jane struggles with achieving the balance she would like in these exchanges; she needs her son to understand that though he'll always have what he needs, it won't always be possible to get him exactly what he wants while also not worrying him too much about the family's finances. As the arbitrator of what's possible, these are tough decisions for Jane and ones she feels she alone is forced to take. Playing the role of tough decision maker can lead to Jane feeling isolated and creates a tension in her relationship with her husband:

> So there's constantly an, almost like, a tension. I'm very lucky that we have good communication and we both discuss it quite openly, but it does feel like as the mother you try to protect the family and in that, you're the bad person. Which is very difficult.

Jane talks about her role as a mother here and sees this as being commensurate with being the designated protector of the family. Moreover, she suggests that by taking on this role continuously she is often unwillingly positioned as the 'bad person' in the family, the one who says no. With respect to her special needs daughter, there are instances in which Jane can't rely on negotiating or workarounds or on making tough decisions and saying no. Her daughter has needs which have to be met in specific ways and without compromise. Below Jane gives detail this:

> Yeah, it's a very - you've to keep the area so sterile, so hand sanitizer has to be right there beside the bed. That's not supported. I have to use water wipes only to clean the area, they're not supported and they're expensive. The incontinence pads are not supported. So like just the things that, in between her treatment, would make her more comfortable and would save me a fortune on electricity, on washing detergent, on all the other things, on time, you know, like I sleep 3 hours a night because I have to get up and change her and make sure she's clean and ready and stuff because we don't have the right equipment for her bed.

Jane talks about items not being 'supported' here meaning there is no assistance from the state with respect to accessing these items, she must source and provide them for her daughter herself. Yet, these items— hand sanitiser, water wipes, incontinence pads— are so essential to her daughter's personal hygiene, health and wellbeing as to be non-negotiable. Moreover, Jane notes that having access to such items as a matter of right would allow her to balance the books in other areas of household finance and would perhaps take the pressure off.

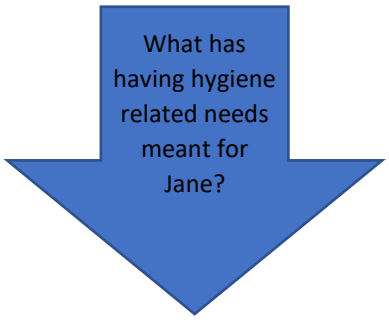
Ultimately, having to manage in this way on an ongoing basis has had a devastating impact on Jane's own mental wellbeing:

> It's been really, really hard, like my own mental health is massively suffering with it. I've really, really bad anxiety. I'm tired of fighting for what we should - basic needs - should have. I have to wash her bed linen every single day, twice a day, because of her condition and that includes the duvet, and that's increasing the electricity, making sure you've enough, you know, detergent to wash those things and you're just constantly aware of, it's another expense that I have no control over and the guilt surrounding that, and the fact that I have to do these things mean that they lose out on other things.

Jane addresses her own mental wellbeing in stark terms here; she is suffering, she is anxious, and she is tired. While Jane and her family's experience of hardship cannot be divorced from the hardship associated with limited resources in general, there are deprivations in Jane's example which are very obviously related to hygiene needs, and these, because they are so essential, have the effect of driving up the costs associated with other household essentials such as electricity. In Jane's case, this relates to a specific set of circumstances and is most notable with respect to the needs of her special needs daughter. Yet, in many ways, Jane and her family's experiences and circumstances make the perfect case study to be placed at the core of a discussion on why hygiene related needs should and could be seen as an aspect of basic personal rights. Her daughter needs continuous care, care that she cannot provide for herself. Much of this care devolves on maintaining her wellbeing along with her dignity and humanity by tending to her personal hygiene needs along with maintaining a clean and safe environment. Because her daughter needs these things, Jane needs to have access to them. Yet, left to the vagaries of the market, this is far from assured. Were personal hygiene rights to be given more stature in the context of rights in general, perhaps then Jane wouldn't have to fight and struggle so hard for access to, what in her family's circumstances, are really the very basics.

Box 5. Case study interview with Jane

Factors leading to hygiene poverty	Impacts of hygiene poverty
Limited disposable income.	Jane and her family have seen their disposable income reduced and this has meant that she has to make difficult choices which often affect how and what she purchases including hygiene related items.
Cost of living crisis.	The increase in the cost of living has greatly impacted Jane and her family and has caused her to make difficult choices which often affect how and what she purchases including hygiene related items.
Unequal dispersal of hygiene needs.	Meeting her children's general needs and hygiene related needs first has meant that Jane and her husband's hygiene needs are often relegated as secondary.
Child with special needs.	One of Jane's daughters has complex special needs and requires care related to her personal hygiene as an aspect of her general wellbeing. This means that Jane has to access items such as sanitisers and incontinence pads on an ongoing basis which she can struggle to afford.



