

Look *inequality*

Annual Report of the Director of Public Health Brighton & Hove 2014-15



NHS



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Inequality Lives- Past, Present and Future

pull out booklet

Foreword



That's me on the right, the winged collar and Charlie Chaplin moustache are not quite my thing. My rather severe colleague is Dr Duncan Forbes, who back in 1912, as Medical Officer of Health for Brighton first reported on inequalities. You can read more about this inside. He measured infant mortality across five social class groups and found that infant death was 2.7 times more likely among the deprived than it was among the affluent. Today infant mortality rates have fallen dramatically - by over 1,200%, but the ratio between the most deprived and most affluent is still 2.1. We have made huge strides in infant health, but nullifying inequalities may take a bit longer.

Inequalities offend our sense of fairness and justice, our morality, and are bad for public health. Reducing inequalities brings benefits, not just to the 'least equal', but to society as a whole; benefits in health, social

wellbeing and the economy. This report documents inequality in Brighton & Hove and it is very timely, for there is a perception that inequalities are wide and that they are set to widen further. The report shows that it is not quite that simple, and that the scale, distribution and direction of inequality in its many facets: education, housing, employment, income, health, crime and the environment, is quite variable.

It is a substantial report with a lot of evidence and technical information, but we have tried to make it as accessible and readable as possible. There is a separate supplementary report on the full impact of Welfare Reform, and a pull out section documenting the real lives of some of our 'less equal' residents. Data tells you so much, while the experience of people who 'live inequality' sheds light where no graph, table or carefully crafted prose can.

As ever, I am indebted to many colleagues across the city, all of whom have endured my relentless revisions of their

contributions. The core team of Kate Gilchrist, Nicola Rosenberg, Peter Wilkinson, Alistair Hill, Chris Naylor and Sara McMillan have been most resilient, with excellent support from our Intelligence Team, imaginative flare from Creative Services team and a scrutinising proof reading eye from Ellie Katsourides. I am grateful to them all and one of these days, I will leave them alone (but not just yet).

The report includes examples of how to address inequalities, but any report on inequalities prompts some self-reflection, with questions about how we wish to live together, how much we value one another and our own place in society. This report doesn't pretend to provide answers to these difficult philosophical questions, but it does seek to encourage the debate, and I am confident it will.

Dr Tom Scanlon
Director of Public Health
Brighton & Hove City Council

Executive Summary

Tom Scanlon

Director of Public Health, Brighton & Hove city Council

This report explores inequality in Brighton & Hove. The dimensions of inequality examined are those identified in the Index of Multiple Deprivation: income, employment, health, education, housing, crime and the living environment. The measures of inequality used in the report are 'absolute' and 'relative inequalities', and the 'slope index of inequality'. The terminology used includes most deprived, and least deprived or most affluent; these refer to the sum of the dimensions of the Index of Multiple Deprivation and not just income. The report also uses cartograms - maps that are

distorted in order to illustrate the size of an effect in a particular area.

Some groups are considered in more detail, in particular the young, the old and people from ethnic minorities. As the inequality data on certain protected groups is limited, the report also includes a series of case histories to shed light on what inequality means for different people. There are also examples of good practice in reducing inequalities in Brighton & Hove, and the report concludes with a section on recommendations.

Overall deprivation

Overall deprivation levels as measured by the Index of Multiple Deprivation are higher than average in Brighton & Hove and the pattern of deprivation has changed little in the last decade; older people are less likely to live in more deprived areas and people from ethnic minority groups are more likely to live in deprived areas. Severe and multiple deprivation (homelessness, substance misuse and involvement in the criminal justice system), which is often accompanied by mental health symptoms has decreased over the last decade, and is now concentrated in the east of the city, particularly in Queen's Park. Tackling multiple deprivation requires coordination across a range of services, however initiatives like 'Stronger Families, Stronger Communities' can reap rewards.

Health

There has been some progress in reducing health inequalities over the recent years in Brighton &



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Hove. Life expectancy is increasing and the gap between male and female life expectancy has fallen in recent years. However, each year in Brighton & Hove 500 extra people die due to deprivation, and 87 of them die before they are 75 years old. There is a strong association between mental ill health and deprivation, although this may be reducing. There is also a strong association between disability and deprivation, and this is becoming more marked. The relationship between lifestyles and deprivation is changing and there is no longer any association between drinking

above recommended limits, or being overweight and deprivation. There is however, a strong relationship between obesity and deprivation. In order to tackle the health inequalities that are due to deprivation, a life course approach is required. There is a good evidence base and the evidence is particularly strong for interventions in the early years through, for example, Children's Centres.

