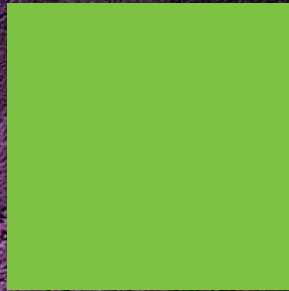


# Socio-Economic Profile

# 2006



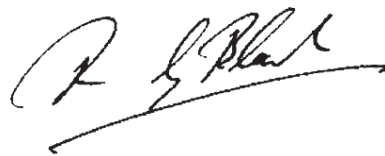


## Foreword

Over the eight years of the Health Action Zone's operation we have constantly striven to understand better and develop effective interventions to address the problems facing North and West Belfast. Specifically, we have examined the nature of inequalities in health and wellbeing and their interrelatedness with other determining factors. In pursuing this goal the Health Action Zone has developed genuinely new ways of working. We have been committed to testing and pushing the boundaries of partnership working - actively engaging communities, voluntary, public and private sector bodies in 'new' approaches to 'old' and 'wicked' problems. A key tool in this programme of work has been uncovering and developing new knowledge and a commitment to being open and critical about current practice.

This report, a second profile of North and West Belfast, goes further than simply restating the pattern of ill health and social and economic disadvantage. It presents an analysis and interrogation of those patterns alongside a number of inescapable conclusions. It is significant that those conclusions confirm the priorities and approach adopted over the previous years by the Health Action Zone and push us yet further to ask how we should intervene radically to tackle disadvantage.

I commend this typically thoughtful and insightful analysis from Dr Mike Morrissey. Mike's willingness to challenge the 'received wisdom' has energised our thinking and development within Health Action Zone over the years. I hope that this synthesis will assist others and in particular support inter departmental planning and action in the future.



**R.G. Black O.B.E.**

Chairman, Health Action Zone Council

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## Introduction: Understanding Social Need and Developing a Strategy

The North & West Belfast HAZ produced the first profile of its operational area in 2002. The material, on which the profile was based, came from a database specifically created during the establishment of the Zone to assist strategy development. At that time, it was recognised that the Zone's limited resources substantially constrained the volume of interventions it could make. Accordingly, it needed to prioritise issues and areas in which need was greatest and where change was most possible. It sought to exploit its two most important assets – proactive partnership and relevant information – to define a small number of critical 'niche' interventions. These would demonstrate the value of new ways of working; illustrate the connection between diverse sets of social problems and (hopefully) point to the ways in which the trajectories of the most vulnerable groups and communities could be shifted. Accompanied by an ongoing process of critical reflection on its role and its activities, the database helped the HAZ refine its strategies and identify the projects that would best realise its vision.

Developments since then have created an imperative to revisit the idea of a socio-economic profile:

- First, the data from the 2001 Census have become progressively available and are readily accessible at various spatial units on the NISRA website. The first profile had to rely on the 1991 Census for small area statistics and there is now the opportunity not merely to use more up-to-date information but to assess change even though the Belfast ward structure in 2001 was different from 1991;
- Second, NISRA commissioned the Noble team at Oxford to generate a further multiple deprivation measure for Northern Ireland. Not only did this utilise a more sophisticated construct of spatial, multiple deprivation, but created a new spatial unit – the Super Output Area – to resolve the problem of widely differing ward sizes. It thus provided an opportunity to review patterns of spatial deprivation, not just within Belfast, but to compare Belfast with other places without worrying about differences in population size.

- Third, the Office of the First and Deputy First Ministers has embarked on an extensive range of research on poverty and social exclusion undertaken either from within (Social Indicators, 2004) or directly commissioned (Dignam, 2003) or through funding the universities (the Poverty and Social Exclusion Project 2003-2006). While this research has not provided analysis at small area level, it identified characteristics and factors that are associated with the greatest 'risk' of poverty in general. It is thus possible to explore how such characteristics and factors 'appear' in the varied spaces of North and West Belfast.

The combination of all such research data permits a wider perspective on the nature of social need in North and West Belfast that is not confined to a set of exclusively spatial indicators. This is important since the major causes of social need in particular areas generally lie elsewhere, e.g. long-term unemployment. Over-emphasising the importance of place can demote the structural causes of poverty and disadvantage. As a recent

report on mapping poverty in the Irish Republic commented:<sup>1</sup> '...the scale of differences based on geographic location is rather modest compared to the differences between socio-economic groups or people with different housing tenures.' This is not to suggest that place is unimportant (if only because social housing tends to be built in particular places) – poverty is spatially diffuse with significant variation across micro spaces. However, this is essentially distributional rather than causal and a fuller understanding of poverty requires that the peculiarities of place be balanced by a consideration of wider structural issues – i.e. inequalities across place are mainly determined by social inequality generally. As Hasse argues:<sup>2</sup> 'a spatial deprivation index should identify the underlying causal structures and processes, facilitating area-based interventions as a complement to individual-level entitlements/benefits.' Accordingly, this profile will focus both on the characteristics most associated with the poverty risk for individuals and groups together the spatial distribution of deprivation.

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<sup>1</sup>Wilson, D. Whelan, C. Williams, J. and Blackwell, S. (2005), *Mapping Poverty: National, Regional and County Patterns*, (Summary), Dublin, ESRI, p.1.

<sup>2</sup>Hasse, T. (September, 2005), *Deprivation and its Spatial Articulation in the Irish Republic*, Maynooth Conference on Mapping Poverty, Combat Poverty Agency, slide 4.

Finally, there are a number of other considerations that have to be borne in mind. For example, there has been substantial discussion about the way in which the spatial unit of analysis employed can influence the result of any comparison. For example, unemployment rates for the Belfast West and Belfast North parliamentary constituencies are considerably worse than for other Northern Ireland constituencies with the exception of Foyle. However, other, smaller spaces may have 'pockets' of unemployment that are just as bad but are concealed by being aggregated with other high employment areas. The unemployed in such pockets are likely to have a very similar poverty risk to those located in North and West Belfast, but will not benefit from programmes targeted at these two areas. In short, not all the people who live in poor areas are poor and not all those living in affluent areas are affluent. To address this issue, the profile uses three scales for comparison; parliamentary constituency, ward and Super Output Area (SOA). The last was created as sub-ward units with similar populations to permit better 'like-to-like' comparison and to be more reflective of real communities that wards. Moreover, for the latter two, comparison is made with Derry as well as the rest of Belfast. The first profile confined itself to just Belfast comparisons. This time Derry is also used as a comparator given that it is the other major urban centre with substantial areas of deprivation and indeed similar levels of residential segregation to Belfast.

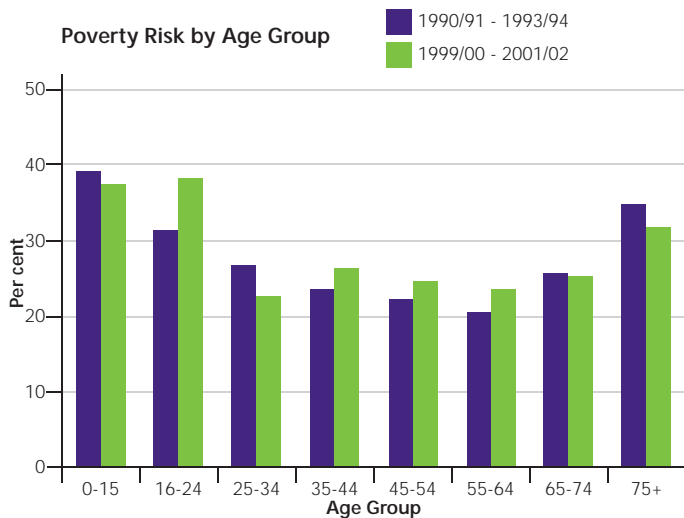
The simultaneous focus of on at-risk individuals/groups and area deprivation is mirrored by the organisational responsibilities of the HAZ partners. Some, like the North & West Belfast Health and Social Services Trust, the Belfast Educational & Library Board and the Northern Ireland Housing Executive, have responsibilities for the needs of individuals or households while others, like BRO are focused on the development of communities. The local area partnerships that sit on the HAZ council are tasked with building relationships amongst all such actors at local level and in helping to create community engagement/participation, crucially relevant for tackling social exclusion.

