



Rural Community Network
SUPPORTING RURAL COMMUNITIES

Response to Consultation on the Northern Ireland Multiple Deprivation Measure 2009

November 2009

Final

1.0 Introduction

- 1.1 Rural Community Network (RCN) is a regional voluntary organisation established by community groups from rural areas in 1991 to articulate the voice of rural communities on issues relating to poverty, disadvantage and equality. We have a membership of over 450 groups. We would like to include the following points as a precursor to addressing the specific consultation document questions.
- 1.2 RCN is committed to a rural community and networking approach to the planning and development of sustainable rural communities in order to address poverty, social exclusion and equality and to support work towards a shared future.

- 1.3 RCN welcomes the opportunity to comment on NISRA's proposals for changes to the Northern Ireland Multiple Deprivation Measure 2009. As an organisation that regularly utilises the Noble Measures of Deprivation and encourages our members to do the same we have a keen interest in how the Multiple Deprivation Measure is used.
- 1.4 In line with the comments we made relating to the updating of the Measures of Deprivation in 2005 we continue to have concerns around how the Multiple Deprivation is employed by government departments and funders alike. The paltry 10% weighting allocated to the Proximity to Services Deprivation Domain in conjunction with 50% of the MDM weighting being made up of the largely benefit derived Income Deprivation and Employment Deprivation Domains means that rural communities hardly feature in the top 20% of MDM SOA rank scores. Based upon the 2005 NIMDM scores it is apparent that only 6.7% of the 20% most deprived (12 out of 178) super output areas were rural. The Joseph Rowntree Foundation in their July 2000 report entitled '**Exclusive Countryside? Social Inclusion and regeneration in rural areas**' highlighted the fact that rural areas experienced '**low take up of benefits, reflecting inaccessible advice and information services, differing perceptions of poverty and a culture of independence**'
- 1.5 Our criticisms here are not directed at NISRA but rather those who continue misuse the MDM score ranks generated for all Northern Ireland's 890 Super Output Areas when deciding resource allocations. As an example the Department for Social Development's Neighbourhood Renewal Programme set up in 2003, targeted the '**worst 10% Wards as measured by the Noble Multiple Deprivation Measure and the worst 10% Enumeration Districts as measured by the Noble Economic Deprivation Measure**' and as a result has been of no discernable benefit to rural communities.
- 1.6 Whilst NISRA cannot be held accountable for these misuses of the NIMDM, RCN would like to see a greater emphasis being placed upon outlining the potential shortfalls of using the NIMDM as a resource allocation tool and a recognition of the fact the measures are indicative rather than definitive. The inclusion of a more prominent statement to this effect within documentation relating to the revised measures would be warmly welcomed by RCN and our members.

Responses to Individual Consultation Questions

The following comments record RCN's responses to the questions identified within the consultation document as they relate to the seven NIMDM Domain areas.

Income Deprivation Domain

Whether the proposed changes to the 2005 domain are acceptable?

In line with our previously stated reference to the research undertaken by the Joseph Rowntree Foundation RCN has reservations around the continuing dependence on key benefit uptake figures to calculate this measure. It is our considered opinion that rural benefit uptake figures are lower than their urban equivalent and as such this domain area tends to confer the impression that urban income deprivation is higher. The inclusion of data from the Family Resource Survey or the referenced 'Creating small area income deprivation estimates for Northern Ireland: spatial microsimulation modelling – Anderson (2008), which sought to actually identify household income rather than ability to and willingness to draw benefits would undoubtedly have helped to somewhat redress this issue. We question NISRA's reasons for not incorporating this data in the updated measures at this time as this would undoubtedly add to the accuracy of the domain area. If data of this nature cannot be incorporated at this time we would hope and strongly suggest that this be done within the next review following the 2011 census.

Given these views we still continue to question the appropriateness of the title of this Domain area and would prefer to see a reference to the fact that it is not income derived but rather based upon income derived from benefits.

