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A Critical Analysis of the Department for Finance and Personnel Consultation on the Northern Ireland Multiple Deprivation Measure 2009

This paper provides a critical analysis of the Department for Finance and personnel consultation on the 2009 Northern Ireland Multiple Deprivation Measures (NIMDM). The NIMDM 2009 consultation proposes a number of changes to NIMDM 2005. While the NIMDM 2009 will retain the same structure of seven domains of deprivation the indicators within these domains have been modified. Within this paper each change will be discussed and analysed with particular attention given to the significance of the change and how it will affect the ability of the NIMDM to operate effectively and fulfil its remit.

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SUMMARY OF KEY POINTS

In general the 2009 Northern Ireland Multiple Deprivation Measure (NIMDM) will retain the methodology developed for the 2005 NIMDM. Where changes have been made, these are minimal, made largely due to the availability (or lack) of new data. The changes for the seven domains are summarized here. In addition to this summary, Appendix 1 contains more comprehensive details of the proposed amendments to the NIMDM 2009.

INCOME DEPRIVATION DOMAIN

There has been one indicator added to this domain which measures the proportion of people receiving housing benefit. This proposed change is possible due to available data. Throughout the rest of this domain there are no significant changes other than updates due to changing benefit schemes and new data sources.

EMPLOYMENT DEPRIVATION DOMAIN

There have been no significant changes in this domain other than to bring indicators up-to-date with changed benefit schemes and back-to-work programmes.

HEALTH DEPRIVATION DOMAIN

A number of changes have been proposed for this domain. There are new indicators which aim to measure Emergency Admission Rates, Low Birth Weights and Dental Health among Children. While a further indicator has been added which addresses mental health. These new indicators are made possible by the availability of new or more reliable data.

EDUCATION, SKILLS AND TRAINING DOMAIN

The most significant proposed change for this domain is the introduction of primary school performance data. There are a number of other changes proposed but these too are related either to data availability or changes to assessment processes.

PROXIMITY TO SERVICES DEPRIVATION DOMAIN

There proposed changes to this domain are designed to give as complete a picture of the service provision in Northern Ireland as possible. This is reflected in the proposed introduction of new leisure, finance and general service indicators.

THE LIVING ENVIRONMENT DEPRIVATION DOMAIN

This domain proposes the adoption of the Decent Housing Standard as a measure of housing quality while lack of information sources have led to changes in other indicators, notably, the omission of house overcrowding data, due to lack of quality data.

CRIME AND DISORDER DOMAIN

There have been no significant changes to this domain.

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INTRODUCTION

The Northern Ireland Multiple Deprivation Measure 2005 (NIMDM 2005) was devised following a review of the NI MDM 2001 carried out by the Social Disadvantage Research Centre (SDRC) at the University of Oxford on behalf of the Northern Ireland Statistics and Research Agency (NISRA) and this was followed by a public consultation process.

The concept of multiple deprivations is based on the premise that deprivation (in contrast to poverty which is seen as a lack of fiscal resources) occurs across a variety of social, economic and environmental provisions. The NIMDM 2005 acknowledges that individuals and indeed communities (or areas) can experience deprivation at both a social and material level (NISRA, 2005) and as such identifies seven domains of deprivation:

- Income
- Employment
- Health
- Education, Skills and Training
- Proximity to Services
- The Living Environment
- Crime and Disorder

The NIMDM 2009 will measure small area concentrations of deprivation across Northern Ireland. In order for uniformity and comparability, a statistical measurement tool called Super Output Area (SOA) will be applied, "SOAs for Northern Ireland are a relatively small scale unit, containing an average of just less than 2000 people" (NISRA, 2005: 6). Other geographies could have been applied, for example electoral wards, however these can be subject to change and are not uniform in terms of population. SOAs therefore offer data which is comparable, durable and can allow for comparison over long periods of time.