Younger people and older people

Child poverty affects 1 in 6 children in Brighton & Hove, although this is actually lower than in comparator cities or nationally. The highest rates are in the east of the city where 1 in 3 children live in poverty, and among certain groups like ethnic minority groups and gypsies and travellers. Levels of poverty among older people are lower and have fallen in recent years. The area with the highest proportion of

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older people (Rottingdean) actually has the lowest concentration of older people in poverty. Strategies to improve inequalities in children need to include initiatives to increase educational attainment, improve living conditions and support families into work. Strategies to address inequalities in older people need to include initiatives to tackle isolation, self-confidence, as well as practical issues like transport, carer support and financial inclusion.

Income

Income is the biggest driver of inequality, and in Brighton & Hove residents face the combined challenge of average wage levels and high housing costs. Recent rises in wages have not matched rises in inflation; this is particularly the case for those on the lowest wages. Part-time wages have fallen recently, accompanied by more people working part-time. The inequality between male and female wages has reduced but only in those women earning higher salaries, women earning low wages have seen no improvement in gender equality.

Welfare reform

Recent welfare reform has seen some residents already at one end of the inequality spectrum experience greater financial pressure. These effects are seen across the whole of the city, and while in deprived areas more people are affected, even within affluent areas some people have been severely affected. Reductions in benefits levels, which may be extended further, mean that in Brighton & Hove securing employment is the most realistic route for many people to address the fall in income. Support staff working with people challenged by this new reality, will have to develop skills in motivation and

be able to steer more people into employment.

Food and hunger

Food poverty is growing and the number of food banks in Brighton & Hove continues to increase. As in many other areas of inequality, tackling food poverty requires a coordinated approach to increase employment, promote living wages and enhance financial inclusion, as well as specific initiatives to improve knowledge of nutrition, cooking and shopping skills.

Education

Education is a powerful factor in improving life chances and reducing inequalities. It has the strongest influence in early years, hence the importance of initiatives like Sure Start. Within schools, taking a whole school approach to address health, social skills, attitudes and behaviours as well as academic achievement, can help to reduce inequalities. Academic achievement is then a rather blunt tool to measure the full impact of schooling. In Brighton & Hove, there have been improvements in performance in pre-school readiness and within primary schools. The same cannot be said for secondary schools as measured by GCSE performance, where educational outcomes remain relatively poor. Adult education levels are very high but this may be at least in part the result of migration to the city, and university students staying on after graduation.

Employment

Like income, employment plays a dominant role in determining and resolving inequalities. Up to date employment figures are hard to obtain and proxies of benefit claimants are used. The number of people claiming Jobseekers

Allowance claimants in the city is falling and the inequality gap between deprived and affluent residents is falling. The overall number of people claiming Employment Support Allowance or Sickness Benefit is also falling but there has been an increase in inequalities, most dramatic in the last year. People in receipt of Employment Support Allowance/ Incapacity Benefit are more deprived than they have been in previous years. In Brighton & Hove, nearly three times as many people (just under 13,000 people) are on Incapacity Benefit as are on Jobseekers Allowance (4,500 people). Worklessness (unemployed and actively, or not actively seeking a job) is higher in older people, women and some ethnic minority groups. In Brighton & Hove, because of competition from higher skilled and educated migrants to the city, low skilled residents, including many young people and single parents, face the biggest employment challenge.

Housing

The last 20 years have seen increases in the inequalities in health and housing in the city. Residents renting from a housing association or the city council are increasingly more likely to be in poor health, have a long-term illness or disability and be at risk of major depression. Homelessness is the greatest manifestation of the effects of housing on health, and the average age of death of a homeless person is estimated at just 47 years. Homelessness, visible and invisible has been growing in the last 5 years and it is apparent that this represents one of the greatest inequality challenges to the city: one that will not be resolved overnight but like other inequalities in the city, will require the determined, resolute and coordinated efforts of many people.

