

## Responses to Consultation

### Proposed indicators for the Welsh Index of Multiple Deprivation (WIMD) 2014

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## 1. John Vincent, The Network – tackling social exclusion in libraries, museums, archives and galleries

### Access to Services Domain

Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

My interest is primarily in para 5.5.1 (p25): “**Public library** – previously included. Libraries offer services in addition to book lending and are another part of the communications network with the public. Libraries will be included. We are currently looking at the feasibility of sourcing a national dataset of mobile library stopping points from the 22 local authorities.”

I am pleased to see that the wider role of public libraries is recognised, and would just like to emphasise how important this is. It’s much more than book-lending (or even being part of the “communications network”), and includes, for example: access to computers (digital literacy), the internet and email (vital for people communicating with their families abroad, for example); support for literacy (and digital literacy); activities tailored to the needs of specific, vulnerable parts of the population (eg people with dementia); support for children & young people in their out-of-school learning; provision of key “life” information (eg on health).

All of this means that access to a public library service is vital, and we welcome the continued inclusion of this as one of the measures.

## 2. Vicky Doyle, Caerphilly County Borough Council

### Income Domain

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The indicators included are relevant measures of this form of deprivation. Persistent claimants would be a good addition to this domain.

Whilst I understand the difficulty in accessing reliable income estimates at the LSOA level, I do believe this would again be a useful addition to the domain. Income estimates would also have wider statistical uses. This indicator should be kept in mind for future versions of WIMD and included if reliable statistics are available.

## **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The indicators included are relevant measures of this form of deprivation. Persistent claimants would be a good addition to this domain.

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

I believe that including an indicator on diagnosed chronic diseases would be a positive step forward, providing the issues discussed in the consultation document with regard to quality and differences in recording etc. are addressed before its inclusion. I further issue of concern to me would be in relation to mental health related conditions and possible under-reporting of these types of illnesses, due to the culture of valleys communities and a perceived stigma attached to mental health issues in particular.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

Unpaid carers would be a useful additional indicator within this domain. The first category of 1-19 hours per week equates to up to 2.7 hours of unpaid care per day. Anything more than this will potentially have a significant impact on the life of the person giving the care, either in terms of their own health or in other ways, such as limiting how many hours of work they are able to do themselves, with the associated effects of lower earnings etc. Therefore I would suggest that provision of unpaid care of 20 hours or more per week should be included.

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Prescribing data – unsure whether this is a measure of deprivation per se. Whilst mental issues can be more prevalent in more deprived areas, anyone can potentially suffer with these issues. Are more affluent individuals more likely to seek medical help with for these issues than more deprived individuals? There is also the issue of under-reporting discussed previously.

Emergency admissions – would support this not being included as it is reactive to an incident occurring and it is not possible to determine whether deprivation plays much of a role in an admission.

Child obesity – would support the inclusion of this indicator as and when appropriate data becomes available. This is due to the proven impact of obesity on health and fitness levels.

Healthy life expectancy/avoidable mortality – unable to include as not available at the LSOA level.

Maternity indicators – monitor the availability of maternity statistics and revisit for future versions of WIMD.

## **Education Domain**

### Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

I would support the removal of this indicator from the domain. The replacement indicators are a much better measure of educational attainment at the end of compulsory education.

### Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

I support the inclusion of the two new indicators in this domain. They will measure both overall attainment at the end of compulsory education, plus attainment of key skills i.e. Maths/English.

### Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

I would support the change from overall absenteeism to repeat absenteeism, due to the proven link between lower attainment and high absenteeism.

### Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Further consideration should be given to including indicators in relation to Early Years and the National Tests, should be data be of sufficient quality in future years. This will offer an even more rounded picture of education deprivation.

## **Access to Services Domain**

### Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

I believe the proposed indicators for inclusion are a sensible reflection of services that individuals need for day-to-day living. The indicators excluded are only accessed on an ad hoc basis or alternatives do exist (e.g. cash points) and therefore should not be included in a measure of services required for day-to-day living.

### Question 11 – Do you agree with proposals for combining public and private transport?

The approach suggested in the consultation document seems sensible. This is a very technical issue and as long as the selected approach is a fair reflection of travel to access services it is difficult to ascertain an alternative approach.

Question 12 – What are your views on the selected calculation of travel times method?

As long as the suggested new approach captures travel times effectively then I would be happy to support the approach, particularly if it is simpler and less consuming. The Access to Services domain weight is so small in the Overall Index that it does not make sense for a disproportionate amount of time to be spent in the calculation of this domain.

**Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

I would support the view that anti-social behaviour incidents are a better measure of this aspect of deprivation, providing the data are robust enough to be used. There is an issue of possible under-reporting, but hopefully this will be minimised by the provision of good quality data for incidents that are reported. I would be satisfied with offender location being used should the ASB incidents data not being robust enough to be included.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

I would support the use of road accidents as a new indicator in this domain. My only concern would be whether this is a true measure of deprivation. Would accidents be recorded at the accident location or the home address of the individuals involved in the accident? The former would only be recording accident blackspots. If the latter were used is there any evidence to suggest that more RTA's occur to individuals living in deprived areas? Perhaps more work is required before a decision is made as to whether to include this as an indicator.

**Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The indicators suggested for inclusion are suitable as measures of deprivation within this domain. Of the rejected indicators, in my view the proximity to a natural green space indicator would offer an added dimension to this domain, so if appropriate this should be included in future versions of WIMD.

**Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

The main issue with including an overcrowding indicator is that due to the source (2011 Census) the data will quickly be out of date. My main concern is that due to external factors such as the changes to welfare benefits and the so called 'bedroom tax', overcrowding may become more of an issue in our disadvantaged communities in the coming years, but we would have no ability

to measure any change. Therefore overcrowding could not be measured in a timely and reliable fashion.

Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

I fully understand the reasons for the rejection of the indicators listed in the consultation document, and would offer no additional comments.

### **Child Index**

Question 20 – Please describe your uses of the Child index in its current format

I do not currently make any use of the Child Index, and I am not aware of usage by other departments within my local authority. Specific services e.g. Flying Start, Communities First etc. use indicators as set down by WG, so from that point of view a Child Index may be surplus to requirements. As long as the indicator data is available, and if age groupings could be added to the data, this would be a far better option in terms of tracking change over time. This would also offer the ability to gather data on older people, which is something that has been raised previously within my own authority and is acknowledged in the consultation document.

Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

Producing indicator data with age breakdowns where possible would, I feel, be a better use of resources than producing a separate Child Index, which probably has limited usefulness.

## **3. Teresa Owen, Hywel Dda University Health Board**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Agree with recommendations - should only be a minimal change to this domain in first instances while changes to benefit structures are being implemented.

Agree with the comment made under the Small Area Income Estimates discussion that this would be a preferred measure for income deprivation and would support the continuation of its collection and more work to get it to LSOA level.

### **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

As above.

Inclusion of persistent benefit claimant information would be useful.

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Support the proposed indicators.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

We would support the development of a diagnosed chronic condition diseases and unpaid carers indicator.

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Support the consideration of the inclusion of Child Measurement Programme data (at appropriate time).

We think there should be more work to identify a mental health indicator. Physical and mental health are inextricably linked, but only the long-term limiting illness indicator possibly captures this element at present.

## **Education Domain**

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Yes

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

Yes

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

This change is welcomed as repeat absenteeism is perhaps more reflective of a chronic problem and therefore better demonstrate educational deprivation.

Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Proportion entering Higher Education would be useful if data, once assessed, as robust.

Foundation Phase assessment would be useful in the future.

## **Access to Services Domain**

Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

Pleased to see the inclusion of Pharmacies and petrol stations, both of which are used on a day to day basis.

Agree with the exclusions for the reasons stated. Although access to digital services (now proposed to exclude) is particularly relevant for our rural area and must not be forgotten - particularly with increasing reliance on Telemedicine / Health.

Question 11 – Do you agree with proposals for combining public and private transport?

Yes - with appropriate weightings

## **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

Preferred option: Anti-social behaviour incidents.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

We would welcome this and support the inclusion of all road accidents (agreeing that motorway data should be excluded), not just pedestrian and cyclist casualties, as in a rural area access to services relies on private transport with increased road accidents and safety concerns (especially for young people who obtain driving licences earlier in a rural area).

## **Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Agree with the comments / suggestions made. Would like to see the inclusion of access to green space when data are reliable.

## **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

Agree as limited data available. Should consider housing quality - perhaps using the proxy measure as suggested.

## **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

We think that more work could be undertaken to identify indicators that take account of rural deprivation. For example, car ownership is often essential in a rural area (due to lack of public transport and travel times to services) so the costs of running a car (fuel, etc) can be a significant proportion of household income. We understand this is a complex issue where LSOA data may not be available, but we don't think that rural deprivation is captured or weighted, in this index at present.

## **4. Professor David Adamson, Centre for Regeneration Excellence Wales**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

With considerable doubt about the achievement of a Universal Credit system within the life-time of this government and uncertainty about future government commitment to the concept, it is judicious to deploy pre-Universal credit data for WIMD 2014. It is also a general principle in developing Indices of Deprivation that change between calculation periods is minimal to allow longitudinal change comparison without an undue level of statistical adjustment. The 'minimum change' model is therefore highly desirable.

Given the very uneven distribution of Asylum Seekers in Wales the inclusion of this indicator could pose problems within an index that seeks to establish comparative disadvantage. For example, certain Cardiff LSOAs could have a very high level and skew results particularly in comparison to rural communities.

The Persistent Benefit Claimants can be informative about long-term deprivation at community level and very illustrative of ways in which poverty becomes normalised in communities to produce culture change, low skills and low aspiration. These are important ways in which poverty is reproduced and describe the 'lived experience of poverty', These data should be published alongside the WIMD.

### **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Indicators are appropriate and relevant.

Comments on Persistent Benefit Claimants above also apply here

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

These indicators have stood the test of time and provide a good indication of health condition at LSOA level.

We would strongly support future inclusion of Child Obesity when sufficient data has been accrued.

Variation in compliance and levels of reporting of prevalence of diagnosed chronic diseases is sufficient to cast doubt on its inclusion

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

Proportion of unpaid carers contains complex social variables that invalidate its use in a comparative index. Many people in poorer communities do not regard their familial patterns of care in ways which would be defined officially.

## **Education Domain**

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Yes this seems appropriate given the availability of the alternative proposed measures

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

Yes, this seems a more appropriate age point to test and provides a good indicator of future employability or entry to FE and HE.

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

Yes, this will provide a more robust link with school disengagement, a likely consequence of multiple disadvantage.

Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Agree with the observations provided

## **Access to Services Domain**

Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

Agree with the proposals

## **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

Disagree with the proposal. Not convinced of uniformity of recording anti-social behaviour incidents within police forces. Communities vary considerably in their reporting of anti-social behaviour. In areas of high crime these can become normalised and go unreported. Alternatively, in low crime areas tolerance of behaviours can be low and result in high levels of reporting. These variations would invalidate inclusion in a comparative index.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

Would not support inclusion. Whilst there is a correlation between poverty and the accident rate, it is not sufficient to merit its use as an indicator. Equally, the deprivation levels of a community could be distorted by a busy traffic route passing through the LSOA but not reflecting the actual quality of life in that community.

## **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

The use of a single indicator in comparison to the other domains clearly represents an issue. Overcrowding has also become a less relevant indicator in recent years as housing quality and family size have changed. However, there are few reliable alternatives. Whilst tenure can be indicative of broad patterns of deprivation it is not sufficient in itself to be an indicator. For example Communities First areas generally have a higher level of social housing but it is not universally the case. Equally, many of the most deprived communities in the South Wales Valleys have high levels of home ownership. HMO figures can be indicative of deprivation (e.g. Rhyl) but also of the presence of student accommodation. Given most social housing in Wales now reaches the WHQS and housing in general is of a higher quality there is perhaps a significant question mark over the inclusion of this domain. Private sector renting is probably the most likely indicator of poor housing condition but again this is not universally so.

## **Child Index**

Question 20 – Please describe your uses of the Child index in its current format

This provides a useful check on family poverty as with few exceptions children live within a family unit.

Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

The more comprehensive the profile the more useful this would be.

## **5. Royal College of Nursing**

### **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Yes, The prevalence of chronic disease is an important indicator of deprivation both in its own right and as those suffering are likely to incur greater living expenses, rely more on public services and be limited in life opportunities.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

No. People choose to provide unpaid care for loved ones for a variety of reasons and its impact on the health or income of the carer will vary. This in itself is not a suitable indicator of deprivation or a proxy for one. The possible ill health of the carer or other negative impact should be captured more than adequately by other indicators.

Understanding the prevalence and demography of unpaid care is however a very important statistical need as a guide to the development of policy and services. The RCN would support further work in this area.

Question 5 – Do you have any other comments on proposed/rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The reason for rejecting a mental health indicator is unclear. The prescription data for anti-depressant use is an interesting idea but limited as identified. It would be helpful to explain why Welsh Health Survey scoring for mental health cannot be used.

The relationship to the indicators and domains of the Wales Wellbeing Survey is also unclear. That is, how would you expect a user of this domain to compare and contrast data from WIMD to the wellbeing data? Why is the latter not a source for the former? This is particularly relevant to the domains of health and access to services.

### **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

The governance groups described in Appendix C are understandably heavily weighted to statistical experts. It might be helpful to explore each domain with

experts from that field e.g. the health domain as its developed could be discussed with healthcare professionals. It is difficult at this stage without technical expertise to comment constructively on the indicators but the RCN would be welcome the opportunity to discuss the measurement of health deprivation more broadly.

## **6. Andy Wilson, Torfaen County Borough Council**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Proposed changes agreed. Removal of contribution based Job Seekers Allowance from the benefits due to it not being means tested is sensible.

### **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Proposed changes agreed. Removal of New Deal participants is a sensible approach.

### **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Subject to satisfactory further investigation, the proposed addition of an indicator on diagnosed chronic diseases is agreed.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

Would like to revisit the possibility of the inclusion of an unpaid carers indicator with further evidence of the effect it has on health. Not enough information in the consultation document to provide a comment on its inclusion or not.

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Proposal to change the LLTI indicator to cover both instances of limited “a little” and “a lot” from recent Census due to reasons given is agreed.

## **Education Domain**

### Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Removal of KS3 Average Points Score due to it having little effect on the domain scores is agreed.

### Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

Proposals for two KS4 attainment indicators agreed – reasons given make sense.

### Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

Repeat absenteeism seems to be a much better indicator of deprivation, compared to overall absenteeism, as it targets the deprived populations.

### Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Proportion of people not entering Higher Education aged 18 – 19.... Is this a suitable indicator of deprivation? Surely the choice of the individual to go into an apprenticeship rather than HE doesn't infer that they have had less opportunities than someone who has entered HE? Agree that it could be the case but not convinced it should be an indicator in this instance.

Inclusion of an indicator for national tests of reading and numeracy of primary school pupils in the future is important.

## **Access to Services Domain**

### Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

Proposed change to primary schools indicator sensible.

Public libraries – with the impending closure of many public libraries and the increased use of digital media, the inclusion of this indicator in this domain could become limited. Have you considered including any data on digital inclusion? Increased access to the internet to buy cheaper goods/services would mitigate low incomes.

Addition of proximity to pharmacies and petrol stations both acceptable (pharmacies would be more applicable; car owners could put more fuel in their car when filling up if they live further away from a petrol station).

Removal of NHS Dentist and Transport Nodes indicators due to the reasons given is agreed.

Question 11 – Do you agree with proposals for combining public and private transport?

Proposal to combine public and private transport indicators is agreed due to reasons given.

Question 12 – What are your views on the selected calculation of travel times method?

The change of travel times method should encompass the majority of travel routes and this will probably be sufficient.

### **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

Proposed change to inclusion of ASB incidents from police crime statistics is agreed due to reasons given.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

The use of an all road accidents indicator does not infer deprivation in an area. Just because you live near an accident black spot wouldn't necessarily be causal to deprivation.

Question 16 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Proposal to include all fire incidents is agreed due to the reasons given.

### **Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Alignment of the risk of flooding indicator to that now used by insurance companies makes sense and being more detailed provides better evidence.

### **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

Housing is an important domain in measuring deprivation of an area. This domain has always been weak due to there only being 2 suitable indicators in the past. However the proposal to remove the central heating indicator due to the reasons given are right. How would the occupancy rating be measured between Censuses if that's the source of data? The 5% weighting of this domain towards the overall index confirms this domains weakness. The issue

of overcrowding is likely to worsen due to the Bedroom Tax. This domain should remain but maybe the weighting should be lower than 5%.

Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Some concerns over the possible future inclusion of SAP ratings as a low SAP rated property does not necessarily imply a deprived household. An affluent family may live in an old poorly insulated property and choose not have wall insulation installed due to the risk of internal damp, therefore choosing to pay more on fuel to heat the home.

### **Child Index**

Question 20 – Please describe your uses of the Child index in its current format

In our experience the Child Index has been used very infrequently due to the main WIMD Index covering “all bases”.

Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

The analyses of underlying WIMD data (including age) should be prioritised over producing a Child Index – Any future analyses of particular age cohorts would be more useful.

### **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

WIMD is an important tool for measuring relative deprivation in Wales and should continue. It is also important to reassess the appropriateness of the indicators used.

## **7. Rebecca Williams, Undeb Cenedlaethol Athrawon Cymru (UCAC)**

### **Addysg**

Cwestiwn 6 – Ydych chi'n cytuno â'r cynigion i hepgor y Sgôr Pwyntiau Cyfartalog Cyfnod Allweddol 3?

Cytunwn â'r cynnig.

Rydym o'r farn ei bod hi'n bwysig bod Llywodraeth Cymru'n parhau i gasglu data diwedd Cyfnod Allweddol 3, ond cytunwn â'r ddogfen ymgynghorol fod dangosydd Cyfnod Allweddol 2 a dangosyddion Cyfnod Allweddol 4 yn ddigonol at ddibenion y Mynegai Amddifadedd Lluosog.

### Cwestiwn 7 – Ydych chi'n cytuno â'r cynigion ar gyfer dau ddangosydd cyrhaeddiad Cyfnod Allweddol 4?

Ydyn, rydym yn cytuno.

Mae cynnwys y Sgôr Pwyntiau fel dangosydd yn bwysig am ei fod yn rhoi darlun o gyrhaeddiad ar bob lefel. Cytunwn y gall y Sgôr Pwyntiau wedi'i gapio fod yn decach ac yn fwy cyson na'r Sgôr Pwyntiau ehangach, gan ei fod yn trin bob ysgol a disgybl yn yr un modd, ni waeth faint o arholiadau y maent yn eu sefyll.

Cytunwn yn ogystal â chynnwys y Trothwy Lefel 2+, gan ei fod yn adlewyrchu cyrhaeddiad ar y lefelau uwch, yn ogystal â sgiliau sylfaenol ym meysydd llythrennedd a rhifedd. Mae newidiadau ar y gweill i'r mesurau hyn o ran y ffordd y mae Llywodraeth Cymru'n casglu/defnyddio'r data (er mwyn osgoi gorbwyslais ar y ffin rhwng graddau D ac C), ac mae'n siŵr y bydd angen cadw golwg ar y sefyllfa at y dyfodol. Ond ni fydd y newidiadau yn eu lle'n ddigon buan i amharu ar WIMD 2014 na 2015.

### Cwestiwn 8 – Beth yw'ch barn chi ar newid y dangosyddion Absenoldebau Cyffredinol i un sy'n seiliedig ar absenoldebau ailadroddus?

Cytunwn fod mesur absenoldebau ailadroddus yn fwy synhwyrol a gwerthfawr nag absenoldebau cyffredinol, os yw'n ymarferol ei gasglu. Yn ogystal, cytunwn yn llwyr mai 15% yw'r trothwy fwyaf priodol at ddibenion y Mynegai Amddifadedd, a bod 20% yn rhy uchel i fod yn ystyrion.

### Cwestiwn 9 – Oes gennych chi unrhyw sylwadau eraill ar y dangosyddion arfaethedig / a wrthodwyd, neu unrhyw awgrymiadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

Rydym o'r farn bod dangosydd Cyfnod Sylfaen/Blynyddoedd Cynnar yn eithriadol o bwysig o safbwynt mesur amddifadedd. Deallwn, fodd bynnag, yr anawsterau ar hyn o bryd ynghylch ystadegau addas, gan nad oes cysondeb wedi bod dros ddigon o flynyddoedd eto. Mae prawf gwaelodlin newydd ar y gweill, ac mae'n debyg y bydd hwnnw'n fesur gwerthfawr unwaith y bydd wedi ymsefydlu'n drwyadl, ac yn yr un modd, os na fydd newidiadau i'r asesiad diwedd cyfnod (ac mi allai fod...) mi ddaw hwnnw'n adnodd pwysig gydag amser. Cytunwn fod angen cadw llygad ar y sefyllfa ar gyfer unrhyw ddiwygiadau pellach i'r Mynegai yn y dyfodol.