The Northern Ireland Multiple Deprivation Measure 2009 (NIMDM 2009) Consultation Document proposes updates to the NIMDM 2005. In general the 2009 update will retain the methodology developed for the 2005 NIMDM with minimal changes made largely due to the availability (or lack) of available data.

This paper will identify and critically analyse the proposed changes highlighting where necessary the impact these changes may have on the function of the NIMDM.

1. INCOME DEPRIVATION DOMAIN

KEY CHANGES

- Indicator added to measure proportion of people claiming housing benefit
- Acknowledges changes to benefit schemes
- Employ's new data sources.

The purpose of the Income Deprivation Domain is to *'identify the proportion of the population experiencing income deprivation at the small area level'* (SAL).

In both the NI MDM 2001 and the NIMDM 2005, data supplied by the Department for social Development (DSD) relating to those in receipt of benefits was used to indicate levels of deprivation at the SAL. This system will be retained for the NIMDM 2009 with modifications being proposed in light of changes to the benefit system and the availability of new data sources.

These changes relate specifically to the addition of two new income related benefits: State Pension Credits and Employment and Support Allowance which was previously covered by just one indicator and it is therefore apparent that this will not make any significant change to the Income Deprivation Domain.

The most significant proposed change to this domain is the inclusion of an indicator for Adults and Children living in Housing Benefit households. It is felt that this indicator will allow for the capture of those individuals who are renting, whose income is below a minimum level and who are not receiving any additional benefits.

The exclusion of some low income groups was identified as a limitation to the NIMDM 2005 and this measure is intended to capture more of these people, however, while housing benefit and rate rebate data was not available for the purposes of the NIMDM 2005 the report suggested that such data would be of little value given that the majority of claimants for these benefits were already claiming other benefits and would therefore be captured within the other indicators.

The question, therefore, when considering this additional indicator is whether or not this situation has changed significantly enough to warrant its inclusion.

The 2005 NISRA report on the NIMDM suggested that this domain would be made more inclusive through the use of Working Tax Credit data which would capture all those recipients of tax credits, not just families. However, the DSD who supplied the previous data no longer has access to Tax Credit data and as a result there will be no indicator pertaining to tax credit.

This will significantly affect the ability of the measure to identify low income groups.

2. EMPLOYMENT DEPRIVATION DOMAIN

KEY CHANGES

- Acknowledges change to benefit schemes
- Includes new back-to-work programmes

The purpose of this domain is to *measure employment deprivation "...defined as involuntary exclusion of the working age population from work"* (NISRA, 2009: 10).

In the proposed indicators for measuring employment deprivation, data supplied solely by the DSD relating to benefit recipients will be employed with the data relating to the now defunct New Deal Programme used in the NIMDM 2005, (supplied by the Department of Education and Learning (DEL)) no longer relevant.

The New Deal Programme was replaced in 2008 by the new initiative 'Steps to Work'. The New Deal Programme provided data on those who were actively seeking work but were not claiming job seekers allowance but given this new programme is still at an early stage of development and the data has not been approved for quality, this indicator will not be included. This programme could impact up to 4,000¹ people and therefore it could potentially exclude a large number of people who are experiencing employment deprivation but who are not claiming benefits. However, while the initiative is open to those who are unemployed and not receiving benefits it does state its main target group as being the long term unemployed (although not exclusively). Therefore, it is reasonable to suggest that the majority of those involved will be counted within the other indicators.

One new indicator has also been included within this domain which covers the introduction of the new Employment and Support Allowance which is available to all new applicants (not previously receiving incapacity benefit) who cannot work due to illness or disability. People who have previously been claiming Incapacity Benefit will continue to do so and are also included in this indicator.

Overall the proposed amendments and indeed deletion of certain indicators from this domain are unlikely to have any significant impact on the domains ability to successfully identify employment deprivation.

3. HEALTH DEPRIVATION AND DISABILITY DOMAIN

KEY CHANGES

- Includes four new indicators; Emergency Admission rate; Low Birth weight; Children's Dental Extractions and Mental Health Inpatient Stays;
- New indicators are available due to through improved access to data

"The Health Deprivation and Disability domain identifies areas with relatively high rates of premature deaths and areas where relatively high proportions of the population's quality of life is impaired by poor health or who are disabled" (NISRA, 2009: 12).

