

RE: Consultation on the proposals for the updated Multiple Deprivation Measure.

To whom it may concern,

Thank you for providing Castlereagh Borough Council with a copy of the above consultation document and giving us the opportunity to comment on the changes to the indicators and domains. Whilst recognising the need to update the 2005 measures, we would also like to include some suggestions for the fuller review post 2011 Census.

Castlereagh Borough Council's principal issue is that due regard is given to key pockets of deprivation and that the identification of priority need in these areas is not jeopardised by neighbouring wards with a high rank multiple deprivation level score. High ranking wards include Hillfoot (MDM Rank 582), Galwally (MDM Rank 580), Cairnshill (MDM Rank 579) and Gilnahirk (MDM Rank 576). Low ranking wards include Tullycarnet (MDM Rank 71), Enler (MDM Rank 98), Cregagh (MDM Rank 140) and Minnowburn (MDM Rank 158).

Please find detailed below the questions we were asked to comment on, and the response.

Income Domain.

Whether adults and children in households in receipt of Housing Benefit should be included in the domain.

We agree that households in receipt of Housing Benefit should be included in the domain taking into account that households in receipt of income support are not included in the Housing Benefit statistics.

Health Deprivation and Disability Consultation Questions.

Whether an Emergency Hospital Admission Rate indicator should be included in the domain?

We agree that an Emergency Hospital Admission Rate indicator should be included, as it is understood that rural bias is removed when emergency admissions result in a stay of 4 or more days, and this is how the indicator is measured. It is also important as it demonstrates the high need for A&E Departments in the current climate, where A&E departments are closing.

Whether Mental Health Admissions should be included in the mental health indicator?

We agree that Mental Health Admissions should be included in the mental health indicator providing that it also includes A&E mental health admissions.

Whether a Children's Dental Health Indicator should be included in the domain?

We agree that a Children's Dental Health Indicator should be included in the domain as Dental health can indicate various health or Social problems.

Whether a low Birth Weight Indicator should be included in the domain?

We agree that a low birth weight indicator should be included in the domain as low birth weight can indicate lifestyle choices, such as smoking when pregnant, poor diet, consuming alcohol when pregnant etc.

Education, Skills and Training Consultation Questions?

Whether key stage 2 performance data should replace the proportions of children aged **11 and 12** not attending a grammar school?

We agree that this indicator should replace the 'proportions of children aged 11 and 12 not attending a grammar school' as this data is more reliable, as it includes all children.

Whether primary level absenteeism rates should be included in the domain?

We agree that primary level absenteeism rates should be included in the domain, as these can be an early indicator of underlying social problems.

Whether the proportion of primary school pupils with Special Education Needs should be included in the domain?

We agree that the proportion of primary school pupils with Special Education Needs should be included in the domain, as this will represent children with SEN in mainstream schools rather than only children attending SEN schools.

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

We agree that the destination of school leavers at age 16 years indicator should include those not entering Further Education or *training*. As it was previously only leavers who did not enter Further Education, this was not a fair reflection of those who do not chose to take the academic route.

Whether three sub domains should be introduced, decreasing the importance of 2001 Census data in the overall domain?

We agree that three sub domains should be introduced, decreasing the importance of 2001 Census data in the overall domain, as the 2001 census data is now relatively out of date.

Proximity to Services Domain Consultation Questions.

Whether cross border service centres and accident and emergency hospitals should be included?

We agree with the inclusion of A&E hospitals but do not agree with including cross border service centres due to the difference in currencies i.e. the pound and Euro, is it feasible for people to use both service centres.

Whether a general service indicator should be included?

We agree that a general services indicator should be included.

Whether the food shop indicator should be broadened to include convenience stores?

We agree that the food shop indicator should be broadened to include convenience stores.

Whether dentists, opticians and pharmacists should be combined into a single indicator?

We do not think that dentists, opticians and pharmacists should be combined into a single indicator as we do not believe that they hold equal weightings e.g. we feel that a pharmacy is more immediate service requirement to an older person than a opticians or dentists.

Whether Council Leisure centres should be included?

We agree that Council Leisure Centres should be included in the domain as their facilities are more affordable and accessible.

Whether the service centres should be based on service provision rather than having a population of least 10,000?

We agree that the service centres should be based on service provision rather than having a population at least 10,000 as there are lots of smaller settlements may have greater service provision because of proximity to large urban population or commuters.

Whether the calculation of proximity should be based on time rather than distance?

We agree that the calculation should be based on time rather than distance as it could take into account public transport and motorways.

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?

We agree that the Central Heating information from the 2001 Census and SOA level housing stress should be replaced by the Decent Home Standard as the data is more current.

Whether the housing Health and Safety rating system should be included?

We agree that the housing Health and Safety rating system should be included as this also gives an insight into other social/health problems.

Whether household Overcrowding information from the 2001 census should be excluded?

We agree that the household overcrowding information from the 2001 census should be excluded as statistics from the 2001 census would not show a true reflection of overcrowding as there was a large influx of immigrants from 2002 onwards.

For Further Consideration post 2011 census we would like the following to be taking into consideration:

We feel that working tax credits and child credit data needs to be included to show a true reflection of income as without working tax credits many people on low incomes would not be able to afford to work and would have to claim benefits.

That access to an NHS dentist should also be explored as many private dentists are not accessible to all.

That the incidences of autism/ aspergers in a Super output area/output area be included.

That as many measures as possible are calculated at output area (population 350 people) to ensure that pockets of deprivation are accurately measured.

Access to high speed broad band. And/or local library with internet Access service.