Has led her to make difficult choices about what she can afford to purchase and what she and her family have to do without.
Has created a hierarchy of need wherein hygiene items and personal hygiene items in particular are placed at the bottom.
Has affected her mental health and self-esteem.

REPORT CONCLUSION

INTRODUCTION

The research documented in this report represents the first comprehensive study of hygiene poverty in Ireland. By capturing expert perspectives, a broad macro picture along with in-depth, biographical testimony couched in lived experience, the research has enabled an authoritative picture of hygiene poverty as an embedded but often-hidden phenomenon to emerge. Moreover, this report goes towards establishing the incidence rates, risk factors and impacts, while also providing an in-depth and intimate perspective from those with lived experience regarding the impact of hygiene poverty on their daily lives, their mental and physical health, and their ability to shape and determine their prospects in life. While readers are free to draw their own conclusions, a number of key factors have emerged particularly strongly, and this section of the report will offer a brief discussion of these before finishing with a series of conclusions and recommendations based on the whole of the research.

HYGIENE POVERTY: AN OVERVIEW

In the first instance, this study demonstrates that hygiene poverty, or hygiene deprivation as a separate experience or as a component of the overall experience of poverty[21] is a very real and tangible phenomenon. This is demonstrated by both the original statistical data which show that 65.1% of respondents had personally experienced difficulty affording essential hygiene items in the previous 12 months and by the qualitative reporting which grounds this statistic in real life experiences of just what this means for people. Moreover, alongside potentially being an aspect of poverty in the sense of affecting people already at risk of poverty or experiencing other forms of deprivation, this study shows that difficulty meeting personal and household hygiene needs cuts across social groups and can affect people with nominally high levels of income. This distinction also shows that for some, the current cost of living crisis has had the effect of exacerbating already deeply embedded hardships while for others it has greatly affected levels of disposable income. In both cases it has led to increasingly difficult budgetary decisions, the result of which can see hygiene items, both household and personal, being continually ranked lower on a list of priorities despite clearly being connected to both physical and mental health and wellbeing. Moreover, these findings

[21] See recommendation 1 below for more on this distinction.

in the Irish context thematically mirror much of what was found in the work of Gunstone et al (2022) on behalf of the Hygiene Bank UK.

Both the survey results and the qualitative reporting have also exposed the potential inadequacy of social welfare payments. According to the Vincentian MESL Research Centre (2023b) and Social Justice Ireland (2023), recent increases to social welfare rates signalled in Budget 2024 and due to come into effect in January 2024 do not keep pace with inflation meaning that in real terms, people reliant on a social welfare payment as a primary strand of income have experienced a cut in purchasing power. This again has the effect of forcing people to make difficult decisions, decisions between things like food, heat, electricity and personal and household hygiene items, the latter often ranking lowest on a list of priorities where this is possible. To the latter point, this research has shown, particularly via the qualitative reporting, that experiences of hygiene poverty are complex, are not always evenly dispersed within households and, moreover, that it is not always possible, depending on individual circumstances, to dispense with hygiene related expenses in favour of covering others. The research has also shown that needs in general and hygiene related needs in particular suffer from not easily being met at particular pinch points in the calendar year such when holidays, occasions or unexpected expenses arise.

Yet, despite the fact that hygiene poverty or hygiene related deprivation are clearly aspects of lived experiences for a considerable number of persons, this research suggests such experiences are often difficult to surface and that, moreover, hygiene related needs are often not thought of in the context of poverty, at least initially, and this again mirrors the findings of Gunstone et al (2022) in the UK. As noted at the outset, at a macro level in the Irish context, this is evidenced by the fact the CSO do not overtly gather statistics on hygiene related needs. With respect to the research conducted for this study, this is evidenced in-part via the expert views given as part of both the workshops and subsequent submissions where it was clear that hygiene poverty as a factor of poverty was not something that all expert participants had previously considered. The respondents in focus group A, all of whom will have had a keen awareness of hygiene poverty, also noted a lack of general or societal awareness. There is also evidence of this in the testimony of some of the focus group B participants and interview respondents, many of whom attributed the status of ‘luxuries’ to personal hygiene items.

Yet, the expert group drawing on professional experience and prompted by the research team, quicky recognised the very real potential for hygiene related needs to form part of the experiences of poverty or deprivation and those who gave testimony based on

lived experience offered powerful examples of experiencing hygiene poverty in ways which show that hygiene related needs go far beyond luxuries and are often fundamental to wellbeing. This difficulty recognising hygiene related needs as an aspect of poverty also mirrors the literature and policy reviewed as part of this report which shows something similar. It also arguably reflects the limited corpus of materials suitable for inclusion in the review denoting the lack of research that the area of hygiene related needs has attracted.