There are a number of proposed changes outlined in the consultation document relating to the indicators within this domain with only two remaining as before: Years of potential life lost and people registered as having cancer (excluding non –

¹ <http://www.delni.gov.uk/index/finding-employment-finding-staff/fe-fs-help-to-find-employment/stepstowork.htm>

melanoma skin cancers) while the comparative illness and disability ratio has simply been modified to include changes to the benefit system.

It is proposed that the combined measure of mental health indicators be extended to include three measures as opposed to the two measures of the NIMDM 2005. The third indicator is 'Mental Health Inpatient Stays' which is included based on recommendations in the 2005 report and made possible through the availability of relevant data.

Given the fact that the data is available at the SAL there is no reason that this indicator should not be included and through doing so Mental Health Indicator will only be strengthened.

As well as the modifications to existing indicators as detailed above, three additional indicators have been proposed. The first of these is Emergency Admission Rate², an indicator which had previously been omitted due to perceived rural bias (NISRA 2009; NISRA, 2005). The assumption that rural bias existed related to all hospital admissions, both elective and emergency. This was based on the fact that those in urban areas had greater access to these services and therefore would use the service more regularly.

There is evidence to support this assumption, for example, the 2007 audit of accident and emergency (A&E) activity (PWC, 2007) shows that 72 per cent of those who attended A&E were self referred (P. 80) and in terms of the level of triage (which refers to the level of urgency of a patient attending A&E), Belfast hospitals had the highest percentage of A&E attendees with what are described as standard triage requirements conversely however, Belfast hospitals also had the highest percentage (6%) of patients with either Immediate or very urgent triage requirements.

While close proximity to services may be a contributing factor to higher level of A&E visits in urban centres it is also important to acknowledge the links between deprivation and poor health. The PWC report (2007) suggests that, given that the high number of SOA's with the highest multiple deprivation scores are located in urban areas, particularly Belfast, this could in fact be the most significant reason for the higher usage of A&E and subsequent high emergency admission rates.

It is suggested therefore that while some rural bias may exist in regards to Emergency Admission Rates (EAR) the measures indentified to prevent this i.e. basing the EAR indicator on emergency admissions with length of stay of four or more nights will successfully eradicate this.

The second proposed new indicator is to measure low birth weights which are defined as less than 2.5 kg. Instances of low birth rates are increasing globally (Shah and Ohlsson, 2002) and are of significant concern given the connections with long term health problems (NISRA, 2009; Shah and Ohlsson, 2002).

The poor quality of available data had previously excluded this indicator from this domain but as there is no longer a concern over this data it can be included.

² An emergency admission was defined as "an unplanned admission to an acute hospital where the total length of stay exceeded 24-hours i.e. the patient remained in hospital and was recorded as having been an inpatient beyond midnight on at least one occasion. This excluded all patient journeys with a 0 day length of stay" (PWC, 2007).

A dental health indicator had been included in the 2001 NI MDM but was then excluded in 2005 due entirely to organisational changes in dental care which resulted in the necessary data becoming unavailable. The NIMDM 2005 identified this indicator as important in terms of predicting health problems in the young and given that there is now sufficient data available this indicator is recommended for inclusion in the 2009 NIMDM.

4. EDUCATION, SKILLS AND TRAINING DEPRIVATION DOMAIN

KEY CHANGES

- Proposes the use of primary school assessment data
- Acknowledges changes to assessment processes

“The purpose of this domain is to measure the extent of deprivation in education skills and training at the small area level for both children and working age adults” (NISRA, 2009 15)

Within this domain it is proposed that there will now be three sub domains instead of the two which were included in the NIMDM 2005. The proposal is that the sub domain: Children/Young People is replaced by two new sub domains which separate children and young people up into Primary School and Post Primary Groups.