This way of working creates many challenges but also opportunities for new kinds of synergy. The ambition of the HAZ is to create a new synthesis around: the co-ordination of the work of many statutory agencies; the engagement between these agencies and the community; and, the creative tension between working with individuals/groups and developing whole communities.

## Poverty Risk and its Distribution in Belfast

In a research project undertaken for OFMDFM, Dignam reanalysed a decade of Continuous Household Survey data to explore the bottom 30 per cent of the income distribution – what kind of individuals and households had incomes that persistently put them within this category? The 30 per cent threshold is important because the poverty measure, used mainly by the EU, is 60 per cent of median household income, i.e. the bottom 30 per cent. Dignam thus offered evidence on the likelihood (or risk) of being in this category - being poor.

Figure 1:



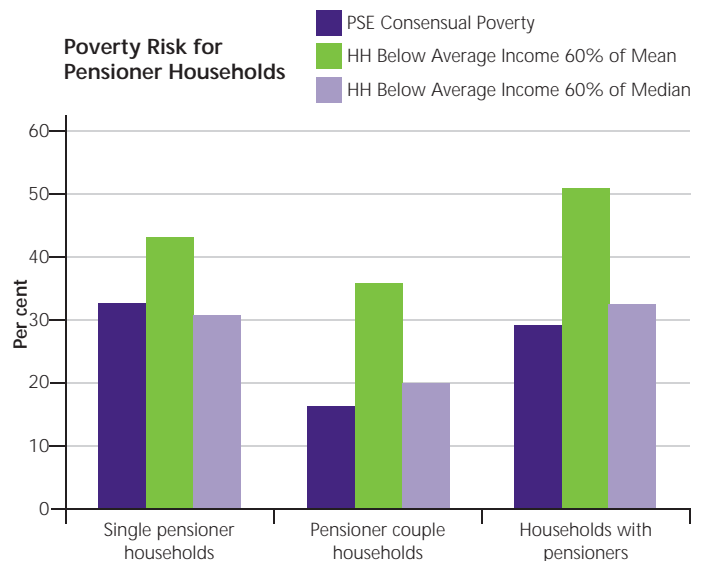
Source: Dignam, 2003

Figure 1 points to an age gradient in poverty risk, recognised since Rowntree conducted his first poverty survey at the end of the 19th Century. The risk is greater for children and for the elderly. However, the comparison between the two time

frames points to a reducing risk for those over 65, but an increased risk for the 16-24 age group. The overall preponderance of risk for younger and older groups remains.

The risk of poverty for pensioner households (not just age groups) was explored in the Poverty and Social Exclusion project.

Figure 2:



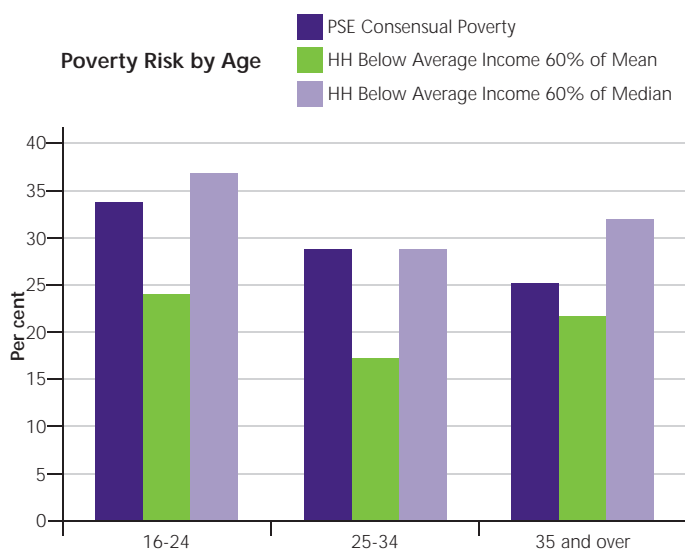
Source: Poverty and Social Exclusion Project (2005), p.4

Here, three measures of poverty risk were employed: the consensual measure developed by the project – based on the consumption of ‘necessary’ goods: 60 per cent of mean income, and; 60 per cent of median income. The poverty risk varied by the measure employed. In terms of consensual poverty, single pensioners were at greatest risk. With mean and median income,

households containing pensioners were at greatest risk.

The PSE project further looked at the poverty risk of young adults. Using the same three measures produced the following result.

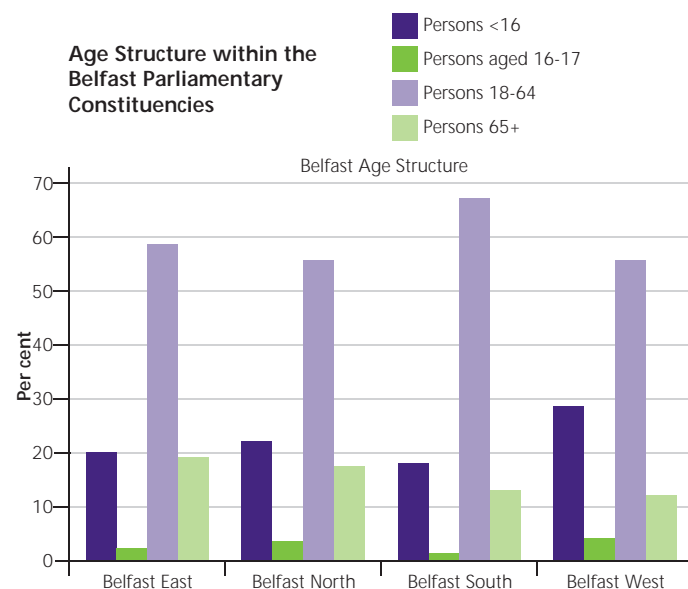
**Figure 3:**



Source: Poverty and Social Exclusion Project (A), (2005), p.3

On all measures, the 16-24 age group had the highest poverty risk. The PSE findings thus confirm that age is a relevant factor in considering poverty risk, particularly for the young and the elderly.

**Figure 4:**



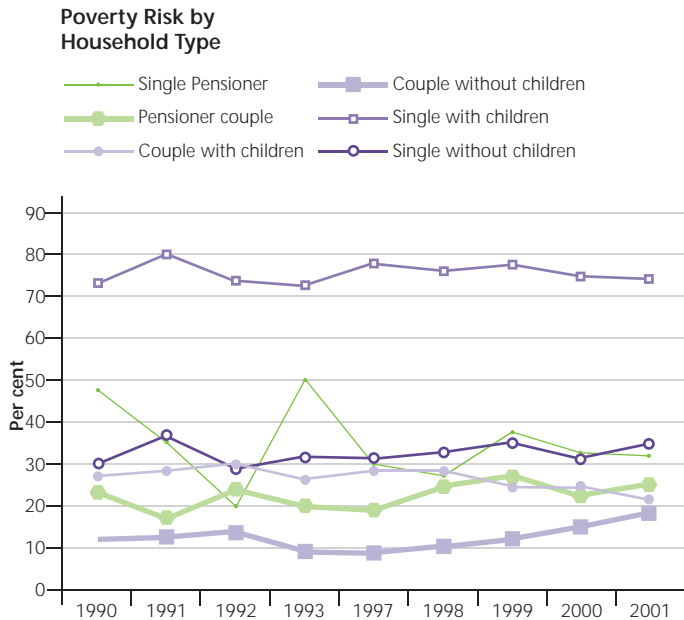
Source: Northern Ireland Census, 2001

It can be seen that both Belfast West and Belfast North<sup>3</sup> have relatively high percentages of their populations within the 'at risk' of poverty categories, in particular the very young age groups, although Belfast West has a low percentage of persons 65 and over. This suggests that the very high scores for spatial deprivation with North & West Belfast are complemented by high proportions of the population that are 'at risk'.

