

**Index of Multiple Deprivation 2015:
An analysis of changes since 2010**

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Introduction

- 1 The Department of Communities and Local Government has recently published the Index of Multiple Deprivation 2015 (IMD 2015). This provides a relative ranking of areas across England according to their level of deprivation. This report gives an overview of the Southampton's position and key changes since the last IMD released in 2010.

The 7 Domains of Deprivation

- 2 The IMD is based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on where as deprivation refers to a general lack of resources and opportunities. The IMD brings together a range of indicators that cover specific aspects of deprivation. These indicators are aggregated into seven domains, which are then weighted and combined to create the overall IMD. The majority of the data underpinning the IMD 2015 is from 2012/13.
- 3 *Income (22.5%)*: This domain measures the proportion of the population in an area that live in income deprived families. The definition of income deprivation adopted here includes both families that are out-of-work and families that are in work but who have low earnings (and who satisfy the respective means tests).
- 4 *Employment (22.5%)*: This domain measures employment deprivation. People who are employment deprived are defined as those who would like to work but are unable to do so through unemployment, sickness or disability.
- 5 *Education, Skills & Training (13.5%)*: This domain captures the extent of deprivation in education, skills and training in an area. The indicators fall into two sub-domains: one relating to children and young people and one relating to adult skills. These two sub-domains are designed to reflect the 'flow' and 'stock' of educational disadvantage within an area respectively. That is, the 'children and young people' sub-domain measures the attainment of qualifications and associated measures ('flow'), while the 'skills' sub-domain measures the lack of qualifications in the resident working age adult population ('stock').
- 6 *Health (13.5%)*: This domain measures premature death and the impairment of quality of life by poor health. It considers both physical and mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation.
- 7 *Crime (9.3%)*: The purpose of this domain is to measure the rate of recorded crime for four major crime types (violence, burglary, theft and criminal damage) representing the risk of personal and material victimisation at a small area level.
- 8 *Barriers to Housing and Services (9.3%)*: This domain measures the physical and financial accessibility of housing and key local services. The indicators fall into two

sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability.

- 9 *Living Environment (9.3%)*: This domain measures the quality of immediate surroundings for individuals, both within and outside the home. The indicators fall into two sub-domains: the 'indoors' living environment, which measures the quality of housing, and the 'outdoors' living environment which contains two measures relating to air quality and road traffic accidents.
- 10 The IMD also has a two supplementary indices:
 - Income Deprivation Affecting Children (IDACI)
 - Income Deprivation Affecting Older People (IDAOPI).

Using the Index of Deprivation

- 11 The IMD can be used to compare large and small areas in England and to identify the most deprived areas at different cut off points e.g. 10% most deprived. It can also be used to look at changes in relative deprivation between versions (i.e. changes in ranks over time).
- 12 The IMD cannot show how deprived an area is. It can be used to identify if one area is more deprived - but not by how much. For example if an area has a rank of 40 it is not necessarily half as deprived as a place with the rank of 20. It also cannot be used to identify deprived people or to measure real change in deprivation over time.

Key Changes for Southampton since 2010

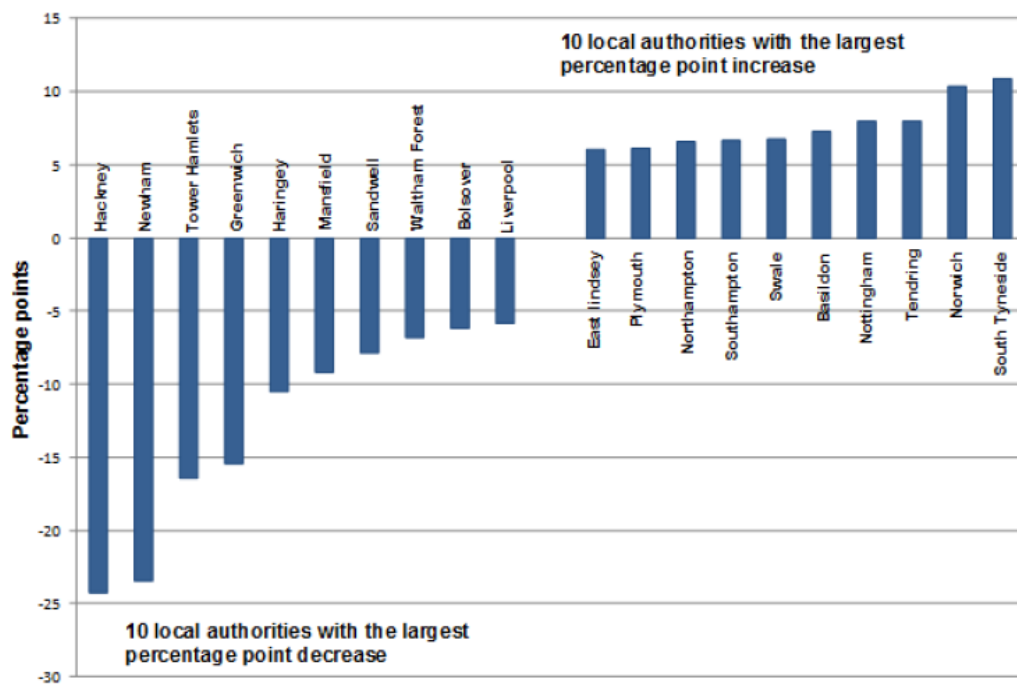
- 13 The following table compares the overall rank of Southampton and Core Cities based on the average IMD score of LSOAs between 2010 and 2015; 5 areas have improved and 5 have worsened.

