

Update of 2005 Northern Ireland Multiple Deprivation Measures

Consultation Period Proximity to Services Timeline



Consultation Events/Meeting

- Consultation Period 27th July to 6th November
(extended to 16th November)
- 2 planned Consultation Events
 - Omagh District Council Offices (22nd Sept)
 - Lisburn Civic Centre (30th Sept)
- 2 requested meetings
 - Parliament Buildings (6th October)
 - Falls Community Council (2nd November)
- DFP Committee (4th November)



Consultation Responses - 40

- Access to Benefits (A2B)
- Belleek Partners
- Blackie River Community Group
- Castlereagh Borough Council
- Greater Falls Neighbourhood Partnership
- Coiste na nIarchimí
- Antrim Borough Council
- Committee for Education
- Armagh City and District Council
- Committee for EL
- Ballymena Borough Council Development
- Committee for HSSPS
- Ballymoney Borough Council
- Committee for RD
- Belfast City Council
- Community Relations Council NI
- Belfast Healthy Cities
- Cookstown District Council
- Craigavon Borough Council
- DEL HE division

- DETI
- Disability Action
- Dungannon and South Tyrone
- Eastern IfH
- Fermanagh District Council
- Lisburn City Council
- Michael Donaldson, Consultant in Dental Public Health
- NI Court Service
- NI Federation of Housing Associations
- NI Judicial Appointments Commission
- NI Local Government Association
- NICVA
- Omagh District Council
- Rural Community Network
- Rural Development Council
- Shirley McIntyre, Cookstown DC - preliminary response
- Sir Reg Empey MLA, Minister for DEL
- Strabane District Council
- Tackling Inequalities in Health Project
- TIDY NI



Consultation – general comments

- Understanding that new measures are an ‘update’
- Support for a fuller review post Census
- Disappointment at lack of progress against recommendations
- Call for effective use of measures – rather than 10% cut-off
- Requests for data
- Support for Child MDM



DEPARTMENT OF SOCIAL POLICY AND SOCIAL WORK



Northern Ireland Multiple Deprivation Measures 2010: Recommendations from the independent peer review

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University of Oxford

Overview of Peer Review

NISRA provided the peer review team with:

- 1) The NIMDM 2005 recommendations;
- 2) The agreed Terms of Reference of the Deprivation Update;
- 3) The NIMDM 2009 Consultation Document;
- 4) Summary of the written consultation responses;
- 5) Summary of the points raised at the public consultation meetings;
- 6) Supporting evidence for draft blueprint – e.g. domain group notes;

- 7) The NISRA statisticians' list of proposed Blueprint indicators.

The review team was asked to prioritise: (i) the proposed changes that had received conflicting responses in the consultation, and (ii) those changes that had been proposed after the consultation process had ended and so had not been consulted upon.

Income Domain consultation questions

- Whether Adults and Children in Households in receipt of Housing Benefit should be included in the domain?
- *What are the implications of omitting tax credit data from the income domain and overall index?*
- *To replace benefits/tax credit-based income domain with a modelled estimate of income deprivation?*

What are the implications of omitting tax credit data from the income domain and overall index?

How does this relate to the terms of reference?

This potential change is driven by uncertainty regarding the availability of tax credit data for the NIMDM 2010.