Mae'r sefyllfa parthed y profion cenedlaethol (darllen a rhifedd) yn debyg – rhy gynnar i fod yn ddefnyddiol ar hyn o bryd, ond â'r potensial i fod yn ddefnyddiol at y dyfodol.

## **8. Beth Evans, Carers Wales**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It would be useful to have figures on the numbers in receipt of DLA by county and the rate ie. Low, Medium or High. This can then be compared with figures for those who will either lose their DLA or get downgraded when the new Personal Independence Payment is rolled out across the country. It would also be useful to know how many individuals are in receipt of Carers Allowance by County and how many people cannot received Carers Allowance but have an underlying entitlement.

### **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It would be useful to know how many employed people claim Carers Allowance by county. Carers are able to work and earn a maximum of £100 per week after stoppages and still be able to claim Carers Allowance.

### **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

We would welcome the inclusion of including a measure of unpaid care levels to capture possible health deprivation of carers.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

We would definitely agree with this inclusion. Local Authorities across Wales need to know their carer population to enable them to develop services for them in order that carers are able to maintain their own health and well-being.

### **Access to Services Domain**

Question 13 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It would be useful to know how many individuals by County are entitled to the DLA Mobility component in order that a comparison can be made when individuals transfer across to Personal Independence Payment. It would be useful to see how many people lose the mobility component in the new PIP.

## Housing Domain

Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It would be interesting to know in social housing/private landlord housing how many households are being affected by the “bedroom tax” and how many “spare” bedrooms they are being penalised for. It would also be useful to have information on the number of bedrooms within housing stock because people are unable to downsize.

It would also be interesting to know how many properties have been especially adapted for a disabled person and how many of those properties are affected by the housing benefit size criteria and are being penalised.

## 9. Dr Catherine Woodward, Powys teaching Health Board

### INCOME

#### **1 Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?**

We recognise that changes to this indicator need to be limited until the introduction of the Universal Credit.

However, there are specific issues that impact on rural areas such as Powys that are not currently reflected by the chosen indicators and which we believe need to be considered:

- Whilst the use of data related to the proportion receiving income related benefits does, to some extent, reflect those who have low wages, we are concerned that it may not pick up the full extent of low wages in rural areas. Whilst Powys has a relatively high employment rate, many people are in jobs that are seasonal, low paid and/or part time. In addition, local anecdotal evidence suggests that people living in rural areas are less likely to claim benefits to which they are entitled, thereby underestimating the extent of rural income deprivation.
- There is a higher cost of living in rural areas compared with urban areas due to factors such as greater transport costs, higher house prices and higher prices in local shops (due to limited number of supermarkets), as evidenced by work carried out by the Joseph Rowntree Foundation. This means that a higher proportion of rural households are living in poverty, once the cost of living has been accounted for.

*We recommend that an indicator looking at small area income estimates should be progressed, as this is a better reflection of income deprivation in rural areas.*

*We also recommend that alternative indicators such as average weekly earnings / people on low household incomes / people on lower than living wages are considered for inclusion to better reflect the extent of low pay. We recommend that indicators that reflect the higher cost of living e.g. ratio of income to local house prices are considered.*

*We support the plan to report long-term claimants alongside the domain.*

## **EMPLOYMENT**

### **2 Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?**

We recognise that changes to this indicator need to be limited until the introduction of the Universal Credit.

We are concerned that as the focus of this domain is to capture lack of employment, issues such as job insecurity or poor quality employment are not reflected. As mentioned previously, jobs in rural areas are more likely to be low paid, seasonal and people are more likely to be in part time employment. A higher proportion of people in Powys are self employed, which also contribute to higher levels of job insecurity. These factors are also likely to result in deprivation, and we believe this needs to be better reflected.

The proposed indicators are based on those who are entitled to benefits, but as mentioned previously, our concern is that there are likely to be a greater proportion of people in rural areas who do not claim benefits to which they are entitled.

## **HEALTH**

### **3 Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?**

Chronic disease has a significant impact on health and wellbeing and is also a major challenge to the health sector, as well as other public services. The rising proportion of older people in Powys, along with increase in overweight and obesity is likely to result in an increase in the prevalence of chronic diseases.

*We support the proposal to include an indicator on diagnosed chronic diseases.*

### **4 Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?**

Whilst being an unpaid carer is not a measure of population health, we recognise that being a carer has a negative effect on physical, mental and emotional health, with many carers experiencing high levels of stress over prolonged periods and social isolation. Carers sometimes have to give up employment opportunities and income in order to fulfil their caring roles. In Powys, there were approximately 16,000 adult carers in 2011, a 14% increase compared with 2001.

*We support the inclusion of an indicator on “proportion of unpaid carers”.*

### **5 Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?**

#### **Emergency Admissions**

We acknowledge but do not entirely accept the reasons for rejecting the proposal to exclude emergency admissions as an indicator.

However, timely access to healthcare can be an important determinant of clinical outcomes; the limited access to emergency hospital services can have a significant impact on the health and wellbeing of citizens living in rural areas.

Travel times to emergency departments are longer in rural areas, and this is particularly the case in Powys, where there are no District General Hospitals within the county. Longer travel times may result in a delay in Powys residents being able to access appropriate and possibly life-saving emergency interventions in a timely manner, with subsequent negative impact on health. For example, analysis as part of a Heart Disease Needs Assessment showed that angiography and revascularisation intervention rates are lower in Powys compared with other health board areas and significantly below that of Wales. Whilst it was not yet possible to determine whether these interventions rates are appropriate for the Powys population, there is local anecdotal evidence that patients in rural areas sometimes present outside the timeframe for clinical intervention.

*We recommend that emergency admission rates should be included as an indicator.*

#### Childhood Obesity

Obesity is a significant health issue, as well as a significant risk factor for other health problems such as cardiovascular disease. There is also a correlation between childhood obesity rates and deprivation and therefore a contributing factor to health inequalities.

*We recommend that childhood obesity should be included as an indicator.*

#### Breastfeeding

Whilst breastfeeding is not an indicator of population health per se, breastfeeding is associated with better health in children such as lower obesity rates and protection against infectious diseases, as well as health benefits for mothers e.g. reduced risk of breast and ovarian cancer. Breastfeeding rates are also linked to health inequalities.

*We recommend that breastfeeding should be considered as an indicator.*

#### Smoking

Smoking is the biggest cause of preventable mortality and morbidity, as well as contributing to health inequalities. We acknowledge that there are data issues with collecting accurate data on smoking prevalence at a local level. However, *we recommend that smoking prevalence, or an alternative measure e.g. smoking related deaths must be considered in future.*

#### Mental health

Mental health and wellbeing are important components of overall health and are not reflected in the proposed measures. The GP QOF database includes a domain on depression, *which could be used to determine prevalence.*

## EDUCATION

### **6 Do you agree with proposals to drop Key Stage 3 Average Points Score?**

Yes, we agree with this proposal.

**7 Do you agree with proposals for two Key Stage 4 attainment indicators?**

Yes, we agree with this proposal.

**8 What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?**

We agree with the rationale for changing this indicator. *We recommend that an indicator measuring repeat absenteeism is adopted.*

**9 Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?**

We agree with the commitment to review indicators for future iterations of WIMD, particularly for Early Years indicators and national numeracy and literacy tests.

The number of young people who are not in education, employment or training (NEET) is closely linked with poverty and deprivation and future life chances. We acknowledge the difficulties in obtaining data at a small area level, but believe that this *should be explored further.*

## **ACCESS TO SERVICES**

**10 Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?**

Access to services, including healthcare services, is a key factor in contributing to deprivation in rural areas.

Reducing the number of indicators in this domain would not be appropriate for rural populations. Further:

*We note that this domain has been given a 10% weighting overall; we do not accept this and would recommend that this is reviewed and increased.*

### **GP surgeries**

Whilst we agree that data should be included on GP branch surgeries, as well as inclusion of surgery opening times, we believe that the differences between main and branch surgeries needs to be appropriately reflected. Branch surgeries may not provide the same level or range of services as main surgeries and they frequently have shorter opening hours.

### **Pharmacies**

Pharmacies are a vital healthcare resource in rural communities and also provide invaluable enhanced services, such as smoking cessation, enhanced emergency hormonal contraception, flu vaccination. Their inclusion is welcome.

*However, there needs to be further consideration of the inclusion of dispensing practices, as these only provide prescriptions and not other services such as over the counter advice and medicines, home delivery and other enhanced services. In rural areas, patients with access only to a dispensary would therefore be at a disadvantage.*

## NHS Dentists

Whilst acknowledging issues with obtaining appropriate data for this area, its *exclusion is of concern*. Oral health is integral to overall health, impacting on activities of daily living. Poor dental health is strongly correlated with deprivation. Rural areas are likely to have far few NHS dentists available and loss of this domain will disproportionately affect the scores of rural areas.

## Accident and Emergency Hospitals

As mentioned previously, there are no hospitals with an Accident and Emergency Department in Powys.

Most journeys to Accident and Emergency are via private transport or via ambulance, rather than public transport.

Excluding this indicator will have a greater impact on rural areas than urban areas and *we recommend that this indicator should be reviewed for inclusion*.

A potential alternative is to use access to an Out of Hours GP Centre.

## Digital inclusion

Access to many services is through digital methods. A greater proportion of rural areas experience problems with access to digital services compared with urban areas. For example, ZERO premises in Powys have superfast broadband, compared with 31% of premises across Wales.

*We recommend that this indicator is included as part of the access domain.*

## **11 Do you agree with proposals for combining public and private transport?**

Rural areas, such as Powys, have relatively high car ownership out of absolute necessity, NOT as a reflection of affluence. Cars are often the only mode of transport available in rural areas, which makes having cars in a household essential to be able to work and access services. As a result, multiple car ownership is seen in both deprived and affluent rural households. High car ownership further contributes to deprivation, and more specifically to fuel poverty.

Whilst there may be public transport routes in the vicinity of rural communities, this does not reflect the frequency or timing with which they are available. For example, some buses and trains may only run very infrequently and at times that are not practical for commuting purposes.

*Combining public and private transport would not provide an accurate reflection of access to services in rural areas. We strongly recommend that public and private transport are not combined.*

## **COMMUNITY SAFETY**

### **14 Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for WIMD 2011)?**

We support the inclusion of antisocial behaviour incidents.

### **15 What are your views on the use of road accidents as a new indicator, assuming number of pedestrian and cyclist casualties are not robust enough for WIMD?**

*Our recommendation is to adopt an indicator that measures road safety incidents that include all accidents, as motor vehicle accidents are a significant cause of death and disability.*

## PHYSICAL ENVIRONMENT

### **17 Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?**

Proximity to natural green space

We support the adoption of this indicator, as it is a contributory factor to health and wellbeing. *However, the indicator needs to include access to green spaces.* In rural areas, green space is frequently not accessible for recreation purposes, due to lack of footpaths or the requirement for transport to be able to access them.

Rural communities frequently have fewer accessible parks and playing fields compared with urban areas.

## HOUSING

### **18 Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?**

We recognise that there is a lack of quality data available.

However, we believe that this is an important component of deprivation and *should therefore be developed further*, to allow more indicators to be included in this domain. *Housing affordability, fuel poverty, homelessness and housing quality are all significant issues that contribute to deprivation in rural areas and should be developed further.*

### **19 Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?**

We support the development inclusion of energy efficiency as an indicator.

## CHILD INDEX AND OTHER POTENTIAL INDEXES

### **20 Please describe your uses of the Child index in its current format.**

We are currently using the child index for the Director of Public Health Annual Report 2013-14. Recommendations in the report will be used as a mechanism for improving health and wellbeing for children and young people in Powys. The Child Index was used to develop a children and young people's data set by Public Health Wales. This data has been shared locally, with the aim of ensuring that there is a better understanding of health needs and that service provision is on the basis of meeting local need.

*We are supportive of the proposal to continue with the development of the next iteration in 2015 and of ongoing monitoring of data developments that could affect the approach in future.*

## Other comments

### **22 Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?**

We recommend that WIMD should be developed to better reflect the causes and consequences of rural deprivation, as well as urban. The widespread use of the

WIMD and the lack of readily available alternative tools to measure deprivation in rural areas means that the needs of citizens living in rural areas are not given adequate and equal attention.

We welcome the proposal to address the issue of rural deprivation through the analysis of the underlying WIMD indicators according to their rural / urban classification.

## **10. Meri Huws, Welsh Language Commissioner**

### **Access to Services Domain**

#### Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

It is intended to include, as previously, travel time to primary/secondary schools, although the calculations will be restricted on this occasion 'to households with children attending non independent and special primary schools, as opposed to the previous approach of including all households.' We agree to that change. It is said in the Consultation Document 'Distance to *nearest* [our italics] school(s) would then be calculated and averaged within LSOAs for relevant households only.' It is also said that the Pupil Level Annual School Census (PLASC) will be used to do that, and that research into this method of calculation is currently under investigation.

The distance to the local school does not consider the medium of instruction of the school or parental choice. Calculation of the indicator using the proposed method will not acknowledge that access to Welsh medium education in an area could be poor, as the distance to the nearest school is not relevant to parents desiring Welsh medium education for their children unless the nearest school happens to provide that education. As the data which will be available through using PLASC will include the language classification of the school, it should be possible to calculate the distance to the school the pupil attends, not the distance to the local school. That will not reflect hidden deprivation, i.e. that there may be parents who would have wished for a Welsh medium education for their children but who considered that they must send their children to the local (English medium) school because the Welsh medium provision was too far away. Even so, reflecting the present situation correctly would be better than reflecting the concept that a nearby school, irrespective of its medium, is a sufficient choice.

## 11. Dylan Williams, Isle of Anglesey County Council

The Isle of Anglesey County Council (IACC) welcomes the opportunity to provide views and comments on the “**Proposed indicators for the Welsh Index of Multiple Deprivation 2014**”

This response has been prepared by officers from the Economic Development Unit and has not been the subject of the Council's political processes.

We do not feel sufficiently qualified to respond in detail on the validity or otherwise of the decision to include or reject specific indicators in particular domains. However, we have some more general comments which may be useful.

We would argue that the index has to date failed to adequately reflect the situation in respect of deprivation in rural areas. The index by its nature picks up larger concentrations of deprivation as is often seen in urban areas but fails to identify the pockets of deprivation found in rural areas because they are more dispersed and are masked within the general average value for that sample area.

Rural areas have particular issues aligned to their dispersed nature, accessibility and peripherality that exasperate deprivation. These factors contribute to a higher cost of living in rural areas, not only because of generally higher prices for basic necessities but also the cost of travelling to obtain these. The generally limited and infrequent public transport provision means that for most households a car is a necessity rather than a luxury, to access services, childcare, and travel to and from work. Compounding this is the higher cost of fuel in rural areas compared to urban areas.

Given these factors have a bearing on the actual income available to an individual irrespective of whether they are in receipt of income related benefits and also impact on the employment and

access to services domain there should be an attempt to include data that captures this cost of living differential within the index.

Notwithstanding the limitations of the index in relation to rural areas, perhaps there might be some merit in providing sub-rankings of urban and rural areas to enable better comparisons between areas of similar characteristics.

## 12. John Harper

### Housing Domain

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?No

I note the paucity of appropriate data in this domain. This is disappointing given the importance of housing and the multitude of housing statistics that are in existence. This is not intended to be a critical remark but more the need to discuss the whole subject of deprivation through lack of adequate housing. I agree that **overcrowding** is the most credible indicator and I also agree that the lack of central heating is no longer a suitable indicator of housing deprivation.

**Homelessness** is difficult to obtain statistics in any event because of the identification of rough sleepers and is likely to be a feature of the least deprived areas

**Housing Affordability** Equally a lack of affordable housing is just as likely to be an issue in Westminster as it is in Merthyr? Apparently income at local level is not available?

**Fuel poverty** data is available within the Welsh Government (based on published statistics) The credibility of the data is uncertain but estimates suggest fuel poverty (as defined) is over 380,000. SAPs are proposed as an

indicator. A SAP is the government standard assessment procedure for energy rating of dwellings but they are still in developmental stage and their availability is limited. Similarly, Energy performance certificates are not available comprehensively

**Evictions/repossessions** I note data exists but not at the required local area level. However, the numbers are small and probably not a reliable indicator of deprivation?

**Housing quality** Wales has some of the oldest housing stock in Europe much of it owner occupied with a significant number likely to be occupied by elderly residents on low incomes. Housing quality is highly varied and Wales needs an up-to-date quality survey and I support the need for such a survey to be carried out. There is a lack of an up-to-date survey of housing condition in Wales which if implemented and properly designed would be a credible indicator.

Much of the information could be extracted from existing data. Certain forms of housing are indicative (not necessarily conclusive) of deprived areas. For example

1. Pavement type houses at least 100 years old
2. Social housing built in the 1950s and 1960s (noting that a large part of the social housing stock has benefitted from improvement under the Welsh Housing Quality standard)
3. The percentage of houses privately rented
4. Houses in multiple occupation

There are other areas of statistics that could be researched looking at their links to deprivation. These include

Housing waiting lists

Welfare reform

The level of values (housing price indices) whilst not conclusive is likely to be indicative.

There are further Welsh Government indicators that could be considered.

They include:

**Private sector renewal**-which includes information on housing grants and improvements (mainly disabled facilities adaptations)

**Housing demolitions and hazards** which includes dwellings assessed by local authorities under the Housing Health and Safety Rating System (HHSRS)

Numbers of dwellings assisted by the **Care and Repair Service**

I understand the difficulty identifying appropriate measurable indicators in the WIMD. However, given the importance of housing and its links to health and general well being it is a topic that deserves further research and debate before discounting it as a domain. In this respect the public and private housing professionals need to be involved and linking housing data to other data areas.

### **13. Jonathan Radcliffe, Sports Wales**

#### **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

I am about to start a full time role at Sports Wales (as a GIS and data analyst) and while conducting some background research for the role it has come to my attention that there are limited indicators on physical activity, physical

literacy, and levels of sports participation within the WIMD as it stands. As far as I can make out the only indicator that comes close is proximity to a leisure centre. Although this is important and should remain within the access to services domain, I feel that data held by Sports Wales is more appropriate to target the subject.

Sports Wales collects several datasets that can be used to measure deprivation in these aforementioned areas:

School Sports Survey - <http://www.sportwales.org.uk/research--policy/surveys-and-statistics/school-sport-survey.aspx>

Active Adults Survey - <http://www.sportwales.org.uk/research--policy/surveys-and-statistics/active-adults-survey.aspx>

I think there is potential for these surveys (with appropriate weighting) to be used within the WIMD, especially as the data can be spatially referenced to existing boundaries using postcodes.

I think further discussion is required in terms of the detail of how this can be achieved and which domains the datasets should be used within (as sports participation and physical activity cut across several domains e.g. health, education, access to services...and the child index).

Would be happy to arrange a meeting to discuss this in further detail. Just wanted to raise the issue before the consultation closing date.

## **14. Kirsty Smith, Bridgend County Borough Council**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Agree with proposal of minimum change in the interim period with regards to universal credit and its implications.

Measure on persistent benefit claimants would be useful, especially when used alongside (long term) unemployment.

### **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

As above.

No issue with proposed changes.

## Health Domain

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Subject to quality assurance alleviating the outlined concerns, I would agree with the proposal to include an indicator on diagnosed chronic diseases. I believe this would be a good contextual measure, and would sit well with measures on unemployment; however more information should be made available on what chronic diseases are included, whether they are equally weighted and how patients with multiple chronic diseases would be counted. With the system being non-mandatory I also have some concerns over which GP practices do not have the system. Whilst 95%+ of GP practices have the system installed, is it the case that the remainder without it are all in one area, therefore meaning there is no information for that region, or are the practices without the system dotted around the country, skewing the data across many areas?

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

I would agree - I think the proposed indicator is an interesting one and would be very useful when looking at how care is provided within Wales, and exploring the relationship between care provision and the affluence of areas and the role unpaid carers play in demand management. A 'variation across wards' style of result would be of most use to us. It would also be useful if this could be further broken down into young carers.

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

As mentioned, a proportion of young carers similar to the one proposed would be welcomed.