	IMD 2010 Rank	IMD 2015 Rank	Change
Liverpool District	1	4	Improved
Manchester District	4	5	Improved
Birmingham District	9	7	Worsened
Nottingham	20	8	Worsened
Newcastle	40	53	Improved
Sheffield District	56	63	Improved
Leeds District	68	70	Improved
Portsmouth	76	63	Worsened
Bristol	79	62	Worsened
Southampton	81	67	Worsened

Overall Ranking:

14 Southampton has become relatively more deprived since the last IMD in 2010. Of the 326 Local Authorities in England:

- Southampton is ranked 54th (previously 72nd) most deprived based on average rank of LSOAs and 67th (previously 81st) most deprived based on average score of LSOAs.
- Southampton now has a greater number of LSOA's within the 10% most deprived in England compared with IMD 2010 (an increase from 10 to 19); the seventh largest percentage point increases in England (see chart below). The city has no LSOAs in the 10% least deprived LSOA (previously it had 1).



15 Within Southampton, almost 70% of LSOAs are more deprived in relative terms compared with IMD (2010). This is consistent across the IMD spectrum i.e. it is not just the most deprived LSOAs in the city becoming relatively more deprived.

16 The table below shows the change in IMD decile assignment for Southampton LSOAs between 2010 and 2015. Of the 148 Lower Super Output Areas (LSOAs)

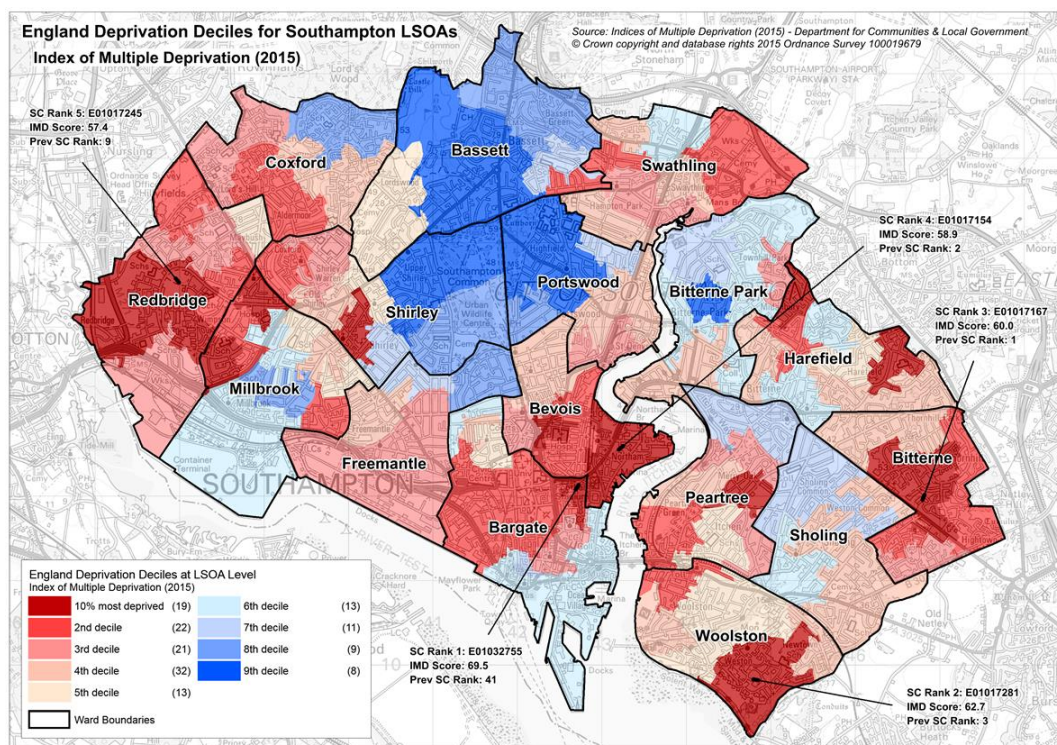
- 51 have moved to a more deprived decile (6 LSOAs by 2 deciles)
- 77 have remained in the same decile
- 20 have moved into a less deprived decile (2 LSOAs by 2 deciles)
- Movement into increasingly deprived deciles has occurred across the deprivation spectrum (red in the table below)