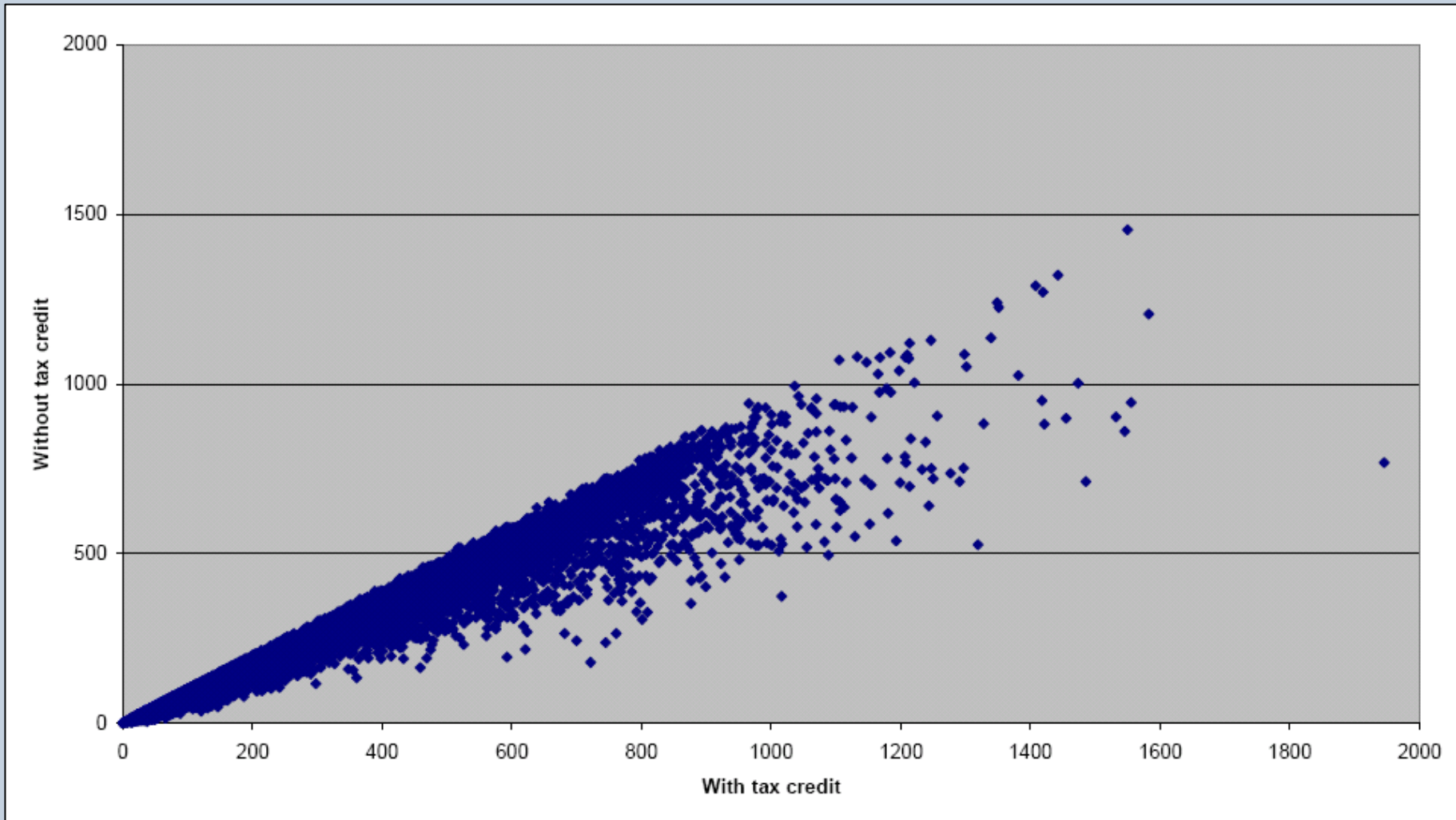
Proposed indicator for consultation

No indicator relating to tax credit data due to data embargo from HMRC.