The main change here is that previously data relating to primary education (key stage 2) had not been used as an indicator and within this proposal all key stages of education attainment will be measured.

The only previous measure for identifying attainment at key stage 2 level had been the indicator: ‘Proportions of Year 11 and 12 pupils not in grammar school’, however now that key stage 2 data can be used it is suggested that this is a more robust indicator of educational attainment at this level as it is comparable across all schools where as previously entry requirements for grammar schools may have varied considerably.

The inclusion of key stage 2 data had been considered for inclusion in the NIMDM 2005 as part of the Children and Young people indicator however, it was deemed to be less valuable than the data which was available for key stage 3 and 4 students, given that these results were based on formal examinations while key stage 2 reports were based on Teacher Assessments. This has now changed and key stage 3 assessment data will also be based on teacher assessment in English (Irish in Irish medium schools) and Mathematics with tests for science (formal and teacher assessed) no longer compulsory (as of 2006/7).

Within the proposed Primary School domain there is an indicator to measure absenteeism (all absences). Absenteeism is an important issue and is linked to a number of short term problems such as poor performance and more long term issues such as early school leaving and poorer life chances³. Non Attendance Statistics for 2007/2008 across the five Education and Library boards showed that a total of 4,275 pupils were referred by schools to the Boards' Education Welfare Service because of

³ NEWB (2008) School Attendance and Participation: What Works and Why? Report, National Educational Welfare Board: Dublin

concerns about attendance⁴ and 967 (22.6%) of these were either key stage 1 or 2 pupils.

There are many reasons identified as leading to absenteeism ranging from family background, attitudes to education and even ethos and organisation of the school (NEWB, 2008).

Therefore it is suggested that absenteeism at this level is already significant and any opportunity to identify problems and to put in place measures which might reduce it at both the primary school and post primary level should be embraced.

In terms of the third indicator of this sub domain: 'Proportion of pupils attending primary school with special education needs'. This too would seem to be a valid addition to this domain if for no other reason than the data is available. Inclusion of this data also ensures that the same data is held for both primary and post primary pupils.

The importance of monitoring the proportion of children attending special education schools or with special education needs is the same at both the primary and post primary levels so that those areas experiencing educational deprivation can be identified. Providing education for children with special needs brings various constraints, not least the requirement of additional resources. According to the 2004 School Census there were some 11,500 children with statements of special needs in Northern Ireland, 47% per cent of who attend mainstream schools.

The Post primary domain has had some modifications made reflecting changes to the examination structure at this level. As discussed Key stage 3 data will be based on teacher assessments similarly to the proposed key stage 2 data. The indicator for GCSE/GNVQ points score has been replaced by: 'GCSE or equivalent qualifications' to reflect additional programmes which are currently available.

There is a proposed amendment to the indicator for 'Proportions of those leaving school aged 16, 17 and 18 and not entering Further Education'. The amendment is to be extended to those not entering Further Education or training as these would commonly be the two most popular routes taken by people of this age. The amendment to this indicator will make it easier to identify those individuals who are leaving school and either choosing to do nothing in terms of Further Education/training and moving either directly into the work place or doing nothing. This information will provide useful data at the SOA level in terms of identifying skills and training deprivation in certain areas.

The indicator that looked at the proportion of 17-20 year olds who had not successfully applied for Higher Education previously used data from the University and College Admissions Service (UCAS) and DEL focusing on applications, however it is proposed that this be changed to focus on those 18-21 year olds who successfully enrol in courses. This will provide a truer picture of the level of uptake at further/higher education level as all those who apply will not necessarily take up their places. This year alone just over 135, 000 students (across the UK) entered the clearance scheme due to a number of reasons, for example, not achieving the

⁴ DENI (2008) Non Attendance Statistics available from: http://www.deni.gov.uk/index/21-pupils-parents-pg/21-pupils_parents-non-attendance_pg.htm

grades needed, because they have chosen not to take up an offer made or if they had not received and offer.⁵

The sub domain: 'working age adults' will remain the same with one indicator: 'proportion of working age adults with (25-59) with no or low level qualifications although the use of an alternative data source to the 2001 census was considered for this indicator it is suggested that this would not be suitable given the sample size.