## Education Domain

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

We do not use points score at Key Stage 3, rather the NSI EDU/004 “Percentage of pupils assessed at the end of Key Stage 3, in schools maintained by the local authority, achieving the Core Subject Indicator as determined by Teacher Assessment” so would not be affected.

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

Key Stage 4 Capped Point Score: minimising the points to relate to ‘the best eight GCSEs or equivalent’ has both merits and detriments. I can understand that this places the emphasis on achieving well in GCSEs rather than sitting many GCSEs but there’s a risk that this narrows the scope, and this measure will then need to sit with EDU/011 (Average point score for pupils aged 15, at the preceding 31 August, in schools maintained by the local authority) to really

judge performance. The best eight GCSEs might also result in the core subjects being overlooked, making it harder to draw fair comparisons of achievement across LSOAs.

The proposed Key Stage 4 level 2 inclusive measure will certainly compliment the capped point score, but as this is an existing annual national performance indicator (EDU/017), I don't think the three year average proposal will add much more information.

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

I think this is a very positive change. Pupil tracking can help with early intervention and targeted support, making sure those pupils can be helped before their education is jeopardised. The proposed changes make the measure would potentially make the indicator much more useful.

Overall absenteeism was not specific enough as an indication of deprivation – the number would incorporate one-off instances of absences through illness, or even holiday.

**Access to Services Domain**

Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

Agree on the new inclusions.  
Agree on exclusions.

Question 11 – Do you agree with proposals for combining public and private transport?

Unclear on the reasoning for this, or what combining the public and private transport will achieve.

Question 12 – What are your views on the selected calculation of travel times method?

The proposals seem much more standardised, and clearer. The ability to alter parameters should also lead to increased accuracy.

Question 13 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The WISERD team's floating catchment area and system of points awarded based on service accessibility seems simpler than the initial list of services. However, whilst the general idea of a high score shows greater access to services it won't be explicit about what services they are/how relevant the local services are to residents of a LSOA.

## **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

As with all 'crime' indicators, the figures can only reflect reported events, not the prevalence of them. This is further diluted in the case of this indicator as it would only count incidences reported to the police rather than to other agencies, such as local authorities.

I think further work needs to be made to make a better case to support the move away from the adult and youth offender indicators which, whilst not as specific and will cover more than anti-social behavioural incidents, would still provide a better measure of community safety.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

Pedestrian and cyclist casualties would show a clear link to safety in an area, I'm not sure that the same would be true for all road accidents (though they would possibly be an indication of potential community safety issues for local residents).

Factors that could cause a high rate of accidents aren't necessarily a sign of community safety deprivation, e.g. road condition, proximity to major roads. How will the proposed incorporate measures taken to reduce the risk of accidents?

## **Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Agree with proposals to change the risk levels for flooding in line with insurance companies as this will create consistency across the board.

Agree with the possibility of using proximity to natural green space dependent on suitability of data, however having access to natural green space is not the same as making use of it.

Agree with rejection of fly tipping, difficult to measure and quantify (e.g. would larger items, such as fridges, carry the same weighting as smaller items, and at what point does littering become flytipping?). Would it be possible to explore the possibility of measuring access to a local municipal waste site be a better (interim) measure whilst further investigation into a potential data source is carried out.

## **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

I think the reasoning given, and the lack of regular data, only on indicator is acceptable.

In light of the changes to universal credit changes, could it be possible to explore the possibility of developing a measure along the lines of people

affected by the 'bedroom tax'. There are also national performance indicators to do with affordable housing, additional affordable housing units provided throughout the year as a percentage of all additional housing units provided during the year – could a WIMD measure be developed along these lines at a LSOA level (accepting, as mentioned that household income estimates are currently only available at MSOA)?

Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Agree with the removal of the measure of central heating.

Agree homelessness measures should be looked in to, but only if suitably robust data is available at LSOA levels as, like stated, local authorities already have homelessness data. The advantage of having information at LSOA would in the ability to judge disparity across wards, and judge whether there were pockets of homelessness.

Housing Affordability, as mentioned in previous answer, would be desirable allowing for 'affordability' to be judged at a suitable level. Same applies to Evictions/Repossessions.

Agree with the proposal to give consideration to modelling results to small area level should another housing property survey take place to produce a measure on housing quality.

I am not sure the suggested proxy of energy efficiency performance is a clear, or strong enough, link to act as a measure on housing quality. As a contextual indicator this could work, but there are too many potential flaws for it to be of great worth or use – it is not a measure on the overall condition of a house, terraced housing could show high values for EPC due to the nature of their build and listed or period buildings that are in otherwise excellent condition could have low EPCs because of their style/limitations placed on adaptations made to them.

## **Child Index**

Question 20 – Please describe your uses of the Child index in its current format

At a Corporate level, we do not use the Child index but it will get used by directorates to help decide where certain projects should be targeting, such as Flying Start, school attendance campaigns.

I think for the Child Index to have merit and be able to stand on its own it would need more appropriate indicators and, essentially, there is a question over whether the extra resources required to do this will be worth it.

Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

I think strengthening the analyses of underlying WIMD data would be more important, especially if was an either/or decision. WIMD data is used to provide context and understanding of how areas of the local authority are performing rather than the region as a whole, and if this could be analysed further, e.g. by age, this could only be beneficial.

As mentioned, we do not use the Child Index at a corporate level so this has influenced my opinion but I think the emphasis should be on improving what is already provided rather than developing other documents that don't necessarily add or tell any new information, only the same information from a different perspective.

## **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

There are some overlaps with data provided at a local authority level as national performance indicators – whilst this is potentially useful as it means that the data will be available at lower levels, it does lead to a lot of duplication.

As a side note, the webinar and related document were useful in developing our consultation response.

## **15. Lesley Rees, Carmarthenshire County Council**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Agree with the removal of contribution-based JSA.

Information on Household Incomes would be an useful addition. This could be incorporated in a number of ways e.g. percentage of households with an income below the National Income standard etc. Whilst it is useful and important to capture income in terms of benefit receipt it does not provide a holistic picture of the income for the area as it does not account for income received through work – which is particularly important given the rise of in-work poverty that we are currently experiencing. Although the indicator does include child tax credit receipt, again this does not provide a holistic picture as those without children are not represented.

It would be useful to include some indicator around Housing Benefit receipt? This is not included in the indicator currently and it would be a useful demonstration of peoples overall financial situation. Housing Benefit uptake demonstrates an insufficient income to support basic housing costs – aka rent – which is an important factor to capture when looking at the income of an area and would complement the other elements of this indicator which focus more on general amounts of income as opposed to sufficiency of that income. This may fit in better within this domain rather than the housing domain as uptake of housing benefit does not demonstrate inadequate/sub-standard housing conditions.

Due to the recent changes in the Welfare system which means that the indicator data will not be comparable with earlier years, it may be the right time to incorporate new datasets for each indicator?

## **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Agree with the recommendation to remove New Deal customers.

Data on persistent claimants would be useful as this would demonstrate whether the poverty in the area was entrenched or responsive to particular economic conditions. This could assist us to support people in these areas to tackle the issues which are contributing to their employment and broader deprivation.

Whilst the inclusion of average distance to a Job Centre Plus office is considered in the Access to Services domain, it does have a role to play here. Access to Job Centre Plus is not essential to day to day living but is an important demonstration of lack of support to find employment. We have recently discovered that many 16-24 years olds are not claiming benefits due to the lack of transport to attend the relevant office by the required times.

Data on employment opportunities/vacancies within each LSOA would be useful in giving a clearer overlook on the areas. It is appreciated that this would be difficult to gather and would fluctuate on a weekly basis, would it be possible to overcome this by looking at average monthly opportunities?

It may also be useful to include the percentage of workless households within this indicator. This would demonstrate, alongside the existing benefit claimants indicator, the extent of the lack of employment.

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Support the addition of an indicator on diagnosed chronic diseases, however would be concerned that the diseases included would need to have proven links to increased deprivation. Not all chronic conditions contribute to or are a result of deprivation and so inclusion of those conditions could make the data inaccurate for the purpose.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

Strongly agree that the inclusion of an indicator on unpaid carers is hugely important. It would be beneficial if the indicator could be sub-divided further or an additional indicator could be included on young unpaid carers. If this is possible, this indicator should be placed within the education domain as the impact of being an unpaid young carer is likely to have a larger impact on educational deprivation than health.

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Fuel poverty has a huge impact on health and should be captured within WIMD. This is a growing problem that has a massive impact on excess Winter deaths, chronic diseases, education attainment and general wellbeing. These impacts can be both long and short term and likely to be felt hardest in poorer areas given the nature of the problem. The addition of an indicator for the percentage of households in fuel poverty at LSOA level would be very beneficial and useful and could sit within the housing domain.

It is very important to measure levels of diagnosed mental health conditions. These conditions can have an adverse affect on levels of deprivation in all domains. For example income due to inability to secure higher level employment/any employment. It also has important social impacts which need to be considered when looking at deprivation levels. Whilst WIMD does not extend to cover social factors it can support work in this area if inclusive indicators such as “percentage of diagnosed mental health conditions”.

### **Education Domain**

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Support the proposal to drop this indicator as it has little impact on the overall domain.

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

Agree with this proposal. The data being proposed will give a clearer picture of the education attainment of our most areas.

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

Changing the overall absenteeism indicator to one based on repeat absentees would provide far clearer indication of educational deprivation. Some individuals' ill health could have impacted on the indicators previously.

Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It would be useful to include Adults with Level 4 qualifications. Whilst it is stated that this would not include those who could study to Level 4, but don't low levels of Level 4 qualifications indicate limitations of opportunities to physically access HE education or costs being a limiting factor which could indicate deprivation.

If possible it would be useful to include an indicator on numerical literacy in adults. This could be done by looking at the number of adults with a certain level of mathematical attainment. It is important to view individually from other key stage areas as a lack of numerical literacy can affect financial capability.

An indicator for NEETs would be a useful addition to this domain. Whilst becoming NEET can be a result of a number of issues it can indicate a lack of opportunity amongst young people to access education, employment or training and demonstrates a lack of engagement or training with the employment systems generally. It also has an impact on other deprivation domains such as income and employment and could be key in helping to analyse the whole picture of deprivation within an area.

### **Access to Services Domain**

#### Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

All proposed additions and exclusions are positive and would give detailed indicators. It would be beneficial to include data for Employment Centres as we have recently discovered that some of our 16-24 year old who live in the rural areas of the county are not claiming JSA as they are unable to arrange/receive transport to the Employment Centres for the allocated time slots given to them.

#### Question 11 – Do you agree with proposals for combining public and private transport?

It's important to include both public and private transport indicators within this domain, however I have concerns regarding combining them into one. Whether a person access services via public or private transport is very significant in rural areas in terms of informing the support put into these areas.

#### Question 12 – What are your views on the selected calculation of travel times method?

This is an essential indicator to keep, and has been used greatly by us due to the rural layout of the county. The ability to calculate the data on different times of the day/week is very beneficial. The contour tabulated travel time map is excellent and would be very useful.

#### Question 13 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It is important to include access to digital services with many services going on-line.. Although this indicator would provide limited data, access to digital services is an essential part of day to day living and it would be very useful to gather some perspective to start on this even if it is incomplete. I would note that although capturing information on digital access via mobile networks is useful, the inability to do so does not make the addition of this indicator irrelevant as the services accessed in this way are essential parts of day to day life e.g. job hunting, paying bills, online banking. These are services which are not easily accessible via mobile networks so individuals would need access to digital services more generally to complete tasks relevant to this domain.

With regard to Childcare facilities, whilst informal childcare cannot be measured would it be possible to measure registered childcare facilities?

## **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

Agree that it is important to try to capture levels of anti social behaviour as this can impact on various areas of deprivation and is often rooted in more complex issues of social exclusion and deprivation. Think that the incidents location would give us a better outlook on where to target service provision for this problem as offenders do not always live in the area where the incident takes place.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

I think it would be a worthwhile indicator to include, if the number for pedestrian/cyclist casualties are not robust enough for WIMD. This indicator would still enable us to highlight the need for road traffic systems such as sleeping policemen etc.

## **Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The proposals are all acceptable. It would be beneficial to include proximity to natural green space for future analysis.

## **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

The more indicators used the more robust the data, but unfortunately there is not much data available at such a low geography level for this domain.

Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

There is a lack of suitable data for this domain, the SAP ratings are what we use to measure the quality of housing in the county. The inclusion of an energy efficiency indicator would strengthen the indicator.

An indicator for housing affordability would be very useful but as has been stated the only household income data available at this geography is commercial data.

(Comments from other Departments)

As noted below it may be fitting to include an indicator around percentages of fuel poverty although this indicator may be more suited to the Health domain. Housing fuel poverty does not necessarily relate to inadequate housing, although this is the case for some, for others it may be the cost of running heating systems etc, that results in fuel poverty not the inadequacy of provision. Although there is a strong link between energy efficiency of homes and fuel poverty, other factors which contribute to fuel poverty may cloud the accuracy of the data in demonstrating insufficient housing, this is why it may be better placed with the Health domain.

## **Child Index**

### Question 20 – Please describe your uses of the Child index in its current format

Information from the WIMD Child Index is currently used for the Childcare Sufficiency Assessment (CSA) which is submitted to Welsh Government. The CSA full report is carried out every three years and a refresh is done annually. Data from the Child Index is used to determine childcare demand in the county and to make comparisons by LSOA. Information on deprivation and child poverty are looked at for the report, the main indicators used to determine childcare demand and to review any gaps in provision are the Income and Employment Domains.

### Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

More analysis of underlying WIMD data should take priority over production of a Child Index or that the Child Index needs to capture more relevant data specific to Children's experience of poverty. If this can be captured in the existing WIMD by including for each indicator relating to households and additional indicator for households with dependent children then this would be sufficient.

## **16. James Thorburn, Ceredigion County Council**

### **Income Domain**

#### Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We believe that there are methodological problems with the treatment of students in the Income domain of the WIMD. The present indicator is not entirely satisfactory as, although students are not eligible for any of the income related benefits used, they are included in the denominator for the indicator. Other non-economic active groups in the population (e.g. elderly or children) are covered in some way, and rates may therefore be compared with the total population. However, it is apparent that the indicator will fail to properly measure income deprivation in areas with a high proportion of student population (in residences or households). It would be possible to use HESA data to remove HE students from the denominator data for these indicators.

## **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

In this case it can be argued that including many elements of the non-economically active population in the denominator (e.g. children or retired) is valid as they may be related to the economically active population in some way; however, the presence of a high student population (e.g. in a set of university residences adjacent to a deprived area) may mask significant levels of employment deprivation among the non-student population.

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Agree

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

Not sure given the points noted by ONS on the possible spatial mismatch between carers and cared for, and on the possibility of a negative correlation between unpaid carers and deprivation. Further investigation would be needed.

## **Access to Services Domain**

Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

Agree as the proposed services seem more related to measuring the local dimensions of deprivation and recognises the changing role of e.g. petrol stations and other services

Question 11 – Do you agree with proposals for combining public and private transport?

Yes, as gives more realistic measure of access. Method for weighting according to household access at LSO level is vital. Some detail checking of results may be advisable as there appears to be a large change in ranking on the sample maps of public and private transport to secondary school e.g. Lampeter

Question 12 – What are your views on the selected calculation of travel times method?

The proposed methods seem to offer benefits in terms of calculation whilst still providing good measures. The WISERD approach offers a potentially useful analysis of accessibility, recognising the advantage that some areas have in being able to exercise choice between alternatives service nodes.

## **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

The use of the single indicator is far from ideal but appears to be the only feasible measure available at present. We would endorse the work to develop an indicator based on measures of the issues of household heating and energy requirements such as provided by SAP/EPC.

## **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

We note the comments on the unsuitability of the WIMD approach to measuring rural deprivation and in providing evidence for policy responses. Although rural deprivation is focussed on the individual and the household, and not on areas, we believe that some alternative approach is required. Paragraphs 131 to 139 of the Draft 2014 to 2020 Rural Development Plan, are particularly relevant here, drawing attention to the unsuitability of the WIMD approach in defining rural poverty and deprivation and the different nature of aspects of rural deprivation.

It is apparent that WIMD has come to be thought of by many programmes within and outside WG agencies as the one and only measure of deprivation, extending its use beyond its original purpose. It is important, therefore, that some measure of rural deprivation be developed which is given equal regard by policy makers.

## **17. Christine O’Byrne, Chwarae Teg**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Concerns have been raised (e.g. Women’s Budget Group) about the likelihood of the introduction of the Universal Credit benefit discouraging second earners in a household from seeking work. This will disproportionately affect women as they are the most likely to be in this position. It has been shown that the income earned by the woman in this situation can make the difference that keeps a family out of poverty.

Chwarae Teg recommends that the Income indicator is recorded by gender as a way of monitoring the impact that the changes to the benefit structure may have, and particularly in order to note whether there is a reduction in the proportion of women receiving income related benefits which may indicate that they are withdrawing from the workforce.

## **Health Domain**

### Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

A large proportion of unpaid carers in an area indicates a corresponding loss of income for those families as opportunities for doing paid work are lost. This disproportionately affects women, as they tend to be the majority of those performing an unpaid caring role, and their removal from the workforce can mean that the family has to survive on a lower income. As well as financially affecting other family members, this can reduce opportunities for the carer to fully engage in activities in the community when released from their caring duties, which may lead to issues with mental health and stress within the family.

However, the results from the Census mentioned in the consultation document, point to there being a higher proportion of unpaid carers in areas of lower deprivation. This could reflect the fact that people in the most deprived areas are not able to leave the workforce to provide unpaid care for those in need, a factor which may be contributing to the higher mortality rate in those areas.

Therefore, Chwarae Teg would agree with the inclusion of an indicator on “proportion of unpaid carers”, as this relationship with deprivation warrants further investigation.

## **Access to Services Domain**

### Question 11 – Do you agree with proposals for combining public and private transport?

Given that bus services are being reduced across Wales, particularly in rural areas, and this has a particular effect on women given that there are clear gender differences in public and private transport use. Chwarae Teg feels it is important to keep public and private transport indicators separate. While it may be true that the majority of adults in Wales have use of a car, this is less true for women and it is important that we know where reduced public transport availability is contributing to deprivation. This information would be of use to those interested in establishing more flexible means of transport to help counter the effects of the reduction in public transport.

## **Housing Domain**

### Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Chwarae Teg would like to see the WIMD data for all indicators available by gender so that it is possible to compare the level of deprivation in different areas for males and females. This would allow organisations such as Chwarae Teg, that work towards enabling women to fully participate in the economy, to see where the areas of most need are concentrated and what aspects of deprivation are most affecting the women in those areas.

## 18. Lindsey Kearton, Citizens Advice Cymru

Citizens Advice Cymru welcomes the opportunity to respond to the consultation on the Proposed indicators for the Welsh Index of Multiple Deprivation 2014.

Citizens Advice is an independent charity covering England and Wales operating as Citizens Advice Cymru in Wales with offices in Cardiff and Rhyl. There are 20 member Citizens Advice Bureaux in Wales, all of whom are members of Citizens Advice Cymru, delivering services from over 250 locations.

The twin aims of the Citizens Advice service are:

- to provide the advice people need for the problems they face
- to improve the policies and practices that affect people's lives.

We promote equality and challenge discrimination at all levels.

In 2012/13, Citizens Advice Bureaux across Wales helped 153,000 people to solve 495,000 problems.

We are happy for our response to be made available to the public.

### Overview

Rather than responding to each individual consultation question our response is more overarching.

Primarily we would like to raise our concerns about how current approaches to measuring deprivation in Wales, by their nature and methodology, generally result in disparities between more populated and less populated areas – with populous areas more likely to be identified as having the highest concentrations of multiple deprivation.

The WIMD notes the limitations of the current approach and cautions against making wider assumptions, for example that not all deprived people live in the most-deprived areas. However it remains a fact that the use of WIMD to develop specific policy interventions designed to tackle deprivation, such as the Welsh Government's Community First programme, can result in communities where the population is more dispersed potentially missing out on the benefits of such interventions.

Citizens Advice Cymru is becoming increasingly concerned about levels of poverty in rural Wales.