However, other discrete forms of poverty or aspects of deprivation are being recognised and have begun to feature in policy programmes as a result. For example, in 2022 (see GOI, 2022), the Minister of State at the Departments of Social Protection and Rural and Community Development with special responsibility for Community Development and Charities, announced his intention to establish a Working Group to tackle the issue of food poverty in accordance with the commitment on food poverty in the Roadmap for Social Inclusion 2020-2025. As a further example, and touched on in the review chapter, the Health Service Executive National Social Inclusion office instigated a pilot, demand-led, period dignity scheme in partnership with HSE Community Health Area 5 (South Tipperary, Carlow/Kilkenny, Waterford and Wexford) for Traveller and Roma women. The aim of the project is to reduce period stigma and distribute free period products as a follow on from a discussion paper published in 2021 (see GOI, 2021). Moreover, Budget 2024 contained a suite of one-off measures specifically related to energy and fuel costs through things like increases to the Fuel Allowance payment and energy credits to cover electricity. This demonstrates categorically that discrete forms of hardship and deprivation are politically recognised and partly addressed in policy circles. Yes, aside from period poverty which may be characterised as a component of hygiene poverty, there are no equivalent programmes focused on personal and household hygiene needs specifically despite the clear need for same and this speaks, in part, to a lack of recognition at the level of policy and practice. This also suggests that meeting hygiene related needs constitutes a policy space in which third sector organisations are ahead of mainstream policy at the level of practice as groups like Hygiene Hub form in response to a clearly identifiable need. However, this does also suggest that just as hygiene related deprivation is difficult to surface as a social phenomenon, it may also be something that is difficult to target directly outside of income related policies and measures such as increases to social welfare or via funding for third sector organisations to do the work of providing more hygiene related goods. In other words, it is plausible to have energy poverty and housing poverty designated as specific aspects of policy in which the state can directly intervene, but this is likely to be more difficult in the context of some types of

discrete or personal forms of deprivation connected to things like food and hygiene. Therefore, just as hygiene poverty is difficult to see, it is potentially difficult to address through mainstream social policies meaning that third sector organisations may ultimately be best placed to tackle hygiene deprivation as a component of poverty.

A HIERARCHY OF NEED

One of the things that emerged strongly from the research was evidence of there being a hierarchy of need within households and within which people must make decisions about what they prioritise based, in part, on the monetary resources available to them. This hierarchy went across low-income groups and groups with nominally high incomes. There was strong evidence of this in the survey results which showed the top three reasons respondents reported for being unable to afford hygiene essentials correlated strongly with the purchase of other goods and services including gas or electricity bills (70.5%), less disposable income (58.6%) and spending more on food (52.9%). The practice of there being a hierarchy of needs was also starkly rendered in the qualitative reporting and was noted as likely by the expert group.

The concept of needs-based hierarchies is deeply familiar within the broad social sciences beginning with Maslow's (1943) famous conceptualisation which has subsequently been taken up and adapted by researchers in multiple contexts. Taking Maslow's hierarchy as a starting point and reviewing it in light of the original research presented in this report, it is possible to suggest that not being able to afford or access hygiene items falls into more than one category.

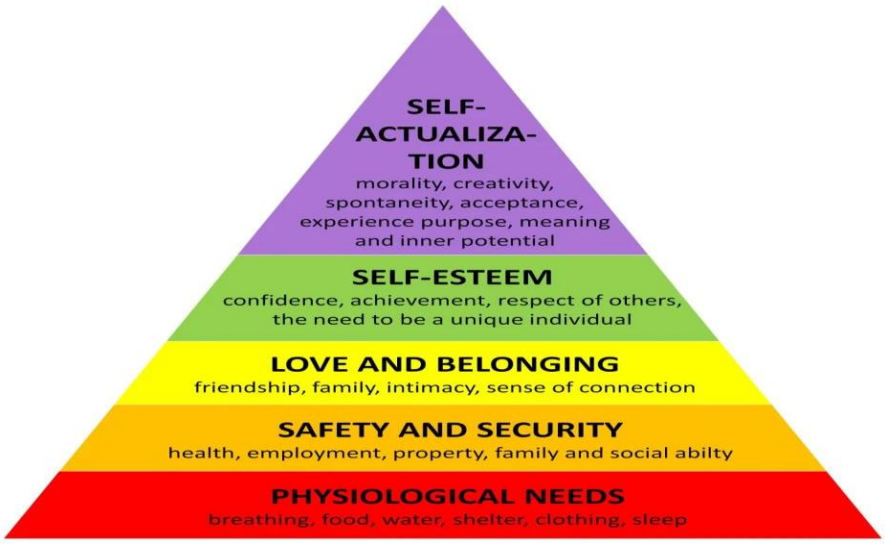


Figure 23: Maslow's hierarchy of need

In the first instance, access to personal hygiene and household cleaning products may be said to fall under basic and/or physiological needs. However, there are clearly aspects of psychological and esteem needs at play here also. Much of the testimony captured in this study shows the devastating emotional and personal impacts of grappling with hygiene poverty while also showing how having unmet hygiene needs can potentially obstruct people from fulfilling their full potential.

