

## 4. Prosperous Darlington

As with all parts of the country the recession has hit Darlington hard. However, its impact has been limited by the number of new employers and new jobs which have been brought into the area in recent years.

Employment is often a reflection of the health status of individuals, but also of the probability of being in work with a given health status (*Working for a Healthier Tomorrow 2008*). There is a strong evidence base showing that work is generally good for physical and mental health and wellbeing, whereas worklessness is associated with poorer physical and mental health.

The relationship between employment, the economy and health status is not straightforward. However, the performance of the economy gives a good indication of both levels of employment and prosperity in the general population. In particular, levels of employment provide an indication of the health of the working age population.

Job retention, return to work and reintegration are important goals and outcomes of health care and rehabilitation in order to reduce health inequalities, improve health and wellbeing for the working age population and offer improved life opportunities. Work which is safe and accommodating can be therapeutic and can reverse the adverse health effects of unemployment.

The ability to earn a higher income is on the whole likely to have a beneficial effect on the individual and their family. In the same way ill or poorer health generally leads to worklessness, long term health problems and poverty.

It is widely acknowledged that participation in work is one of the main routes to social inclusion and eradicating poverty. The Government aims to have an employment rate of 80% in working age in order to increase economic productivity, reduce poverty and to better deal with the long term health effects of an ageing population in the UK.

Darlington Adult Social Care is developing employment and volunteering opportunities for people with a learning disability. The benefits include promoting independence, wellbeing and social inclusion.