The particular type of household is also significant in understanding poverty risk.

<sup>3</sup>All the data for parliamentary constituencies has been taken from NINIS.

**Figure 5**

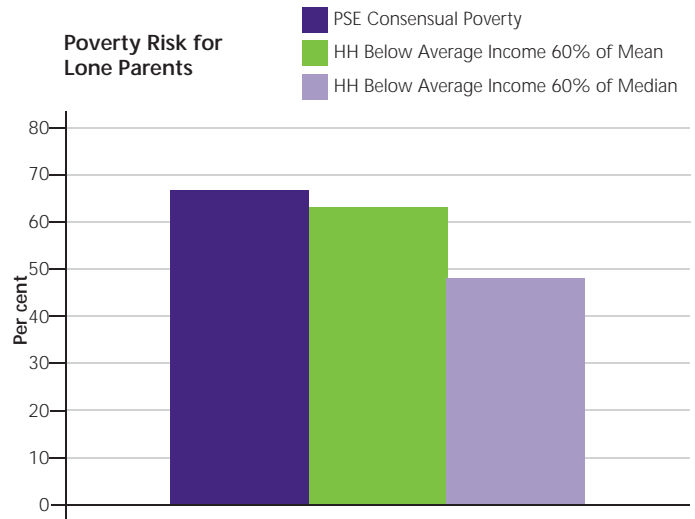


**Source: Dignam, 2003**

Figure 5 points to the significantly higher poverty risk of households headed by a single person with children – over 70 per cent in every year and reaching 80 per cent in two of the years. Certainly, the risk has marginally declined since 1997, but the gap between this household type and even the next highest (single pensioners) is considerable. Indeed, the OFMDFM research points to an increasing poverty risk the higher the number of dependent children in a lone parent household – rising to 90 per cent with three or more dependent children.

The PSE project also offered evidence on the poverty risk of lone parents.

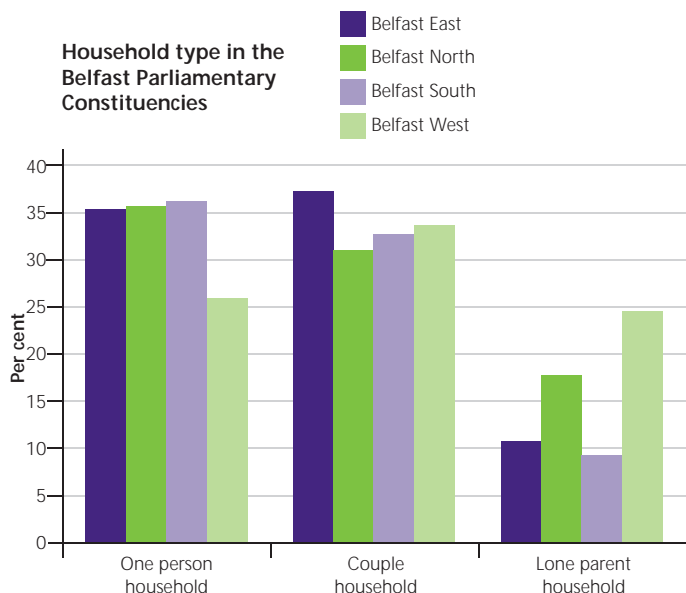
**Figure 6:**



**Source: Poverty and Social Exclusion Project (B), 2005, p.4**

This result complements the Dignam study pointing to the high poverty risk for lone parent households. Equally, North & West Belfast has a high concentration of this household type.

**Figure 7**

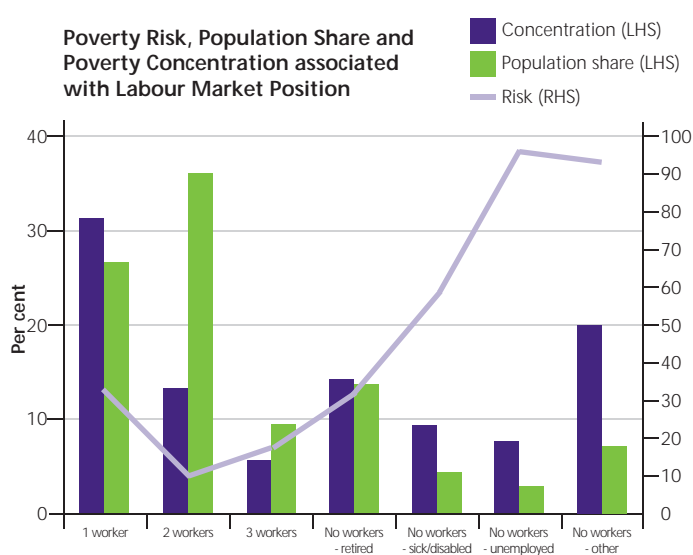


Source: Northern Ireland Census, 2001

In the figure, the household types have been grouped to focus on lone parent households and it can be clearly seen that Belfast West and Belfast North have much higher percentages of their households headed by a lone parent. Indeed, Belfast has just over 12,000 households headed by a lone parent, of which 10,000 are in North & West. Moreover, the heads of lone parent households in North & West are less likely to be employed (around 30% compared to around 40% in Belfast South and Belfast East) and those who are employed marginally less likely to be in full-time employment.

Finally, there are different poverty risks depending on labour market position.

**Figure 8**

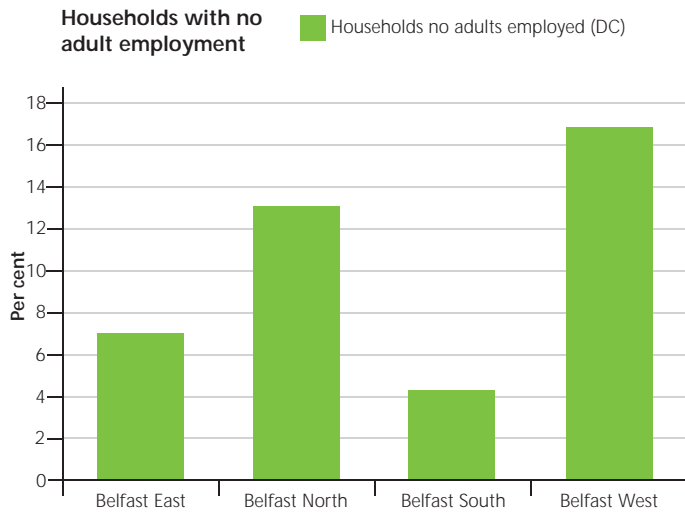


Source: Dignam, 2003

Figure 8 differentiates households according to the number of individuals within them who are working. For each, it gives: their proportion of the whole population of households; their poverty risk; and, their poverty concentration – the product of population share and poverty risk. Both poverty risk and poverty concentration are highest for those households containing no one in employment, particularly for the ‘other’ category i.e. neither retired, nor sick nor unemployed.

Households with no member employed are also concentrated in the North & West of the city. Figure 9 presents information on the percentage of households in which no adults are employed for each parliamentary constituency. It concentrates on households with dependent children since previous material indicated the high poverty risk for such households.