Moving beyond Maslow's hierarchy and toward a model based on the original research documented in this report, it is also clear that people prioritise access to goods and services in a particular way and in a way that directly intersects with access to other essential resources. Generally, though this will not have been possible for all the people included in this study, hygiene related needs tended to sit at the bottom of a list of priorities, below children's needs within households and below rent, food, fuel and electricity across households.

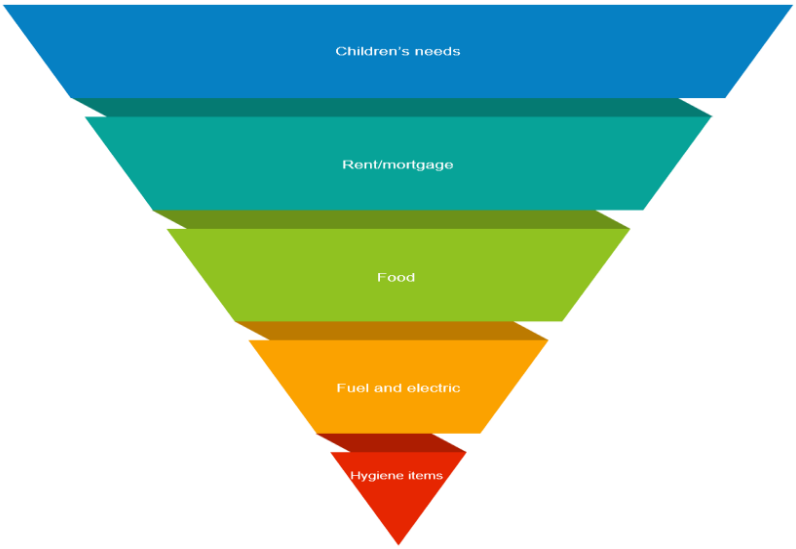


Figure 24: An inverted hierarchy of need

Figure 24 represents an inverted hierarchy in which hygiene needs sit at the bottom. While not exact, we propose this model as an overarching indicator of the deeply hidden nature of hygiene related deprivation within households and the related difficulty in surfacing same. This type of hierarchy or priority ranking is most starkly illustrated via the qualitative reporting. However, the survey data also shows that the most frequent expenses people tend to cut down on in order to afford meet hygiene related needs were social occasions or events (72.7%), followed closely by the respondents own leisure activities or hobbies (69.2%) meaning that where respondents choose to prioritise hygiene needs, aspects of their social lives or lives outside of the household often suffered. This practice of withdrawing from social contexts was also described via the qualitative reporting and speaks strongly to social exclusion as arising through needing to meet basic hygiene needs in a tight budgetary context.

A DEPRIVATION APPROACH

Separating poverty into different 'types' – such as energy poverty, food poverty and period poverty – has been critiqued for potentially obfuscating the underlying systemic and structural causes of a lack of financial resources. However, in the context of energy poverty, scholars have argued persuasively that energy poverty should be understood as a distinct form of material deprivation (Boardman, 1991; Buzar, 2007; Hills, 2012), with causes that extend beyond low incomes to also encompass wider infrastructural and environmental inequalities. A similar understanding of hygiene poverty can be said to have been advanced

here and one which suggests that, in effect, whilst hygiene poverty is related to and clearly overlaps with income poverty it is not reducible to it. This is perhaps most strongly illustrated through the evidence which shows that those with nominally high incomes can still experience having significant hygiene related needs, needs which can sometimes go unmet. It is also evident in much of the qualitative reporting which shows that personal and household circumstances, such as having a health condition that leads to higher levels of hygiene need or having a special needs child who requires care and maintenance with respect to personal hygiene can affect any household's ability to cover the basics regardless of income.