Overall the reliance on data from the 2001 census has been decreased from 50 to 33 per cent of the total domain however this is due to the introduction of an additional sub domain. The Working age Adult sub domain is still the only one which employs data from the 2001 census; therefore, this is not a significant change. Given the age range of working age adults covers 35 years it is suggested that the 2001 census data still provides a reasonably accurate picture of the qualification level within this cohort.

6. PROXIMITY TO SERVICES DOMAIN

KEY CHANGES

- Combines dentist, Optician and Pharmacists into one indicator
- Introduces three new service indicators: Financial, Council Leisure centre and Other General

"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" (NISRA, 2009: 18).

Within this domain there are a proposed 10 indicators which is one more than the 2005 NIMDM however three of these are completely new indicators, while three previous indicators: access to Dentist, Optician and Pharmacists have been combined to form the 'Other Primary Health Care Indicator'. The rationale for combining these is that they are not "...universally required services" (NISARA, 2009: 19) however;

While this statement seems flippant, it is suggested that combining these three indicators would not seriously compromise the quality of the domain and would still reflect the proximity to these key services.

This consultation considers the inclusion of access to cross border service centres and accident and emergency services, particularly for those who live in areas along the border. The 2005 NIMDM report (NISRA, 2005) argued that a cautious approach needs to be taken here given inconsistencies and lack of relevant data. Given the purpose of the NIMDM's are to allow for effective targeting of policy and resources on deprived areas in Northern Ireland,

the question needs to be asked, is it the policy to rely on cross border services as opposed to putting measures in place to ensure adequate services are accessible within Northern Ireland?

⁵ The Independent (2009)'Six Students Fighting For Every University Place' 20th August 2009 available from: <http://www.independent.co.uk/news/education/education-news/six-students-fighting-for-every-university-place-1774691.html>

Both the 2005 NIMDM report and the 2009 consultation document recognise the need for an indicator relating to public transport. The 2009 NIMDM consultation document highlights the fact that this domain would benefit from the availability of data relating to translink service although both note the lack of availability of this data with the result that there can be no indicator to measure access to public transport. The issue here is that access to public transport affects access to almost all other services (for non car users) particularly those in rural areas.

As stated there are three new indicators proposed for the NIMDM 2009. The consultation document draws attention, firstly to the introduction of an indicator for General Services, which would include such services as filling stations, health and beauty establishments and food and social establishments. The data which forms the basis for this is available from Experian who are an independent business consultancy firm. NISRA have purchased access to their database of shops and services across Northern Ireland and will use the data for this indicator (general services) and the further two additional indicators, Financial Services and Council leisure Centres.

Within this domain reference has already been made to the excessive number of indicators and as such the other Primary health Care Services indicator was created. *In the case of these three service provisions this measure of combining them may also be appropriate.* The first reason for this is the data source, which for all three indicators this is Experian; therefore, combining them would make sense in terms of efficiency. Furthermore, when consideration is given to the services within these indicators, it is suggested that these may well be covered in other areas. For example, accesses to ATM's are very often found in filling stations and food/convenience stores. In addition online and telephone banking is being used increasingly. The indicator for Council leisure Centres may be unnecessary given that outside of Belfast (where there is a disproportionate supply of these services) the number of council owned leisure centres is minimal, with these usually limited to major city/town centres. The shortfall of council leisure centres is made up with a large number of privately owned fitness establishments which the consultation document acknowledges are only used by a "restricted set of users" (NISRA, 2009: 19).

Therefore, consideration should be given to including Financial Services and Council Leisure Centres within the General Services indicator.