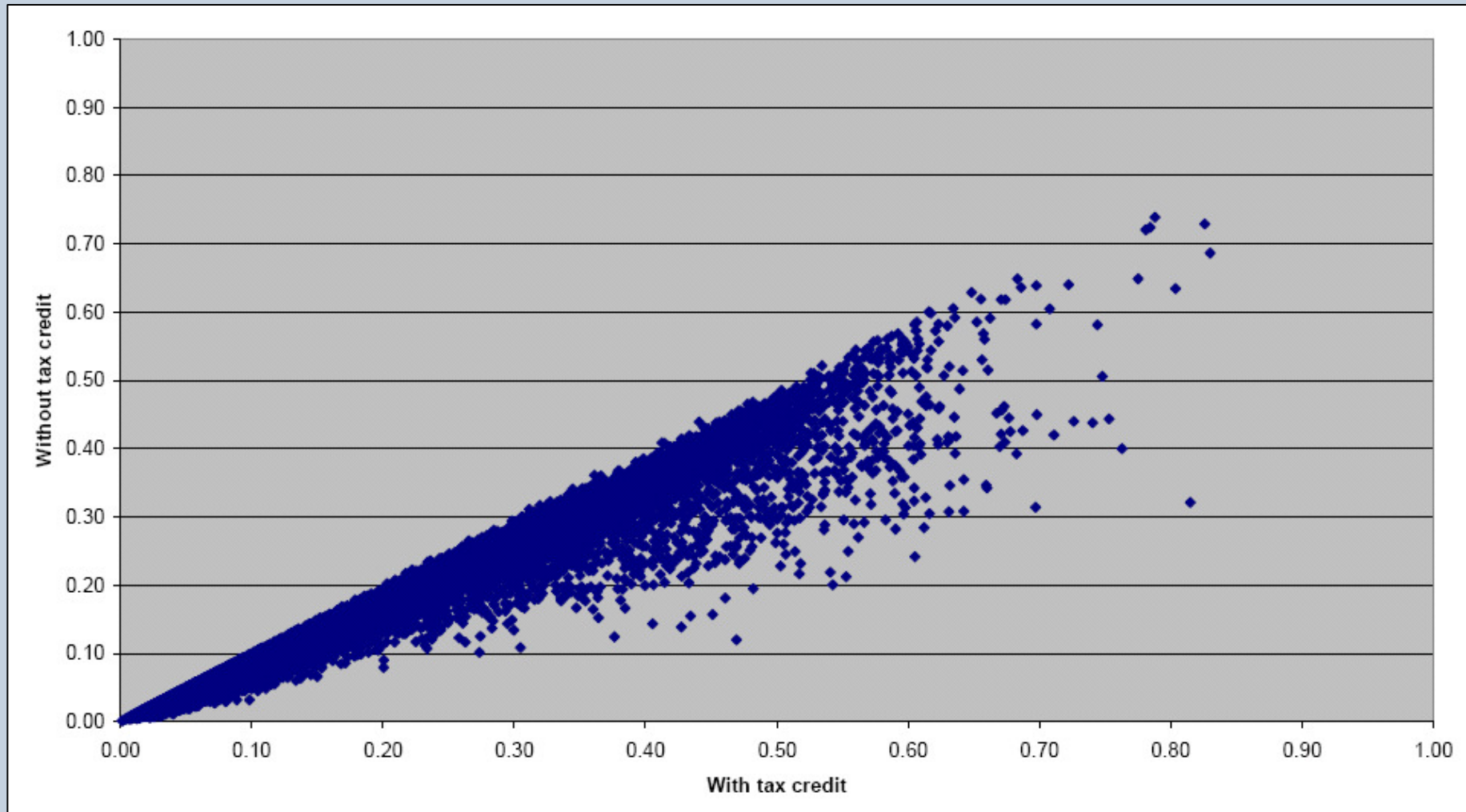
Consultation responses

Thirteen responses were received expressing concerns.

