

Northern Ireland Multiple Deprivation Measure 2009: Consultation

A Response from the Northern Ireland Rural Development Council (RDC)

Introduction

The Northern Ireland Rural Development Council (RDC) welcomes the opportunity to respond to the consultation on the Northern Ireland Multiple Deprivation Measure (NIMDM) 2009.

As requested, our response to this consultation will focus on how the temporal indicators and domains might be revised to be reflect spatial deprivation measures and ultimately most accurately monitor the impact of policy interventions.

RDC would suggest that in order to help identify pockets of deprivation, it would be favorable if the overall measure and each of the domains could be available at output area as well as at the super output area level.

The role of the Northern Ireland Rural Development Council

RDC was established by Government in 1991 and became a fully independent organisation in April 2009 following the Review of Public Administration announcement in March 2006.

RDC was established with a key remit to assist DARD and Government in understanding rural affairs and in formulating effective policy and programme responses. Over the years, RDC has maintained a wide-ranging programme of research, drawing together an analysis of rural change and of leading edge thinking in tackling development issues or opportunities.

The RDC role in delivery of grant programmes has in turn provided a substantial body of project ideas and best practice which has regularly been drawn upon to illustrate the potential and scope of rural development and to support others in formulating new projects in Northern Ireland and further afield.

In recent years RDC has worked to progress the thinking and support for rural proofing, spanning an average of 15 -20 key policy submissions each year, the promotion of a rural proofing checklist, and focused research to rural proof small schools policy.

In addition RDC has been appointed through the Agri Rural Forum as manager of the Rural Network for Northern Ireland (October 2008). Established as part of the Northern Ireland Rural Development Programme, this Network is designed to help and support the implementation and delivery of the NI Rural Development Programme.

RDC works to support and encourage integrated rural development actions that recognise and value the contribution of agriculture, rural regeneration, the environment and culture in realising a vision of a living, working, sustainable and shared countryside.

We have structured our response to this consultation in the manner requested and have answered the specific questions contained in the consultation in the order that they arise.

Should you require any further information or clarification on any matter raised in this response please feel free to contact the RDC using the contact details below. We look forward to hearing the outcome of this consultation.

Income Deprivation Domain

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

The proposal to include *Adults and Children living in Housing Benefit households* in the Income Deprivation Domain is acceptable to the RDC. We believe that the incorporation of those people renting accommodation whose income is below a certain level will help further refine statistics included in the NIMDM.

Employment Deprivation Domain

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

The RDC supports the proposal to update the Employment Deprivation Domain. In particular, we believe that combining indicators and expressing them as a rate of the total working age population will generate better information.

Health Deprivation and Disability Domain

- 1. Whether an Emergency Hospital Admission Rate indicator should be included in the domain?**

We believe that the distance to Accident and Emergency hospitals is a major deterrent particularly in more isolated rural areas, where deprivation is often at its most pronounced. We are not convinced that the 'rural effect' completely disappears when a length of stay of 3 nights or fewer was

removed and therefore do not support the inclusion of an Emergency Hospital Admission rate indicator (for emergency admissions with length of stay of four nights or more). Some form of indicator is required to assess emergency hospital admissions as distinct to elective treatments.

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

It is difficult to see how the inclusion of Mental Health Hospital Admissions would improve the Mental Health Indicator. We would expect that anyone admitted to hospital on mental health grounds would be in receipt of prescription medication for their condition, making the inclusion of Mental Health Hospital Admissions a costly duplication.

We are pleased to note that prescribing data on Mental Health Disorders will be obtained from the Electronic Prescribing and Eligibility System (EPES) as this system contains patient location information for each prescription. The General Pharmaceutical Payments System indicator in the 2005 measure had the potential to distort spatial trends as it was based solely on the location of the GP practice where prescriptions were issued.

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

The RDC accepts that a complete measure of children's dental health would be an important addition to the Health Deprivation and Disability Domain. The availability of statistics on hospital extractions, we believe makes it possible to produce a meaningful dental health indicator.

We would like to see future measures include information on extractions at Community Clinics/Health Centres so that a full dental health picture can be gathered.

4. Whether a Low Birth Weight Indicator should be included in the domain?

Now that there are no longer concerns over the quality of low birth weight data the RDC would welcome its inclusion in the Health Deprivation and Disability Domain. Low birth weight has been consistently linked to the risk of developing long term health problems and it therefore appropriate that this indicator is included in the domain.