A combination of factors is placing additional pressures on many rural households, both financial and otherwise:

- Low pay economy: in 2013 average weekly earnings in several predominantly rural local authority areas were amongst the lowest in Wales - Monmouthshire (£486; 2<sup>nd</sup> lowest); Powys (£487; 3<sup>rd</sup> lowest); Gwynedd (£491; 5<sup>th</sup> lowest) and Ceredigion (£494; 6<sup>th</sup> lowest)<sup>1</sup>;
- Recent research by the Joseph Rowntree Foundation<sup>2</sup> highlights how patterns of in-work poverty and out-of-work poverty differ across Wales. West, North West and East Wales (all predominantly rural) had high numbers receiving in-work benefits (as a proportion of their working age populations), while the South Wales Valleys showed higher numbers of people claiming out-of-work benefits;
- The nature of the housing stock in many rural areas combined with higher costs associated with non-gas fuels means that fuel poverty is proportionally twice as prevalent in off-gas households. In Wales 45 per cent of households living off the mains gas grid are fuel poor, compared to 23 per cent of households on mains gas<sup>3</sup>;
- The age and construction of many rural properties makes them much more expensive to treat with energy efficiency measures;

<sup>1</sup> 'Local area summary statistics', Welsh Government, 15<sup>th</sup> January 2014

<sup>2</sup> 'Monitoring Poverty and Social Exclusion in Wales 2013', Joseph Rowntree Foundation,

<sup>3</sup> 'Off-gas consumers: information on households without mains gas heating – Technicalannex', Consumer Focus (September 2011)

- The cost of living generally can be higher in rural areas:-
  - a limited choice of physical services, including shops, can mean people may be paying more for basic provisions such as food;
  - inaccessibility of physical banking and payment services, such as Post Offices and banks, leads to difficulty in paying bills, accessing non-fee-charging cash machines, and accessing free bill payment services;
  - infrequent and costly public transport and heavy reliance on private transport – leads to difficulties in gaining employment; higher fuel prices and greater distances to travel to work and other essential services.
- Access to digital services is becoming increasingly critical for everyday living. In areas where physical services are being reduced, efficient online access is even more critical.
  - Superfast broadband coverage and access to a 3G mobile phone service varies considerably across Wales with many rural areas disproportionately affected by poor coverage;
  - This not only adds to social exclusion it can also result in an inability to access the cheapest options and to compare offers, and an inability to access financial services;
  - It could also have considerable implications for benefit claimants and job seekers as Universal Credit is rolled out across the UK in the coming years. The majority of claimants will be expected to make and manage their benefits claim on-line;
- Within the access to services domain of the WIMD 2011 not surprisingly rural areas dominate the most deprived rankings, with Powys and Ceredigion being the two most deprived local authority areas.

*Demand for advice services in rural locations*

The table below highlights the type of issues clients sought advice on from Citizens Advice Bureaux in Powys, Ceredigion and Monmouthshire throughout 2012/13. Similar figures are also shown across bureaux in three local authority areas identified as having at least one of the top ten most deprived areas of Wales.

It is not possible to make direct comparisons between local authorities in terms of the number of clients seen and number of problems raised as this can be dependent on local populations as well as the resources/capacity of the local bureau. However what the data does confirm is that many problems clients face are common to people across Wales. Therefore the need for support and advice on such issues is consistent regardless of where people live.

<b>Citizens Advice Local Authority Dashboard 2013</b>			
<b>Main problem areas</b>			
	<b>Powys</b>	<b>Ceredigion</b>	<b>Monmouthshire</b>
Benefits/tax credits	11,238 (50%)	4,720 (51%)	4,503 (41%)
Debt	6,848 (30%)	1,766 (19%)	2,487 (23%)
Housing	569 (3%)	474 (5%)	714 (7%)
Employment	1,271 (6%)	574 (6%)	895 (8%)
	<b>Denbighshire</b>	<b>Caerphilly</b>	<b>Merthyr Tydfil</b>
Benefits/tax credits	8,109 (41%)	17,981 (53%)	6,694 (60%)
Debt	6,795 (34%)	10,049 (29%)	2,778 (25%)
Housing	869 (4%)	1,046 (3%)	246 (2%)
Employment	1,218 (6%)	1,601 (5%)	489 (4%)

### *Conclusion*

We recognise that deprivation is much broader than poverty however the two are intrinsically linked. We believe greater consideration needs to be given to how the Welsh Government measures and monitors rural poverty/deprivation in order that the specific circumstances facing rural communities can be taken into account. This may involve changing the weighting factors applied to each domain or including additional indicators. We are disappointed to see that fuel poverty is no longer proposed as one of the final indicators. We would urge that this is included in the WIMD for 2014, particularly as energy prices have risen seven and a half times faster than earnings over the last three years. It may be that a different system is needed altogether for measuring rural poverty/deprivation. Therefore there may be value in looking at how other countries with similar geographies manage such challenges. We would welcome the opportunity to discuss how this work may be taken forward.

## **19. Steve King City & County of Swansea**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The approach used and indicator components selected seem logical and the most reasonable currently available to measure small area deprivation in the WIMD Income domain, especially as the 2014 Index is being released ahead of the general roll-out of Universal Credit.

However, it is unfortunate that there are no statistically robust, independent local area estimates of household income available – whether as a secondary source or as a check on benefits-based datasets. The previous output of ONS in this regard (MSOA level, 2007-08) has potential but small area income estimates have recently been a low priority\*, which is unfortunate especially given the (understandable) absence of an income question in the Census, and the expense and lack of transparency involved in private sector estimates, e.g. CACI 'Paycheck'.

For the next WIMD (2017?), I feel it would probably be necessary to revisit the Income domain on a more fundamental level. The landscape around benefits data will probably be very different then, and it isn't clear how an Income domain would be constructed with the data that will be available at that time (via DWP/HMRC/ONS). It may then be the right time to revisit the idea of small area income data, particularly if the estimates could be improved by, for example, boosting the FRS sample, or increasing the number of years data used.

\* **Note:** following the recent ONS consultation (ref. footnote 5, p.16 of WIMD paper), 'Small area income and poverty measures' were listed by ONS as 'High impact outputs... which ONS will continue to fund and produce' – so still some hope there.

## **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The preferred indicators again seem to be the most reasonable at this time to measure deprivation in the Employment domain at a LSOA level, especially as the 2014 Index is being released ahead of the general roll-out of Universal Credit (UC).

Whilst not included within WIMD, the publication of data on the duration of claims (persistent benefit claimants) would be valuable as contextual information alongside the WIMD 2014 indicator data when released – but perhaps it also needs to be established that this source will continue to be available in the post-UC era.

Whilst the issue isn't referred to in the WG consultation paper, it is worth repeating that every effort should be made to obtain unrounded claimant data from DWP/HMRC for all indicators used in the Income and Employment domains.

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Yes – this seems reasonable in principle, subject to necessary checks/assurances.

However, one element that needs to be looked at – both for this indicator and more generally – is the accuracy of any postcode-LSOA look-up file used in processing. Council colleagues have recently pointed out that there have been problems with the accuracy or completeness of postcode information used by WG in other areas of policy/analysis (e.g. PO Box locations, the 'vertical streets' issue).

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

It may be theoretically possible to do this by cross-tabulating the provision of unpaid care at a LSOA level against general health/LLTI or deprivation decile using 2011 Census data. However, as the consultation paper notes, there are complexities in this issue (around cause and effect) that may be difficult to reconcile satisfactorily. Also, if Census data is the only source for this, an indicator compiled in this way will be less timely or appropriate in future editions of WIMD.

With the changes in social care, and general demographic change (the ageing population) we are going to see an increase in the number of people needing to provide care to family members, plus (in some cases) friends, neighbours, etc. The future challenge in getting accurate statistics on this is going to be whether or not people consider themselves a 'carer', or simply a husband/wife/partner looking after their loved ones because 'that's what you

do', whereas perhaps better informed/educated people would regard themselves as 'carers'.

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The indicators proposed in the Health domain seem reasonable, but I would be happy to accept the considered view of those with greater expertise in these matters. My only observation/query would be on the Limiting Long-Term Illness (LLTI) indicator, and whether there would be any scope for somehow weighting the 'a lot' group higher than those counted as 'a little'. Again, this may well be conceptually (or practically) difficult.

### **Education Domain**

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Agreed – as the two alternative secondary attainment indicators are considered sufficient by the domain working group.

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

Yes – as the two indicators are considered to 'measure complementary aspects of educational deprivation at the end of compulsory education'.

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

Agreed – the changes seem to be logical, as is the use of a 15% threshold. The use of an indicator based on repeat absentees may also be helpful in terms of addressing the 'authorised' vs. 'unauthorised' absences issue.

Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The selected domain indicators seem appropriate for WIMD 2014. The following points are also made:

Proportion of people not entering HE – an increase in the provision of apprenticeships over and above traditional trade apprenticeships are giving young people a training/employment opportunity with a wage which is possibly going to be a better economic option for some than a degree, and the associated debt levels. Therefore entering HE should not be viewed as the sole option for securing longer term career opportunities.

Early Years Indicators – the need for a suitable School Readiness figure has been identified via the 'Healthy Cities' / Marmot work, and is also currently a key indicator and challenge in Swansea's Strategic Needs Assessment.

## **Access to Services Domain**

### Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

The proposed services included in this domain are generally supported, but the following points are made:

Access to NHS Dentist – we suggest that this is a key aspect of exclusion and deprivation. Childhood caries is an accepted indicator of child poverty. The reference in the consultation paper that this data varies from week-to-week is noted but in this case should not be considered an over-riding factor (the issue could also apply to other indicators).

Access to digital services – it is felt that the consultation paper is light on this subject, and that some suitable measure needs to be developed. This issue has been raised in the context of the digitalisation of the benefits system occurring alongside the introduction of Universal Credit, which is going to have a significantly negative impact on claimants who don't have access to ICT facilities.

Cashpoint machines – the consultation paper makes reference to cash-back via retail outlets. This generally requires goods to be purchased and increasingly – in smaller local retail outlets especially – a minimum spend is required to be able to use a card. This could in effect cause people to use their limited resources to purchase goods unnecessarily in order to access cash.

Child Care – affordability and accessibility to good quality child care is a key barrier to parents being able to take up employment. A recent JobCentre Plus survey stated that there were sufficient child care places in Wales for every parent needing to access them; however the survey did not mention that the vast majority were in the more affluent areas.

### Question 11 – Do you agree with proposals for combining public and private transport?

Yes, this seems acceptable – recognising that most journeys are made by private transport, and follows recent practice adopted by IMDs elsewhere in the UK.

### Question 12 – What are your views on the selected calculation of travel times method?

No strong opinion – as long as the chosen method is the best available at this stage, and can be communicated effectively and appear reasonably transparent.

Question 13 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The relative 'weighting' of each of the indicators within the domain does not seem to be considered by the paper, i.e. whether services are 'scored' equally. For example, is access to a post office considered equal in importance to access to a food shop?

### **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

The approach seems fair. If data from the new National Standard for Incident Recording (NSIR) system for ASB incidents is considered to be of sufficient quality, this could be used instead of the adult/youth offenders datasets – although it is useful to have the option of these as a back-up proxy measure as before.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

*The End Child Poverty Network Cymru* has reported that children in deprived areas are around five times more likely to be a victim of a road traffic accident.

I would on balance agree with broadening out the measure. The solution to the issue of small numbers at LSOA level would normally either require the addition of several years of data, or to broaden the dataset. In this case, the way suggested (i.e. including all road casualties) seems reasonable. Whilst the location of the accident is less likely to be linked to the 'home' LSOA of a vehicle driver or passenger, all such incidents could be seen as 'an indication of potential community safety issues for local residents', as the paper suggests.

Question 16 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The Community Safety domain indicators seem very comprehensive, and are supported.

However, under Welfare Reform, sanctions (i.e. stopping benefit payments) for failure to comply is an increasing issue nationally as households are left with no income at all for anything up to 6-12 months. Colleagues in our Social Inclusion Unit raised the issue with the Police recently – asking them if they had seen an increase in petty shoplifting. The Police replied that incidents of shoplifting had increased in January. It isn't clear from the list of codes that shoplifting is included (presumably under theft categories?), but perhaps this could be considered.

## **Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The selected domain indicators seem appropriate for WIMD 2014, and are supported.

In terms of *Proportion of Households at Risk of Flooding*, a colleague has noted that ‘affordable housing’ is increasingly being built on flood plains – which is going to be an increasingly important indicator going forward; especially as low income households are less likely to have home contents insurance.

## **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

It is disappointing that the availability of indicators for the housing domain is so poor, and hasn’t really moved forward since 2008. On this occasion, the emergence of 2011 Census data (just about) ensures that a housing domain should still be included in WIMD, and it is hoped that the SAP ratings information can also be used (preferably now, or at least in the next WIMD). If these or any other sources cannot be developed (by 2017?), there may be a case for not having a housing domain, and to resurrect the recent idea of creating new domains under the headings of ‘indoor living environment’ and ‘outdoor living environment’ (or similar).

Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

As a result of the removal of the Spare Room Subsidy (‘Bedroom Tax’) under Welfare Reform, some consideration needs to be given to an indicator which illustrates people living in social housing in properties deemed too big for their needs. A partial answer to this may be found in particular cross-tabulation(s) of 2011 Census data. This is a significant issue due to the lack of smaller properties available to move into, and is likely to be a key reason for the inevitable increase in the number of evictions from social housing.

## **Child Index**

Question 20 – Please describe your uses of the Child index in its current format

A range of Council services have used the Child Index, and the domain rankings / indicator data, since its introduction in 2008; especially colleagues in Education, Social Services, Community Regeneration and the Children & Young People Strategy Unit. I recall the data being especially useful for area profiling work undertaken by our Children’s Play Team for example (there are probably others).

Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

Under the Child & Families (Wales) Measure 2010, the Welsh Government imposed a legal duty on public sector organisations in Wales to produce a strategy detailing activity being undertaken to tackle child poverty. With the introduction of the WG Tackling Poverty Strategy, there has been the additional challenge to show impact and outcomes. It would be far more difficult to show impact and outcomes in terms of child poverty – especially at a local level – if the Child Index did not exist.

However, it is appreciated that the Welsh Government has to reconcile a range of competing demands and limited resources; therefore it is understandable that the Child Index (CI) might have to follow the ‘main’ index in terms of timing, i.e. into early 2015. Doing this would also allow the CI greater visibility, and not risk it being ‘lost’ within the main release of WIMD 2014 information later this year.

However, I feel that it would also be useful to release a limited/selected initial set of key indicator data either alongside or very soon after the release of the main WIMD, but that this should all be part of a long-term programme/timetable of WIMD-related releases in late 2014 and 2015. It would clearly be helpful for users to know (as far as possible) what is coming and when.

### **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

We have nothing further to add at this stage, beyond the comments already made. The considerable work undertaken so far on WIMD is recognised, and the efforts of the WG staff involved are appreciated. Thank you for providing an opportunity to comment on the proposals.

## **20. Janine Edwards, Conwy County Borough Council**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

If health related measures are to be age standardised should income and employment measures be age standardised too? There is some disparity between the way different indicators are measured. (see our response to Q3 below)

## **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

If health related measures are to be age standardised should income and employment measures be age standardised too? There is some disparity between the way different indicators are measured. (see our response to Q3 below)

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

In principle, yes. However, for this and death incidences the age standardisation of rates is an issue. Age standardisation is useful when looking for areas with unusual patterns, but doesn't help with resource allocation. Shouldn't we as LAs be more interested in the actual incidence of cancer etc and overall deaths rates? Health are more interested in the unusual/unexpected – we want to know where we need to target our resources to deal with actual events

(Similarly – it's a quirk of the numbers that using low birth weights as % all live births can throw up some anomalies if low number of births in area anyway.)

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

In principle, yes. However, it is worth considering that this measure is identifying where the care providers live, rather than where the people who are receiving care are located. Is this what you are actually trying to capture?

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Discussions with our colleagues in the Conwy Children and Young People Partnership have thrown up concerns about using child obesity an indicator within WIMD. Some academic and medical studies suggest this is a middle class issue not a deprivation issue

## **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

We do not support the inclusion of anti social behaviour data. This is because ASB is likely to be considerably under reported in the areas which most frequently experience it, as tolerance of ASB is often relatively high in these areas. This will skew the results for any indicator based on this measure.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

Road accidents – quote from consultation document ‘living in an area with a high prevalence of accidents may also affect PERCEPTIONS of safety’. Is this measuring actual deprivation or just how deprived people think they are?

### **Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Quote from introduction to the consultation document - “Deprivation is the lack of access to opportunities and resources which we might expect in our society” – are flood risk and air quality actually measures of this? Conwy County Borough Council are not convinced these should be included in an index of DEPRIVATION – though they are valuable measures of quality of life. This index should be looking at identifying the very poorest and most deprived areas in our country. For the most part, these aren’t the types of areas which are identified by flood-risk criteria in Conwy CB – it’s mostly about proximity to a flood plain or the coast.

The point was made at consultation events that these indicators have a very low weight in the overall index, so it isn’t too much of an issue. However, if the indicator is inappropriate it shouldn’t be included, even if there is a paucity of other data available to support this domain (cf. the Housing domain). Flood risk in particular is identified and dealt with by other mechanisms and shouldn’t be included in WIMD.

### **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

We are concerned that what should be such a fundamental part of the index is so badly served by useful and useable data – we don’t have any solutions or suggestions of alternatives, but the weakness of this domain has been raised at each consultation since 2000 and still hasn’t improved. In terms of understanding material deprivation, housing is one of the key measures (alongside income and employment) and the lack of reliable data to help us investigate this issue at the small area level should be a major policy concern for WG in general, not just for WIMD.

Despite this, the domain should remain within the wider index because of the importance of housing when measuring poverty and other types of deprivation. However, work needs to be done urgently to improve the availability of housing data, particularly given that the one data source currently marked for inclusion is from the Census and so will not be updated as other indicators are.

## Child Index

### Question 20 – Please describe your uses of the Child index in its current format

Our Children and Young People's Partnership haven't used the Child index much in its current format. This is partly because it hasn't featured in the development of Flying Start and Families First and partly because the specific indicators themselves are more useful overall.

(Additional info: Families First is whole of county but our plans are based on various indicators around income, employment, education and health, and where we have targeted our interventions geographically it's to ensure there are enough services in the rural area and to make sure that we're not duplicating services that are already in Communities First or Flying Start areas. Flying Start is geographically targeted at areas with high numbers of children aged 0-3 in Income Benefit Households, which isn't covered in WIMD as it currently stands)

### Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

We have some concerns that the way the Child Index is constructed means that it doesn't always present the areas with the greatest deprivation with the highest index score. Whereas the main index is based on LSOAs which have relatively equal population totals, the number of children in each LSOA can vary considerably. Measures which use proportion of children rather than actual incidences mean that areas with lots of children and numerically high incidence of deprivation may end up ranking lower than areas with low numbers of children and low number of incidences.

For example:

Area A = 200 children, 100 of whom suffer deprivation

would rank lower than

Area B = 50 children, 26 of whom suffer deprivation

despite having nearly 4 times the number of deprived children

## Next Steps

### Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

We would like to see more work on improving background data so we can look at issues around poverty and deprivation where they affect rural areas. WIMD is not good at identifying rural poverty, mostly because rural poverty is does not cluster geographically in the same way as in more densely populated areas, but also because some of the issues faced are different and because rural populations behave differently.

We would also like to see consideration given to producing an index – or at least some data – which allows us to look at deprivation amongst older

people. We believe that elder deprivation will become a key social policy concern in coming years, as the numbers and proportions of the population in the older age groups increases.

## **21. Ele Hicks, Diverse Cymru**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We agree that given the data sources currently available the only robust measure of income is income-based benefit claimants. However, due to recent changes in benefit criteria and requirements we are aware of many individuals and households who are not in receipt of income-based benefits or who face barriers to applying for benefits whose income is low.

We therefore strongly support the development of robust measures of household income at LSOA level and feel that investment in developing this preferred data source should be a priority, in order to develop a more comprehensive indicator of relative income deprivation.

In conjunction with the indicator for Child Tax Credits, which provides a measure of income deprivation for families with at least one child, we feel that an additional indicator should be developed measuring households in receipt of Working Tax Credit. This would account for households who are in employment and therefore not receiving income-based benefits, but who have no children and are still considered to be living in relative poverty. Due to the rates and thresholds for Working Tax Credits and the information it provides regarding in-work poverty, we feel this should be a separate indicator from the other 3 proposed indicators.

### **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We agree with the proposed indicators for this domain. However, we are aware of many individuals who are not in employment, education or training, but who are not claiming any out of work benefits, either because they do not meet the eligibility criteria or due to barriers applying for benefits. For example an unemployed individual living in a household where the main earner earns sufficient income to mean that they are only entitled to National Insurance Credits may feel that the restrictions imposed by JSA would make it more difficult for them to secure relevant employment that meets their aspirations. Equally JSA claimant counts may not include those who have currently been sanctioned or people who have gone on holiday, which means they are automatically signed off from the benefit while on holiday and have to reapply when they return.