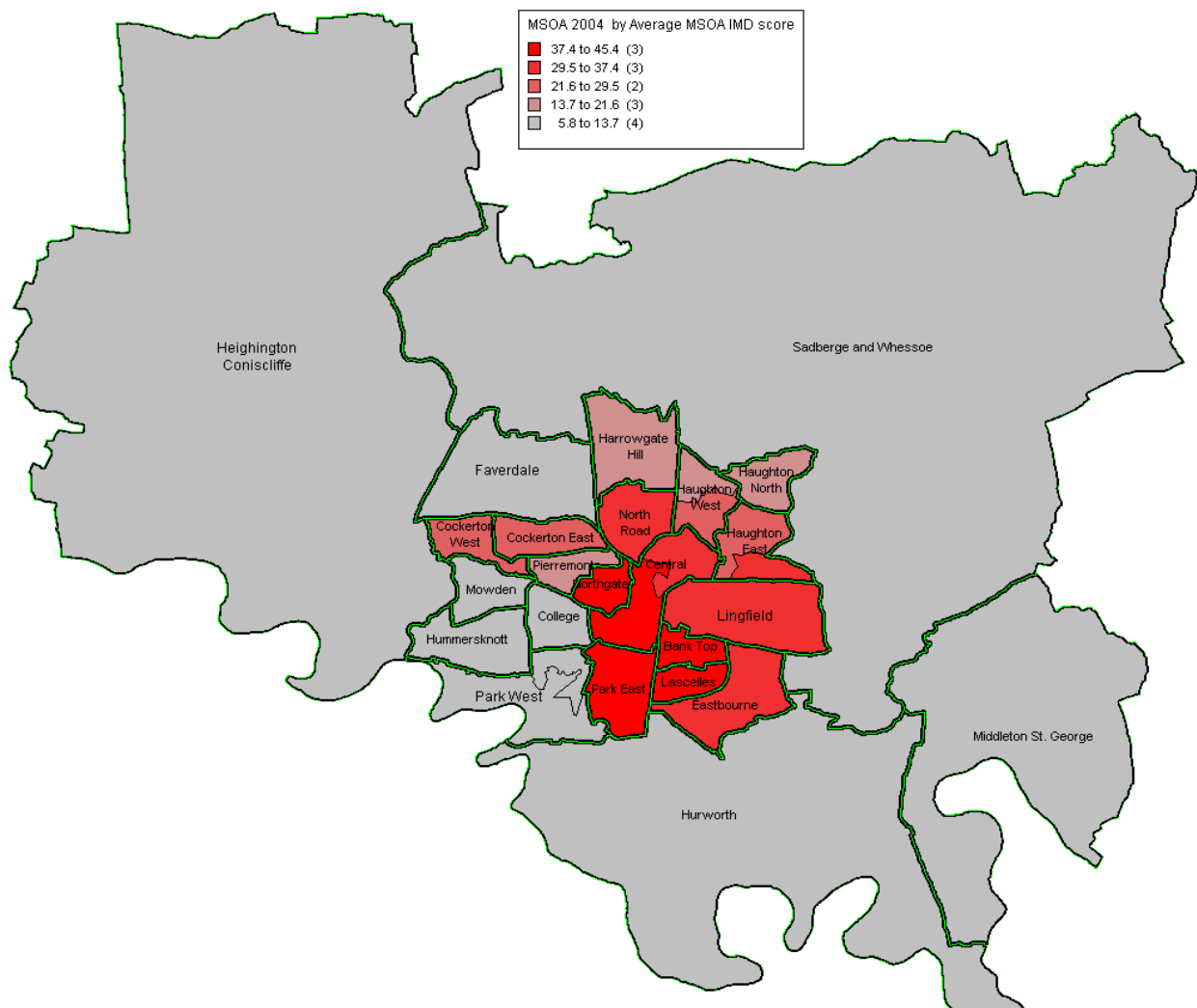
### 4.1 Multiple deprivation

The Department for Communities and Local Government commissioned the Social Disadvantage Research Centre (SDRC) at the Department of Social Policy and Social Work at the University of Oxford to create a small area level measure of multiple deprivation. *The Index of Multiple Deprivation (IMD) 2007* is the latest version of this measure, and comprises seven domain indices:

- Income Deprivation
- Employment Deprivation
- Health Deprivation and Disability
- Education, Skills and Training Deprivation
- Barriers to Housing and Services
- Crime
- Living Environment Deprivation

The model of multiple deprivation which underpins the IMD 2007 is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately. These are experienced by individuals living in an area. People may be counted in one or more of the domains, depending on the number of types of deprivation that they experience. The overall IMD is conceptualised as a weighted area level aggregation of these specific dimensions of deprivation (Figure 4.1). The average IMD score for Darlington indicates that it is slightly more deprived than the England average, but the level of relative deprivation decreased between 2004 and 2007.

**Figure 4.1: Index of Multiple Deprivation scores for MSOA in Darlington**



Estimated national ward level data from IMD - out of 7,932 English wards (1 is most deprived). The IMD was published at lower-layer Super Output Area (LSOA) level, and results shown here for Darlington wards (Table 4.1) have been estimated by the Tees Valley Joint Strategy Unit, and therefore do not form part of the official results.

**Table 4.1: Index of Multiple Deprivation for Darlington wards**

Ward	National Deprivation rank	Darlington Ranking
Bank Top	531	4
Central	264	1
Cockerton East	3642	14
Cockerton West	489	2
College	6319	22
Eastbourne	753	7
Faverdale	5670	19
Harrowgate Hill	4233	15
Haughton East	809	8
Haughton North	3195	13
Haughton West	2674	12
Heighington and Coniscliffe	5733	20
Hummersknott	7350	23
Hurworth	5078	18
Lascelles	579	5
Lingfield	1446	10
Middleton St George	4692	17
Mowden	7393	24
North Road	1073	9
Northgate	516	3
Park East	659	6
Park West	6120	21
Pierremont	2491	11
Sadberge and Whessoe	4369	16

*Source: Original Index of Multiple Deprivation data – Department of Communities and Local Government, ward estimates by Tees Valley Joint Strategy Unit, 2007*

Deprivation levels within a local authority can also be described using different units. For example ‘quintiles’ are used when an area is divided into five equal areas of varying deprivation levels with the areas in the first quintile less deprived than the second quintile, the second quintile less than the third, and so on (see Figure 3.4 above and Appendix 18).

## **4.2 Overall employment rate**

Darlington has the highest Gross Value Added (GVA) per capita of any North East local authority. The Darlington Gateway strategy has created over 2000 new jobs since 2003. Unemployment has fallen at almost three times the national rate over the last 4 years and the percentage of working age population employed stands at 74.3% compared with 70.4% for the North East and 74% for England (Table 4.2).

An issue for Darlington is its relatively low wage levels. Average earnings of people in Darlington have increased in recent years but are still 7.1% lower than

the Tees Valley average and 17.7% lower than the average for Great Britain (2006). The increase in the number of young people completing an apprenticeship is below the national average (Darlington 22.8%, national average 47.7%).

**Table 4.2\*\*:** The actual number of people in employment

Area	Number of working age total population	Number of working aged employed	Percentage of working age population employed
Darlington	60400	44900	74.3%
North East	1587300	1117800	70.4%
England	31734100	23469800	74%

Source: Annual Population Survey, NOMIS 2008/09

### 4.3 People falling out of work and onto incapacity benefit

Worklessness<sup>1</sup> is both a major contributor to the health inequalities in Darlington and an adverse outcome of inequalities. The number of people of working age claiming incapacity benefit is one way of estimating worklessness. Table 4.3 below indicates the number of people claiming incapacity benefit and the reasons for claiming. A mental health condition was cited by 44% of incapacity benefit claimants for their reason for claiming incapacity benefit (compared to 41% for England). The numbers of benefit claimants and people starting to claim incapacity benefit in the 6 months prior to May 2007 by ward are provided in Appendices 3-5.

