

Organisation: Greater Falls Neighbourhood Partnership

The following is my response to the proposals for the updated Multiple Deprivation Measure.

INCOME DEPRIVATION DOMAIN:

Adults and Children in Households in receipt of Housing Benefit should be included in the domain.

However, it is crucial that information on number of adults and children in both working families tax credit households and in disabled person's tax credit households is sought. Many families are unable to access housing benefit because they are in receipt of tax credit, so having an indicator of the number of adults and children in housing benefit households while this is to be welcomed, it is not in itself sufficient.

While I appreciate that the indicators are data driven, resource issues can not be valid reasons for not gathering the information needed to determine deprivation

I do not underestimate the complexity required in gathering information however if it is going to help assess levels of deprivation, then it needs to be done and resource. Just because data is not readily available across the north, is not sufficient reason for not ensuring measures are in place to get information required and a timeframe for such information to be set.

One example of this, is the steps to work information, which can not be used, as it is not rolled out across the north.

Given that the government have indicated they wish to eradicate child poverty by 2020 Then creation of a child specific measure is all important.

EMPLOYMENT DOMAIN;

The employment domain needs to take into account hidden unemployment such as the steps to work programme stated above. While the reason given for not including this figure is because of the bias which would result given that this programme is not rolled out across the north, what about the bias resulting in some areas actual employment deprivation not being accurately reflected due to this figure not being included.

HEALTH DEPRIVATION AND DISABILITY DOMAIN;

An Emergency Hospital Admission Rate indicator should be included in the domain.

Mental Health Hospital Admissions should be included in the mental health indicator

A Children's Dental Health indicator should be included in the domain

A low Birth Weight Indicator should be included in the domains.

It is important that any in patient stays within general admission for a mental health condition are included within the mental health indicator.

EDUCATION, SKILLS AND TRAINING DOMAIN:

Key Stage 2 Performance data should replace the proportions of children aged 11 and 12 not attending a grammar school

Primary level absenteeism rates should be included in the domain

The proportion of primary school age pupils with Special Education Needs should be included in the domain

The destination of school leavers at 16 years indicator should include those not entering Further Education or training.

Three sub-domains should be introduced, decreasing the importance of 2001 Census data in the overall domain.

I would like to see information being gathered pre primary school age. Early Years is an important indicator in determining deprivation. The fact that the government has introduced Sure Start in to the top 20% wards experiencing deprivation demonstrates this. While the data may not be available at present to allow for analysis, it should not preclude work being done to ensure the data is available in the future.

PROXIMITY TO SERVICES DOMAIN;

Cross border service centres and accident and emergency hospitals should be included

A general service indicator should be included

The food shop indicator should not be broadened to include convenient stores, as many individuals who are living in poverty and while close to a convenient

store, are not able to access them because of the highly inflated prices, or if they do so, it only compounds their poverty levels.

Dentists, Opticians and Pharmacists should not be combined into a single indicator. It is necessary to be able to determine what specific services are available within areas.

Council leisure centres should be included.

The calculation of proximity should be based on time rather than distance

The service centres should be based on service provision rather than having a population of at least 10,000

Proximity to Services, does not mean access to or uptake of. An indicator which measures local peoples access to and uptake of the types of services which make up the proximity to services domain, is required. As difficult as this may be, it is the only information which can give a true measure of whether individuals are better off from living in close proximity to services.

While I realise that by not taking up many of the services which are within close proximity to an individual, the repercussions of this will undoubtedly be demonstrated in other domains, such as in the health domain, in looking at the years of potential life lost.

However by having an indicator that measures uptake or non uptake of a service which is clearly on the door step of individuals, it can assist in looking at the reasons behind the non uptake and seek to address it at source, as opposed to looking at it indirectly.

Information needs to be gained on bus and train services and DRD need to ensure this information is available.

LIVING ENVIRONMENT DOMAIN:

The central Heating information from the 2001 Census and SOA level housing stress should be replaced by the Decent Home Standard

The Housing Health and Safety Rating System should be included

Household Overcrowding information from the 2001 Census should not be excluded. It is important that information on instances of overcrowding be measured as this can have a detrimental impact on communities. While more up to date information is required to measure the levels of HMO's until such times as

there is a measure which can replace the census information, the current info should remain.

It is important that housing waiting lists for particular areas are measured within the living environment domain.

It is important that road quality is measured and not just the types of road surfacing. If it is not currently being measured, this needs to be taken forward as an action for future, as road quality does have an impact on deprivation levels.

CRIME AND DISORDER DOMAIN:

Dpp and NICS need to expand to model data to small area level.

Agree with the recording of anti social behaviour incidents in crime and disorder domain

In addition to responding to this consultation review, I wish to include matters for the next full review of measures.

There should be an indicator which looks at the legacy of the conflict on areas, as certain areas where more affected than others, and this has had an impact on generational deprivation. While we can make inferences and correlations on the impact the conflict has had on individuals and on certain communities, having it as a separate indicator would allow for greater attention to the specifics around the legacy of the conflict.

There should be an ability to look at comparisons for all deprivation measures within District council level, this is of particular importance if community planning is to be devolved at local government level.

An EQIA should be carried before any proposed changes become permanent.

The fuller review post 2011 Census should include a review of the weighting measures given to each of the domains.

I would like to take this opportunity to thank NISRA for the work it undertakes in collating the measures used to determine deprivation levels and to ask that they also outline to what extent they work with departments to assist with implementation plans aimed at reducing levels of deprivation.