Therefore consideration should be given to how a robust indicator could be developed, which takes into account those who are unemployed, but not in receipt of any benefits.

## Health Domain

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

We would agree with the inclusion of this indicator, in order to develop a more accurate picture of health deprivation. However it should be recognised that some individuals with diagnosed chronic disease will not be in contact with their GP, as there is no available treatment or because they self-manage their condition. This is more likely in the case of individuals with mental health issues, such as enduring low-level depression, but can also occur in the case of some physical illnesses, such as M.E. where there is no treatment. Therefore consideration should be given as to whether it is possible to develop and use indicators in relation to self-reported physical health and mental wellbeing through an All-Wales health survey in addition to GP data on diagnosed chronic diseases.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

We would agree with the inclusion of an indicator on proportion of unpaid carers, including a break-down of the hours of care provided. We feel that, given the evidence of the negative impact of caring responsibilities on the health and wellbeing of a carer, this is an important and often overlooked aspect of health deprivation.

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We particularly welcome the inclusion of an indicator in relation to Long Term Limiting Illness in this domain. Many individuals with Long Term Limiting Illnesses are not in regular contact with their GP, due to self-managing their illness and/or their being no treatment that can be offered by their GP. Therefore using self-reported census data for this indicator is likely to produce a more accurate analysis of health deprivation than other available sources. With regard to prescribing data, whilst we recognise that this could provide a form of mental health data if postcodes are collected, it should be noted that many people with mental health issues are not in contact with their GP or a specialist and that for many people with low-level mental health issues, such as depression, talking therapies and other treatment that does not include prescribed medication will be more effective. Therefore this indicator, if developed in future, would only include a limited proportion of people experiencing mental distress, and should be combined with information on people accessing talking therapies and other treatment that does not include medication, and self-reported mental health and wellbeing surveys, in order to provide a comprehensive count of people with mental health issues accessing treatment and people who report having a mental health issue. We feel that consideration should be given to developing robust data at an LSOA level in relation to healthy life expectancy. Although there is a correlation between healthy life expectancy and Long Term Limiting Illness and the all cause death rate, this indicator provides additional information regarding age of death, which is a critical component of health inequalities and therefore an important element of health deprivation.

## **Education Domain**

### Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

We recognise that the proposed capped points score removes bias based on the number of qualifications entered. However, our experience indicates that schools in more deprived areas are more likely to enter pupils for fewer qualifications and therefore the number of qualifications entered can, in itself, be both an indicator of deprivation in an area and an indicator of lower access to educational attainment for young people. Consideration should be given to the usefulness of data relating to the number of qualifications entered, as an indicator of access to educational opportunities, before making a final decision with regard to Key Stage 4 points and overall indicators.

We agree that an indicator in relation to reaching the level 2 threshold is important in relation to educational deprivation, as not achieving this threshold has a severe impact on an individual's employment and further education and training prospects as well as potentially on their life-long career development and therefore income potential.

### Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

We agree that measuring repeat absenteeism is a more effective indicator of educational deprivation, given the evidence that single absenteeism does not significantly affect educational attainment, but that repeat absenteeism does.

### Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We feel that, as measuring the number of people not in education, training or employment would be a much better indicator of education deprivation than those entering higher education, consideration should be given to developing robust data and indicators in this regard as soon as possible.

## **Access to Services Domain**

### Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

We welcome the inclusion of access to pharmacists, in addition to GPs surgeries as part of this data set. Pharmacists provide a range of health-related services and advice, in addition to dispensing prescriptions and are therefore an important service to consider when calculating access to services.

We do feel there is significant value in assessing whether an indicator regarding access to online services is possible, given the fact that many services are now offered online, especially in rural areas, for example telehealth. However access to online services should include factors such as accessibility to disabled people and competence and confidence in using online services, in addition to broadband not spots and areas with low broadband speeds or intermittent access.

With regard to excluding access to cash points, we recognise the limited role of cash in Welsh society today and the access to cash provided by post offices and shops, however many older people, in particular, prefer to use cash than debit cards and some services only accept cash payments. Therefore consideration should be given to whether an indicator could be developed which includes local access to cash machines and other ways of accessing cash, including timings of the accessibility of these facilities and whether charges are incurred.

Question 11 – Do you agree with proposals for combining public and private transport?

We are concerned that if public and private transport are combined without regard to the availability of private transport in individual households, this indicator could be misleading and imply that access to services is not a significant issue, leaving communities experiencing income deprivation without access to services, as the WIMD is a core component of service planning for many local authorities and other organisations. In developing this indicator it will be vital to ensure that data on car ownership and access to that car or cars for individual household members is published alongside the overall indicator, to ensure that service planners account for a lack of car ownership and reliance on public transport in some areas. Consideration should also be given to developing a robust data set with regard to access to flexible public transport, however it should also be noted that awareness of these services is often low within communities. Timings of access by public transport are also an important element of this indicator. For example individuals who rely on public transport in rural areas to access employment may be unable to access food shops after work, due to the opening times of local food shops combined with early timings of the last bus home.

Question 12 – What are your views on the selected calculation of travel times method?

We are concerned that weightings for travel times must include consideration of individual access to private transport and timings of public transport to enable access to vital services outside of the working day.

**Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

We agree that recorded incidents of anti-social behaviour should be the basis for this indicator, if at all possible. Whilst percentages of offenders can provide an insight into levels of anti-social behaviour within a community, the nature of the offences also has a significant impact on community safety and perceptions of safety. Therefore if the data is found not to be sufficiently robust for inclusion it is important to develop this data for use as a more accurate indicator of anti-social behaviour as soon as possible.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

We feel that an indicator in relation to road accidents is useful as a proxy for feelings of safety, if it excludes motorway accidents. Therefore if the number of pedestrian and cyclist casualties is not sufficiently robust for inclusion, which should include deaths, injuries of any level, and accidents involving pedestrians and cyclists without injury wherever possible, then the alternative measure of all road accidents excluding motorway accidents would go some way towards indicating perceptions and feelings of safety in a community.

Question 16 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We welcome the inclusion of racially and religiously aggravated offences specifically within these indicators, as these provide insight into the safety and perceived safety of some communities within an area. However we are disappointed that hate crime data is not proposed for inclusion within this data set, as safety and feelings of safety for disabled, transgender, and lesbian, gay and bisexual people will not be recorded within the current proposed indicators. There is currently consideration being given to recording the use of section 45 and section 46 and other indicators of hate crime on the national police database. As this project progresses it will be vital to ensure that when robust data is available this is incorporated into the community safety domain, both as a direct indicator of safety and because a lack of community cohesion and understanding has a significant impact on feelings or perceptions of safety in an area.

We also feel that consideration should be given to developing or utilising surveys of perceptions of safety directly in order to measure deprivation in terms of feeling safe, in addition to being safe in a community.

## **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

Given the lack of suitable data we feel that it is important to look at developing indicators and data sources to address the lack of information provided by this domain.

Homelessness should be included as soon as possible, as an indication of the most severe form of housing deprivation.

We agree that developing an energy efficiency indicator would be of use in determining quality of housing at an LSOA level, this should be combined with an indicator in relation to achieving the WHQS although that would only cover social housing.

A housing property survey should be conducted which covers; age of the heating system; fuel source for heating; energy efficiency; overcrowding; room size; presence of damp; property maintenance; appropriateness of the property for individual needs (e.g. adaptations for disabled people); and other aspects relating to housing quality. This would provide a more accurate picture of housing deprivation than the current indicators.

## **Child Index**

Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

We feel that it is important to ensure that the indicators measured are those most relevant to the age group in question. For children health indicators including immunisation for example may be more relevant. Older people may require access to daycare facilities, social services, and meaningful activity far more than employment, for example. Therefore we feel that the ideal solution would be to produce tailored indices for children and young people; working age adults; and older people, with some differences in indicators according to the individual population. However where data is relevant across all age groups, such as Long Term Limiting Illness, this could be measured across all age groups using the same data source and simply disaggregated by age. We also feel that, whilst the WIMD is a geographic index of deprivation on an LSOA level, consideration should be given as to whether the index or a version of the index can provide information regarding relative deprivation amongst population groups. There are currently no data sources regarding relative deprivation by race or ethnic origin; sexual orientation; gender identity; religion or belief; or disability. There is significant evidence of deprivation for some of these groups in some domains such as employment and health, but very limited information of some groups and some domains, such as access to services.

## **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

Please see our answer to question 21 with regard to developing data in relation to protected characteristic groups.

## **Helen Roach**

### **22. Helen Roach, Fuel Poverty Coalition Cymru**

#### **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

Having 'overcrowding' as the sole indicator will not adequately address the problem of households who cannot afford to heat their homes adequately.

Fuel poverty has three different causes, which often go hand in hand. Low income, poor energy efficiency standards in homes and unaffordable energy prices all interact to deny 1 in 3 households in Wales a warm home they can afford to heat. To consider overcrowding the only indicator of housing related deprivation is to ignore the suffering that fuel poverty causes many households, including those who are particularly vulnerable to the effects of living in a cold home. Older people, children and those with existing health conditions or disabilities may be particularly susceptible to the ill health effects

caused by a cold home, particularly when the coldness encourages damp and mould growth. Fuel poverty is responsible for increasing the risk and impact of a range of ailments such as heart attack, stroke, circulatory illness, respiratory conditions including bronchitis and asthma, weakened immune system and allergies. Fuel poverty also negatively impacts on children's education by reducing attendance rate due to illness and making focussed study more difficult. By improving the SAP rating of properties, they become warmer and more affordable to heat and so fuel poverty can be tackled in a sustainable way through improving housing quality. Fuel poverty does not exist in isolation and improving the energy efficiency of homes is likely to have ongoing wider impacts on all domains being considered in this consultation, particularly health, income and education.

Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We believe that a specific fuel poverty indicator should be included.

We are pleased to see that fuel poverty was considered as an indicator but very disappointed that it is not proposed as one of the final indicators. We acknowledge that there is currently no up to date data on fuel poverty by LSOA but see the WIMD indicators as an opportunity to push for this kind of data to be made available. The coalition have previously called for the local indicator on fuel poverty to be updated and highlighted the need for robust data on who and where the fuel poor are. The Welsh Government's Fuel Poverty Evidence Plan 2010 stated that the Welsh Government would consider updating the local fuel poverty indicator with the 2008 property survey data and 2011 census data, but this has not happened. By including fuel poverty as an indicator under the WIMD, there would be an increased impetus for this to take place. Local authorities regularly contact NEA Cymru to ask for this kind of localised data on fuel poverty as it is needed for them to demonstrate the value and importance of fuel poverty projects to decision makers in the local authority and to show potential funders, such as energy companies, the need for investment in energy efficiency in their area. By including a fuel poverty indicator in the WIMD and working with the fuel poverty team in the Welsh Government to update this, increased investment in energy efficiency for fuel poor homes could be attracted to Wales, helping to reduce poverty levels.

We recognise that the preferred option is to use SAP as a proxy for housing quality. We would welcome this as preferable to not having an indicator, and agree this would be helpful in attempting to locate and tackle fuel poverty, but would see this indicator as inferior to a specific fuel poverty indicator.

## 23. Iwan Wyn Jones, Cyngor Gwynedd

### Incwm

Cwestiwn 1 – Oes gennych chi unrhyw sylwadau ar y dangosyddion arfaethedig / a wrthodwyd, neu unrhyw awgrymiadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

**Temlwn fod cyflogau isel yn broblem fawr mewn ardaloedd ymylol, ac nad yw hynny'n cael ei adlewyrchu'n deg yn y Parth Incwm ar hyn o bryd.** Mae awgrym hefyd fod llai yn hawlio budd-daliadau mewn ardaloedd gwledig oherwydd ffactorau megis stigma a difyg cyngor lleol.

Mae setiau data megis 'Annual Survey of Hours and Earnings (ASHE)' y Swyddfa Ystadegau Gwladol (ONS) a data masnachol 'Paycheck' cwmni CACI yn tueddu i adlewyrchu hyn.

Mae'r ONS wedi cadarnhau y byddent yn parhau i gynhyrchu'r 'Amcangyfrifon Incwm Ardal Fach'. **Awgrymwn fod angen i'r MALIC nesaf adeiladu ar yr Amcangyfrifon Incwm Ardal Fach a'u modelu i lawr i lefel ACEI. Awgrymwn hefyd fod hwn yn cael pwysau priodol o fewn y MALIC.**

### Cyflogaeth

Cwestiwn 2 – Oes gennych chi unrhyw sylwadau ar y dangosyddion arfaethedig / a wrthodwyd, neu unrhyw awgrymiadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

**Credwn y dylir roi sylw agosach i 'dan-gyflogaeth'** ('underemployment') e.e. pobl sy'n gweithio rhan amser ond eisiau gweithio llawn amser, pobl sydd ddim yn gwneud llawn defnydd o'u cymwysterau, ayb. Deallwn fod hyn yn anodd ar y lefel leol ar hyn o bryd, ac felly nad yw'n debygol o fod yn bosib ar gyfer MALIC 2014. Ond, efallei ei fod yn fater i'w ystyried ar gyfer y MALIC canlynol. Byddai ehangu ar faint y 'Labour Force Survey' (ONS) yn un ffordd o gynhyrchu amcangyfrifon (ar sail y cwestiwn 'eisiau gweithio mwy / llai o oriau').

Byddai hefyd yn syniad rhoi ystyriaeth i effeithiau'r economi tymhorol ar lefelau cyflogaeth.

### Iechyd

Cwestiwn 3 – Yn amodol ar ansawdd data a datblygu data digonol, ydych chi'n cytuno â'r cynnig i gynnwys dangosydd ar achosion o glefydau cronig lle cafwyd diagnosis?

Rydym yn cytuno gyda'r awgrym i geisio cynnwys y canlynol yn y MALIC 2014 neu i'r dyfodol os yn bosib ac yn addas:

- data presgripsiynau,
- gordewdra ymhlith plant,
- mynychder clefydau cronig wedi'u diagnosis.

Cwestiwn 4 – Yn amodol ar ymchwil bellach, ydych chi'n cytuno â'r cynnig i gynnwys dangosydd ar "y gyfran o ofalwyr di-dâl"?

Nid ydym yn siwr pa mor addas fyddai cynnwys y dangosydd hwn. Credwn fod angen ymchwilio ymhellach i'r sail resymegol tu cefn iddo.

Cwestiwn 5 – Oes gennych chi unrhyw sylwadau eraill ar y dangosyddion arfaethedig / a wrthodwyd, neu unrhyw awgrymiadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

Nag oes.

### **Addysg**

Cwestiwn 6 – Ydych chi'n cytuno â'r cynigion i hepgor y Sgôr Pwyntiau Cyfartalog Cyfnod Allweddol 3?

Nid oes gennym deimladau cryf y naill fordd neu'r llall.

Cwestiwn 7 – Ydych chi'n cytuno â'r cynigion ar gyfer dau ddangosydd cyrhaeddiad Cyfnod Allweddol 4?

Ydym. Credwn ei fod yn bwysig cynnwys dangosydd o sgiliau rhifedd a llythrennedd.

Cwestiwn 8 – Beth yw'ch barn chi ar newid y dangosyddion Absenoldebau Cyffredinol i un sy'n seiliedig ar absenoldebau ailadroddus?

Mae hwn yn ymddangos yn gam rhesymol a chall.

Cwestiwn 9 – Oes gennych chi unrhyw sylwadau eraill ar y dangosyddion arfaethedig / a wrthodwyd, neu unrhyw awgrymiadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

**Cytunwn gyda'r syniad o gynnwys dangosydd Blynyddoedd Cynnar a dangosydd ar sail y Profion Darllen a Rhifedd Cenedlaethol yn y MALIC i'r dyfodol.** Byddai hynny'n ddatblygiad pwysig oherwydd arwyddocad y blynyddoedd cynnar a sgiliau rhifedd a llythrennedd i ddatblygiad bywydau plant.

### **Mynediad i Wasanaethau**

Cwestiwn 10 - Ydych chi'n cytuno â'r newidiadau, yr ychwanegiadau, a'r eithriadau o'r rhestr gwasanaethau arfaethedig ar gyfer MALIC 2014?

Cytunwn gyda'r darpar newidiadau methodolegol i'r dangosyddion amser teithio i ysgolion cynradd, ysgolion uwchradd a llyfrgelloedd.

**Cytunwn hefyd gyda chynnwys fferyllfeydd a gorsafoedd petrol yn y MALIC. Mae argaeledd gorsafoedd petrol (a thanwydd am bris rhesymol) yn heriau mwy amlwg mewn ardaloedd gwledig, ac yn bwysig er mwyn isafu'r risg o unigedd cymdeithasol.**

Nid oes gennym deimladau cryf dros eithrio dangosyddion ar sail Deintyddion GIG a Chyfnwidfeydd Trafnidiaeth.

Teimlwn y byddai'n synhwyrol cynnwys dangosydd ar sail mynediad i wasanaethau digidol, a bod angen ymchwilio ymhellach i fynonellau data posib.

Cwestiwn 11 – Ydych chi'n cytuno â'r cynigion i gyfuno trafndiaeth gyhoeddus a phreifat?

Ydym, am y rhesymau yr ydych wedi eu nodi. Credwn y byddai'n fesur tecach.

Er, mae'n debyg y bydd trigolion ardaloedd gwledig sy'n ddibynnol ar gludiant cyhoeddus yn fwyfwy ynysig dros y blynyddoedd nesaf oherwydd toriadau i wasanaethau bws. Efallai y **byddai'r gallu i wahaniaethu rhwng amser teithio gyda chludiant cyhoeddus a gyda chludiant preifat yn ddefnyddiol er mwyn gallu mesur newid wrth baratoi'r MALIC dilynol? Byddai cynnwys y math wybodaeth fel rhan o'r 'dadansoddiad dangosyddion' yn syniad da.**

Cwestiwn 12 – Beth yw'ch barn chi ar y dull cyfrifo amseroedd teithio dewisol?

Ymddengys y darpar ddull o gyfrifo amseroedd teithio yn un mwy effeithlon na'r dull blaenorol.

Cwestiwn 13 – Oes gennych chi unrhyw sylwadau eraill ar y dangosyddion arfaethedig / a wrthodwyd, neu unrhyw awgrymiadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

Nag oes.

### **Diogelwch Cymunedol**

Cwestiwn 14 - Ydych chi'n cytuno â'r dull a ffefrir o gynnwys achosion o ymddygiad gwrthgymdeithasol (os yw'r data'n ddigon cadarn) neu'r dewis arall sef defnyddio data lleoliad troseddwyd (fel ar gyfer MALIC blaenorol)?

Nid oes gennym deimladau cryf y naill fordd neu'r llall.

Cwestiwn 15 - Beth yw'ch barn chi ar ddefnyddio'r holl ddamweiniau ffyrdd fel dangosydd newydd, gan gymryd nad yw nifer y cerddwyr a'r beicwyr a gafodd eu hanafu yn ddigon cadarn ar gyfer MALIC?

Nid ydym yn siwr o'r syniad. Credwn fod angen ymchwil pellach i asesu addasrwydd 'holl ddamweiniau ffyrdd' fel dangosydd o amddifadedd cyn ymrwymo i'w ddefnyddio yn y MALIC.

Cwestiwn 16 – Oes gennych chi unrhyw sylwadau eraill ar y dangosyddion arfaethedig/a wrthodwyd neu unrhyw sylwadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

Nag oes.

## Amgylchedd Ffisegol

Cwestiwn 17 – Oes gennych chi unrhyw sylwadau ar y dangosyddion arfaethedig / a wrthodwyd, neu unrhyw awgrymiadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

Nag oes.

### Tai

Cwestiwn 18 – A yw'n briodol mai dim ond un dangosydd (gorlenwi) sydd gan y maes hwn os mai dyna'r oll sydd ar gael?

Bydd yn rhaid iddo fod! Credwn ei fod yn hanfodol cynnwys y maes tai o fewn y MALIC.

Cwestiwn 19 – Oes gennych chi unrhyw sylwadau eraill ar y dangosyddion arfaethedig / a wrthodwyd, neu unrhyw awgrymiadau ychwanegol (o gofio ein meini prawf ar gyfer dangosyddion)?

Teimlwn fod dangosydd o orlenwi ar sail cyfradd llenwi ystafelloedd gwely yn gwell fesur nag un ar sail cyfradd llenwi ('holl') ystafelloedd. Rydym felly'n cytuno gyda'r awgrym.