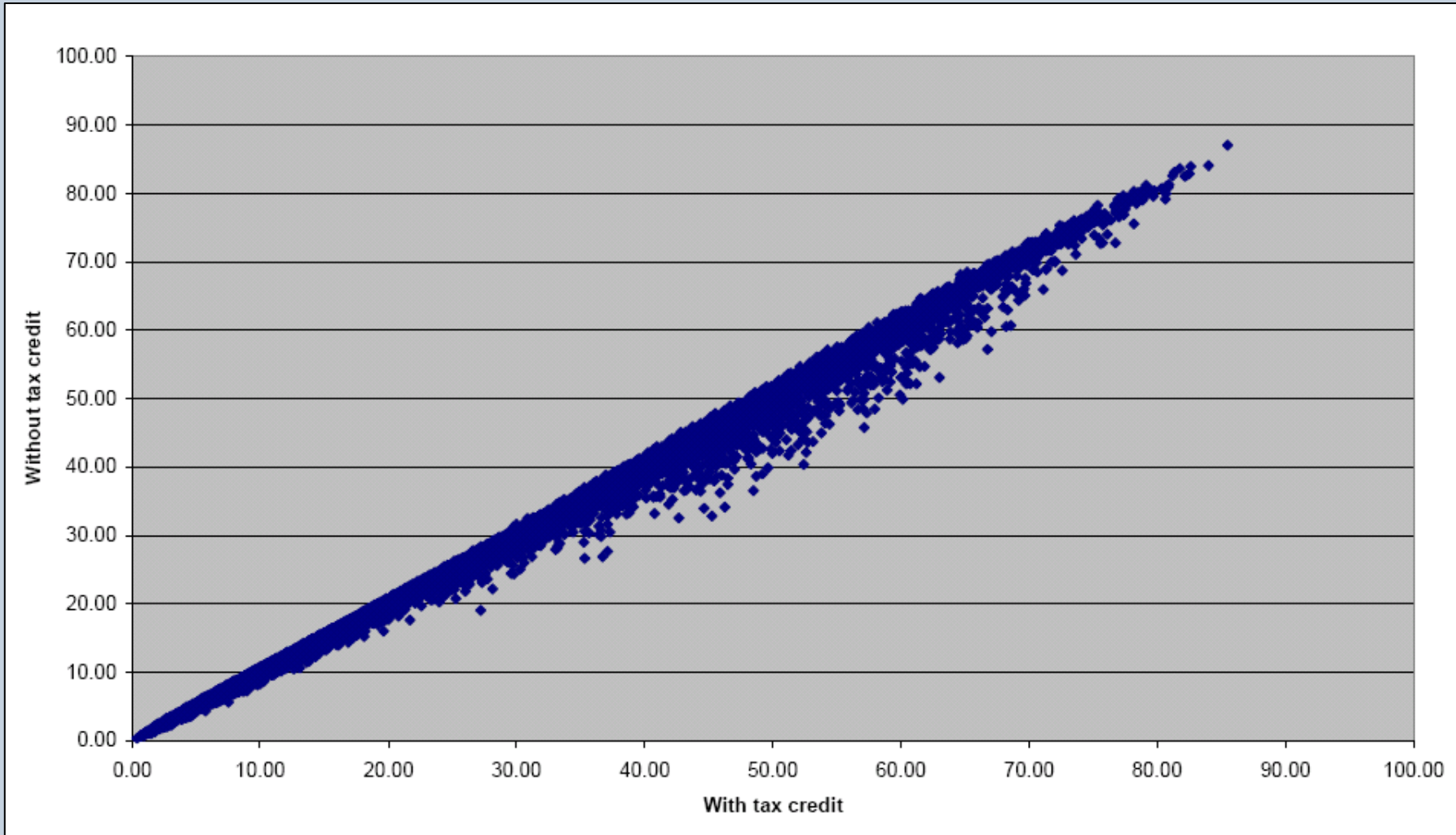
Scatter of English ID 2007 income domain numerator with and without tax credits



Scatter of English ID 2007 income domain score with and without tax credits



Scatter of English IMD 2007 score with and without tax credits



Cross-tabulation of English IMD 2007 decile rank with and without tax credits

Full IMD	No tax (decile 10=most deprived)									
	Decile 1	2	3	4	5	6	7	8	9	Decile 10
Decile 1	96.6%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2	3.4%	91.7%	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3	0.0%	4.8%	89.6%	5.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4	0.0%	0.0%	5.6%	89.5%	5.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5	0.0%	0.0%	0.0%	5.0%	90.0%	5.0%	0.0%	0.0%	0.0%	0.0%
6	0.0%	0.0%	0.0%	0.0%	5.0%	91.0%	4.0%	0.0%	0.0%	0.0%
7	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	92.8%	3.2%	0.0%	0.0%
8	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	93.5%	3.3%	0.0%
9	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.3%	93.0%	3.8%
Decile 10	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.7%	96.2%

What are the implications of omitting tax credit data from the income domain and overall index?

Recommendation of Peer Review

While every effort should be made to obtain tax credit data from HMRC, the analyses here show that the impact upon the decile ranking of the IMD 2007 was relatively small and so an inability to obtain tax credit data should not prevent the domain from being constructed.

Should Housing Benefit data (rent rebate and rate relief) be included if tax credit data are obtained?

How does this relate to the terms of reference?

This was not explicitly recommended within the NIMDM 2005 as a future indicator to pursue.