However, there are issues around language and definition in the context of poverty, and these issues reflect, in particular, both the European and Irish approach to measuring poverty and enforced deprivation. In this respect, it is worth remembering that poverty or more specifically being 'at risk of poverty' is measured in Ireland and elsewhere as an aspect of income only. However, Ireland does have another measure in the form of measuring enforced deprivation. Taken together, these measures allow for a potentially more nuanced perspective on poverty and deprivation to emerge. This is because it is possible to experience material deprivation while not being at risk of income poverty and to have a nominally low relative income and not be at risk of deprivation. These are important distinctions and having both measures arguably allows for a more accurate understanding of poverty and deprivation to emerge. Combining these measures can show analysts what someone who might have a nominally high income can still struggle to afford and can also illustrate what types of people and/or households with a nominally low income do not register on the deprivation index. This approach takes account of things like the life course (people may be more or less income poor at different stages in their lives), availability of fixed and liquid assets (people with nominally low income may have substantial savings or assets) and limited purchasing power despite nominally high income (people with nominally high income may have low levels of disposable income). In instances where people are both at risk of poverty and forcibly deprived, this effectively illustrates what is referred to in the Irish context as consistent poverty. Having this level of detail arguably allows for more targeted responses from policy makers. For this reason, *what* is measured by featuring on the deprivation index is of crucial importance. In terms of the current state of play, as has been pointed out in the introduction to this report and elsewhere, Ireland does not currently denote access to personal or household hygiene products as an item on the deprivation index but does include persons living in households that cannot afford, experience or otherwise have access to two of the following 11 items:

- Two pairs of strong shoes
- A warm waterproof overcoat
- New (not second-hand) clothes
- A meal with meat, chicken, fish (or vegetarian equivalent) every second day
- A roast joint or its equivalent once a week
- Home heating during the last year
- Fuel to keep the home adequately warm
- Presents for family or friends at least once a year
- Replacement for worn out furniture
- Drinks or a meal for family or friends once a month
- A morning, afternoon or evening of entertainment once a fortnight

The material deprivation indicators at EU level differ and encapsulate persons living in households that cannot afford, experience or otherwise have access to at least three of the following nine items:

- Avoiding arrears (in mortgage or rent, utility bills or hire purchase instalments)
- To keep their home adequately warm
- To face unexpected expenses
- A meal with meat, chicken, fish or vegetarian equivalent every second day
- One week annual holiday away from home
- A colour TV
- A washing machine
- A car
- A telephone
    - (See Maître and Privalko, 2021 for more on deprivation indicators)

While the EU list is arguably more expansive, like the Irish indicators, it does not include access to personal hygiene items or household cleaning products. However, it does mention having access to a washing machine which is arguably crucial in the context of meeting hygiene needs. Though not currently counted as an aspect of deprivation, hygiene related needs are much more likely to be captured in the deprivation space. This is because if access to hygiene items, both household and personal, was featured as part of the deprivation index,

it would ultimately represent cohorts both at risk of poverty and not. This would allow for a fulsome picture of the extent of hygiene deprivation to emerge. In this way, the research documented in this report suggests that hygiene related needs should be placed in the context of deprivation as something which, while not fully reducible to income poverty may be an important outcome of it. Viewed as an aspect of deprivation, experiences of having unmet hygiene related needs would intersect with those who are at risk of income poverty and those who are not at risk of income poverty but experiencing significant deprivation, nonetheless.

CONCLUSIONS AND RECOMMENDATIONS

There now follows a set of short form conclusions and recommendations to end the report. Note that these conclusions and recommendations are geared towards both the general reader and to the research funders, Hygiene Hub, who may wish to use this research to further their work.

Conclusion 1: *Addressing Inadequate Income:* There is significant evidence in this report which suggests that levels of income across both social welfare and benefit payments and income in the form of wages have not kept pace with inflation and that this has had the effect of reducing the purchasing power of mixed income groups.

> **Recommendation:** A recommendation from the research team echoes calls from various civic society groups for core personal social welfare rates to be raised by a minimum of €25 which is needed to keep pace with inflation and to begin to address income adequacy among the poorest families, and in the context of reduced purchasing power overall (notwithstanding the €12 increases signalled in Budget 2024 which falls short of our recommendation here). Moreover, while recent increases to the minimum wage signalled in Budget 2024 are welcome, evidence-based and progressive realisation of the real Living Wage should continue with an eye to inflationary pressures and real purchasing power.

Conclusion 2: *The deprivation index:* There is strong evidence in this report showing that hygiene related needs are socially significant and cut across income groups. Though difficult to surface, hygiene related needs are nevertheless an aspect of deprivation for households who are both at risk and not at risk of poverty.