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

In spite of our previously stated reservations RCN would welcome the inclusion of data highlighting the numbers of Adults and Children living in Housing Benefit households as this should hopefully pick up some of those individuals living in rural communities who are not already claiming State Pension Credit, Income Support, the income component of Employment and Support Allowance, or income based Jobseeker's Allowance.

Employment Deprivation Domain

Whether, given the recommendations and changes to data availability, the proposed updated domain is acceptable?

We are disappointed that there will be no specific indicator relating to hidden unemployment as this continues to be a severely limiting factor for many within our society. We understand NISRA's concerns about using either the Labour Force Survey or the Family Resources Survey due to their small sample sizes but would urge NISRA to actively explore or commission other mechanisms to collect this data for inclusion in the next review of the Deprivation Measures post the 2011 census.

In a similar vein the inability to include data relating to those involved in the Steps to Work programme undoubtedly weakens the relevance and application of the Domain area.

We do not believe that these issues necessarily affect the acceptability of the Domain area however as our primary concerns around acceptability of the

domain area are once again linked to the continuing dependence on key benefit uptake figures to calculate the domain SOA scores and ranks.

Health Deprivation and Disability Domain

Whether the proposed changes from the 2005 domain are acceptable?

In general terms RCN would welcome the proposed changes from the 2005 domain as they relate to the inclusion of Mental Health Hospital Admissions, Children's Dental Health figures and Low Birth weight data.

Specifically

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

RCN would have serious concerns around the inclusion of the Emergency Hospital Admission Indicator. In spite of the work conducted by the DHSSPS outlined within the consultation report we are still of the opinion that the use of such a measure will be unfairly biased against rural communities. The continuing centralisation of acute hospital services and the ongoing changes to the Northern Ireland Ambulance Service, on which RCN recently consulted its members, lead us to conclude that an increasing number of rural people are less able to access hospitals on the occasion of an emergency than those who live in urban areas. We do not accept that the use of data based upon emergency admissions with a length of stay of four nights or more will nullify this issue as the data on which this presumption is based was compiled in 2005. It is the commonly expressed experience of many of our members that accessing hospitals and wider health services is an increasingly difficult exercise and for this reason we believe that this issue requires further investigation before inclusion as an indicator.

Whether Mental Health Hospital Admissions should be included in the Mental Health Indicator?

We would advocate inclusion.

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

We would advocate inclusion.

Whether a Low Birth Weight indicator should be included in the domain?

We would advocate inclusion.

Education, Skills and Training Domain

Whether the proposed changes from the 2005 domain are acceptable?

In general terms the proposed changes from the 2005 domain are acceptable to RCN as they appear to increase the accuracy of indicator data.

Specifically

Whether Key Stage 2 performance data should replace the 'proportions of children aged 11 and 12 not attending a grammar school'?

We would concur with the view that Key Stage 2 performance is a more accurate measure of primary school performance than grammar school attendance and so would advocate for the inclusion of this dataset as an indicator.

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

We would advocate inclusion.

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

We would advocate inclusion.

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

We would advocate inclusion.

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

We would advocate inclusion given the increasing degradation of the 2001 census data.

Proximity to Services Domain

Whether the proposed changes from the 2005 domain are acceptable?

Whilst many of the changes from the 2005 are to be welcomed RCN would like to have seen some of the recommendations made in 2005 being incorporated. In particular the inclusion of information on Translink services and a more regular update on car ownership would have been very useful. The issue of accessing a range of services due to problems with transport remains a key challenge for many rural residents with the impacts being most keenly felt by those with no access to cars and dependent upon public transport.

On the basis of our members' experience the inclusion of a measure detailing access to broadband at a set quality/download speed level would also be something that RCN would advocate strongly.

Specifically

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

RCN recognises the need to acknowledge cross border travel to access service centres and accident and emergency hospitals within the Republic of Ireland but would caution against the inclusion of such data without further investigation of how many people avail of these services. Our concerns here are largely based upon the fact that the number of people accessing these services will not be consistent but will rather relate to factors such as currency exchange rates and fees relating to health services such as GP's.

