

1 INTRODUCTION

- 1.1 It is generally accepted that disparities related to health appear to be pervasive both between and within nations throughout the world (Evans *et al.*, 2001). It is also widely agreed that assessing the size and nature of the problem is a key element in any strategy to tackle health and social inequities is to. Given that measures based on population averages are not reliable guides to what may be happening to the health and social wellbeing of different groups in society, it is surprising that it is not yet routine practice for such health data to be analysed by different social groups other than age (Whitehead *et al.*, 2001).
- 1.2 An audit of research conducted in Northern Ireland between 1990 and 2000 relevant to targeting health and social need (Lazenbatt and Fullerton, 2001) suggested that this is a very active area. However, as McWhirter (2002) noted, despite the greater disadvantage of Northern Ireland compared to the rest of the United Kingdom, there has been a paucity of research on health inequalities in Northern Ireland relative to other parts of the UK. There also has been little information on ethnic minorities in Northern Ireland, and very few longitudinal studies which are rich data sources and powerful analytical tools for examining cause and effect relationships and outcomes. In addition, there also have been limited secondary analyses of existing datasets, particularly of large scale Government funded population surveys. However, a number of initiatives are in train to help improve the evidence base (see paragraph 2.22).

STRUCTURE OF THE REPORT

- 1.3 This Northern Ireland report presents for the first time an overview of a wide range of available data relating to differences between groups of the population that are pertinent to health and social care. The focus of the report is to provide as much relevant information as is available and specific to the situation in Northern Ireland. There is minimal comparison between the position in Northern Ireland and that in other countries.
- 1.4 The report begins with a summary of the key findings followed by a brief overview of the policy, legislative and socio-economic contexts. Chapter 2 considers some conceptual and methodological issues, and Chapter 3

presents evidence relating to the effects of the Northern Ireland conflict. Chapter 4 provides further information concerning stress, and mental health, including suicide. Chapter 5 covers a wide range of areas relevant to health and social wellbeing and Chapter 6 considers lifestyle factors. Chapter 7 presents data on various aspects of health and social care activity, and finally Chapter 8 and the Appendix present the Base Report of the new Inequalities Monitoring System plus rural and equality analyses.

POLICY AND LEGISLATIVE CONTEXTS

- 1.5 Whilst this is the first comprehensive statistical overview of this nature, issues relating to equality and differentials between different groups of people (particularly concerning employment) have been the subject of debate and legislation for a number of years in Northern Ireland.
- 1.6 A review of employment legislation by the Standing Advisory Committee on Human Rights (which was superseded by the Northern Ireland Human Rights Commission) in June 1997 also made recommendations on two other Government policies: Targeting Social Need (TSN) and Policy Appraisal and Fair Treatment (PAFT). As a result, TSN was strengthened and relaunched as New Targeting Social Need (New TSN) in 1998, and PAFT was succeeded by new equality legislation as part of the Northern Ireland Act 1998 following the Good Friday Agreement. The Northern Ireland Executive proposed a Single Equality Bill that aims to consolidate existing independent statutes.
- 1.7 New TSN and the statutory obligations under Section 75 of the Northern Ireland Act complement each other. In addition, the Equality Commission for Northern Ireland was established to provide advice and monitor compliance with the new statutory equality duties. The Commission has published guidance for public authorities on meeting the requirements of Section 75 and on carrying out equality impact assessments (Equality Commission for Northern Ireland, 2000, 2001). These documents are currently being reviewed.
- 1.8 There are many theoretical and technical issues surrounding the collection and analysis of reliable and valid measures to inform both New TSN policy and the statutory equality duties. Two publications in the Occasional Series

of the Northern Ireland Statistics and Research Agency (NISRA) provide useful overviews (Beatty *et al.*, 2001; McWhirter, 2002).

New Targeting Social Need

- 1.9 New TSN, a Northern Ireland priority, is a long-term strategy which aims to tackle social need and social exclusion by targeting both efforts and available resources within existing Departmental programmes towards people, groups and areas in greatest social need. The core elements of New TSN are:
- focusing on unemployment and employability;
 - tackling social need in other areas; and
 - promoting social inclusion.
- 1.10 Whilst the need to address differentials between the Catholic and Protestant communities has been part of the rationale for New TSN (and its predecessor), those in greatest need must be identified objectively and targeted fairly regardless of attributes such as age, gender, religion or race. New TSN therefore does not discriminate against any section of the community, but should, however, contribute to the reduction of inequalities among different sections of society.
- 1.11 Actions and progress towards achievement of objectives are published in rolling Departmental Action Plans and Annual Reports (available on the internet at: www.newtsnni.gov.uk/). Specifically, in 2004/05, the DHSSPS will target resources more effectively towards people in greatest social need by continuing to implement improvements to the sensitivity of the formula used to allocate resources to differential health and social care needs.
- 1.12 Following an interim evaluation of New TSN (Deloitte and Touche, 2003), the Government is to publish proposals to move to a more focused anti-poverty strategy. The evaluation pointed out that a key strength has been the development of systems and the gathering of base line information to inform the development of New TSN actions and to improve the identification of impacts arising from them. However, the evaluation report stresses that a distinction needs to be drawn between information gathered to set targets and that collected for more general monitoring purposes, with

greater emphasis needing to be paid to monitoring - including the assessment of area impacts.