The Consultation document suggests there is still a place within the domain for the Large Service Centre indicator as it includes services which "are fewer in numbers and less frequently used" (ibid). While this recommendation is valid the statement further supports the recommendation of including the Financial Services and Council Leisure Centres within either of the more general service indicators.

It is proposed that the classification of service provision be based on level of service as opposed to population. The DSD produced a report on the classification of settlements which clearly demonstrated that

population is not necessarily the most practical means of identifying levels of service provision, concluding that that "...a population-based classification should be supplemented with a sub-classification based on employment and services (DSD, 2006: 6) it is suggested that this is in fact the case when consideration is given to the apparent disparities between population and service provision:

“Antrim and Larne (with about 120-130 shops each) are radically underserved for their population of 18-20,000, compared with Enniskillen (185 shops and 14,000 population), Ballymoney (80 shops and 9,000 population) and Magherafelt (100 shops and 8,400 population)” (ibid).

It is further proposed within this domain that travel times, rather than distances are used for comparison of proximity to services. The NIMDM report 2005 suggested while there was ‘time distance matrix’ provided which could be employed to measure time as opposed to distance that it had limitations, namely, it considers road speeds and not congestion and it doesn’t take account of traffic flows at different times and this was. This was given as the rationale for using distance and as the consultation document does not indicate that anything has changed in this regard it is suggested that:

Distance may still be the most appropriate way to measure proximity to services

7. LIVING ENVIRONMENT DOMAIN

KEY CHANGES

- Proposes the adoption of The ‘Decent Housing Standard’ to measure house quality
- Omits household overcrowding data due to outdated source

“The aim of the Living Environment Domain is to identify small areas experiencing deprivation in terms of quality housing, access to suitable housing and the outdoor physical environment”.

Within this domain there are three sub domains: Housing quality, Housing Access and Outdoor Physical Environment. There have been two new indicators proposed for the Housing Quality sub domain: ‘SOA level Decent Home Standard’ (DHS) and SOA level Housing Health and Safety Rating System (HHSRS). The issue of central heating which had its own rating will be addressed by the HDS and has been justifiably removed as an indicator.

The HDS is a robust piece of research carried out by the housing executive identifying a number of key issues relating to housing in Northern Ireland including housing stock and condition; therefore the data from this adequately supersedes the Housing Stress indicator.

The HHSRS indicator “is a means of identifying defects in dwellings and of evaluating the potential effect of any defects on the health and safety of occupants, visitors, neighbours and passers-by” (NIHE, 2006: 186). By its very nature it is a qualitative assessment of homes and is therefore open to interpretation. The HHSRS which has identified 29 potential hazards employs a “cut down” method where due to lack of resources researchers will assess only five hazards directly based on those which are statistically most likely to fail. The results show that overall 19 per cent of all dwellings in Northern Ireland were considered to have Category 1 hazards in 2006 but almost half of these were vacant dwellings⁶. More common hazards in dwellings in Northern Ireland were excess cold and falls on stairs⁷.

⁶ NIHE(2006) page 28

⁷ Ibid

It is not the intention of this paper to criticise the methodology or indeed the results however the use of this indicator can be called into question given that the DHS provides an overall view of household conditions in Northern Ireland.

In addition the sample size of 5,400 homes visited in Northern Ireland, while providing a good overview of household health and safety at a national level may not be may not be large enough for application at the SOA level.

Within the Housing Access sub domain it is proposed that Homelessness Acceptances is the only indicator in light of new data availability. It is further proposed that the Household Overcrowding indicator is removed from this domain given that data source is the 2001 census and this is out dated. The proposed exclusion of this indicator is based on a recommendation from the housing executive and holds credence when consideration is given to some key facts:

“The NI population rose markedly to just under 1.725 million in 2005, an increase of 14,100 people (0.8%) compared to 2004, making population growth here the fastest of the UK countries. Half of the growth in the Northern Ireland population was a result of net in-migration”⁸

Therefore while the issue of overcrowding is still, if not more of an important issue the lack of up-to-date data would suggest it should be omitted from the NIMDM 2009.