Proposed indicator for consultation

Adults and children in Housing Benefit households.

Consultation responses

The majority of written responses to the consultation supported the inclusion of this indicator. Reasons given were that it would pick up on low income people who are not claiming IS/JSA-IB.

One concern was possible urban skew

Should Housing Benefit data (rent rebate and rate relief) be included if tax credit data are obtained?

Recommendation of Peer Review

If tax credit data can be obtained for the income domain then the Housing Benefit data should not be included as there is a risk of double counting people (because it is not possible to identify Housing Benefit claimants on the tax credit system).

Amendment (NISRA): A solution has been proposed which will allow Housing Benefit claimants to be identified on the tax credit system. Housing Benefits can now be included in a non-overlapping count.

If tax credit data cannot be obtained then Housing Benefit data may prove useful. However, NISRA must be satisfied that: (i) claimants of Housing Benefit meet the definition of 'income deprived' adopted for these Measures, and (ii) the indicator treats both owner-occupiers and renters equally.

To replace benefits/tax credit-based income domain with a modelled estimate of income deprivation?

How does this relate to the terms of reference?

This would be a major methodological change to the domain. However, the NIMDM 2005 report recommended considering this approach for future versions.

Proposed indicator for consultation

To retain benefit (and, if possible, tax credit) income domain.

Consultation responses

Not consulted upon.

To replace benefits/tax credit-based income domain with a modelled estimate of income deprivation?

Recommendation of Peer Review

The report by the University of Essex recognises that any modelling approach which uses the Census as an important constituent data source will become less reliable as time increases from the Census date.

As the income domain of the NIMDM 2010 will be based on data for the period 2008/09, it is likely that significant socio-economic change will have taken place in many SOAs and therefore the modelling approach based on 2001 Census data is likely to be considerably out of date.

Our recommendation is that the income domain should be based upon benefits (and, if possible, tax credit) data for the period 2008/09.

Employment Domain consultation questions

- Whether the changes to the domain are acceptable?

Changes:

- (i) New Deal subsumed by Steps to Work programme. Steps to Work is not operating across NI and quality assurance has not yet been carried out.
- (ii) Employment Support Allowance added.

Recommendation of Peer Review

The proposed changes to the domain are driven changes to the benefit system. We support NISRA's proposed indicators.

Health Deprivation and Disability Domain consultation questions

- Whether an Emergency Hospital Admission Rate indicator should be included in the domain?
- Whether Mental Health Hospital Admissions should be included in the mental health indicator?
- Whether a Children's Dental Health indicator should be included in the domain?
- Whether a Low Birth Weight Indicator should be included in the domains?

Inclusion of an Emergency Hospital Admission Rate indicator?

How does this relate to the terms of reference?

In the NIMDM 2005 report a recommendation was made to explore the issues relating to emergency admissions to hospital, in particular whether there is a bias against rural areas.

Proposed indicator for consultation

Emergency admission rate (for stays of four nights or more).

Consultation responses

Of the 12 responses, eight were in favour of the proposed change and four were against. Objections included concern about difficulty of accessing hospitals in an emergency in rural areas, and the need to explore reasons for emergency admission.

Inclusion of an Emergency Hospital Admission Rate indicator?

Recommendation of Peer Review

The four nights threshold measures admissions for more serious conditions only.

This is no less appropriate than a measure which also captures emergency admissions of a less serious nature.

Crucially, it removes cases of attendance at A&E for more minor conditions, some of which may relate to ease of access to A&E hospitals.

As a suitable solution appears to have been found to the potential problem of urban-rural bias, it is our recommendation that the indicator be included in the NIMDM 2010.

Inclusion of a mental health hospital admissions indicator?

How does this relate to the terms of reference?

NIMDM 2005 recommended exploring possibility of developing an indicator of mental ill health based on inpatient stays in hospital.

Proposed indicator for consultation

A combined measure of three indicators:

- (i) mood and anxiety disorders based on prescribing data;
- (ii) suicides; and
- (iii) mental health inpatient stays.

Consultation responses

Eight responses in favour -v- four responses against.

Several concerns were raised, including the issue of access to mental health hospitals in deprived areas.