Statutory Equality Duties

1.13 Section 75 of the Northern Ireland Act 1998 has required, since 1 January 2000, each public authority in carrying out its functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity across nine dimensions:

- persons of different:
 - religious belief
 - political opinion
 - racial group
 - age
 - marital status
 - sexual orientation;
- men and women generally;
- persons with a disability and persons without; and
- persons with dependants and persons without.

1.14 In addition, and without prejudice to the above obligations, a public authority is also required, in carrying out its functions, to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

1.15 Categories and definitions provided by the Equality Commission have been the subject of debate; especially in relation to the difficulties and challenges they pose in relation to the collection of sensitive personal information. There are also problems of consistency and incompatibility of categories used, and it is likely that definitions that were used in advance of the legislation will continue to be used by at least some bodies as acceptable proxies.

1.16 The Act sets out a detailed procedure for the enforcement of the statutory duties. In brief, public authorities are each required to produce, and submit

to the Equality Commission for approval, an Equality Scheme that conforms with the 'Guide to the Statutory Duties' issued by the Equality Commission. Key components include screening and equality impact assessments (EQIAs) that also entail the monitoring of policies. All of these are highly dependent upon the availability and analysis of evidence. The aim is that equality will become mainstreamed; that is, equality impact assessments and monitoring will become a routine and regular feature of policy development and evaluation. All Northern Ireland Government Departments submit an Annual Statement of progress to the Equality Commission. The link for the Department of Health, Social Services and Public Safety (DHSSPS) report is:

www.dhsspsni.gov.uk/econsultation/equality.html

SOCIO-ECONOMIC CONTEXT

- 1.17 The next chapter explores the various determinants of inequalities in health. However, it is now generally accepted that there is a quantitatively important link between socio-economic deprivation and levels of ill health and early death. In the words of Forbes (2000) it is widely recognised that “*poverty and social inequality cause health inequalities*”. However, there is still an important question as to what the exact relationship is between health status and inequality.
- 1.18 For example, the reports of the Research Working Group on Inequalities in Health led by Douglas Black (Black *et al*, 1980), and the Independent Inquiry into Inequalities in Health led by Sir Donald Acheson (Department of Health, 1998) - published almost two decades apart – emphasise the importance of socio-economic deprivation. To illustrate, almost all of the problems identified in the Acheson inquiry, and almost all of the solutions proposed in the report, are not to do with ‘health’ problems or the delivery of health services, but with the wider problems associated with poverty. The recommendations of the inquiry underscore this point: only three of a total of 39 are directed at the NHS.
- 1.19 Work in Northern Ireland has demonstrated high levels of deprivation and deprivation-related health and care needs. The paper *In Poor Health Northern Ireland: the health gap between rich and poor*, published (2001)

by the Northern Ireland General Consumer Council, and the review by Dignan and McLaughlin (2002) provide valuable summaries.

- 1.20 Recent statistics (Deloitte and Touche, 2003) show that Northern Ireland has lower rates of economic activity for those of working age (73.9%) than in all other regions of the UK, with the exception of NE England (72.7%). Long-term unemployment in Northern Ireland, which currently lies at 39% of all those unemployed, compares unfavourably with the UK overall figure of 21%. The rate of unemployment for Catholics is twice the rate for Protestants, at 8% and 4% respectively. Northern Ireland also has a higher level of work-poor households - at 19% of all working households, compared with 15% in the UK as a whole. As seen in Table 1.1, Northern Ireland also compares unfavourably with GB/UK in a series of income indicators (OFMDFM, 2003).
- 1.21 Hillyard *et al.*, 2003 found that 30% of households in Northern Ireland are poor, compared to 25% in Britain. Northern Ireland was also found to have '*considerably higher levels of income inequality than Britain*'. Levels of poverty in Northern Ireland were also marginally higher than in the Republic of Ireland, but the difference was not statistically significant.
- 1.22 Dignan and McLaughlin (2003) based their research on the Continuous Household Surveys for the periods 1990/1991 – 1993/1994 and 1999/2000 – 2001/2002. Key changes in Northern Ireland over this period have included a narrowing of socio-economic community differences; a rise in owner-occupation; and a decline in the proportion of adults who do not have a qualification. Social and demographic trends show that the proportion of the population living in families comprised of couples with children has fallen. Single parent families and couples without children account for a larger share of the population than in the early 1990s.