Recommendation: While noting that the EU SILC scale- and other similar scales - are based on the socially defined necessities approach wherein the necessities were derived from largescale surveys of what the public at large regards as necessary, the research team nevertheless recommends that access to personal hygiene and household cleaning items be included as a deprivation indicator in order to best capture the breadth and depth of hygiene related deprivation across income groups in order to steer policy responses. The following wording is proposed:

Consistent access to personal hygiene and household cleaning products

Conclusion 3: *Raising political awareness:* This research suggests that hygiene related needs as aspects of poverty and deprivation are under-recognised. There is significant evidence also that hygiene related needs are not viewed in the same way as other discrete forms of need and there is broader evidence which suggests that hygiene related needs are not yet fully or even partially recognised politically or in policymaking circles.

Recommendation: Just as food poverty, period poverty and fuel/energy poverty have been taken up and given a formal basis in policy that includes specific responses, hygiene poverty and/or hygiene related deprivation needs to be recognised and responded to. Without pre-empting what those responses might consist of, the research team recommends that Ministers and staff in relevant departments should therefore be offered a policy briefing based on the outcome of this report and other cognate research. A short form policy briefing document, based on the outcomes of this report and which highlights key findings, could be designed and circulated widely to aid with the process of raising awareness.

Conclusion 4: *Raising general awareness*: The research documented in this report suggests that while awareness is growing, there remains a general lack of awareness of hygiene poverty and/or hygiene related deprivation as something that has the potential to touch a range of people across income groups.

Recommendation: Continued and enhanced efforts to raise awareness of hygiene poverty and/or hygiene related deprivation are needed. This goes beyond the need to raise awareness of Hygiene Hub as an existing entity and towards a need to raise awareness of the relevant issues generally. If resources allow, a one off or series of traditional and social media campaign(s) coupled with the deployment of dedicated

personnel to oversee this process could go towards meeting this objective. Future funding initiatives could go toward this goal.

Conclusion 5: *Hygiene rights as human rights*: That hygiene rights are fundamentally aspects of human rights emerged strongly from this research and from both the quantitative and qualitative reporting by connecting to the concepts of dignity, wellbeing, functioning and capabilities. The study highlighted the link between hygiene poverty and poor mental and physical health, with 61% of survey respondents identifying feeling stressed and 44% reporting feeling depressed as a result of experiencing hygiene poverty. Moreover, in terms of physical health, 64% of survey respondents signalled having trouble sleeping due to experiences of hygiene poverty and 36% identified issues like skin irritations, infections and rashes and dandruff. Hygiene poverty was also identified as a barrier to participation through things like education and work.

Recommendation: While not located in a specific policy recommendation, this research strongly suggests that work needs to be done to highlight hygiene rights as a core aspect of human rights and consistent access to hygiene items as key to underpinning human flourishing. By strengthening and enhancing their rights and advocacy-based activities, groups like Hygiene Hub, in tandem with other civic society groups who work in the same broad space, may be able to move beyond charitable provision only and go some way towards achieving this recognition. Again, moving in this direction is potentially resource heavy and so future funding initiatives could be geared toward meeting this goal.

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APPENDIX 1

List of items that are included when discussing hygiene poverty.

Bandages/plasters
Deodorant/antiperspirant
Facial tissues
Hairbrush/comb
Hand sanitiser
Household cleaning products
Incontinence products
Laundry detergent
Lip balm
Menstrual/period/sanitary products
Nappies/diapers
Razors
Shampoo/conditioner
Shaving foam/gel/cream
Shower gel
Soap
Toilet roll/paper
Toothbrush
Toothpaste
Wipes

APPENDIX 2

Participatory Workshop: Worksheet

Exercise 1:
*In your view and based on your experience, what are some of the key **factors** that might lead to people experiencing hygiene poverty?*

Start with:

Keywords: Provide up to five keywords that come to mind:

1. –
2. –
3. –
4. –
5. –

In a sentence….

If you could make sure that everyone in society understood one key thing about why people experience hygiene poverty, what would that be?

Sentence: -

Exercise 2:
*In your view and based on your experience, what are some of the major **impacts** for people experiencing hygiene poverty?*

Start with:

Keywords: Provide up to five keywords that come to mind:

1. –
2. –
3. –
4. –
5. –

In a sentence….