8. CRIME AND DISORDER

KEY CHANGES

- No significant changes

“The Crime and Disorder Domain measures the rate of crime and disorder at the small area level. This includes recorded crime, deliberate fires and incidents of anti-social behaviour”.

There are two sub domains within this domain: Crime and Disorder. The indicators within the Crime sub domain remain the same however given the access to improved data and changed recording processes this sub domain will use

five years of data for its indicators as opposed to two in 2005, providing more robust results and decreasing the impact of anomalies or one of events.

There are proposed changes to the indicators within the Disorder sub domain, however these are not significant. Firstly the Deliberate Primary Fire indicator has been modified in name only as whether or not a fire has been started maliciously is difficult to assess. The disturbance indicator has been replaced by anti-social behaviour instances as this falls in line with national recording standards.

⁸ (DFP) Department of Finance and Personnel (2006) <http://archive.nics.gov.uk/dfp/061130d-dfp.htm>

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APPENDIX 1

OVERVIEW OF AMENDMENTS

INCOME DEPRIVATION DOMAIN

- 5 indicators up from 4 in 2005
- 2 indicators have remained the same; The Income support and Job Seeker Measure
- Those receiving WFTC and DPTC have been merged into one Indicator
- An indicator for those receiving State pension Credit has been introduced⁹
- An indicator has been introduced for those receiving Housing Benefit
- The stand alone measures, income deprivation affecting young people and older people have remained but have been updated to include the recently created income support mechanisms, State Pension Credits and Employment and Support Allowance as well as housing benefits
- The Housing Benefits indicator is possible due to availability of data previously not available
- WFTC and DPTC have been replaced however Tax credit data is no longer available for use by the NMDM

EMPLOYMENT DEPRIVATION DOMAIN

- 5 indicators, down from 6 in 2005
- 4 indicators have remained the same; Unemployment, Incapacity, Sever Disablement and Carer's
- Steps to Work (2008) subsumes New Deal which was included in two of the previous indicators (for 18-24 and 25+ age cohorts)
- Employment and Support Allowance (2008) was introduced for new incapacity Benefit Claimants (those who cannot work due to illness or disability)

HEALTH DEPRIVATION AND DISABILITY DOMAIN

- 7 indicators, up from 4 in 2005
- 2 indicators (YPLL and PRHC) have remained the same
- The Comparative illness and disability ration (CIDR) indicator has been modified to include new benefit provisions
- The mental health measure previously comprising 2 indicators now has three indicators
- The new indicator (mental health inpatient stays) is include due to availability of new data
- Emergency Admission Rate indicator is included having been previously been excluded due to perceived rural bias
- While people who live in rural areas tend to have fewer emergency admission rates (negative correlation) a gender and age standardised emergency admission rate is proposed)
- Low birth weight indicator has been included due to increased confidence in the quality of available data

⁹ Pension Credit was introduced in 2003 and is a means tested benefit for people aged 60 or over. It has two elements: Guarantee Credit and Savings Credit with the purpose of providing additional money for those with low incomes and modest savings respectively

- A children's Dental Extraction Indicator has been included largely due to increased availability of data i.e. hospital extractions (not previously available) in addition to data on general practice extractions.
- Data from Community Clinics/health centres (where extractions also take place) is being investigated for quality, availability and geographical coverage with a view to being included in the dental health indicator
- At present it is proposed that the average value of hospital extractions is used alongside the actual number of general dental practice extractions to form the dental health indicator