**Table 4.3\*\*:** Incapacity benefit claimants by reason for claiming

Reason for claiming	Darlington		England	
	Number	%	Number	%
Mental illness	2,380	44	1,100,895	41
Nervous system	325	6	164,570	6
Respiratory or circulatory	390	7	204,330	8
Musculoskeletal	1,045	19	471,620	18
Injury, poisoning	265	5	148,375	6
Other	1,030	19	583,065	22
<b>Total claimants</b>	<b>5,435</b>	<b>100</b>	<b>2,672,855</b>	<b>100</b>

<sup>1</sup> 'Worklessness' is used to define people of working age who are economically inactive – those who are not working, not in full-time education or training and are not actively seeking work.

## 4.4 Limiting long-term illness

The 2001 Census asked respondents to assess whether they had a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age. While this indicator reflects individuals' own perceptions of their health, it tends to correlate well with mortality rates, deprivation levels and the number of incapacity benefit claimants.

Below are the numbers of people who classed themselves as having a limiting long-term illness in the 2001 Census, along with the proportion that those people form of the total population (Table 4.4). To counteract the influence that age structure has over limiting long term illness, Standardised Illness Rates (SIRs) are calculated by multiplying age specific and sex specific illness rates for England and Wales by corresponding number of people in Darlington for each age group. An area with a high proportion of older people (taking all other things to be equal) will have a much higher illness rate than an area with a younger population.

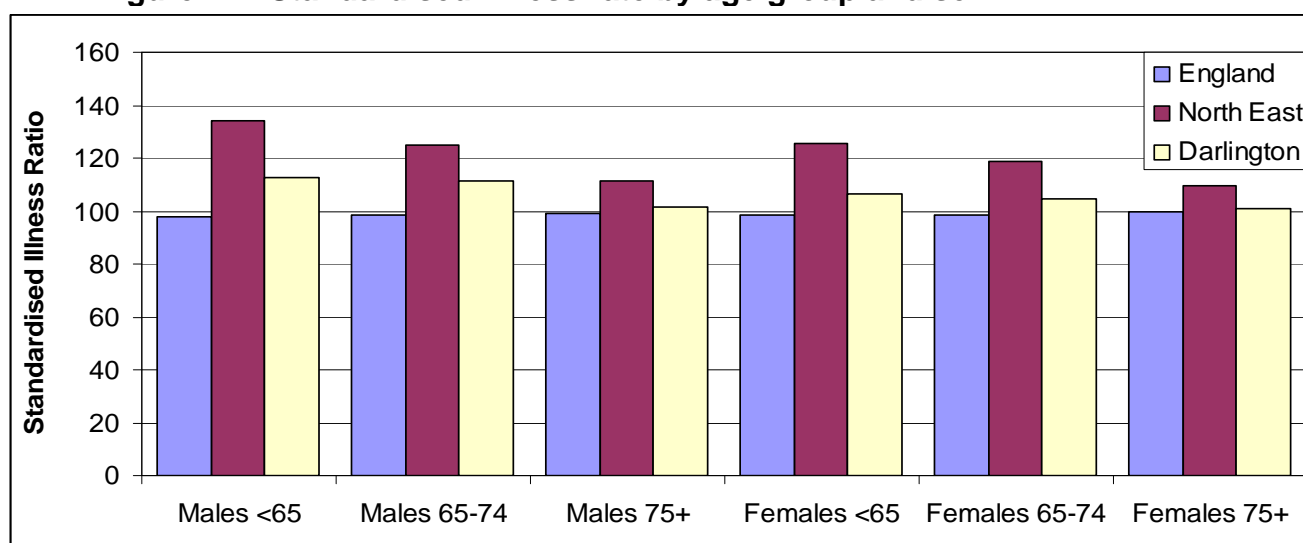
**Table 4.4: Long-term limiting illness**

Area	People with a limiting long-term illness	Percentage of the population with a limiting long term illness	Standardised illness ratio
Darlington UA	18605	19.3	107.2
North East	546726	22.1	123.7
England	8369174	17.3	98.5

Source: 2001 Census, Office for National Statistics & Compendium of Clinical & Health Indicators

The SIRs by age group and gender for Darlington, the North East and England are summarized in Figure 4.2. The chart shows that SIRs in Darlington are consistently higher than those for England for all gender and age groups, but lower than North East rates.

**Figure 4.2: Standardised illness rate by age group and sex**



## 4.5 Poverty

The wider determinants of health, for example education, employment, environment, family and poverty are experienced unequally between population groups in Darlington. People who experience material and social disadvantage are likely to suffer poorer health and an earlier death compared to the rest of the population.