**Figure 9:**



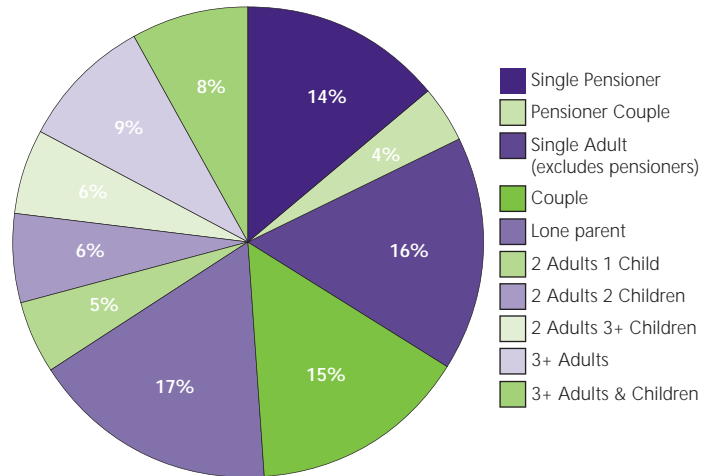
Source: Northern Ireland Census, 2001

Here the sharpest contrast is between the North & West and the South & East constituencies. Roughly one in 20 households have no members working in South & East compared to one in 10 in North and one in five in West.

As Dignam has shown, it is important to contextualize poverty risk with an understanding of how many such individuals and households are contained within the population. Intervening to tackle poverty involves identifying those with greatest risk who are most numerous within the population. The PSE project suggests that the composition of the poor in Northern Ireland is as follows:

**Figure 10:**

**The Composition of the Poor**



Source: Poverty and Social Exclusion Project (B), 2005.

The largest single group of the poor is made up of lone parent households, followed by single adults and two adults with three or more children. Together, these make up almost half of all poor people.

Across the three key variables presented here, the evidence points to high shares of the kinds of households with greatest poverty risk in North & West Belfast. Operationally, however, the point is not to say that North & West has greater need than elsewhere – several indices of multiple deprivation have already demonstrated that. At risk individuals and households can exist right across the city, not just in its most deprived spaces, and their needs have to be catered for whether they live in high, or low, deprivation areas.

The HAZ mechanism for tackling this risk is the 'developmental pathway' i.e. a customised bundle of support designed to move particularly vulnerable individuals/households towards lower poverty risk. This bundle represents coordinated effort by statutory providers integrated with community interventions, particularly associated with building supportive/empowering relationships.

Accordingly, HAZ works essentially with a risk approach – identifying those individuals and groups who are most vulnerable and designing a pathway that will reduce the risk. At the same time, it seeks to complement its basic approach with a strategic focus on how to change the social and economic trajectories of particular communities. In effect, the HAZ council acts as a strategic forum in which the key focus is on changing the dynamics via which certain areas have suffered long-term decline. Thus in addition to specific interventions (children, the long-term unemployed, the travelling community, etc.), it seeks to encourage collective action from a wide range of agencies (including the Neighbourhood Renewal Unit of DSD) designed to invigorate places suffering long-term disadvantage. It is possible to identify such areas from the data sets made public on the NISRA website.

## Economic Disadvantage

As indicated previously, the spatial comparison of disadvantage involved comparison with Derry. The following diagrams are based on: three ward sets (North & West, 27 wards, South & East (within the City Council area), 24 wards and Derry, 30 wards); and three sets of Super Output Areas (North & West 75, South & East 75, Derry 57). All the data was taken from the Northern Ireland Neighbourhood Information System on the NISRA website and refers primarily to the 2001 Census.

Figure 11

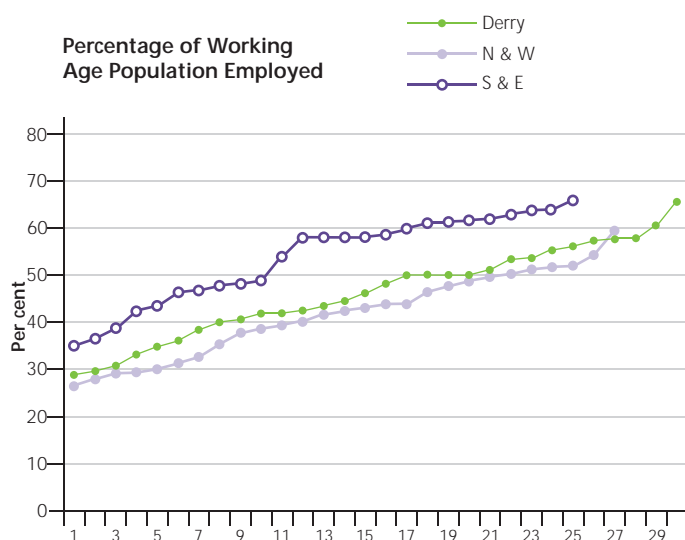
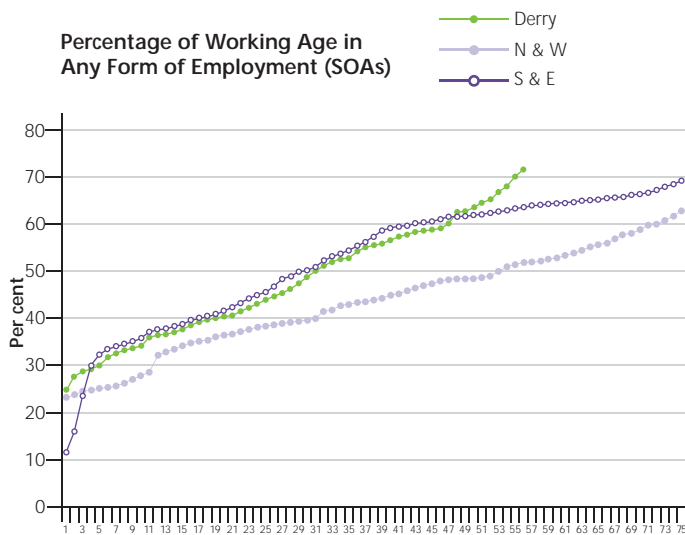


Figure 11 represents the distribution of employment amongst the three sets of wards. Each point on the lines represents a ward. North & West and South & East Belfast follow congruent trajectories separated by 10-15 per cent differences. Thus, even the ward with the lowest percentage of its population working in South & East was about 10 per cent higher

than the lowest for North & West. By examining the data at ward level, it is possible to see that some wards in North & West have higher rates of employment than some in South & East, but the overall pattern of disadvantage lies with the former. Interestingly, the profile for Derry is much more like North & West, though marginally better.

If the analysis is taken down to Super Output Area (SOA), a different picture emerges. Because super output areas have been created with similar populations, North & West and South & East Belfast both have more SOAs than Derry.

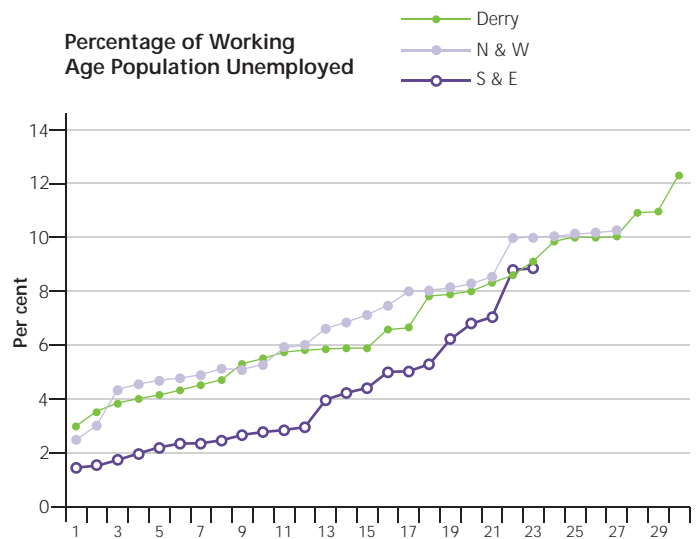
**Figure 12<sup>1</sup>**



The general pattern of economic disadvantage remains for North & West Belfast, although one SOA in South & East had a dramatically lower employment level. Moreover, the distribution for Derry is more like South & East. This effect is probably more to do with including self-

employment in the definition of employment rather than drilling down to SOA level. The evidence also points to measurable differences in unemployment.