Crime

The data on crime does not reflect the full extent of certain crimes such as assault with minor injury, criminal damage and theft, more than half of which are unreported. That said, just as there is nationally, in Brighton & Hove there appears to be a strong relationship between crime, anti-social behaviour and deprivation. The relationship is particularly strong regarding anti-social behaviour. Compared to the least deprived person, the most deprived person in the city is 5.1 times more likely to be a victim of anti-social behaviour and 1.6 times more likely to be a victim of acquisitive crime. As in other areas where inequalities apply, finding a solution to crime requires action across education, employment, health and social care as well as the criminal justice system.

Living environment

In Brighton & Hove, the geographical availability of green space does not reflect deprivation levels and some of the more deprived parts of the city have more green space, although there are some questions as to the quality of some of these spaces. Despite this potential availability, information on participation in the living environment shows that locally, deprived people are still less likely than affluent people to use open, green spaces. The reasons behind the relative inequality in the use of the living environment are not clear, however what is clear is the considerable potential to address inequalities by fostering a 'more equal' engagement in the living environment. Initiatives that promote the use of open spaces run the risk of increasing inequalities, as often the people who most take them up are those who are already using open spaces. Therefore, it is essential that planners work to involve local communities more in



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the design and operation of living environment initiatives if these inequalities are to be reduced.

Conclusion

The picture of inequalities in Brighton & Hove is not straightforward and sometimes the findings are unexpected. There has been some improvement in some areas but in others, such as income, welfare reform, housing, secondary education and food poverty, the challenges remain substantial. There is one recurrent theme in this report: if we are to successfully tackle the inequalities that many people face, then a sustained, determined and coordinated approach across the city that engages people from the statutory, private and voluntary sectors as well as citizens themselves is required. This report aims to stimulate such a response.

Measuring inequality

Kate Gilchrist and Anjum Memon

1.1 Measuring multiple deprivation

Inequality has many dimensions and one of the main ways we measure the breadth of inequality is using the Index of Multiple Deprivation (IMD) 2010: an index based on seven dimensions or so-called domains. The IMD is updated periodically, and the 2015 IMD will be published later in the year. Therefore, this report uses the 2010 IMD, which also helps in looking at trends over time. The IMD data and related maps are published on the Brighton & Hove partnership intelligence website <http://brighton-hove.communityinsight.org/>, and later when available, information on the IMD 2015 will be published on the same site. The domains and weighting (percentage contribution from each domain) in the 2015 IMD update will be the same as the IMD 2010.

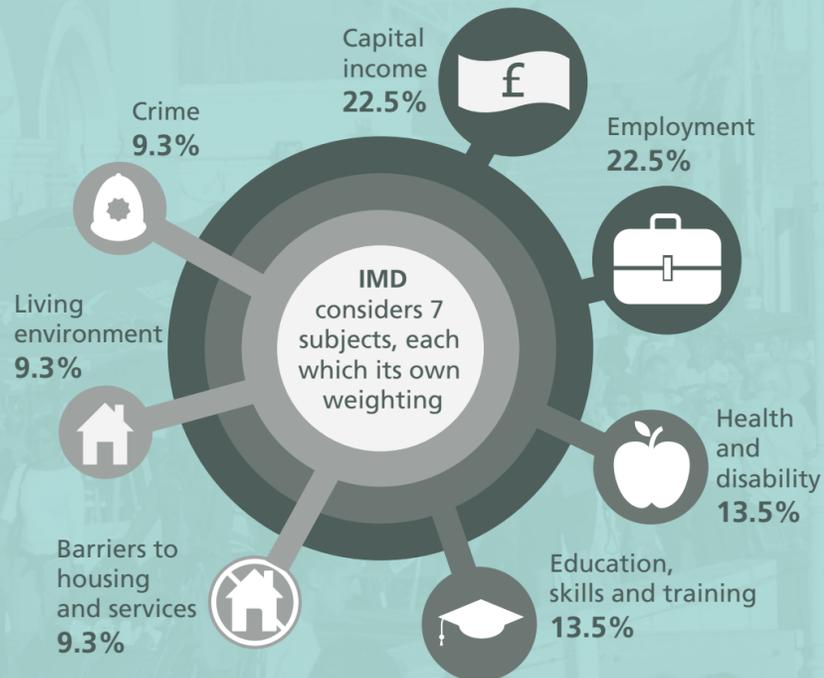
The Government measures multiple deprivation at lower super output areas (LSOAs – see box for definition) to provide information at a small area level. These LSOAs provide a (fairly) consistent geography to allow comparisons over time. The IMD 2010 combines 38 indicators from seven domains to arrive at overall deprivation scores for each LSOA, which are then ranked across England.