Table 4.5 indicates the percentage of children living in families receiving means tested benefits. Darlington has less than the regional average but more than the England average. The pattern is similar for older people living in poverty.

**Table 4.5: Children living in poverty**

Area	Proportion of children living in poverty	Proportion of older people living in poverty
Darlington	23.7%	20.1%
North East	26.0%	23.4%
England	22.5%	18.3%

Source: *Index of Multiple Deprivation, Department of Communities and Local Government, 2007*

## 4.6 Housing tenure

Poor housing has considerable and wide ranging adverse health impacts, to which children are particularly vulnerable. Damp housing worsens respiratory disease and poor housing has been shown to be particularly detrimental to child development. Darlington Borough Council reports no non-decent homes and high energy ratings for council homes. There are relatively high rates of owner occupation in Darlington and low rates of rented housing (Table 4.6).

**Table 4.6: Household tenancy**

Area	Total Households	Owner Occupied Owned Outright	Owner Occupied Mortgage or Loan	Owner Occupied Shared Ownership	Rented Council	Rented Housing association, social landlord	Rented Other
Darlington	42327	28.9%	42.4%	0.3%	14.3%	3.8%	1.9%
North East	1066246	25.3%	37.9%	0.4%	22.4%	5.3%	2.5%
England	20476785	29.2%	38.9%	0.7%	13.2%	6.1%	3.2%

Source: *National Statistics, 2001 Census*

Council residents enjoy a high quality of accommodation with houses exceeding the national decent homes standard. More non-council housing is being built that people can afford but this will still not be enough to meet demand.

Gypsies and Travellers are the largest ethnic minority group in Darlington. Darlington has considered their needs and made major improvements to the local accommodation site. Further changes are necessary but Darlington will need to work with the other authorities to improve things locally and across the Tees Valley region.

#### 4.7 Living arrangements/overcrowding

A household occupancy rating provides a measure of under-occupancy and over-crowding. For example, a value of -1 implies that there is one room too few and that there is overcrowding. Table 4.7 shows household occupancy ratings for Darlington. A one person household is assumed to require three rooms. Where there are two or more members in a household it is assumed they require a minimum of two communal rooms plus a bedroom for each couple, each lone parent and any other person aged 16 or over. Separate bedrooms are also required for boys and girls aged over 10 years.

Darlington has good quality council housing stock and a robust housing strategy and has developed a public/private partnership. There are 465 people on the council's waiting list for rehousing who have been awarded bedroom shortage points.

**Table 4.7: Household occupancy**

Area	All households	Occupancy rating of minus 2 or less	Occupancy rating of minus 1	Occupancy rating of zero	Occupancy rating of plus 1	Occupancy rating plus 2 or more
Darlington	42310	1.0%	3.4%	16.3%	27.4%	52.0%
North East	1066273	1.1%	4.0%	18.9%	30.1%	45.9%
England	20477109	2.1%	5.0%	18.2%	25.5%	49.1%

Source: National Statistics, 2001 Census

#### 4.8 Homelessness

Homeless people have very high rates of mental illness (30-50%), TB, skin and respiratory diseases. Children of homeless families living in temporary accommodation are more likely to have mental and behavioural problems, and have high hospital admission rates for accidents and infectious diseases. No rough sleepers were found during the last census in 2001 and services for people who become homeless are good.

One indication of the size of homelessness is the number of families who have applied for support from Local Authorities and have been accepted as being homeless and in priority need, per 1,000 households (Table 4.8). It is important to note that this indicator clearly identifies only a subset of the true homeless population although Darlington has in place a range of specialist supported accommodation and floating support schemes.

**Table 4.8\*\*:** New homeless households/1000 households

Area	Number per 1000 households
Darlington LA	0.0
North East	2.8
England	2.5

**Key messages:**

- People who experience material disadvantage are likely to have poorer health and an earlier death compared to the rest of the population
- People in work enjoy better physical and mental health than those without work.
- The Darlington Gateway Strategy has created over 2,000 new jobs since 2003.
- Darlington is more deprived than the national average, and while the Borough is becoming more prosperous, pockets of deprivation still exist.
- Forty four per cent of claimants cited a mental health condition as the reason for claiming Incapacity Benefit.
- The percentage of children living in poverty in Darlington is higher than the national average.
- The average earnings of people living in Darlington have increased but are still 17.7% lower than the average for Great Britain.
- Council residents enjoy a high quality of accommodation with houses exceeding the national decent homes standard and official figures for homelessness are very low

**Darlington Partnership is working to improve the skills of the workforce to make them more employable. Services are also in place to support people who need help – for example because they have lost their job. A key priority is to reduce the number of children and older people living in poverty.**

*Data Source: Department for Communities and Local Government, 2008/09*