Diffyg Gwres Canolog. **Credwn fod y math o system wresogi yn bron gymaint o broblem â diffyg gwres canolog.** Mae 'Fuel Poverty Detailed Tables' yr Adran Ynni a Newid Hinsawdd (DECC) yn awgrymu fod y math o system wresogi yn wahaniaethwr pwysig wrth ystyried 'todi tanwydd'. Mae Tabl 23 yn awgrymu fod **gan aelwydydd sy'n ddibynnol ar olew neu danwydd solid tebygolrwydd cymharol uchel o fod mewn toldi tanwydd.** Mewn egwyddor, **mae trigolion yr aelwydydd hynny'n gorfod gwario mwy ar gadw'n gynnes.** (Mae hyn hefyd yn cydfynd â'r negeseuon o'r adroddiad 'Living in Wales 2008 – Fuel Poverty Statistics' sydd wedi ei baratoi i'r Uned Ddata gan BRE.) **Awgrymwyn yn gryf felly bod angen cynnwys dangosydd o'r math yn y MALIC** (yn lle'r hen ddangosydd mwy syml o 'ddiffyg gwres canolog'). **Byddai Tabl 'QS415EW' o Gyfrifiad 2011 yn ffynhonnell data manwl a dibynadwy.**

Dangosydd effeithlonrwydd ynni. Rydym yn deall fod cyfran o'r Tystysgrifau Perfformiad Ynni ('EPC') wedi dyddio, gyda rhai tai wedi cael mesurau arbed ynni ayb yn dilyn y gwerthiannau. Serch hynny, **credwn y gall yr EPCs fod yn sail rheysmol ar gyfer dangosydd ychwanegol yn y maes tai, ac rydym felly'n cefnogi ei gynhwysiad o fewn y MALIC.**

Byddai hefyd yn ddymunol cael dangosydd o gyflwr tai.

### Mynegai Plant

Cwestiwn 20 – Disgrifiwch eich defnydd o'r Mynegai Plant ar ei ffurf bresennol.

*Dim llawer?*

Cwestiwn 21 - Yn y tymor hirach, a ddylid rhoi'r flaenoriaeth i ddadansoddi data sylfaenol MALIC (gan gynnwys yn ôl oedran lle bo modd) yn hytrach na chynhyrchu'r Mynegai Plant ar ei ffurf bresennol?

Dylid. Credwn y byddai'n dda gallu cael gwell dealltwriaeth o amddifadedd ymysg plant, pobl hŷn, ayb. Byddai rhaniad fesul oedran yn y data dangosyddion blynyddol yn ddefnyddiol.

### **Camau nesaf**

Cwestiwn 22 - Oes gennych chi unrhyw sylwadau eraill ar gynigion ar gyfer MALIC 2014 (na chyfeiriwyd atynt eisoes) neu waith ar MALIC yn y dyfodol?

Oes. **Mae 'amddifadedd gwledig' angen ei adlewyrchu'n well o fewn y MALIC.** Er mwyn gwneud hynny (ac i grynhoi rhai o'r sylwadau blaenorol), awgrymwn y byddai'n werthfawr rhoi mwy o sylw i'r canlynol o fewn y MALIC:

- mwy o bwysau ar y parth mynediad i wasanaethau o fewn y Mynegai Cyflawn,
- incymau aelwyd / cyflogau isel yn cael gwell ystyriaeth o fewn y parth incwm (yn hytrach na chanolbwyntio ar gyfraddau hawlio budd-daliadau a chredydau treth unig),
- effeithiau tan-gyflogaeth a'r economi tymhorol yn cael ystyriaeth o fewn y parth cyflogaeth,
- y math o system wresogi ac effeithlonrwydd ynni yn cael eu hystyried o fewn y parth tai.

### **Fel arall, hoffwn ni ail ddatgelu'r pwyntiau sylfaenol ynglŷn â gwendid cyffredinol y MALIC:**

**1. Pam fod dwysedd daearyddol yn fwy pwysig na graddfa amddifadedd mewn ardal Cyngor?**

**2. Y camddefnydd rheolaidd o'r mynegai i ddyrannu adnoddau. Mae angen bod yn glir ynglŷn â phwrpas y MALIC a pha bryd mae'n briodol i ddefnyddio'r MALIC.**

## **24. Ceri Davies, Natural Resources Wales**

Natural Resources Wales (NRW) brings together the work of the Countryside Council for Wales, Environment Agency Wales and Forestry Commission Wales, as well as some functions of Welsh Government. Our purpose is to ensure that the natural resources of Wales are sustainably maintained, enhanced and used, now and in the future.

The Natural Resources Body for Wales (Functions) Order 2012 gives NRW duties relating to access and recreation, historic sites and well-being – specifically the health and social well-being of individuals and communities, and the economic well-being of individuals, businesses and communities.

Our response to the WIMD 2014 proposed indicators consultation is made in relation to these specific duties.

NRW welcomes the opportunity to respond to this clear and well presented consultation. Our comments are summarised below.

### **Income and Employment**

It would be useful to investigate how data might be gathered about people not currently eligible for benefit owing to participating in a 'back to work' training scheme or newly unemployed. People in this situation are omitted from any Government statistical analysis as they are not yet on a claimants list.

### **Health**

We would support the inclusion of:

an indicator on diagnosed chronic diseases, subject to adequate data developments and quality;

child obesity indicators – and obesity indicators for adults if an appropriate data source is available.

### **Access to Services**

In the light of the Active Travel (Wales) Act 2013, we would recommend inclusion of travel by bicycle, with the measure being the ability to access services by travel on a cycle path, using proximity to cycle path of both residence and service.

We agree with the proposals to combine public and private transport.

### **Community Safety**

It is welcomed that racially or religiously motivated crime and harassment is included in the indicator list. If not included in the crime codes cited, we recommend the inclusion of recorded hate crimes in relation to disability, gender-identity and sexual orientation.

In the longer term, it would be very useful to include fly tipping as an indicator, but understand that data records are not sufficiently robust. We will work with partner organisations to identify ways in which recording can be improved.

We would strongly support the preferred option for including an anti-social behaviour indicator.

### **Physical Environment: 5.7.2 – Proximity to a Natural Green Space**

It's recommended that reference to this issue should be in the Access to Services theme, in line with the Ecosystem Services approach.

We understand why proximity to natural green-space cannot yet be included as an indicator. It is essential, however, that we work to ensure that suitable data is available for subsequent WIMDs. NRW will collaborate with partner organisations on this important measure, looking at how we can develop data sources such as the Green-space Toolkit and the Woodland Trust's 'Space for People' surveys. The positive health and wellbeing benefits of access to green-space are well researched and documented.

Current access to natural green-space analyses tend to include *potential* and indicative physical access rather than verified *actual*, accessible space. Future methodologies must address this issue.

## **Rural Deprivation**

We understand the limitations of the WIMD in relation to rural deprivation, but very much welcome the proposal to address the issue through analysis of underlying WIMD indicators.

## **Annex G - Air Quality**

Air pollution concentrations vary significantly from year to year. Therefore, the most recent data is required to estimate the impact on deprivation. Utilizing data that is up to three years old (as the WIMD seems to do) may not be representative. The Wales Air Quality Forum publishes near real time measured air quality data.

Air pollution is very seasonal. Although annual average limit values may not be breached, there may well be prolonged periods of significant pollution elevations followed by lower levels. During these elevated periods the level of deprivation may be substantial.

NAEI data (as used by the WIMD) often highlights breaches of limit or target values based on modelling, whereas the corresponding measured data does not indicate a similar issue. The WIMD would therefore give a false impression of deprivation.

Thank you for the opportunity to comment on these proposals.

## **25. Peter Lathbury, Pembrokeshire Association of Voluntary Services (PAVS) and Powys Association of Voluntary Organisations**

### **Income Domain**

**Question 1** – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

PAVO and PAVS note that the income domain “*focuses on the proportion of people with income below a defined level*”, and we acknowledge the utility of using indicators concerning benefits recipients as an area of measurement for this.

***PAVO and PAVS recommend that the methodology discussed in the consultation proposals for ‘Small Area Income Estimates’ should be progressed and steps taken by Welsh Government to ensure the necessary steps are taken to develop a methodology to acquire the necessary data sets.***

***PAVO and PAVS also recommend that the consideration given to measurement of ‘Persistent Benefit Claimants’ is acted upon as proposed in the consultation document and that this data is used to provide additional contextual information.***

PAVO and PAVS note that the use of measures such as tax credit and ESA claimants broadens the domain’s measurement to include some working people on low rates of pay. However, we feel that such measures do not reveal the full scale of people in work but in receipt of low wages. For

instance, there is much anecdotal evidence to indicate that the complexities of the benefits system and claim processes mean that there are many individuals who do not claim or receive such benefits.

We also note that, although Powys has a high employment rate, the wage rate is low<sup>1</sup>. This contributes to an economic culture of 'in work poverty' which we believe to be a feature of the economy of all Wales' rural counties.

Consequently, the indicators within the income domain do not capture the full extent of citizens in receipt of low income and are insufficiently robust to properly demonstrate the issue of low pay for those in work. Nor do they reflect the additional costs of living associated with living in rural areas, including transport costs.

This is a particular concern when seeking to ensure the accuracy of WIMD in reflecting deprivation within a rural context, where a sizeable proportion of employment is of a seasonal and generally low paid nature, e.g. in agriculture and tourism dependant businesses. A data development agenda is required to properly account for lower incomes in rural areas both within employment and for the self- employed. Understanding of and accurate measure of income levels in rural areas is needed to reflect the dispersed and fragmented pockets of rural poverty and the complexity of additional issues of the cost of living, reduced access to services, and social isolation for some residents.

***PAVO and PAVS recommend that Welsh Government considers options for the incorporation of additional indicators within the income domain to ensure that the issue of low pay is robustly measured within the WIMD.***

A further important issue which is missing from both the current and proposed domains and indicators is measurement of the cost of living. This is important contextual information whose current absence from WIMD restricts a fully informed analysis of the income domain from being made. (See our recommendation on this point in our response to question 22.)

## **Employment Domain**

**Question 2** – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

PAVO and PAVS note that *“the purpose of the employment domain is to capture lack of employment. This covers involuntary exclusion of the working age population from work, including those people who cannot work due to ill-health or who are unemployed but actively seeking work.”* However, we strongly believe that economic deprivation is equally caused by low incomes for those in work.

We also note that such working individuals may not be entitled to additional benefits, or may not be claiming such benefits to which they are entitled, and thus will not be reflected within the current set of proposed indicators.

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• <sup>1</sup> The mean average gross annual pay for fulltime jobs in Powys was £24,061 in 2012. The Wales average was £26944 in 2012.

PAVO and PAVS believe that the issue of low pay is a factor of equal importance to low employment and therefore needs to be measured in the WIMD if it is to properly measure financial deprivation.

We also believe that, in order to assess the scale of low earned income, it is important that WIMD includes an indicator to measure self-employed individuals whose income is less than the agreed UK 'living wage'.

**PAVO and PAVS recommend that the scope of the employment domain is extended to include indicators to assess low income for those in work.**

**PAVO further recommends that indicators should be included in the WIMD to allow measurement of the numbers of:**

- **individuals undertaking multiple jobs**
- **individuals working upon zero hours contracts**
- **self-employed individuals in receipt of low incomes**

## **Health Domain**

**Question 3** – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

PAVO and PAVS acknowledge the impact that chronic disease can have upon all aspects of a person's life, including factors such as earning potential and believe the inclusion of such data as an indicator will strengthen the health domain.

Besides the suggested conditions for measurement (chronic heart disease, diabetes, depression) PAVO and PAVS believe that dementia should also be included within the indicators used. This is because dementia is not only a significant health condition (with considerable impact upon other fields e.g. increasing the need for unpaid carer support) but is also a factor with strong correlation to older age.

It is particularly a factor for counties such as Powys and Pembrokeshire<sup>2</sup>, which are experiencing a progressive increase in the proportion of elderly citizens<sup>3</sup> and thus will, in all probability, see a disproportionate increase in all health conditions related to older age, with the attendant impacts upon other health and public sector priorities and spending.

**PAVO and PAVS recommend that the proposal to include diagnosed chronic diseases including dementia as an indicator should be adopted.**

**Question 4** – Subject to further investigation, would you agree with the inclusion of an indicator on "proportion of unpaid carers"?

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<sup>2</sup> See Pembrokeshire Single Integrated Plan Needs Assessment 2012.

<sup>3</sup> In mid 20012 13% of Powys citizens were aged 65-74 (Welsh average 10.3%) and 10.9% aged 75+ (Welsh average 8.7%). The proportion of citizens in Powys aged 75+has increased from 9.8% in 2002 (Wales average 8.3%) to 10.9% in 2012 (Welsh average 8.7%).

The impact upon income and quality of life that having to fulfil a role as an unpaid carer can have upon individuals is significant. It is a circumstance that is as prevalent in rural communities<sup>4</sup> as urban ones and thus readily lends itself to being a useful measure.

**PAVO and PAVS recommend that the proposed indicator on the proportion of unpaid carers should be included in WIMD 2014, as it will measure an important contributory factor to deprivation that seriously affects a significant number of citizens in Wales.**

**Question 5** – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

In respect of the proposal to continue to include an indicator on Long Term Limiting Illness, we believe that self-reported data on long term limiting illness is, by its very nature, subjective. Consequently **PAVO and PAVS recommend that it would be preferable, in the interest of objectivity, to only include diagnosed long term chronic diseases as the measurement for this indicator.**

PAVO and PAVS note that the inclusion of an indicator for emergency admissions has been considered but rejected and we acknowledge the rationale for this. However, the impact of access to services upon citizens' wellbeing is an important factor which we believe needs to be reflected within the WIMD.

It is widely acknowledged that longer travel times and difficulties in accessing services promptly prejudice good health outcomes for those in need of health services. This is a particular issue for residents of rural communities who may frequently face lengthy journeys, using a sparse transport infrastructure, in order to access both emergency and routine health services.

This is particularly the case for the citizens of Powys. The county lacks a District General Hospital and thus has many specialist health services delivered from neighbouring health boards in Wales and England and all the transport issues and delayed appointment issues associated with such arrangements.

**PAVO recommends that an indicator to measure the time taken to access acute and emergency services including maternity, child health, stroke, trauma and mental health should be included in the health domain.**

**PAVO also recommends that an indicator should be included within the health domain to measure access to non-emergency health services, including; average journey distance for treatment, distance from admission sites, average distance to pharmacy and GP access.**

PAVO notes that many health issues have a correlation with age. It is unclear from the information provided in the consultation document to what extent

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<sup>4</sup> Data for 2012 suggests that there were approximately 14,000 individuals undertaking a carer role within Powys (10.5% of Powys' population.)

health issues will be measured and considered in respect of age as part of the indicators proposed for the WIMD health domain.

**We therefore recommend that further consideration is given by Welsh Government to how variation in age impacts upon deprivation within the health domain and that the appropriate steps are taken to identify or develop appropriate data sets and indicators.**

PAVO notes that there are some inequalities effecting rural areas, specifically relating to mental health, which the proposed suite of indicators do not appear to capture. For example, a Dyfed-Powys Police Review of Section 136 in 2013 highlighted that from the time of detention, it took an average of 8 hours 48 minutes for individuals to be assessed by Mental Health practitioners, with travel time playing a significant role. Psychiatric Admissions in Powys result in a variety of ward placements across Wales and the UK (e.g. Neath Port Talbot, Wrexham, Shrewsbury), the detrimental impact of this is felt in discharge planning, accessibility of support network/services to attend weekly ward care planning meetings, accessibility to home visits/leave for patients and contact/visits by family and friends.

**PAVO recommends that Welsh Government gives consideration to data sets for the potential development indicators which measure these mental health inequalities.**

PAVS supports the Health Domain comments provided by PAVO. In addition, PAVS supports the potential future inclusion of Prescribing data – the inclusion of this indicator should be progressed and will help establish mental health and quality of life issues associated with rural poverty, social isolation and mental health and well-being within communities. The future inclusion of the Child Obesity potential indicator is also supported.

## **Education Domain**

**Question 6** – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Given the analysis presented in the consultation document **PAVO and PAVS recommend that the proposal to drop Key Stage 3 Average Points Score as an indicator is adopted.**

**Question 7** – Do you agree with proposals for two Key Stage 4 attainment indicators?

**PAVO and PAVS recommend that the proposal to adopt the two Key Stage 4 attainment indicators is adopted.**

**Question 8** – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

**PAVO and PAVS recommend that the proposal to change the indicator to one measuring repeat absentees is adopted.**

**Question 9** – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

PAVO and PAVS believe that the number of young people not in education, employment or training (NEET) is a significant indicator of deprivation and needs, particularly given the link between educational attainment and affluence/income in later life.

We note the issues explained regarding the difficulties of data collection in this field. However, in view of its importance as a measure, ***PAVO and PAVS recommend that Welsh Government reviews the measures necessary to gather this data set at a LSOA level and develops proposals for how this may be done for incorporation in future iterations of the WIMD.***

PAVS notes that the measure of Adults with Level 4+ Qualifications measure has been rejected. Should this measure be reconsidered, further explanation is required to link attainment with impact on children. There is a potential for level 4+ qualified migrants, retiring to an area, to remain isolated within communities, and not provide leaders within the community.

### **Access to Services Domain**

**Question 10** – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

The access to services domain is, in the view of PAVO and PAVS, critical to assessing one of the most significant aspects of deprivation in rural Wales. We note that the 2011 WIMD indicators gave detailed regard to this as a significant contributory factor to multiple deprivations. We are concerned that the proposed changes in indicators for 2014 will in some respects result in a diminution of the accuracy of this measure.

***PAVO and PAVS recommend that there is no reduction in the breadth of indicators used to measure access to services in the 2014 version of the WIMD.***

PAVO notes the proposal to exclude access to school buses from the primary and secondary school indicators. This is a service that is currently under threat in some areas due to local government spending reductions. For instance, Powys County Council in its 2014/15 budget consultation is proposing to charge 16-18 students to use these services, raising concerns that this will result in some students not pursuing education post-16 due to cost issues and for many more placing a further strain on limited household incomes.

It is not clear from the consultation document how the proposed changes to the primary and secondary school indicators will reflect (if at all) such shifts in service provision and their consequent impact upon educational and financial deprivation.

The approach under consideration is to amend the school indicators to restrict them to households with children by linking to the Pupil Level Annual School Census, rather than all households. Further information is needed about the soundness of this approach in light of moving households and compatibility year on year. Very few communities do not have school age children. The ability to move house and the location of affordable housing are also

influences. PAVS requests that further explanation is provided before this indicator is amended.

**PAVO recommends that Welsh Government gives consideration to how such changes in service use and provision can be captured in the WIMD.**

**PAVO and PAVS recommend that the new proposed indicator for measuring access to pharmacies is adopted.**

**PAVO and PAVS recommend that the new proposed indicator for measuring access to petrol stations is adopted.**

**Question 11** – Do you agree with proposals for combining public and private transport?

PAVO and PAVS are very aware that, within rural communities, car ownership (or access thereto) is not a reflection of affluence, as the majority of citizens depend upon them as their sole, effective means of accessing employment and services. It is not uncommon, due to scarcity of public transport provision, for households with low incomes to have multiple vehicles in order that every working member of the household may be able to access their place of work. This dynamic further contributes to the financial hardship of many households in rural Wales due the impact of high fuel costs and multiple maintenance and insurance costs.

**PAVO and PAVS do not agree with the proposal for combining public and private transport and we recommend that WIMD retains these as separate indicators.**

PAVO and PAVS believe that the inclusion of train services within this measure is helpful. However; **we recommend that this indicator also should take account of service frequency and timing and journey times as these are crucial in determining whether such services are indeed practical as means for accessing employment and services as is the case for all public transport.**

**Question 12** – What are your views on the selected calculation of travel times method?

PAVO reserves judgement on the proposed changes to the methodology for calculation of travel times. The information provided within the consultation documents is insufficient to determine whether it will result in a more accurate assessment of journey times or not.

True access to services goes beyond distance or time travelled. In relation to GP surgeries for example, access to branch surgeries is not just about proximity, but availability of appointments and length of time before an appointment can be offered.

**Question 13** – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

PAVO and PAVS are concerned that the weighting of the access domain does not reflect the impact of poor access on deprivation in both rural and urban communities. Its treatment as 'contributor' rather than a key determinant is unsatisfactory, as the citizen's ability (or indeed inability) to access required services has powerful consequential impacts upon other aspects of the social, economic and personal wellbeing.