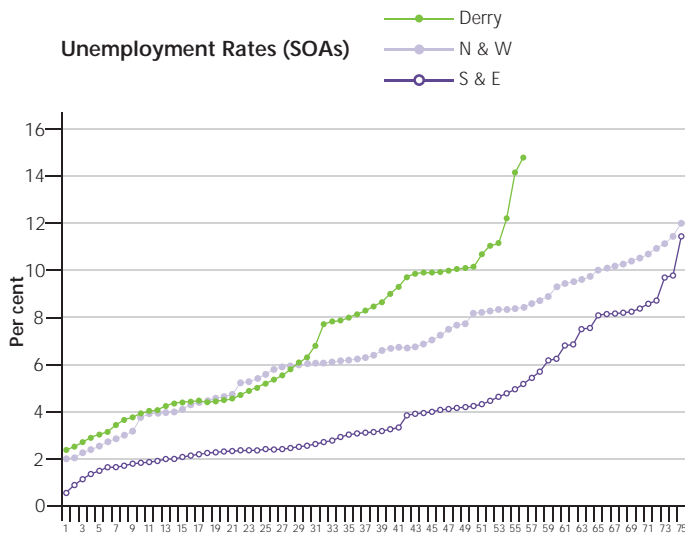
**Figure 13**



Here the picture is reversed. North & West has a higher path than Derry (with the exception of three wards), which, in turn, is higher than South & East (with the exception of two wards). The position of North & West Belfast is confirmed at SOA level.

<sup>1</sup>It should be noted that Figure 12 aggregates full-time, part-time and self employment, i.e. all forms of employment, compared to Figure 11 that did not include self employment.

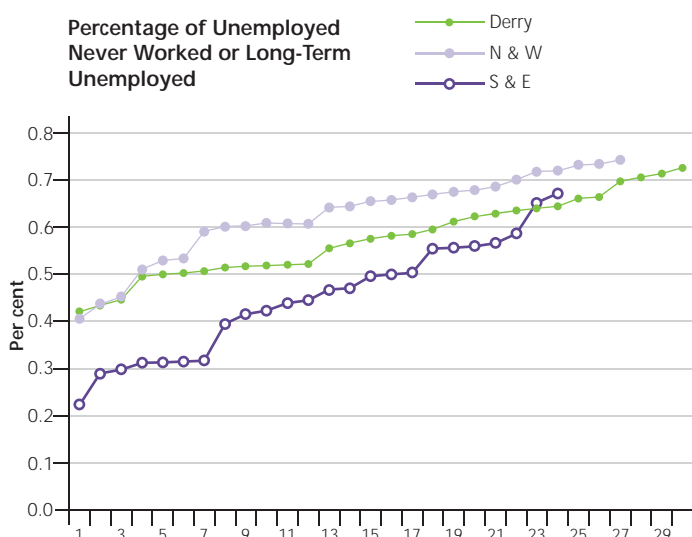
**Figure 14**



Two of the Derry SOAs have unemployment rates higher than any in North & West Belfast. At the same time the latter has 12 SOAs with unemployment rates over 10 per cent compared to eight in Derry.

Equally, the percentages of the unemployed who have never worked or are long-term unemployed are visibly higher in North & West.

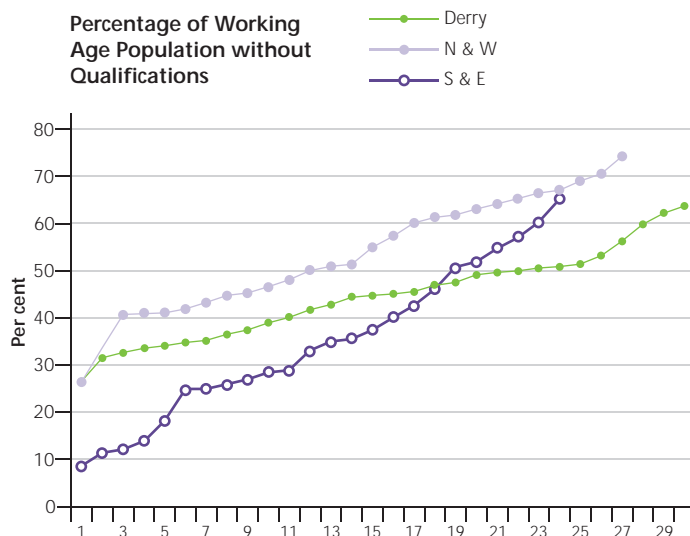
**Figure 15**



In North & West, the ward percentages for those who had never worked or were long-term unemployed ranged from 40 per cent to 73 per cent. The Derry wards had a similar range, but individual wards had generally lower rates than those in North & West.

A factor frequently cited as being associated with high levels of economic disadvantage is the education attainment of the population. Certainly, in this respect North & West Belfast stands out.

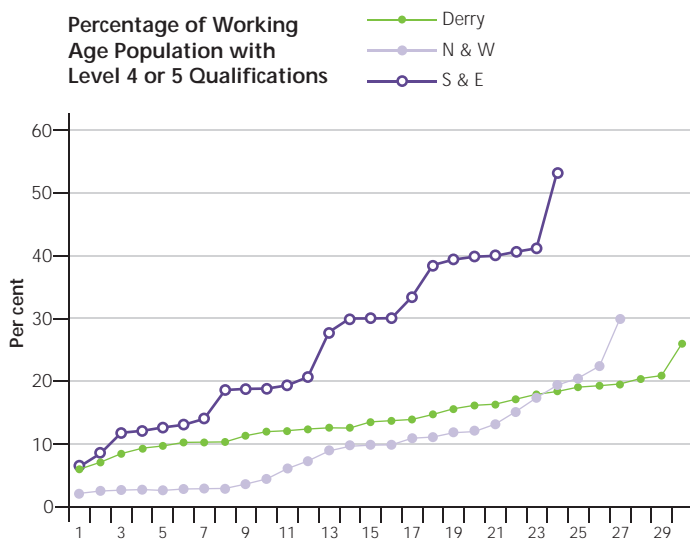
**Figure 16**



This can be seen in Figure 16 where the distribution of North & West wards shows higher rates of non-attainment than for both Derry and South & East Belfast (although note that the range of attainment is greater in South and East). Even the 'best' wards in North & West (i.e. with low percentages for non-attainment) have around 20 per cent more of their population without

qualifications than similarly placed wards in South & East. Correspondingly, the proportion of the North & West population with high qualifications (levels 4 & 5 – roughly equivalent to A' levels and above) is lower.