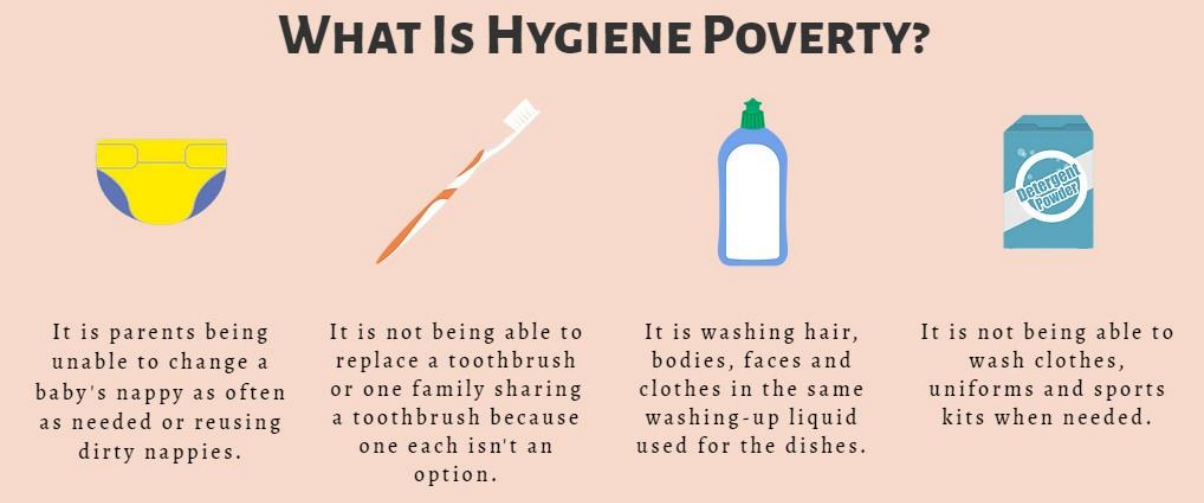
If you could make sure that everyone in society understood one key thing about the impact of hygiene poverty, what would that be?

Sentence: -

Is you would like to add anything further, please do in the space provided. If you require further paper, please ask a member of the research team.

APPENDIX 3

Image used during research.



APPENDIX 4

INFORMATION SHEET

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

What is hygiene poverty? Hygiene poverty is not being able to afford many of the everyday hygiene and personal grooming products most of us take for granted. The reality of low income is that it restricts people's options, leaving us caught between being able to heat our homes, pay the rent, eat or be clean.

- It is parents being unable to change a baby's nappy as often as needed or reusing dirty nappies.
- It is not being able to replace a toothbrush or one family sharing a toothbrush because one each isn't an option.
- It is washing hair, bodies, faces and clothes in the same washing-up liquid used for the dishes.
- It is not being able to wash clothes, uniforms and sports kits when needed.

Purpose of the Study. This study is being conducted to gain an understanding of hygiene poverty in Ireland. The study is being funded by Hygiene Hub through a grant from the Irish Human Right and Equality Commission. The goal of Hygiene Hub is to provide hygiene and household cleaning products through a network of partners and to be advocates for change through education, research and campaigns.

What will the study involve? The study will involve taking part in a focus group or being interviewed by a researcher depending on how you are participating.

Why have you been asked to take part? You have been asked to take part because your experience in this area can provide the study with data which will be valuable and will help answer the research question(s).

Do you have to take part? You do not have to take part. If you agree to take part, you will be asked to sign a consent form which you will be given a copy of to keep if you wish. After signing the consent form, you will still have the right to withdraw at any point in the research process including before or during the focus group or interview. During the focus group or interview you can stop at any point, and you do not have to answer any questions you do not wish to answer. You will also have the right to ask for your data to be withdrawn and destroyed for up to two weeks after the focus group or interview concludes.

Will your participation in the study be kept confidential? Every effort will be made to ensure confidentiality and anonymity will be assured. For example, the research team will ensure that no clues to your identity appear in the research report or any other publication arising from the collected data. Neither Hygiene Hub, or any other entity outside of the research team will have access to any information or to personal data that could directly identify you as a research participant.

Are there limits to confidentiality?

There are some limited circumstances under which a researcher may have to reveal what a participant tells them without their permission. For example, this might occur if the researcher has a strong belief that there is a serious risk of harm or danger to either the participant or another individual (e.g. physical, emotional or sexual abuse, concerns for child protection, self-harm, suicidal intent or criminal activity) or if a serious crime has been committed.

Can I use my name if I want to? For the purposes of this study, pseudonyms will be used.

What will happen to the information which you give? The data will be kept confidential.

Recordings and transcripts will be securely stored as encrypted and password protected files. The focus groups and interviews will be recorded before being transferred to a secure system to be accessed only by the Research Team. The Research Team will act as custodians of all raw data for data protection and ethical reasons. Hygiene Hub will be given access to anonymised data/transcripts only and will not have access to any personal data. On completion of the project, your data will be retained for minimum of a further five years and then destroyed.

What will happen to the results? The results will be presented in a research report to be submitted to Hygiene Hub. This may be read by members of the public. The report will also be read by staff and community activists at Hygiene Hub and other relevant organisations. The report may be read by future student studying in the areas of sociology and social policy. Additionally, the study may be published, in part or in whole, in research journals or in book form. Excerpts from the study may also form part of public presentations given by the researchers, by colleagues or by staff and community activists at Hygiene Hub to interested groups.

