DEPRIVATION AND POVERTY

What’s the issue?

Poverty is not having enough money to get by on whereas deprivation refers to a more general lack of resources and opportunities. Unemployment, poor housing, lack of qualifications, debt, low income, fuel poverty, crime and many other social and environmental factors all indirectly affect the health of the population. Increased deprivation means that there is poorer health, but this is compounded as poor health also affects other measures such as employment and motivation to improve employment, education and the person’s environment such as housing. People in more deprived areas also tend to have lower health expectations and potentially fewer GPs per population so there are more likely to be delays in diagnosis and treatment which will influence survival.

People living in more affluent areas tend to be among the first to initiate positive health changes whereas people living in more deprived areas find it more difficult to change due to the stress of poverty and increased pressures of life. Consequently, those who live in the most deprived areas are more likely to have individual risk factors for ill health such as smoking, poor diet and lack of exercise. There may also be more barriers in relation to access to health improvement services such as financial barriers, transport issues, access to local cheap good quality fresh fruit and vegetables, and safe access to parks.

What’s our situation?

Hull has high levels of both poverty and deprivation. In general, in relation to national averages, Hull has a higher unemployment rate, more poor housing, residents qualified to a lower level and higher levels of crime.

Based on the Index of Multiple Deprivation 2015 score [25], Hull is the 3rd most deprived local authority in England (out of 326) with 17 of Hull’s 23 wards amongst the most deprived 20% nationally (fifth), two in the second most deprived fifth and four in the middle fifth nationally. Hull has the third highest percentage of lower layer super output areas within the most deprived 10% within England.

Child poverty (children living in households where income is less than 60% the median household income before housing costs) is high in Hull. For 2014, 31.0% of dependent children aged 0-19 years lived in relative poverty compared to 19.9% across England.

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1 The geographical areas on which the IMD is based. Hull has 166 LLSOAs. The boundaries of each LLSOA were created so that the LLSOAs are relatively uniform in terms of size (for statistical comparison reasons) with each LLSOA having a minimum population of 1,000 residents and an average of 1,500 residents.
Although unsurprisingly the percentages differed substantially across the wards in Hull from 8.9% in King’s Park to 48.8% in Orchard Park and Greenwood [27]. In total, it is estimate that there are 18,455 (out of 59,455) dependent children living in poverty in Hull.

Hull is ranked as having the 6th highest ‘severe and multiple disadvantage’ of upper tier or ‘social services’ local authorities [28]. The statistical profile examined the problems faced by adults involved in the homelessness, substance misuse and criminal justice systems. Mental ill-health was a common complicating factor and poverty was an almost universal complicating factor.

Overall, for 2014, it is estimated that 15,026 (13.2%) of households (out of total 113,998) spend 10% of more of their income on fuel (or would do so in order to achieve satisfactory heating requirements) [26, 27].

For more detailed information, see the JSNA Toolkit: Deprivation and Associated Measures report.

What are the strategic needs?

Increasing secure employment is a key strategic need, strongly identified in Hull’s City Plan [2], which aims to create 7,500 jobs for local people over the next 10 years sits at the heart of the developing ‘energy estuary’, making Hull the UK hub for renewable energy industries and investment due to its location. It is necessary to ensure that local residents have the health, skills, education and training required to take up these employment opportunities.

It is necessary to support the ‘Fuel, Food and Finance’ anti-poverty initiatives that help people minimise the health impact of welfare reform and cost of living rises (e.g. initiatives that enable people to prevent, manage or recover from debt), and support the Living Wage. Suitable affordable housing is also required.

Benefit can be obtained from projects in the community that raise resilience, confidence, self-worth and self-esteem to raise aspirations for life. Children, young people and adults should have the best life opportunities in terms of education, training and employment so that they have financial stability. This will improve health and wellbeing.

The most vulnerable citizens should be identified so that their specific needs can be addressed by working with them, and it needs to be acknowledgement that in order to help people improve their health and wellbeing, needs unrelated to health might need to be addressed prior to health needs as people generally need to be in a stable environment before they can change their lifestyle and behaviour and improve their health and wellbeing.

References