Education, Skills and Training Deprivation Domain

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

The RDC believes that Key Stage 2 Teacher Assessment data is a much more accurate indicator of educational achievement than the indicator relating to the proportion of Year 11 and 12 pupils not attending grammar school. A number of non educational factors such as travel distances/times, location of siblings etc affect attendance at grammar school.

We therefore agree that Key Stage 2 performance data should replace the proportions of children aged 11 and 12 not attending grammar school indicator.

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

Now that improved pupil level information has facilitated the extension of Absenteeism indicators to primary school level we believe it makes sense that these should be included in the domain. The RDC believes that there is an established link between Absenteeism and Deprivation.

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

As above, now that better information is available on Special Education Needs in primary schools we believe that this should be included in the domain.

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

The RDC supports the amendment of this indicator so that it includes those not entering Further Education or training. We believe this makes it possible to better reflect decisions made by school leavers and removes a potential distortion.

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

There is little doubt that creating three sub-domains for Education, Skills and Training will be a considerable help in more accurately measuring educational attainment at primary and post primary school. This change

will help address many of the shortcomings in the Census 2001 and is therefore supported by the RDC.

Proximity to Services Domain

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

Any indicator on cross border services should measure the flow of traffic in terms of access service provision both North and South and be able to illustrate the statistics for both jurisdictions.

Although some border communities may find themselves closer geographically to services in the Republic of Ireland we are not sure how applicable this may be. Costs of many services in the Republic of Ireland are significantly more expensive than in Northern Ireland and particularly in the current economic climate we believe that people may chose to travel further to access a similar, although cheaper service in Northern Ireland. It is also unclear what capacity there is in the Republic of Ireland for the provision of many services to Northern Ireland citizens.

We are therefore concerned that any indicator taking into account cross border services may convey an unrealistically optimistic impression of access to services in certain border areas.

2. Whether a general service indicator should be included?

The RDC strongly supports the inclusion of a general services indicator as it is clear that access to general services has a direct influence upon quality of life for communities.

The RDC commissioned report into services in rural areas in Northern Ireland (2003) highlighted the shortfall within the Noble Deprivation Index in taking properly into account the degree of accessibility to key services in rural areas. The top 20 most deprived wards based on the access to services domain are all rural, yet only 4 of these appear in the top 20% most deprived wards based on the Multiple Deprivation Domain.

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

Now that the NIMDM have the ability to refine the food shop indicator and produced improved data on a range of shops we would welcome the inclusion of convenience stores in the food shop indicator.

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

It would be useful to review separately as each of these services will have a different impact on health and well being. Access to health related services is a key rural issue and understanding the levels of access to all three will help present a clearer picture of the circumstance.

5. Whether council leisure centres should be included?

The RDC does not have any strong views on this particular proposal.

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

Undoubtedly, the RDC believes that service centres should be based on the services they are able to provide rather than population densities. Some larger settlements provide relatively limited access to services, again potentially distorting an accurate assessment of service provision.

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

The RDC strongly supports the concept of determining the availability of services based on travel time rather than distance, as this takes into account traffic conditions. However, the current proposal is to use a generalised travel speed for each road type with no account being taken of traffic density or congestion, which can be significant especially at busy periods.

It may be better to model for different times of the day and then estimate a combined score to be fed into the domain.

Living Environment Domain

1. Whether Central Heating information from the 2001 Census and SAO level housing stress should be replaced by Decent Home Standard?

The RDC believes the Decent Home Standard is a much better measurement of the overall quality of housing than the Central Heating information from the 2001 Census and we therefore welcome the proposal to drop the lack of central heating indicator from the sub-domain.

The Decent Home Standard measures not only thermal comfort but also assesses the state of repair and the provision of modern facilities.

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

The Housing Health and Safety Rating System is in the opinion of the RDC a much better mechanism of determining the overall quality of housing as it identifies defects in dwellings and the attached risks. We therefore welcome its inclusion in the Housing Quality sub-domain.

We agree that the incomplete home accidents dataset is of limited benefit as a measure of housing quality.

3. Whether Household Overcrowding information from the 2001 Census should be included?

The RDC does not feel that Housing Overcrowding information from the 2001 Census should be included in the domain. We believe that Household Overcrowding information from the 2001 Census is of extremely limited value at this point. The accession of a number of central and eastern European countries to the EU in 2004 will have undoubtedly profoundly changed the 2001 data. With the global economic downturn many migrants have moved again further changing the 2001 picture.

We therefore believe that the 2001 census information would be wholly inaccurate and of little use.

Crime and Disorder Domain

- 1. Whether, given the recommendations and changes to data available, the proposed updated domain is acceptable?**

The proposed domain update is acceptable to the RDC, as in our view it helps to further refine the available data.