The availability of NHS dentists provides a strategic context for the provision of services and should be retained. Provision of free or reduced dental cost is necessary for low income households. In many cases, there is a significant transport cost associated with travel to find NHS dental care. This indicator remains relevant for rural communities and should be retained. Ready access to dental care is an important feature of healthcare and **PAVO and PAVS recommend that the existing indicator concerning access to NHS Dentist is retained.**

PAVO and PAVS note the proposal to exclude access to transport nodes as an indicator. We would dispute the analysis that they are "Not in general required for day-to-day living". Within rural communities such nodes are a key feature of the current public transport service infrastructure and access to them is fundamental for many citizens to be able to access their longer distance needs. *We therefore recommend the retention of access to transport nodes as an indicator in this domain.*

PAVO and PAVS are concerned at the proposal not to include access to digital services as an indicator within the WIMD. Given the increasing prevalence of digital services as a means (and in some cases the only means) of accessing many public and commercial services, its omission would be of great significance.

Although we note the difficulties with gathering appropriate data sets, even the limited data set of 'not spots' would be a useful headline indicator. If measures of digital access are not included, then the real and persistent problems of digital exclusion in many rural communities will not be captured by the WIMD. This indicator would still provide an important dimension to rural deprivation and quality of life. It should not be discarded.

Furthermore, we believe that consideration should also be given to assessment of broadband speed which is also a significant factor in curtailing access to online services.

**PAVO and PAVS strongly recommend that access to digital services is included as an indicator within the access to services domain.**

PAVO notes the analysis offered in respect of access to cash not being a significant factor in many people's daily living. However, it remains very important for many of the most economically deprived citizens, particularly those who are financially excluded and who cannot obtain financial products such as credit cards. **PAVO recommends the inclusion of this indicator.**

Childcare facilities are identified as a more relevant to income or employment domain indicator, and yet they do not feature there.

**PAVO and PAVS recommend that further consideration needs to be given to an indicator which measures access to affordable and local childcare.**

The existence of flexible public transport, particularly that provided by community transport schemes is an important feature of transport infrastructure in many rural areas. PAVO and PAVS note the issues regarding access to data sets identified within the consultation document. However, we **strongly recommend that Welsh Government undertakes the necessary activity to develop these for future versions of the WIMD.**

### **Community Safety Domain**

**Question 14** – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

**PAVO and PAVS recommend that the proposal to measure Anti-social behaviour incidents is adopted, as we believe that citizens' experience of anti-social behaviour is a more useful indicator than offender indicators when seeking accurately capture the negative effect upon citizens' quality of life.**

**Question 15** – What are your views on the use of all road accidents as a new indicator, assuming the numbers of pedestrian and cyclist casualties are not robust enough for WIMD?

PAVO and PAVS agree with the view that all road safety incidents have significant impact upon citizen's sense of safety as this is reflected in the impact felt by local communities, particularly in response to accident fatalities.

**PAVO and PAVS recommend that the proposal to measure all road safety incidents is adopted.**

**Question 16** – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We have no further comments upon the proposed/rejected indicators.

### **Physical Environment Domain**

**Question 17** – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

PAVO agrees that open green space is a contributor to well-being. However, there is a fundamental distinction between proximity and access. We believe it is access that is the most important factor to be measured if this measure is to be adopted as an indicator.

Within rural Wales the majority of citizens are in close proximity to open green space, however this does not mean they necessarily have ready access to it, particularly for health, recreational or leisure activities.

This can be for reasons of physical access such as lack of public footpaths, but also the cost of transportation to get to such areas as may be open to them e.g. Brecon Beacons National Park. It should also be noted that smaller rural communities do not have the same level of infrastructure of public parks,

playing fields and play areas that are traditionally found within urban environments. Access to recreational open space should also be considered as an indicator.

***PAVO recommends that the proposed indicator to measure proximity to open green space is not adopted unless it is revised to measure accessibility rather than proximity.***

***PAVS recommends that levels of recreational open space be considered as a future indicator***

#### **Housing Domain**

**Question 18** – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

PAVO and PAVS note the issues with availability of appropriate data sets for indicators to inform the housing domain. However, we believe that the use of only a single indicator (overcrowding) is insufficient for the purpose of giving a rounded picture of the impact of housing issues upon citizen deprivation.

***PAVO and PAVS recommend that further indicators are considered, with Welsh Government taking the lead in instigating the development of the necessary data sets in order to ensure that there are sufficient indicators to ensure the housing domain is comprehensive and allows a robust assessment of this contributor to multiple deprivation.***

**Question 19** – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

PAVO and PAVS consider that Fuel Poverty is a critical indicator of deprivation as it is a growing contributor to economic hardship for many Welsh citizens. In a rural context it also has a further dimension due to the number of households which are not connected to mains gas. This ties citizens to a single provider (and an absence of cost being balanced by market competition) and/or dependence on costlier fuel options such as oil or LPG whose pricing is volatile<sup>5</sup>. In addition, the potential for EPC to provide a proxy measure is limited. All new houses constructed in Wales are required to be energy efficient, thus providing a higher rating than reflects the overall stock of dwellings. Properties sold or let will relate to a limited amount of the overall stock and this indicator will only have meaning after a sufficient number of years.

PAVO and PAVS do not agree with the suggestion that an energy efficiency type indicator would be more suitable indicator and ***recommends that Welsh Government takes the necessary steps to instigate the creation of suitable LSOA data sets.***

PAVO and PAVS agree that homelessness is a crucial indicator for the housing domain and considers that the absence of this indicator from WIMD would be a glaring omission. We note the proposal that data suitability should be reassessed for subsequent WIMDs and we ***recommend that the***

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<sup>5</sup> In October 2013 21.1% of Powys households used fuel oil as their main heating fuel (the Welsh average was 5.7%).

***necessary activity to research and develop mechanisms to create the necessary data sets is undertaken as a priority.***

We note the rationale for ending the use of lack of central heating as an indicator. However, if the outcome for WIMD 2014 were for the housing domain to have a only a single indicator then we ***recommend the retention of the central heating indicator as a stop-gap until data sets for further indicators have been developed.***

***PAVO and PAVS recommend that the proposed housing quality indicator to measure the proportion of homes meeting the Welsh Housing Quality Standard (WHQS) is developed and that Welsh Government takes steps to instigate a national property survey in Wales.***

PAVO considers that housing affordability and its impact upon citizens' lack of access to adequate housing is an essential measure of deprivation. Access to sound and affordable housing is a key deprivation issue and further work is required to establish a fuller picture of the scale of this issue.

The impact on quality of life for people excluded from their local communities on affordability is significant and every effort should be made to ascertain data for this. Many people in housing need wish to remain in their local area, either because of a family connection or for employment reasons. It is difficult to see how seeking housing outside one LSOA can negate the issue of affordability to the WIMD. Local average house prices to income ratios should be fully investigated. The occurrence of second homes should be investigated in relation to their ability to inflate house prices and reduce affordability.

We also acknowledge that this is an indicator which needs to assess property rental and property purchase. However, we are very aware that citizens' difficulty with being able afford property purchase is a significant issue within many rural communities due to the twin factors of low wage levels combined with the inflationary impact of inward migration upon property prices in many localities<sup>6</sup>.

PAVO does not agree with Welsh Government's assessment that an indicator which measures the ratio of income to average housing costs is an inappropriate small area measure. In rural counties many citizens are constrained in their choice of area of residence by the need to live close to their areas of work (due to limitations with the transport infrastructure and the high cost of travel), families and support networks within local communities. Consequently, the factors of mobility and choice that are asserted to distort the accuracy of this potential indicator are not of appreciable significance in a rural context.

We note that such an indicator would require the use of household income estimates at a small area level. However, given the importance of housing within deprivation and the planning of measures to address, there would seem to be a clear benefit in Welsh Government taking the necessary steps to ensure such data can be collected at a LSOA level.

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<sup>6</sup> In November 2010 the mean average house price in Powys was £161,449 (Land Registry House Price Paid dataset for Powys) whilst the median annual local income was £16,772. A ratio of 1:9.65.

**PAVO and PAVS recommend that Housing Affordability is included as an indicator within WIMD 2014 within the housing domain and that Welsh Government takes the necessary steps to ensure the collection of this data at a LSOA level.**

## **Child Index**

**Question 20** – Please describe your uses of the Child index in its current format

PAVO does not have need to make use the child index in its operational activities.

**Question 21** – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

PAVO notes the utility of having data analysed in accordance with specific themes e.g. the child index and also the progressive improvements that have been made in the accessibility and cross-referencing of such data through mechanisms such as StatsWales.

**PAVO recommends that the proposal for short-term continuance of production of the Child Index if there is sufficient demand for this from consultation respondents.**

PAVO and PAVS note the commentary made in the consultation paper in respect of previous requests for the preparation of other specific indexes; particularly older people and rural deprivation.

We note the response to the Consultation on the 2009 WIMD in respect of the statistical difficulties with WIMD being usable as a means of identifying small pockets of multiple deprivations in rural areas. However, we strongly believe that such a situation is unacceptable, as:

- The WIMD is a tool for measurement of multiple deprivations across Wales as a whole. If the WIMD, as currently configured, cannot perform this function consistently for all areas of the country, then its legitimacy as a meaningful tool for the assessment of need and planning decisions is fatally undermined.
- The previous failure by Welsh Government to lead on the creation of appropriate statistical measures and data sets to allow the necessary measurement of deprivation in rural localities in the WIMD has prevented WIMD to act as an accurate tool for assessment of citizen deprivation for those in rural Wales. This has provided a flawed statistical basis upon which planning and resource decisions have been made. Furthermore, it reinforces widely held perceptions within rural Wales that deprivation in rural areas is not considered by government as being of equal importance as deprivation in more concentrated areas of population.

**PAVO and PAVS welcome the proposal to “address the issue of rural deprivation through the analysis of the underlying WIMD indicators” as being a first step towards a more robust usage of the WIND and we recommend that this proposal is adopted.**

However, given the strong concerns regarding the utility and validity of WIMD as a tool for accurately assessing deprivation and need across Wales as a whole **we strongly recommend that Welsh Government develops as, a matter of priority, proposals to rectify these deficiencies in statistics and measurement, and consults widely with all stakeholders regarding them.**

### **Next Steps**

**Question 22** – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

In respect of the income domain, PAVO and PAVS believe that the absence of measurement of the cost of living within Wales' communities means the income measurement is not as comprehensive as it needs to be.

For instance, average incomes in rural Wales are generally lower than elsewhere, yet many living costs e.g. petrol, are higher than in urban areas and are (given sparse public transport provision) a large and significant proportion of household budgets. Currently such aspects of deprivation are not revealed by the WIMD indicators and **we recommend that action is taken by Welsh Government to develop such indicators accordingly.**

At a time of financial austerity, it is important to target resources at the people who need it most. PAVO is concerned that place-based approaches are not sufficiently sensitive and the targeting of individuals who are multiply deprived demand much more precise data collection and analysis. **We recommend that this is given further consideration in planning future iterations of the WIMD.**

## **26. Dr Steven Jones, Pembrokeshire County Council**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We agree with your approach of adopting minimum change for this indicator for 2014.

The continuing roll out of Universal Credit is likely to have a significant impact on this domain. In our view, this will necessitate a root and branch review of how we obtain and analyse income data for future indices.

Whilst it will be challenging to develop a new indicator domain it is also an opportunity to address some of the short-comings in the current methodology.

More sophisticated measures of income will be better able to take into account low pay and, ideally, households that persistently have low incomes. These are features of rural deprivation.

## **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We agree with your proposed approach. Please see comments above regarding Universal Credit.

Persistent and seasonal worklessness are important contributors to deprivation. Whilst we agree that work is the most certain route out of poverty, this journey is much harder and much less certain for people reliant on seasonal work. These jobs tend to be much more common in rural areas with a significant tourism industry like Pembrokeshire.

For rural areas the breadth of jobs available within the labour market is also an issue. More limited job choices, compounded by fewer training opportunities result in persistent low pay.

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

We fully support the development of this indicator. It has the potential to be timely, and given the prevalence of chronic disease, capable of painting an accurate picture at LSOA level.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

We agree in principle. Unpaid carers life choices tend to become more limited as a result of the very large number of hours of care they provide. Figures of more than 50 hours of unpaid care provided per week are commonplace.

The extract from the ONS poses some interesting questions. Whilst it is true that life expectancy is higher in less deprived areas, so are figures for healthy life expectancy. In broad terms, we consider that the additional burden of ill health in deprived areas means that, even when lower life expectancy is taken into account, demand for carers' services is higher.

Based on our own local knowledge we consider that it is unlikely that people in less deprived areas are providing unpaid care for people in more deprived areas in rural Counties.

There are significant definitional and data quality issues to be addressed and these may be difficult to surmount. However, we think that carers' data has the potential to strengthen this domain.

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We agree that prescribing and emergency admissions data are not ideal. It would be helpful to include an indicator on childhood obesity should data develop to a point when we could have confidence in it at a LSOA level.

**Education Domain**

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Key Stage 3 data can be useful to see the success of managing the transition to secondary school from primary school if the analysis tracks individual pupils. We are aware of the technical difficulties and costs of longitudinal studies, but PLASC data and the existence of a unique pupil number could mean that this is technically feasible.

We agree that simply looking at KS3 data in isolation adds little. There is a strong correlation between KS3 and KS4 results.

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

The approach is reasonable. One indicator gives breadth, the other whether students have acquired the skills levels that employers typically expect.

We consider that it is worth stepping back a little and considering why education is one of the domains. Deprivation causes low attainment but low skills levels can also lead to areas becoming deprived.

The link between attainment and the skills that prospective employers can draw upon is a little more complex in rural areas than it is in urban areas. Pembrokeshire has very little higher education provision and as a result more able students move to other areas. The attainment of 16 year olds is not necessarily a fair reflection of the skills of typical 20 year olds who remain resident in an area.

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

The advantage of absenteeism rates is that there are a very large number of data points in any one year (Pembrokeshire has about 17,500 students who register 10 times per week, for about 40 weeks a year, round about 7 million events).

We are looking closely at how absence figures can be used as a proxy for the quality of education that a student receives and the effectiveness of interventions to improve quality of teaching and/or measures to support schools that are not performing as well as they could be.

We would be interested to know whether the 15% threshold results in a different spatial picture to the 20% one.

## **Access to Services Domain**

### Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

Access to services is the only domain that considers the additional cost and reduced choice that people have in rural areas. The greater distances between people's homes and services and the dispersed nature of these means that people in rural areas have to place a much higher priority on transport and this has knock-on effects on what else they can afford and what their life-chances might be.

We broadly agree with the approach taken in the domain. However we consider that the considerable impact that difficulties in accessing services has tended to be underestimated in previous versions of the indicator. One way of addressing this would be to give access a higher weighting of 15%. See our comments on the physical environment domain as one way that could be done. Using a higher weighting would go some way to address the shortcomings in the current methodology for measure rural deprivation.

Lack of access increases the cost of living in rural communities through higher transport costs. It can also create practical difficulties for people to access the labour market, eg finding that childcare arrangements that are convenient for both home, school and workplace given that all these places may be some distance from each other.

We also consider that access deprivation is becoming more severe. Public transport subsidies are under pressure as the various budgets which support it are all being cut. Consumers have much less choice over fuel to heat homes and are frequently reliant on oil, a comparatively expensive and relatively inefficient fuel. Commitments to improve broadband to not necessarily extend to rural areas with a consequential impact on cost and quality of provision.

### Question 11 – Do you agree with proposals for combining public and private transport?

On balance, this appears to be a good way forward. The public transport network is likely to contract in the forthcoming years and including private transport data means that the measure better reflects the choices that people face

## **27. Powys County Council**

### **Income Domain**

#### Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It is widely believed that there is lower income related benefit take-up in rural areas, and if this is true, the indicators based on benefits will underestimate rural income deprivation. There is a gap in the evidence base here which

could usefully be filled by research into means-tested benefits take-up in rural and urban areas in Wales.

We note that the ONS have responded to the consultation on the small area income estimates

<http://www.neighbourhood.statistics.gov.uk/dissemination/Info.do?m=0&s=1392988767764&enc=1&page=analysisandguidance/analysisarticles/small-area-model-based-income-estimates-201112.htm&nsjs=true&nsck=false&nssvg=false&nswid=1600> and they will be producing new estimates in 2014 and then hopefully every 3 years after.

Local income estimates are definitely preferable to benefits claimant counts as measures of poverty income deprivation, because they can take proper account of in-work poverty, ie those at work on low earnings who do not qualify for or do not claim benefits.

The income domain is a major component of the Welsh Index of Multiple Deprivation and a determinant of funding for the alleviation of poverty in Wales. A business case could therefore be made for constructing modelled LSOA incomes estimates for Wales, either in-house by a WSLC working group or commissioned from the ONS.

The imminent discontinuity in the benefits claimant statistics owing to the changes in the welfare system, means it would be the right time to make the transition from benefits claimant measures in the income domain to income estimates in the next edition.

Commercially sourced LSOA incomes estimates cannot be deemed suitable for use in WIMD as, unlike official government statistics, their methods are not open to scrutiny and the data are not available to the general public.

## **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It is widely believed that there is lower employment related benefit take-up in rural areas, and if this is true, the indicators based on benefits will underestimate rural unemployment. There is a gap in the evidence base here which could usefully be filled by research into levels of benefits take-up in rural and urban areas in Wales.

A comparison of relative levels of unemployment and self-employment between urban and rural areas suggest that rural residents out of work may be more likely to try self-employment, even though it is very low-earning. Longitudinal research on earnings, employment status and JSA leavers would be needed to determine the amount of self-employment, particularly short – term, that is effectively hidden unemployment.

Furthermore as a result of the low wage economy typical of rural Wales, average hours worked are higher and employment rates are higher because couple households are more likely to need to be both in work.

Quality and security of employment should be considered for inclusion in future editions of the WIMD employment domain, extending its purpose beyond 'lack of employment'. Measures of seasonal/ intermittent employment, hours worked, self-employment, part-time working and low paid workers would then be appropriate, all of which are considered to be very pertinent to rural disadvantage..

## **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Diagnosed chronic diseases would be desirable for inclusion if the data quality is satisfactory. It would be advisable to remove the indicator on Limiting Long term Illness to ensure there was no double counting. This would have the advantage of replacing a census based indicator with one that is regularly updated.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

If it is shown by census data that the provision of unpaid care does negatively impact on the health and wellbeing of the carer and that the impact is related to the hours of care, then this could be a useful additional indicator in the health domain.

However, we are concerned about reliance on indicators from the 2011 Census, because they are not regularly updated. Consideration would be needed of how to update the census information regularly, eg through the National Survey for Wales, modelling from DWP Carers Allowance statistics etc

Question 5 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

It is very disappointing that no measure of mental health disorder has been proposed for WIMD 2014 Health Deprivation domain. The English IMD uses the proportion of adults under 60 suffering from mood or anxiety disorders (LSOA modelled) and it is not clear why this has not been possible in Wales

## **Education Domain**

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

No objections to its removal

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

No objections to this change

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

No objections to this change

**Access to Services Domain**

Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

Yes, they all seem reasonable and well explained. It is a good idea to expand public transport to include trains as well as buses

Question 11 – Do you agree with proposals for combining public and private transport?

We do not support the proposal for the combining of both public and private transport, because this will fundamentally change the Access to Services domain. This domain currently measures the time needed to reach basic services by those without cars, including the most vulnerable members of society such as the sick, young, elderly, visually impaired, and learning disabled as well as those in poverty.

In the continued absence of a Rural Deprivation Index (see response to Q22), the Access to Services domain is the only obvious measure of rural deprivation issues in WIMD. Any re-conceptualisation of the Access to Services domain that dilutes this measure will be met with dismay by public bodies that are charged with financing, planning and delivery of services to rural areas, where lack of public transport and decreasing access to services are increasing problems.

Car ownership is a household necessity not a sign of wealth in rural areas lacking public transport. For most rural households owning a car the cost of running the car adds to their material deprivation.

It seems particularly unfortunate that this should be proposed at a time when petroleum based fuel prices are rising sharply, public transport services are being cut, the elderly rural Welsh population is rapidly increasing and economic stagnation is keeping wage rises below inflation. The impact of all these factors combined is making private transport a luxury rather than an affordable necessity for increasing numbers of Welsh households.