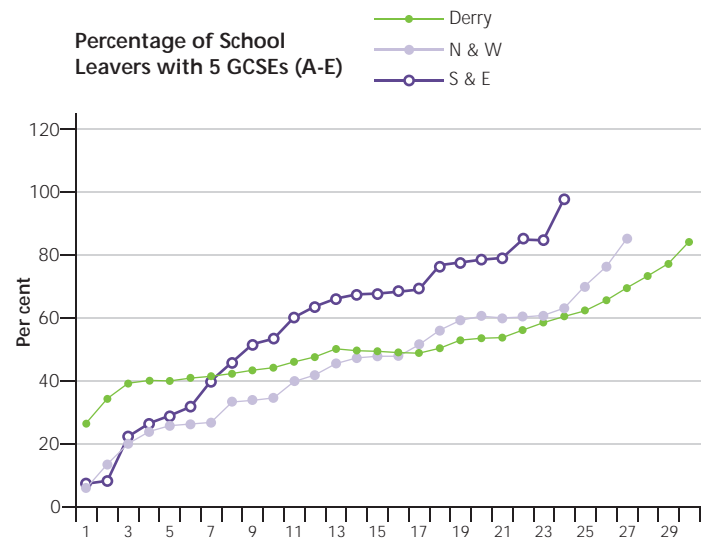
**Figure 17**



In this case, the South & East wards have visibly higher attainment standards, even at the bottom of the distribution – six wards in South & East have more than 40 per cent of their working age population with high level qualifications. Fourteen wards in North & West have less than 10 per cent of their working age population with similar level qualifications. On this variable, Derry is again more like North & West although, generally, with higher attainment levels.

However, if we look at educational achievement (how school leavers rather than the general population are doing), the picture is more varied.

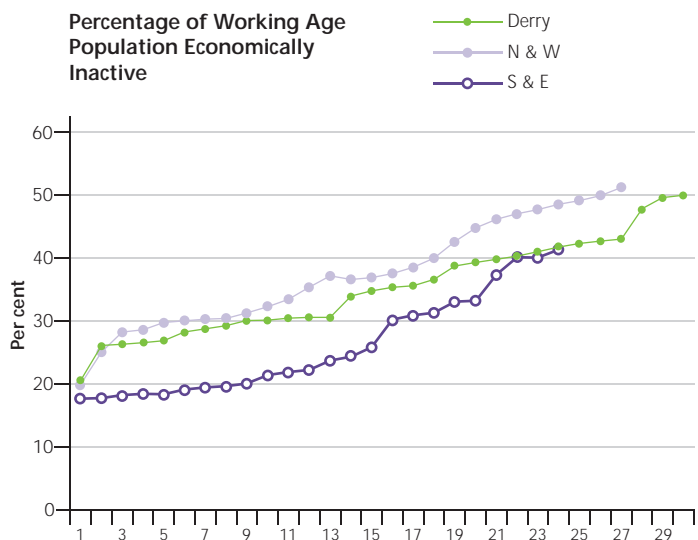
**Figure 18**



Here, both North & West and South & East have small, poor performing ward sets – three each with less than one in five school leavers achieving five GCSEs. Thereafter, the trends for both rise, but with the South & East wards having better achievement levels – in three wards more than 80 per cent of school leavers had five GCSEs. The Derry wards are more closely grouped varying from just over 20 per cent to just over 80 per cent.

A third of the wards in North & West had over 40 per cent of their working age populations economically inactive – in two wards, the working age inactivity rate was more than 60 per cent.

**Figure 19**



This characteristic is reflected in the numbers claiming benefit. North & West has no ward in which less than 10 per cent of the working age population claimed JSA in 2001. In every ward but one, more than 10 per cent claimed IS and in one ward the percentage claiming was more than 60 per cent. With regard to Incapacity Benefit claimed by the under 60 population, North & West had eight wards in which over 15 per cent of this population were claiming Incapacity Benefit, Derry had four and South & East had two.

Moreover, lone parents would appear to be a significant section of the working age economically inactive in North & West.

<b>Table 1: Lone Parents and Community Background</b>			
	<b>All</b>	<b>Catholic</b>	<b>Protestant and Other Christian (including Christian related)</b>
<b>East</b>			
Lone Parents as % of all Households	12.0%	16.2%	11.5%
Lone Parents with Dependent Children as % of all Lone Parents	62.0%	69.2%	60.3%
<b>North</b>			
Lone Parents as % of all Households	18.6%	22.8%	15.7%
Lone Parents with Dependent Children as % of all Lone Parents	71.5%	74.0%	68.9%
<b>South</b>			
Lone Parents as % of all Households	9.6%	8.4%	10.5%
Lone Parents with Dependent Children as % of all Lone Parents	65.0%	71.1%	60.9%
<b>West</b>			
Lone Parents as % of all Households	25.1%	26.2%	21.1%
Lone Parents with Dependent Children as % of all Lone Parents	72.8%	72.8%	72.4%
<b>Foyle</b>			
Lone Parents as % of all Households	17.7%	19.8%	12.4%
Lone Parents with Dependent Children as % of all Lone parents	71.8%	73.0%	66.1%
<b>Source: Northern Ireland Census, 2001, Standard Tables</b>			

Table 1 presents data on lone parent households in five parliamentary constituencies. The lone parent share of all households is highest in West Belfast – the latter is six and a half percentage points higher than the next highest (North). Moreover, the percentages of lone parents with dependent (as opposed to non-dependent) children are higher in North, West and Foyle compared to South and East constituencies. With the exception of South Belfast (perhaps to do with the size of the privately-rented sector), lone parent households make up a bigger share of households with a catholic, as opposed to protestant community background.

Equally, never married female lone parents make up large shares of all lone parents in North and West – higher than in South and Foyle and considerably higher than in East. The percentages of widowed lone parents are lower. It should be said that such differences do not appear amongst male lone parents – between 43 per cent and 46 per cent were widowers across the five constituencies.

To summarise, working age economic inactivity rates do tend to be higher in North & West Belfast than in the comparator areas. Within the working age economically active, we have highlighted lone parents because of the high share of all households that they make up. Indeed, lone

parents in these two areas are more likely to have dependent children and more likely to be single.

One indication of the overall difference between these populations is their social class characteristics.

<b>Table 2 Social Class Composition</b>	<b>East</b>	<b>North</b>	<b>South</b>	<b>West</b>	<b>Foyle</b>
<b>All persons</b>					
AB. Higher and intermediate managerial / administrative / professional	20.0%	11.4%	28.1%	8.4%	16.1%
C1. Supervisory, clerical, junior managerial / administrative / professional	34.5%	26.1%	34.4%	24.0%	27.4%
C2. Skilled manual workers	14.9%	17.2%	10.5%	18.0%	18.0%
D. Semi-skilled and unskilled manual workers	22.3%	31.5%	18.5%	34.1%	28.5%
E. On state benefit, unemployed, lowest grade workers	8.4%	13.8%	8.5%	15.5%	10.0%
<b>Males</b>					
AB. Higher and intermediate managerial / administrative / professional	21.4%	12.5%	30.1%	8.9%	16.9%
C1. Supervisory, clerical, junior managerial / administrative / professional	32.9%	25.2%	33.2%	23.5%	27.3%
C2. Skilled manual workers	18.0%	21.2%	12.7%	21.6%	20.4%
D. Semi-skilled and unskilled manual workers	21.9%	30.6%	18.1%	33.3%	26.9%
E. On state benefit, unemployed, lowest grade workers	5.8%	10.5%	6.0%	12.7%	8.4%
<b>Females</b>					
AB. Higher and intermediate managerial / administrative / professional	18.8%	10.4%	26.4%	8.0%	15.3%
C1. Supervisory, clerical, junior managerial / administrative / professional	35.9%	26.8%	35.4%	24.4%	27.5%
C2. Skilled manual workers	12.2%	13.9%	8.6%	14.8%	15.7%
D. Semi-skilled and unskilled manual workers	22.6%	32.3%	18.8%	34.9%	29.9%
E. On state benefit, unemployed, lowest grade workers	10.6%	16.5%	10.8%	17.8%	11.6%

North & West Belfast tends to have lower percentages in social grades A or B and more in social grades D or E – and this is the same for both genders.