In addition the inclusion of this data may paint a far from accurate picture of service provision and could be open to abuse by government departments within Northern Ireland who may use it as a justification for not addressing the very real service provision deficits within the more rural and isolated parts of Northern Ireland.

For these reasons and until more detailed data on this issue is available we would not be advocating the inclusion of this data as an indicator.

Whether a general service indicator should be included?

RCN cautiously welcomes the proposed inclusion of a general service indicator within the domain. Including filling stations within this category is to be commended but we would ask NISRA to reconsider the inclusion of Health and Beauty establishments and to clarify what is meant by food and social establishments before inclusion.

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

We would advocate inclusion.

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

The combination of dentists and pharmacists makes sense but we would have concerns about assimilating pharmacists into this catch all 'other health services' indicator. The role of the pharmacist within many rural communities is becoming increasingly significant as our population ages and the loss of these services can have a disproportionately negative effect on a community. In addition the successful piloting of community and extended pharmacy schemes would tend to suggest that the role of the pharmacist as a regularly used primary health care provider within areas without access to a GP is only likely to grow. For this reason this indicator needs to remain separate.

Whether council leisure centres should be included?

RCN would not advocate the inclusion of council leisure centres but would rather suggest the inclusion of data relating to community halls which provide

a community service such as childcare, elderly luncheon clubs, youth clubs or education classes.

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

RCN would strongly advocate that the list of service centres should be extended to reflect the level of service provided rather than population. We would however remain cautious about the use of the data relating to the 6 identified cross border service centres mentioned in the consultation document for the reasons outlined in our response to the earlier specific cross border service centres question.

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

The calculation of proximity be based on time rather than distance would theoretically be an improvement over the current measure. Drawing upon some of our earlier points however we do not believe that this change will address the needs of those who rely solely on public transport to access services in rural areas as the times will be based upon car journeys solely. In addition we would have concerns about whether average journey times derived on assumptions about achievable speeds on various classes of road can be a useful measure given the varying levels of disrepair on much of the rural road network. The state of a B or C class road in two different areas is unlikely to be the same and this will undoubtedly impact on journey times. In effect there is no such thing as an average achievable speed on an average road in Northern Ireland and the variation may make this indicator.

Unless the inclusion of average public transport travel times is included we could not advocate the inclusion of this indicator and so would advocate that distance continues to be the measure of proximity.

Living Environment Domain

Whether the proposed changes from the 2005 domain are acceptable?

Whilst many of the changes from the 2005 are to be welcomed RCN would like to have seen some of the recommendations made in 2005 being incorporated. In particular a further enhancement of the mechanisms to capture data around homelessness and more particularly hidden homelessness would have been very useful. In addition the whilst recognising the difficulties we believe that the inclusion of indicators detailing access to mains water and fuel poverty would have added value to the domain area and as such these issues should be actively pursued during the next review of the NIMDM post the 2011 Census.

Specifically

Whether Central Heating information from the 2001 Census and SOA level housing stress should be replaced by the Decent Homes Standard?

We would advocate replacement of the Central Heating information from the 2001 Census and SOA level housing stress by the Decent Homes Standard

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

We would advocate inclusion.

Whether Household overcrowding information from the Census should be excluded?

We would advocate exclusion of the overcrowding information from the Census on the basis that the validity of the data has declined with time but would suggest that the work being undertaken by the Northern Ireland Housing Executive in terms of mapping and recording the numbers of Houses in Multiple Occupation (HMO's) be considered as an alternative data source for determining where overcrowding may be an issue.

Crime and Disorder Domain

Whether, given the recommendations and changes to data availability, the proposed updated domain is acceptable?

RCN believes that the proposed updated domain is acceptable given the both the recommendations made in 2005 and the changes to data availability over this time.