EDUCATION, SKILLS AND TRAINING DOMAIN

- Within this domain there are three sub – domains Primary School, Post Primary and Working Age Adults
- Previously (2005) there were two sub – domains; Children/Young People and Working Age Adults
- The Primary School sub – domain consists of 3 indicators¹⁰ where as the 2005 sub/domain – Children/Young did not include an indicator for this group
- This is in light of the recommendations made by NISRA(2005)¹¹ to extend performance data to primary schools
- The proposed EST sub-domains focus on education attainment measured at all key stages of education
- Measures are included to measure those children with special educational needs in light of improved collection of primary level assessment data
- There is also a measure to identify those not receiving education due to absenteeism made possible for the same reasons as above.
- The proportion of year 11 and 12 pupils attending grammar schools has been removed as an indicator given the inconsistencies of transfer test scores needed for individual schools
- It is proposed that key Stage 2 teacher assessment data is used as this is a more accurate measure of performance at this stage. This information had not previously been available
- The key stage tree assessment indicator will now be based on teacher assessment as the formal tests are no longer compulsory.
- The GCSE or equivalent indicator is very much similar to that used in 2005 (GCSE/GNVQ) however, it has been modified to recognise the additional range of equivalents now available
- The indicator for those leaving school and not entering FE has been extended from 2005 to include those not entering FE or training, more accurately measuring the extent of deprivation in EST as the purpose of the domain states
- A measure looking at the proportions of 18-21 year olds who have enrolled in further/higher education has been introduced

PROXIMITY TO SERVICE DOMAIN

- 10 indicators up from 9 in 2005
- 3 previous indicators: access to Dentist, Optician and Pharmacists have been combined into 1 indicator, access to 'other primary health care services'
- It is proposed that an indicator for access to a Council leisure Centre be included

¹⁰ Pension Credit was introduced in 2003 and is a means tested benefit for people aged 60 or over. It has two elements: Guarantee Credit and Savings Credit with the purpose of providing additional money for those with low incomes and modest savings respectively

¹¹ NISRA, Northern Ireland Multiple Deprivation Measures 2005

- It is proposed that an indicator for access to financial services be included e.g. ATMs, Banks and Building Societies
- It is proposed that an indicator for access to other general services be introduced e.g. filling stations, social establishments and health and beauty facilities
- The access to food stores indicator has been modified to include (although not exclusively) supermarkets due to greater availability of data
- An indicator for access to large service centres replaces the indicator for access to a settlement of 10,000 or more people as population has been shown to be an unreliable measure of availability of services. Smaller settlements and increasingly out of town service centres provide (at least) comparative services as some large towns.
- Travel time as opposed to distance is proposed to measure proximity to services. The 2005 NISRA report identified this and also discredited the idea citing issues such as congestion and unpredictability of roads as the reason and these reasons remain particularly given road works on many main roads recently
- Within this domain and three sub-domains: Housing quality; Housing Access, and outdoor physical environment.
- The Housing Quality sub domain will include 2 new indicators; SOA Level Decent Homes Standard (DHS) and SOA level Housing Health and safety Rating (HHSR)
- The House Condition Survey data used for these indicators uses a sample. Given the nature of the NIMDM i.e. its focus on the SOA level the sampling framework may be questionable in terms of it representing the population, although response rates were high this is particularly significant with the HHSR which requires inspection of which there were 5,400 in 2006¹²
- The previous indicators within this sub-domain have been replaced. The Houses without central heating indicator was deemed to be outdated and the thermal conditions of the house were suitably covered in DHS
- The Housing Access sub domain is proposed to consist solely of an indicator of homelessness made possible with improvements to the quality of homelessness data.
- The issue of overcrowding while still, if not more prevalent is not included as an indicator due to a lack of up-to-date and quality data with the immigrant population particularly underrepresented in available data.

LIVING ENVIRONMENT DOMAIN

- There are two sub-domains within this domain; Crime and Disorder
- The Indicators within the Crime sub-domain remains the same however given the access to improved data and changed recording processes this sub-domain will use five years of data for its indicators (as opposed to two in 2005) providing more robust results and decreasing the impact of anomalies or one off events
- The Indicators within the Disorder sub-domain have been modified. The deliberate primary fire indicator has been modified in name only as whether or not a fire was started maliciously is difficult to assess. The disturbances indicator has been replaced by anti-social behaviour incidents in line with national recording standards.

¹² NIHE, House Condition Survey, 2006