All of the above may be summarised by the Northern Ireland Multiple Deprivation Measure (2005).

**Figure 20**

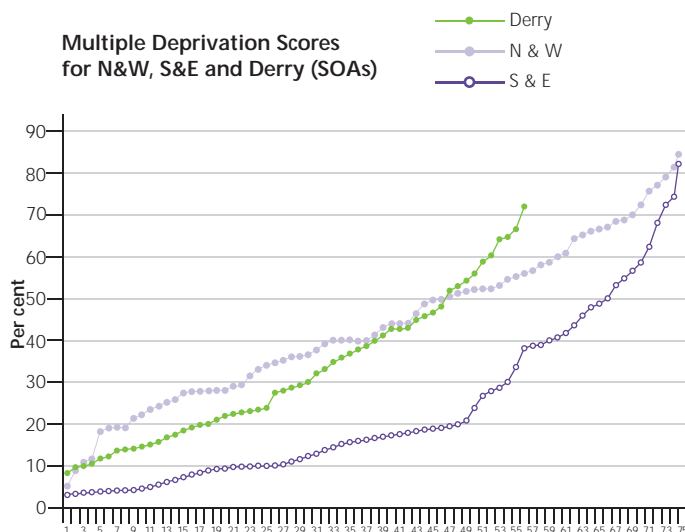


Figure 20 depicts the multiple deprivation scores for all the SOAs in the three areas. The scores for the North & West Belfast SOAs are visibly higher across the range than those for South & East, although each has almost identical, high and low scores. Thus, while some SOAs in South & East match those in North & West, the majority of deprivation scores are significantly higher for the latter. Even at sub-ward level (pockets of deprivation), North & West stands out. Moreover, while the Derry distribution crosses that of North & West, the latter has seven SOAs with higher deprivation scores than Derry.

However, deprivation scores at particular points in time are, at best snapshots. Since the HAZ is committed to the idea of development, it is more interested in how things change over time. It is difficult to measure changes in deprivation because different methodologies are used in different exercises (compare the approach by Robson in 1991 to that of Noble in 2001 and 2005), because spatial units change (Belfast, for example, has different ward sets for the 1991 and 2001 Censuses) or because new kinds of spatial unit are created (super output areas were created for the 2005 Multiple Deprivation Measure). Notwithstanding such difficulties, the following exercise took the areas covered by the Belfast Partnerships in 1991, 2001 and 2005 (whether made up of wards or super output areas) and calculated:

- What percentage of the partnership's population was made up of Belfast's most deprived people (living in the 10 per cent most deprived wards or super output areas)? And;
- What percentage of Belfast's most deprived population (living in the 10 per cent most deprived wards or super output areas) was within each partnership district?

From three exercises in mapping multiple deprivation, the following emerged:

	1991 (Robson)	1991 (Robson)	2001 (Noble)	2001 (Noble)	2005 (Noble)	2005 (Noble)
	% of Partnership Pop within 10% most deprived wards in Belfast	% of the City's Most Deprived Population in Partnership Area	% of Partnership Pop within 10% most deprived wards in Belfast	% of the City's Most Deprived Population in Partnership Area	% of Partnership Pop within 10% most deprived SOAs in Belfast	% of the City's Most Deprived Population in Partnership Area
<b>East Belfast</b>			7.3%	18.1%	2.4%	5.6%
<b>North Belfast</b>	15.6%	34.7%	5.6%	13.4%	12.1%	26.6%
<b>Shankill</b>	13.5%	11.7%	29.7%	26.5%	30.3%	28.9%
<b>South Belfast</b>	10.8%	17.9%				
<b>West Belfast</b>	13.0%	35.8%	12.9%	42.0%	15.2%	38.9%

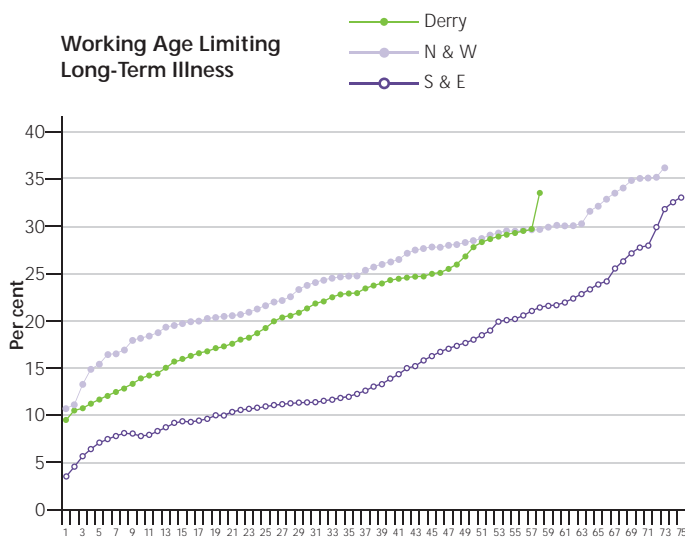
On the Robson measure (1991), between 10 and 15 percent of four of the partnership populations (East Belfast had none) were within the most deprived section of the city population with North Belfast standing out. Taking the three partnerships that fit into North and West Belfast, just over 88 per cent of the city's most deprived population lived within them. On the first Noble measure (2001), the proportion of the Shankill population in the most deprived 10 per cent, more than doubled from 1991 – remembering that a different methodology was employed. At this point about 82 per cent of the city's most deprived population lived within the partnership districts of North & West Belfast. In 2005, three out of every 10 people in the Shankill were amongst Belfast's most deprived population and around 90 per cent of the city's most deprived population lived in these three partnership districts.

One must be cautious about assuming that this presents a seamless picture of progressive decline for these partnerships districts if only because different methodologies and definitions of deprivation were employed on each occasion. Nevertheless, these data point to a problem of some seriousness within the areas which most benefited from regeneration effort within the city. If nothing else, this is a prima facie case for relooking at all social intervention in this city and questioning its effectiveness in altering the trajectories of its most deprived places.

## Health & Health Inequalities

There are only a limited number of Census variables that directly refer to health and the datasets for other kinds of health variables do not present data at SOA level. As a result, the material presented here has a limited focus. The two health variables are limiting, long-term illness rates and self-reported health status (Good, Fair, Not Good). Since limiting long-term illness has a strong association with age, rates would tend to be higher in those areas with more elderly populations. As shown earlier, the age structure of the three areas considered here are different. To limit the age effect on limiting, long-term illness, the rate was taken for the working age, rather than the whole, population.

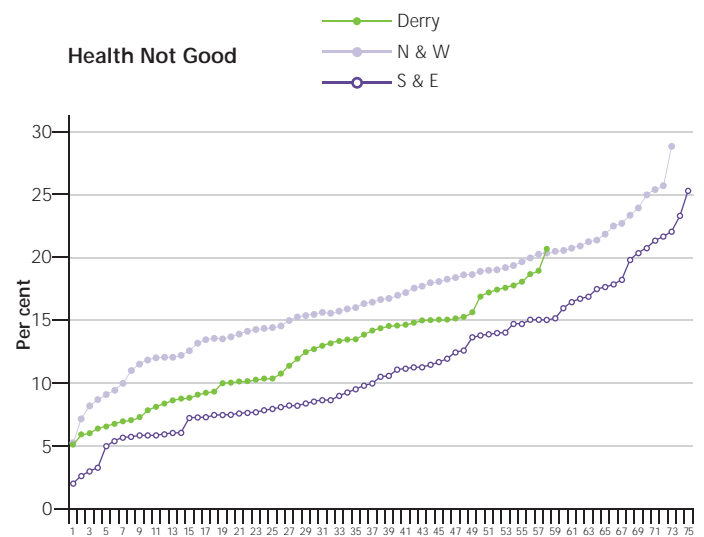
Figure 21



Rates for working-age limiting, long-term illness are consistently higher in North & West Belfast compared to the other two areas – the fact that the Derry distribution crosses that of North &

West is an effect of the smaller number of SOAs; the latter's distribution shows at least eight SOAs with higher rates than any in Derry.