What are the possible disadvantages of taking part? Negative consequences for you in taking part are not anticipated. However, it is possible that talking about your experiences in this way may cause some distress.

What if there is a problem? At the end of the focus group or interview, the researcher will discuss with you how you found the experience and how you are feeling. If you subsequently feel distressed, you should contact the appropriate organization from the list below:

1) **AWARE**: Aware is a national charity that provides advice and support on matters relating to depression and mental health. They operate a Free-phone support line, Monday-Saturday, 10am-10pm 1800-80-48-48 as well as 24hr email support at supportmail@aware.ie.

2) **SAMARITANS**: Samaritans are a well-known, international, charitable organisation that provide a friendly listening ear via many methods including a 24hr/365 day per year free-phone service on 116123, an email service at jo@samaritans.org and numerous local branch drop-in centres.
3) **CITIZENS INFORMATION SERVICE**: The Citizens Information Service is a national, voluntary-led, service that provides information on a broad range of matters. They operate more than 215 drop-in centres across the country along with a national helpline at 0761074000 Monday to Friday 9pm-8am and a dedicated website at www.citizensinformation.ie/en/.
4) **POSITIVE OPTIONS:** Positive options offer advice for people who may be dealing with a crisis pregnancy. Their website can be found at the following address: www.positiveoptions.ie where they provide contact details for a range of services by area.

Who has reviewed this study? This study has been reviewed by the Ethics Committee of the School of Social Work and Social Policy. For data protection purposes it has been reviewed by a Data Protection Officer within Trinity College Dublin.

What if I want to know more about GDPR or data protection? If you would like to know more about data protection and your rights you can visit: https://www.tcd.ie/privacy/ or you can contact the Data Protection Office at: dataprotection@tcd.ie

Data protection information:

Data Controller, Trinity College Dublin

Data Protection Officer Secretary's Office Trinity College Dublin, Dublin 2, Dataprotection@tcd.ie

What is the lawful basis to use my personal data? We will use the information you provide to us for this research study which is social scientific research in the public interest.

What are my rights in relation to your use of my personal data? You are entitled to

• The right to access to your data and receive a copy of it

• The right to restrict or object to processing of your data

• The right to object to any further processing of the information we hold about you (except where it is de-identified)

• The right to have inaccurate information about you corrected or deleted

• The right to receive your data in a portable format and to have it transferred to another data controller

• The right to request deletion of your data unless the request would make it impossible or very difficult to conduct the research.

You can exercise these rights by contacting the PI at JWHELAN9@tcd.ie or the Trinity College Data Protection Officer (contact details above). Please note that these rights relate to data which could identify you (personal data). If your data has been anonymized, we will not be able to access or delete it, as we will have no way of being able to link the data to you.

What is the legal basis for processing my data? Data processed through research of this comes under Article 6(1)(e) GDPR which you can find out more about by visiting: https://gdpr-info.eu/art-6-g

Any further queries? If you need any further information, you can contact me as follows:

Mobile Number: 08XXXXXXXX or

Email: JXXXXXXXXXXXXXX

Dr Joe Whelan.

If you agree to take part in the study, please sign the provided consent form.

APPENDIX 5

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Understanding Hygiene Poverty

I agree to take part in a focus group and/or to be interviewed as part of the study outlined above. The purpose of the study has been explained to me and I understand it. I am participating voluntarily. I give permission for the focus group or for my interview to be recorded. I understand that the recording and transcript of the focus groups/interview will be kept in a safe place available only to the research team. I understand that Hygiene Hub will be given access to anonymised data/transcripts only and will not have access to any personal data. I understand that no information or personal data will be shared with anyone outside of the research team.

I am aware that transcripts arising from the research process may be used in reports, publications or other forms of communication arising from the project. Unless stated otherwise, my name and other identifying details will be kept anonymous in any reports, publications or other communications arising from the project. This means that my name would not be attached to them or made available to the public or to other researchers.

I understand that I can withdraw from the study, without repercussions, at any time whether before it starts or during the focus group or interview. I understand that I do not have to answer any questions I do not wish to answer.

Signature of Interviewee_____ **Date:** _____

Name (block capitals) _____

As a token of appreciation for taking part in this research we would like to offer you a €50 One4All voucher. Please note that your name will be retained for audit purposes.

In the event that we need to post the vouchers, please list your address below:

Address:

_____

_____

Coimisiún na hÉireann um Chearta an Duine agus Comhionannas
Irish Human Rights and Equality Commission

This project is supported under the Irish Human Rights and Equality Commission Grant Scheme

Hygiene Hub