Overall Index of Multiple Deprivation											
Number of Lower Super Output Areas	IMD (2015) decile										Total
	Most deprived 20%	10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%	80-90%	Least deprived 10%	
Most deprived 20%	10										10
10-20%	8	17	3								28
20-30%	1	5	10	1	1						18
30-40%			6	15	3						24
40-50%			2	14	5	5	1				27
50-60%				2	3	7	2				14
60-70%					1	1	6	1			9
70-80%							2	3	3		8
80-90%								5	4		9
Least deprived 10%									1		1
Total	19	22	21	32	13	13	11	9	8	0	148

* Note: IMD (2010) data is based on PHE rebased figures for 2011 LSOAs

Overall most deprived areas in Southampton 2015:

17 The map below shows England deprivation deciles for Southampton Lower Super Output Areas.



18 There have been some changes in rank since 2010 but the following areas have remained in the 5 most deprived areas in Southampton: Weston (International Way), Thornhill (Lydgate Road), and Northam (housing estate).

19 However, LSOA E01017245 (Redbridge - Mansel Park) and LSOA E01032755 (Stadium/Northam) are now also in the top 5 most deprived neighbourhoods. The latter is now ranked at 1, previously in IMD 2010 this area was ranked 41; this is a significant decline for this LSOA.

Analysis by Domain:

20 When looking at the change in decile assignment of Southampton LSOAs over time by domain, the following has been identified:

21 *Improving:*

- The Crime domain has showed the largest improvement with 28.8% of LSOAs moving to a more deprived decile compared with 37.4% of LSOA's improving. However, crime is still a significant factor in the overall IMD score for the city, with almost a half of Southampton LSOAs ranked within the 20% most crime deprived in England.

22 *No change:*

- There was little or no overall change for the Income domain, however, Income Deprivation Affecting Older People Index (IDAOPI) has deteriorated whilst Income Deprivation Affecting Children Index (IDACI) has improved.
- There was also little or no overall change for the, Education, Skills & Training domain, although the sub-domain for adult skills has deteriorated whilst the sub-domain for children and young people has improved. Despite this improvement, the children and young people sub-domain is still an important factor in the city's overall IMD score, with almost 40% of LSOAs ranked within the 20% most deprived in England.

23 *Worsened:*

- The Health Deprivation and Disability domain has seen the largest deterioration with 64.7% of LSOAs moving into a more deprived decile and only 2.9% improving.
- The Employment domain has also seen some deterioration with 33.1% of LSOAs moving into a more deprived decile and only 11.5% improving.
- The Living Environment domain has also seen some deterioration with 44.6% of LSOAs moving into a more deprived decile and 26.6% improving. This is entirely due to a deterioration in the 'outdoor' sub-domain (air quality and road traffic accidents involving injury to pedestrians and cyclists) with 56.1% of LSOAs moving into a more deprived decile and 2.9% improving. In fact, for this sub-domain approx. 88% of Southampton LSOAs are now ranked within the 20% most deprived in England.

Next Steps:

24 This is a high level analysis of the IMD 2015. Further detailed analysis is being undertaken to examine more deeply the reasons for the overall worsening in Southampton's ranking. Analysis is also being undertaken to look at areas and domains where there have been significant deterioration and improvements.

25 The IMD is a reminder that despite Southampton's huge economic potential and it being identified as the 4th highest ranked city for 'good growth' in the UK in 2013,

Southampton is becoming more deprived compared to other places in the country.

- 26 The Southampton City Strategy priorities of Economic Growth with Social Responsibility, Skills & Employment, Healthier & Safer Communities, and the recommendations of the Southampton Fairness Commission - link closely with the IMD domains and will ensure focus on driving improvements in these areas.
- 27 It is important to ensure the deprivation issues, highlighted by IMD 2015, are acknowledged and continue to be reflected in the challenges and priorities of the council and its partners.