Inclusion of a mental health hospital admissions indicator?

Recommendation of Peer Review

We recommend that the mental health inpatient stays data is included in this indicator.

Any bias in the data relating to issues of service availability and accessibility should be reduced by creating an indicator which combines several (admittedly imperfect) data sources.

Using factor analysis to derive the weights instead of combining with equal weights (proposed in the consultation document) should help to further reduce the bias.

The use of such data is not unprecedented as hospital episode data relating to anxiety and depression was used in the English IMD 2007.

Education, Skills and Training Domain consultation questions

- Whether Key Stage 2 performance data should replace the 'proportions of children aged 11 and 12 not attending a grammar school'?
- Whether primary level absenteeism rates should be included in the domain?
- Whether the proportion of primary school age pupils with Special Education Needs should be included in the domain?
- Whether the destination of school leavers at 16 years indicator should include those not entering Further Education *or training*?
- Whether three sub-domains should be introduced, decreasing the importance of 2001 Census data in the overall domain?

Whether the destination of school leavers at 16 years indicator should include those not entering Further Education *or training*?

How does this relate to the terms of reference?

Neither recommended in the NIMDM 2005 nor forced by changes to data. It was felt that this change would be 'more in keeping with the aim of the domain' (p16, consultation document).

Proposed indicator for consultation

Proportion of those leaving school not entering further education or training.

Consultation responses

Eleven responses were received, all in favour

Whether the destination of school leavers at 16 years indicator should include those not entering Further Education *or training*?

Recommendation of Peer Review

One element of PSA 19 is to increase the participation rate of 16-17 year olds in full time education or training and thus reduce the numbers of young people not in education, employment or training.

We support NISRA's proposal that this indicator should capture those people not in education, employment or training.

Living Environment Domain consultation questions

- Whether Central Heating information from the 2001 Census and SOA level housing stress should be replaced by the Decent Home Standard?
- Whether the Housing Health and Safety Rating System should be included?
- Whether Household Overcrowding information from the 2001 Census should be excluded?
- *Whether to include a measure of noise complaints?*

Replace central heating and housing stress indicators with a Decent Home Standard indicator?

How does this relate to the terms of reference?

By incorporating a measure of thermal comfort back into the Decent Home Standard the out-of-date 2001 Census indicator can be dropped.

Proposed indicators for consultation

SOA level Decent Home Standard

Consultation responses

Strong support for this proposed change.

Replace central heating and housing stress indicators with a Decent Home Standard indicator?

Recommendation of Peer Review

Overall, we support the proposals to include a SOA level Decent Homes Standard indicator in place of the housing stress and central heating indicators and we support the methodology proposed to construct this new indicator.

However, important to recognise that: (i) Census and Housing Executive definitions of central heating differ, and (ii) subsuming central heating within the Decent Homes Standard essentially reduces the weighting of central heating compared to NIMDM 2005.

Whether the Housing Health and Safety Rating System should be included?

How does this relate to the terms of reference?

The NIMDM 2005 report recommended exploring data on accidents in the home.

Proposed indicators for consultation

SOA level Housing Health and Safety Rating Standard.

Consultation responses

Overwhelming support for this change.. The only concern was that there might be some duplication in the two indicators.

Whether the Housing Health and Safety Rating System should be included?

Recommendation of the Peer Review

The HHSRS indicator should capture elements of poor physical indoor environment which pose a health risk.

There is the potential for this indicator to be highly correlated with the DHS indicator but this does not present a problem as the two indicators are measuring different issues.

Although this is a new indicator, its inclusion is justified by the recommendation within the NIMDM 2005 report to consider an indicator of accidents in the home in future.

The proposed HHSRS indicator focuses on the indoor physical environment and so its inclusion within the NIMDM 2010 is supported.

Whether Household Overcrowding information from the 2001 Census should be excluded?

How does this relate to the terms of reference?

Essentially this constitutes a change caused by unavailability of sufficiently up-to-date data.

Proposed indicator for consultation

No overcrowding indicator.

Consultation responses

Strong support for dropping the Census indicator. However, three respondents felt it is an important indicator of deprivation and therefore should be included somehow. Two respondents suggested using HMO data.