High dependency on cars for access to services is already an indicator of transport insecurity and cause for concern. Within the life of this edition of WIMD it is quite probable that planning and provision of services on the basis that every household has a car will no longer be feasible. The problem of transport insecurity will only be exacerbated in the medium term future when carbon taxation or rationing is introduced in order to rapidly cut fossil fuel use and prevent runaway climate change.

If access to services by private transport is considered to be essential for current policy purposes, then it should be sufficient to publish the data as additional indicator sets.

If it is considered necessary within current strategic policy thinking, to combine access by private transport with access on foot or by public transport into one Access to Services domain, then we would urge that they are also published as separate sub-domains.

Again, if it is absolutely necessary to publish a weighted combination, more consideration needs to be given to the method of weighting them. We are concerned that census data does not adequately represent the vulnerable people who are prevented for many reasons from using their household's car to access basic services. . If the weighting does not make allowances for them we would not have any confidence in the results.

Question 12 – What are your views on the selected calculation of travel times method?

Consistency with previous editions of WIMD, whilst desirable, has been elusive in the case of travel time methodology. If it is possible to find a method of calculating travel times which is affordable, stable and repeatable in future editions this would be a factor in favour of its selection.

The proposed use of travel time contours appears to be very practical, but care will be needed to avoid sacrificing detail for computational speed, by making the time intervals between contours too large.

The selection of day of the week and time of day for travel by public transport should as far as possible be the same as in WIMD 2008 /2011 and vary according to the service being accessed, reflecting the period when that service is likely to be most in demand.

## **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

We would support the including anti-social behaviour incidents data being included if of sufficient quality. Actual counts of anti-social behaviour incidents, averaged over a number of years if necessary, would be much better than the current proxy measure, (percentages of adult and youth offenders living in the area) . We agree that this proxy measure is a poor substitute for the actual experience of disorder in the area.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

A measure of dangerous roads would be a valuable addition to the Community Safety domain. A high accident rate on a local road is a community safety issue for all local residents and a hazard for those in cars and public transport as well as pedestrians and cyclists. For this reason it makes sense to include all road accidents, not just those with pedestrian and cyclist casualties.

Question 16 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We note the recent report by the UK Statistics Authority on the quality of Police Crime Statistics and the consequent removal of their National Statistics status. However, we understand that the Office for National Statistics have begun the implementation of the UK Statistics Authority's requirements to regain compliance with the National Statistics standards.

### **Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

More clarity would be welcomed on the methodology used by National Resources Wales in respect of determining the proportion of households at risk of flooding. In particular, does it take account of existing flood prevention measures and does it include risks associated with reservoirs?

We would suggest that heat-wave disadvantage should be considered for inclusion in WIMD. : It is now widely understood that climate change will increase the intensity and frequency of extreme weather events such as floods and heat-waves, both of which impact negatively on well being and quality of life. WIMD 2014 or the next edition of the Physical Environment Domain could usefully include local area mean summer day maximum temperatures.

Furthermore, both heat waves and flooding might be examined in terms of vulnerability of the local population to these extreme weather events, as discussed in the Nov 2011 Joseph Rowntree Foundation report "Climate Change, Justice and Vulnerability" (S.Lindley,J. O'Neill,J. Kandeh, N.Lawson, R.Christian &M. O'Neill) <sup>7</sup>

### **Housing Domain**

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

No, it is not appropriate for any domain to have only one indicator, especially as in this case the one indicator does not cover all aspects of the domain, and being census data is not regularly updated.

As stated in the WIMD 2000 technical report; "This domain seeks to identify people living in unsatisfactory housing.....It would be important to retain the use of the Welsh House Condition Survey in future versions, in order to have as much information as possible about this aspect of deprivation."

The current purpose of the housing domain has been expanded to capture deprivation through lack of adequate housing, in terms of housing physical condition, living conditions and availability. The proposed overcrowding indicator only measures one aspect of living conditions.

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<sup>7</sup> <http://www.jrf.org.uk/sites/files/jrf/climate-change-social-vulnerability-full.pdf>

Question 19 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The housing domain requires measures of housing physical condition, living conditions and availability and until these are all available the domain should be excluded from WIMD.

We suggest these measures could be obtained as follows:

Housing physical condition:

The business case should be made for the resumption of regular all Wales House Condition Surveys to enable the housing domain in WIMD to be fit for purpose. Until the next WHCS is available however, modelled LSOA statistics on Unfit housing should be commissioned, The model could use the most recent WHCS in combination with local House Condition Surveys and currently available data on for example housing stock & tenure, to give regularly updated modelled LSOA estimates of unfit housing.

Living conditions:

Local area estimates of Hard to Heat homes (construction, fuel type, insulation etc) are available from the Homes Energy Efficiency Database (HEED) run by the Energy Savings Trust.

Availability: Homelessness and Hidden Households

Local Authorities and Social Landlords record the current addresses of applicants for re-housing, and it should be possible to aggregate them to LSOA level.

Availability: Affordability:

A measure of housing affordability has been incorporated in the English IMD since 2004. Prices Paid for houses and flats are freely available by address from the Land Registry and can be aggregated to give average LSOA house prices. These can be compared to average workplace based wages in the travel to work area (from Annual Survey of Hours and Earnings) to give affordability of a house in the LSOA to a person working in the same travel to work area (TTWA). This would quite adequately measure the affordability of houses for local workers, without the need to estimate earnings or incomes within the LSOA.

The same approach (of combining LSOA costs with TTWA earnings) could be used to determine the affordability of rented accommodation, with local area rental information gathered by Rent Officers Wales.

## **Child Index**

Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

An age breakdown in the annual indicator data would be a very useful contribution to our local authority strategic planning, including:

- the joint needs assessment and the monitoring and evaluation of our Single Integrated Plans,

- the planning and commissioning of services to our increasingly elderly population,
- age related Equality Impact Assessments.

## Next Steps

### Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

An Older Persons Index would be of most value if it could incorporate additional indicators relevant to older people, such as care needs, dementia and vulnerability, as well as those available by age in the main WIMD. It is to be hoped that advances in data linkage will offer the potential for further analyses of data on older persons as well as on children in future.

It is very disappointing to learn that construction of a Rural Deprivation Index continues to be excluded from the WIMD work plan. The response to the 2009 consultation on this matter, given in paragraph 6.2 of the current consultation states that:

*“Although we recognise that rural deprivation is an important issue, construction of a Rural Index will not form part of the WIMD work plan. In rural areas, deprived people tend to be more geographically dispersed than in urban areas. Hence, although deprivation exists in rural areas, WIMD is not a suitable tool for locating it.”*

This is not entirely logical: In rural areas all people, deprived or not, tend to be more geographically dispersed than in urban areas, because rural LSOAs are geographically larger and more sparsely populated. This is not the reason that WIMD does not identify these LSOAs as less deprived however. WIMD identifies them as less deprived because most rural LSOAs tend to have lower numbers of unemployment and income related benefits claimants which are the major components of WIMD.

The response goes on to say

*“Essentially, any pockets of deprivation in rural areas tend to be on a considerably smaller scale than even the small-scale geography at which WIMD is produced, and so their contribution to averages in these areas tends to be submerged by larger-scale, less-deprived populations. Therefore, even if more rural-specific indicators were to be used, WIMD area-based ranking will not uncover the deprivation which is scattered amongst rural Lower-Layer Super Output Areas.”*

This seems to be suggesting that the fact that there are smaller numbers of benefits claimants within a rural LSOA means that there must also be smaller numbers of all deprivation indicators including ‘rural –specific’ indicators. On the contrary however, it would be reasonable to expect larger numbers and percentages of ‘rural-specific’ indicators in rural LSOAs.

Whilst the analysis of WIMD indicators for LSOAs grouped according to the National Statistics rural-urban classification is welcome and instructive, and

incidentally confirms that Access to Services is in the main a rural deprivation indicator, it does not adequately address the whole issue of rural deprivation.

In order to identify and address the whole spectrum of rural deprivation issues, many more potentially rural-specific indicators need to be included in WIMD. Some of those that have been recommended by rural authorities and organisations in every successive WIMD consultation, such as unfit housing, under-employment, mental ill-health, lack of access to employment, low wages, high costs of living,(food, fuel, transport, housing etc.) and in-work poverty, may prove to be non-rural specific. Nevertheless, their inclusion in WIMD in future editions, alongside the existing mainly urban indicators will surely be most welcomed by all concerned.

Question 13 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We would like to re-iterate our earlier point on the impact that digital exclusion has on rural communities.

### **Community Safety Domain**

Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

Data quality is an issue for all community safety data. ASB incident data is preferable to offender data as:

- Offender data only picks up those crimes that have been cleared up. This will tend to skew data towards more serious crimes (that have higher clear up rates) and the link between these and deprivation is a less strong.
- Some offenders commit comparatively large amounts of crime (eg our community safety partnership runs a priority and prolific offender project) and this may cause distortions.

Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

We consider that this will measure, first and foremost, the density of traffic rather than deprivation.

### **Physical Environment Domain**

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We have discussed this domain at length with colleagues. We are not convinced that the indicators that have been included are effective measures of deprivation. We suggest that this domain should be deleted and its weighting included with access.

Indicators of flooding are essentially indicators of topography and proximity to rivers and/or the coast. Whilst we have every sympathy with people who are at risk of flooding we consider that this is a separate issue to deprivation.

Air quality tends to be strongly correlated with areas with high amounts of traffic. We do not dispute that air quality is important for public health but this is not interchangeable with deprivation. The impact of air quality also needs to be put into context. The two locations in Pembrokeshire that are air quality management areas are consistent with this, however they are relatively small areas, a fraction of the LSOA in which they are located. We are not sure that this is an effective indicator for deprivation.

Fly-tipping and litter data, part of the performance indicator suite collected by Welsh Government is not particularly reliable and we question how it could be collected on a consistent basis for LSOAs.

## **Housing Domain**

### Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

In short, no. Housing is an important component of deprivation. Historically one of the main reasons why neighbourhoods have become deprived is that their housing stocks became run down. We do not consider that it is not a coincidence that social housing, which is usually allocated to people in the highest levels of need, tend to be areas that are also high on the index of deprivation.

Changes to benefit will tend to increase over-crowding and we have seen marked changes in the types of properties that those on the housing waiting list are seeking. Overcrowding is part of the picture for housing deprivation, but any data taken at the present time will also pick up the consequences of policy changes that have not fully worked their way through the housing market.

Relative affordability of housing is an important component of housing deprivation. As the relative house price in an area increases, it puts pressure on communities and forces less-well off people to move out. In rural areas such as Pembrokeshire, these are often replaced by comparatively wealthy, economically inactive retirees who may only be resident for less than half of the year or for holiday cottages. This is a gradual process that results in an area being less deprived based on the measures income and employment but results in an area where permanent residents on low incomes are ever-more disadvantaged as the customer base for local retail services is eroded.

## **Child Index**

### Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

If this is possible, it would give a more rounded picture.

## **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

Our final comments concern the use of the Index itself. The Consultation is clear on what the index is designed to do, and what it is not however there is a growing tendency on the part of Welsh Government to use the index to allocate funding. It is not well suited to this task

The index is a relative measure and is not a tool which measures absolute levels of need, or how levels of deprivation for the 10% most deprived compare with the 20% most deprived (other than stating that there is an unquantified difference between the two). Furthermore, decisions on funding need to take into account many other criteria including the capacity of organisations to utilise funding in a particular timescale or how particular local geographies play out.

## **28. Nathan Lester, Public Health Wales NHS Trust**

### **Income Domain**

Question 1 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

The approach is to keep the domain indicators unchanged, recognising there will be major change for WIMD post 2014 due to the introduction of the Universal Credit. We support this approach and we support the plan to consider reporting re long-term claimants alongside the domain.

### **Employment Domain**

Question 2 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We support the principle of minimum change ahead of the introduction of Universal Credit system. We also support plans to look at levels of persistent benefit claimants alongside the domain.

### **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

I was a bit surprised by this section. I think there's no chance of the data being available for use in WIMD 2014 and, even if it was, there's no way it would be suitable for use because of the various data quality concerns that exist. Whilst these are recognised in the consultation document, I think that they need to be more strongly emphasised.

We support the aspiration to include an indicator on chronic disease prevalence in the WIMD Health Domain.

The consultation document outlines clearly the barriers to including such an indicator in the 2014 WIMD:

*The system is non-mandatory (installed in excess of 95% of GP practices) and the weekly return rate for data is usually around 90%;*

*The data is primarily used to monitor GP practice performance against their contract, and secondary use should therefore be considered with caution;*

*GP practices vary to some extent in their coding and recording, and variations may exist in the data reflecting the priorities and characteristics of individual practices.*

We believe it will not be possible to address these issues within the timescale for the delivery of WIMD 2014. Therefore, for this version of the WIMD, a chronic disease prevalence indicator based on GP QOF should be ruled out.

Question 4 – Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

We do not believe that an indicator on “proportion of unpaid carers” should be included as this is not a measure of population health.

## **Education Domain**

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Yes, we accept the argument that the two proposed indicators for secondary attainment (Level 2 Inclusive and Capped Points Score) are sufficient.

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

Yes

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

We agree with this change for the reasons outlined in the consultation document.

Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

We agree with the commitment to keep indicators under review for future iterations of the WIMD given developments around foundation year assessments and national numeracy / literacy tests.

## **Access to Services Domain**

### Question 10 – Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

The recommended approach for this domain has been to propose some significant changes. We agree that full review is required before decisions are made.

We agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014.

### Question 11 – Do you agree with proposals for combining public and private transport?

We think the proposals appear to make sense and we agree that there should be further investigation regarding the issue of accessibility of cars *within* a household.

### Question 12 – What are your views on the selected calculation of travel times method?

We believe that the proposed method looks sound and support the commitment to evaluate the potential application of the WISERD method.

## **Community Safety Domain**

### Question 14 – Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

Yes.

### Question 15 – What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

If a robust indicator could be developed using cyclists and pedestrians we believe that it should be given careful consideration. We are less certain about inclusion of an indicator that also encompasses motor vehicle accidents because they may be less likely to involve persons who reside in the local area.

### Question 16 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

Regarding the violent crime indicator, we would appreciate further guidance regarding the differential interpretation of the data in town/city centre LSOAs versus other areas. In town and city centres, the pattern of violent crime may differ considerably from residential areas. Often in such areas violence may be associated with the night-time economy with neither the perpetrators nor victims of violent crime residing in the LSOA where the crime is recorded.

## Physical Environment Domain

Question 17 – Do you have any comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

With regards to the environment domain, we would query why you'd use 20uh/m<sup>3</sup> nitrogen oxides objective (vegetation and ecosystems) rather than the 40ug/m<sup>3</sup> annual mean objective (intended to protect human health). Why is there a discrepancy with this pollutant? (Annex G)

## Housing Domain

Question 18 – Is it appropriate for this domain to contain only one (overcrowding) indicator if that is all that is available?

We recognise that this domain is hampered by a lack of quality data available. The energy efficiency indicator would be good to include if possible. We agree that it is better to include one indicator than nothing at all.

We understand the English IMD has an indicator of housing affordability. We note the reasons stated for non-inclusion in WIMD. Have there been discussions with those producing English IMD regarding this indicator and how concerns there were overcome?

## Child Index

Question 20 – Please describe your uses of the Child index in its current format

We have used the index in our recent *Health of Children and Young People in Wales* publication. We are supportive of proposal to continue with the development of next iteration in 2015 and of ongoing monitoring of data developments that could affect the approach in future.

Question 21 – In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

We believe that child poverty is an important issue which is highly relevant to public health. We support the ongoing production of an index with publication of constituent indicators at the LSOA level to help inform progress on tackling the problem.

## **29. James Gardiner, Rhondda Cynon Taf County Borough Council**

### **Income Domain**

Question 1 –Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

I would disagree with the inclusion of **5.1.2 (c)** on a number of grounds.. First of all the number of NASS supported asylum seekers in Wales is very low, which is contrary to indicator criteria **4.2 (c)**; secondly, the data that is proposed for inclusion will be nearly 5 years old by the release of the WIMD 2014 and will be out of step with the majority of indicators (which are mainly Census 2011). There are also issues around the concentration of asylum seekers within specific areas depending upon whether they are given accommodation support. Where they are provided with such assistance they will be accommodated within 'dispersal areas', which are only found in some areas of Cardiff, Swansea, Newport and Wrexham, giving a statistical bias to those areas.

### **Health Domain**

Question 3 – Subject to adequate data developments and quality, would you agree with the proposal to include an indicator on diagnosed chronic diseases?

Yes, I would agree with this being included however, the detail sitting behind the indicator (i.e. the diseases to be included and the methodology for developing the indicator) needs to be finalised and made public as soon as possible.

Question 4 –Subject to further investigation, would you agree with the inclusion of an indicator on “proportion of unpaid carers”?

Only if the effect of the number of hours of unpaid care provided has in relation to a lack of good health can be quantified and subsequently taken into account when developing the indicator. Simplifying the data to only take into account the proportion of unpaid carers per x population would be too general and would fail to take into account variations in the number of hours of care provided.

### **Education Domain**

Question 6 – Do you agree with proposals to drop Key Stage 3 Average Points Score?

Yes, the Capped Point Score and Level 2 Inclusive indicators are sufficient.

Question 7 – Do you agree with proposals for two Key Stage 4 attainment indicators?

Yes, and the use of the capped points score is more suited to this analysis than average point score.

Question 8 – What are your views on changing the Overall Absenteeism indicators to one based on repeat absentees?

I would agree with the use of repeat absentees as opposed to overall absenteeism however, within the consultation document section relating to this indicator two separate analyses are mentioned without giving further reference to them. These analyses should be referenced within the technical appendix of the new WIMD documents.

Question 9 – Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

I would disagree with the indicator '**Number of Adults aged 25 - 64 with No Qualifications**'. The indicator needs to be changed to show the proportion of the population aged 25 - 64 with no qualifications rather than the absolute number. This indicator should also be age standardised before inclusion to take into account differences in the population structure of each LSOA.

### **Access to Services Domain**

Question 10– Do you agree with the changes, additions to and exclusions from the proposed list of services for WIMD 2014?

I agree with the indicators chosen for inclusion within this domain though the analysis should take into account the fact that many Local Authorities across Wales will be undertaking service provision changes in the near future which may alter access to services for a number of LSOAs.

In my opinion the leisure centres indicator should be modified to also include access to playing fields. I would also argue that access to Citizens Advice Bureau advisory services would be a key service for many people, especially those in more deprived areas, and should therefore be included if possible.

### **Community Safety Domain**

Question 14– Do you agree with the preferred approach of including anti-social behaviour incidents (if data are robust) with the alternative being use of offender location data (as for previous WIMDs)?

Yes, as ASB will potentially effect a much larger proportion of an LSOAs population however, it must be shown to be robust and the data must have some assurance that they have been collected using the same methodological approaches.

Question 15– What are your views on the use of all road accidents as a new indicator, assuming the number of pedestrian and cyclist casualties are not robust enough for WIMD?

I would disagree with the inclusion of this indicator. If the number of cyclists/pedestrians involved in a RTA/RTC was used then you would expect this to be highly variable depending upon the population and road network densities of an LSOA. It would potentially only affect a small number of people who are directly involved which goes against **4.2 (C)**. I would also disagree on the grounds that no evidence has been presented to show that a higher than usual proportion of RTCs/RTAs would change the population's view on how safe an area is.

### **Housing Domain**

Question 19– Do you have any other comments on proposed / rejected indicators, or any additional suggestions (bearing in mind our indicator criteria)?

I feel that tying the definition of overcrowding to persons per bedroom is more logical than persons per room. Furthermore, this correlates more strongly with Central Government's size criteria and the removal of the Spare Room Subsidy ('bedroom tax').

### **Child Index**

Question 21 –In the longer term, should analyses of underlying WIMD data (including by age when possible) be prioritised over producing a Child Index in its current form?

Yes. The analysis of the underlying data is useful to public sector bodies within an area to understand the patterns and types of deprivation faced by their local populations. These data can then be used to inform policies and strategy related to reducing deprivation and inequalities.

### **Next Steps**

Question 22 – Do you have any other comments on proposals for WIMD 2014 (not already covered) or future work on WIMD?

If the WIMD is to be a sustainable indicator of deprivation across Wales then it needs to become more up to date. With the census now 3 years old much of the data will start to become outdated soon. For this reason I strongly believe that the future of the WIMD will need to be secured without relying on census data and instead rely on data collected annually or biannually at a local level. Although this would present a challenge in terms of data assurance and collection it would add benefit to the WIMD and ensure its use in the medium term.