

## **Update of Measures of Spatial Deprivation**

### **Public consultation event**

**10:30am, Wednesday 30 September 2009**

---

- (i) Overview by Chair, Dr Norman Caven  
Chief Executive NISRA/Registrar General for Northern Ireland
- (ii) Welcome by Ms Frances McCandless  
Director of Policy, NICVA
- (iii) Update to Northern Ireland Multiple Deprivation Measure by  
Dr David Marshall and Miss Cathryn McBurney  
with two breaks for questions
- (iv) Summary

## Summary of Questions

- Q1. Will the current Super Output Area boundaries fit into the proposed new council and ward boundaries?
- Q2. When will the proposed new district council and ward boundaries be finalised? This will allow consideration of comparing current and updated deprivation measures using consistent boundaries.
- Q3. If mental health admissions data was to be produced and published at Output Area level, would there be confidentiality issues?
- Q4. How are multiple admissions of one person treated in the mental health indicator?
- Q5. With regards to the Pension Credit indicator, are both the guarantee element and savings element used?
- Q6. With regards to the Housing Benefit indicator, are rate rebate recipients included or only rented accommodation?
- Q7. Will learning disability hospitals be included in the mental health in-patients indicator?
- Q8. Often with learning disability there is less reliance on hospital provision and more reliance on community services. Is this considered?
- Q9. The Department of Education are moving away from Special Educational Needs, what effect will this have on the indicators?
- Q10. An important addition to the domain would be an indicator involving those with SEN attending Further Education and Higher Education.
- Q11. Have you included NISRA research on disability access to services?
- Q12. Have free school meals been considered as an indicator?

Q13. When NISRA consulted OFMDFM about the child specific deprivation measure, was this conducted at a ministerial level?

Q14. Does the education domain consider migrant workers' children without English as a first language?

Q15. The 1972 Health Order/Social Service Provision – Families in Crisis could provide data for an indicator, should this be included?

Q16. In the income and employment sections of the consultation document the rationale for excluding modelled income data is outlined. In light of the Joseph Rowntree Poverty event on 29-09-2009 it is very important to consider working households with low incomes but who are not receiving benefits. How are these households considered?

Q17. If an A8 country migrant cannot receive benefits, will the measures capture them in the income and employment domains?

Q18. If a person receives Tax Credits they may no longer qualify for Housing Benefit. Thus by having no Tax Credit data, those receiving tax credits will not be counted via Housing Benefit.

Q19. Does the mental health indicator include people in general hospitals with mental health disorders? If so, does it use ICD-10 / diagnostic information to determine that a patient is in hospital for mental health reasons as opposed to has mental health problems but is in hospital for an unrelated reason?

Q20. What are the data sources for low birth weight and mental health coding?

Q21. Can Belfast City Council get access to the raw data as this may be more useful in some cases than the final measure?

Q22. Once the boundaries have changed, can BCC have the data so that they can realign to new boundaries themselves?

Q23. Proximity does not equal access, and access does not equal uptake. This can be for a number of reasons including social and health reasons and waiting times. Falls\_1 is ranked 890 in the proximity to services domain and yet has access issues.

Q24. How were the domain weights decided?

Q25. How do departments collaborate on the use of deprivation measures after their publication?

Q26. With regards to the new housing indicator, is housing stress (waiting lists – see below) still being measured?

Comment: Just to clarify – in NIHE housing stress means waiting lists.

Q27. In the proximity to services domain, how do you take account of other barriers to service, for example, social barriers?

Q28. In the dentists indicator, do you consider NHS and private dentists?

Q29. Some GPs have reduced the radius of their practice's catchment areas, will this affect the proximity to services domain?

Q30. Has the frequency with which a service is accessed been taken into consideration in the proximity to services domain? For example ATMs are used more frequently and tend to be closer, and hospitals are used much less frequently and there are fewer of them.

Q31. Local authorities have a direct interest in road quality and may wish to promote their area via road quality. Has this been explored as a source of data?

Q32. Primary fires are included but why aren't secondary fires included? Secondary fires are a good indicator of anti-social behaviour.

Q33. Would it be possible to include a hate crime indicator?