Whether Household Overcrowding information from the 2001 Census should be excluded?

Recommendation of Peer Review

We have concerns that the HMO data is measuring a different phenomenon to 'overcrowding' as defined in the Census. HMO data would exclude: (i) all owner occupiers, and (ii) households living in overcrowded accommodation but not in HMO classified accommodation (e.g. a couple with their ten (!) dependent children living in a two-up/two-down terraced house)

We recommend that the Census indicator is adjusted using trends shown in the Continuous Household Survey (CHS) if this is possible. However, it is important to empirically verify that the CHS bedroom standard is a relatively comparable measure of overcrowding to the Census occupancy standard and that it is thus appropriate to use the CHS trends to adjust the Census indicator.

Should noise complaints be included in the outdoor physical environment sub-domain?

How does this relate to the terms of reference?

The inclusion of noise complaints was suggested within the NIMDM 2005 as a possible development to the crime and disorder domain. The inclusion of this indicator within the NIMDM 2010 is therefore justified.

Proposed indicator for consultation

This indicator was not proposed at the consultation stage.

Consultation responses

No responses received as this was not consulted upon.

Should noise complaints be included in the outdoor physical environment sub-domain?

Recommendation of the Peer Review

Noise complaints was proposed within the NIMDM 2005 as a possible future source of anti-social behaviour.

The aim of the outdoor physical environment sub-domain should not be to measure anti-social behaviour but to measure the general physical environment of the area, irrespective of the *reasons* for the state of the general physical environment.

As such, the noise complaint indicator would fit better within the disorder sub-domain of the crime and disorder domain. Data on noise complaints were not available in 2005 but, if they had been available, the proposal would have been to include these within the disorder sub-domain. Therefore, we would recommend the inclusion of noise complaints within the disorder sub-domain of the crime and disorder domain.

Crime and Disorder Domain consultation questions

- Whether the proposed changes to the domain are acceptable?
- *Should both primary and secondary fires be included rather than just primary fires as in the NIMDM 2005?*

Should both primary and secondary fires be included rather than just primary fires as in the NIMDM 2005?

How does this relate to the terms of reference?

This was not proposed in the consultation document and it was not explicitly recommended as a future indicator development within the NIMDM 2005 report.

Robust data on secondary fires were not available in 2005. If such data are now available then this meets the criterion of enhancement to administrative data.

Proposed indicator for consultation

Deliberate primary fires.

Consultation responses

No responses received as this was not consulted upon.

Should both primary and secondary fires be included rather than just primary fires as in the NIMDM 2005?

Recommendation of the Peer Review

If the data on deliberate secondary fires are robust then we would support the inclusion of this data into the indicator.

DEPARTMENT OF SOCIAL POLICY AND SOCIAL WORK



Proximity to Services Domain

- The purpose of this domain is to measure the extent to which people have poor geographical access to key services, including statutory and general services.*



NIMDM 2005	Proposed Domain
GP premises	GP premises
Accident and Emergency hospital	Accident and Emergency hospital
Dentist	Other Primary Health Care Services
Optician	
Pharmacist	
Jobs Centre or Jobs & Benefits Office	Jobs Centre or Jobs & Benefits Office
Post Office	Post Office
Food Store	Food Store
Settlement of 10,000 or more people	Large Service Centre
	Council Leisure Centre
	Financial Services
	Other general services

General issues

- Proximity not Access - (segregation/costs/disabled/older people)
- Travel Time Assumption

Agreement

- Large Service Centres
- Council Leisure Centres – (variation in level of service)
- Financial Services Indicator
- General Services Indicator
- Travel Time – (query on calculation – traffic, time)

Disagreement

- Cross Border Services – A&E and Service Centres – (NI tax payers and NI services, expensive Euro)
- Food shop including shops below 50 employee threshold – (cost)
- Primary Health Care Indicator – (different types of need)



Proximity to Services - 2010

GP premises

Dentist

Optician

Pharmacist

Food Store

Post Office

Financial Services

Jobs Centre or Jobs & Benefits Office

Council Leisure Centre

Other general services

Large Service Centre (incl. cross border)

Accident and Emergency hospital (incl. cross border)