Table 1.1 Income indicators: NI compared to GB/UK

Indicator	NI (%)	GB/UK (%)
<i>Working-age adults in receipt of, 1998:¹</i>		
Key benefit ²	25.9	17.0
Means-tested benefit ³	13.9	10.7
<i>Gross disposable income 1998/99:⁴</i>		
Per household (NI as per cent of UK)	81.4	100.0
Per person (NI as per cent of UK)	70.2	100.0
<i>Average weekly earnings, 1999:⁵</i>		
All (NI as per cent of GB)	86.2	100.0
Public sector (NI as per cent of GB)	100.2	100.0
Private sector (NI as per cent of GB)	77.9	100.0
Children living in households without work, 1999 ⁶	18.5	17.3
<i>Economic activity of household, 1999:⁷</i>		
Work-rich - all persons in employment	42.5	55.6
Workless – no-one is in employment	20.6	17.2
At least one person unemployed	9.9	8.6
Notes:		
¹ Source: NI – DSD; GB – DSS, Cross-Benefit Analysis		
² Income Support, Job-seekers Allowance, Incapacity Benefit, Sever Disablement Allowance, Disability Living Allowance, Disability Working Allowance, Family Credit (since replaced with Working Families Tax Credit).		
³ Income Support, Job-seekers Allowance, Disability Working Allowance, Family Credit.		
⁴ Source: NISRA, Family Expenditure Survey Report for 1998/99		
⁵ Source: DETI, New Earnings Survey.		
⁶ Source: DETI, Labour Force Survey (special run)		
⁷ Source: Labour Force Survey. From DETI, Households in Northern Ireland in the 1990s.		

Source: Office of the First Minister and Deputy First Minister, 2003

- 1.23 There has been a sharp drop in unemployment over recent years. Amongst working age adults, there is now a larger component of non-employment than unemployment. This is a reversal of the situation that previously existed, with 7% of households in the lowest 30% having an unemployed head of household, compared to 18% in the early 1990s.

- 1.24 The most significant predictors of poverty for dependent children continue to be related to the household's employment status and characteristics. Children living in households without work, either in single parent families or couples, is a determinant in whether they are in the bottom 30% and over three times greater in families headed by a woman, reflecting the fact that most single parents are women. There was found to be no significant difference between Protestant and Catholic children being in the bottom 30% after adjusting for socio-economic and demographic characteristics.

Table 1.2 Family type: all individuals – low-income risk

Family type	90/91-93/94 (%)	97/98-98/99 (%)	99/00-01/02 (%)	Change (pps) ¹
Single pensioner	38	29	34	-4
Pensioner couple	20	21	24	4
Couple with children	27	28	23	-4 ***
Couple without children	12	10	14	2
Single with children	74	77	76	2
Single without children	31	31	34	2
All	30	30	30	

Notes:
¹ From 1990/91-1993/94 to 1999/00-2001/02.
*** Statistically significant change at 99%.

Source: Dignan and McLaughlin, 2003

- 1.25 In the adult population there has been a sharp increase in the incidence of reported long-term illness and disability, with 55% of the population now living in a household containing at least one adult with a reported long-standing illness or disability; a rise of 9%. The proportion of these in the bottom socio-economic 30% of households has risen by 13% to 61%. Hillyard *et al.*, 2003 found that over half (56%) of households containing one or more people with a disability are in poverty compared to only 29% for those which contain no persons with a disability.
- 1.26 Amongst the adult population low income is disproportionately concentrated among women, with women comprising 57% of adults in poor households. Dignan and McLaughlin (2003) found that although constituting only 1 in 10 of all individuals in the population, people living in single-parent families, mainly women, accounted for 1 in 4 of those in the bottom 30% of the equalised income distribution; a rise of 6% since the start of the 1990s.

There was a strong association between marital status and poverty with 56% of separated and 46% of divorced people living in poverty (Hillyard *et al.*, 2003). There are proportionately more lone parent households in Northern Ireland (12.5%) than in the UK (9.5%), (Deloitte and Touche, 2003).

- 1.27 Children in Northern Ireland thus experience a range of social and economic disadvantage. As a consequence, the impacts of deprivation can be expected to impact disproportionately on the health and well being of future generations of adults in Northern Ireland.