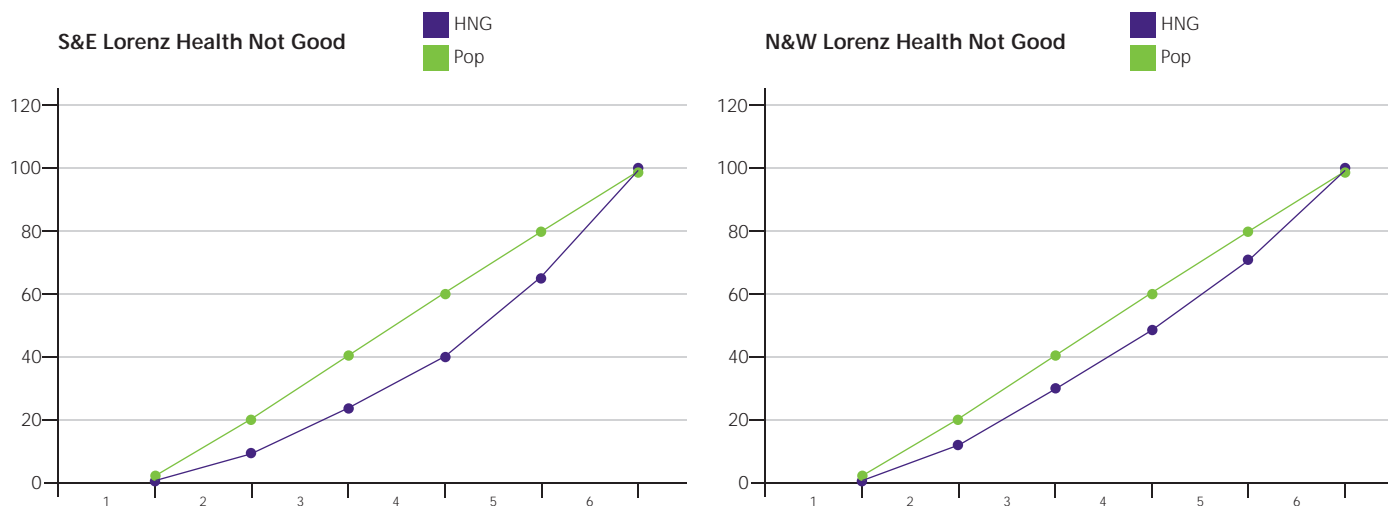
Figure 22



A similar pattern can be seen in the percentage of the population reporting 'not good health', although, in this case, some SOAs in South & East Belfast have rates above any in Derry.

On both these variables, North & West Belfast would appear to stand out as an area with problematic health characteristics. However, it should be noted that health inequality (as far as can be represented by these variables) is actually greater in South & East Belfast. Figure 23 represents two Lorenz curves of the distribution of 'not good health' in the two halves of Belfast. Lorenz curves represent inequality by the degree to which the cumulative distribution of 'not good' health (bottom line) varies from the cumulative population distribution (top line)

Figure 23



It can be seen in the diagram the Lorenz curve for South & East diverges more sharply from the population line than in the North & West curve and this suggests that the distribution of 'not good' health is more unequal here than in North & West Belfast.

### Predicting Ill Health

The focus in this profile has been on indicators of poverty risk and of spatial disadvantage generally and only partly about specifically health indicators. In part, this is based on the core assumption that drives the HAZ; that social exclusion and ill-health are inextricably bound together. However, it is also because this relies on data that is easily available in the public domain, an intentional choice. The North & West HAZ is very resource limited and has no permanent research capacity. It therefore

chooses to work with data that is easily and cheaply accessible. This is a contrasting strategy to the Healthy Cities indicators project that was undertaken for the Eastern Health & Social Services Board. In that, specific health indicators were identified and mapped across existing data sets. Where there were gaps, these were identified as areas for future research. The North & West HAZ applauds that strategy but seeks to work with information that can be obtained and transmitted easily to those communities suffering disadvantage. In doing so, it exploits the fact that the UK is an extraordinarily data rich society, the majority of which is available for Northern Ireland. The establishment of the Northern Ireland Neighbourhood Information System by NISRA was an important step in making data available to all. Not only are the data accessible, but they can be manipulated and mapped.

At the same time, HAZ is still left with the problem of sowing the relationship between the extensive data on poverty and deprivation and health. To do so, it explored the relationship between these factors using simple statistical techniques. This was done by way of a 'stepwise regression' analysis where rates of long-term limiting illness in the super output areas of Belfast and Derry were taken as the 'dependent' variable and a range of other variables were entered to see which combination best 'predicted' it. The models produced started with the variable that by itself best predicted long-term limiting illness and added others to increase the 'strength' of the relationship. It was discovered that the proportion of people without qualifications in the 16-74 population, by itself predicted over 80 per cent of the change in the rate of long-term limiting illness. By adding the unemployment rate and the 2005 multiple deprivation measure score to the model, the prediction rose to 93 per cent. In short, three variables associated with economic disadvantage or deprivation were a strong predictor of a crucial health variable. The same exercise was undertaken for the rates at which people described themselves in 'Not Good Health' and the same three variables appeared – in this case predicting 83 per cent of the change in 'Not Good Health'.

The HAZ drew two conclusions from this exercise: first that one can establish in the case of Northern Ireland's two main cities a strong association between disadvantage/deprivation and ill health, which is supported by nearly all of the research; second that the most important variable to emerge from the analysis is the proportion of the population without qualifications. This justifies the strategic concept behind HAZ of bringing together the main players to focus on common strategic direction and makes plain why the HAZ emphasis in its integrated development project has been on improving the schools as environments in which children can better learn.

## Conclusions

While it has been argued that the spatial distribution of poverty effects must be understood in the context of its structural causes, it has also been argued that distributional effects are important. While one should be appropriately cautious about believing that all the poor are crammed into areas with high deprivation scores, some areas do contain very large proportions of those most at risk and this appears at every spatial scale of analysis. North & West Belfast is one such area. In this exercise, a large number of variables were considered and compared, not just with the rest of Belfast, but also with Derry, also recognised as a centre of concentrated deprivation. In those comparisons, North & West Belfast stood out.

However, the North & West Belfast Health Action Zone did not embark on this exercise simply to call for more resources for the area. Over the years, very substantial sums have already been spent there. It has been the locale of almost every special urban programme and has obtained significant resources from both Peace programmes. In addition, while it is impossible to measure how much regional public expenditure is devoted to this population, it is likely to be in the order of £1.5 billion annually. If it continues to stand out, for example, in successive measures of multiple deprivation (as it does), then a different approach is required.

While there are no 'recipes' for resolving problems on this scale, intensity and duration, it would seem important to exploit the learning of statutory, special and community programmes over the past two decades to explore the most productive way forward. A key factor may be the lack of qualifications and the relatively poor educational performance of the schools in the most disadvantaged areas. Change can only come when the very large scale resources of the statutory sector are deployed to this task and when the private sector is revitalized. However, there is also a need for nimble, adaptive initiatives that are innovative, take risks and show the way for the statutory sector to follow. That may not be a health action zone, but in all major respects, it would certainly look like one.





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