These domains are considered in more detail in relevant sections of the report. There are also two supplementary indices within the IMD: the Income Deprivation Affecting Children Index (IDACI), and the Income Deprivation Affecting Older People Index

Lower Super Output Areas are used to report small area statistics in England and Wales. First introduced in 2004, each LSOA contains on average 1,500 people, with a minimum of 1,000 people. Prior to 2013, there were 32,482 LSOAs across England, and 164 in Brighton & Hove. The LSOA with a rank of 1 is the most deprived and the LSOA with the rank of 32,482 is the least deprived.

LSOAs can change however with population changes. Where populations have grown, LSOAs may be split into two or more areas; or where populations have shrunk, LSOAs may be merged.¹ In 2013, the number of LSOAs increased to 32,844 LSOAs in England and 165 in Brighton & Hove where one LSOA in the New England quarter split into two following an increase in the population associated with housing developments between the two Census periods.

The seven domains of the Index of Multiple Deprivation (IMD)



Note: the variables that make up each domain can be found at: <http://brighton-hove.communityinsight.org/>

(IDAOP). These are described later in the report.

This report splits local LSOAs into quintiles (fifths) based upon their deprivation score and makes reference to the difference between the most deprived and the most

affluent groups/people ('affluent' is used solely for ease of reading, the IMD measures deprivation rather than affluence). It is important to remember that the IMD deprivation index measures several domains, so these findings, and the terms 'deprivation' and 'affluence' used

throughout the report do not simply relate to income, but rather to a composite of all the domains of the index.

While the domains of the Index of Multiple Deprivation (IMD) paint a wide picture of the dimensions of inequality, this is still not the full picture. For example, certain groups and communities experience inequality through discrimination. Therefore, this report also considers the experience of different individuals and communities in Brighton & Hove using other data, including case studies. It is not possible to show the experience of every population group but the scope of the report is considerable.

1.2 Relative versus absolute inequality

Health inequalities are remarkably consistent across time and place. Some researchers such as Johan Mackenbach, Professor of Public Health at Erasmus University, have argued that what is most important to those living with the highest rates of ill health or mortality is the absolute improvement, rather than the relative rate of improvement compared to others.²

When considering inequalities in relative terms, a ratio of the most deprived to the most affluent is often shown. An alternate presentation is the absolute difference between the most and least deprived. Depending on the situation, one presentation may be more meaningful. The discussion on infant mortality over the last 100 years in Chapter 3 illustrates this dilemma well. The relative ratio between the most and least deprived has changed a bit, however the absolute difference has improved dramatically with huge reductions in infant mortality.

1.3 The Slope Index

Simply measuring inequality between the most deprived and most affluent groups is a little crude, as it does not explain the total extent of inequalities across the whole spectrum of



the population. The size of the population affected in each deprivation quintile may make a difference, and the numbers of people in different groups changes over time.

This report also uses the "Slope Index of Inequality", which takes into account all population groups ranked by their IMD quintile and population distribution. The Slope Index of Inequality (SII) illustrates the relationship between a group's health status, its deprivation rank and the population living there. It can also demonstrate the absolute effect of moving up or down by one 'unit' of deprivation. Theoretically, the slope index shows both the absolute range and relative index of inequality between the most deprived and the most affluent individual (the hypothetical absolute). The relative index of inequality is the number of times more likely the most deprived individual is to experience the event than the most affluent individual. This is illustrated in Chapter 11 on Crime.

1.4 Population Attributable Risk (PAR)

Yet another measure: the Population Attributable Risk (PAR), is used to show how much of a

feature, such as mortality, can be attributed to deprivation. This measure is calculated by applying the lowest rates seen in the most affluent group to the rest of the population. We can then calculate the reduction in mortality if deprivation was eliminated.

1.5 Ethical arguments

Determining whether inequalities are increasing or decreasing is not just a matter of science, it is also a matter of ethics. No matter what measure is used the context of inequality can often be better understood by talking to a person affected. Therefore, this report makes extensive use of the voice and experience of local people. Several local residents have been interviewed and their experiences help to paint a much more nuanced picture of what it feels like to be less equal in this city.

The shape of inequality in Brighton & Hove

Kate Gilchrist

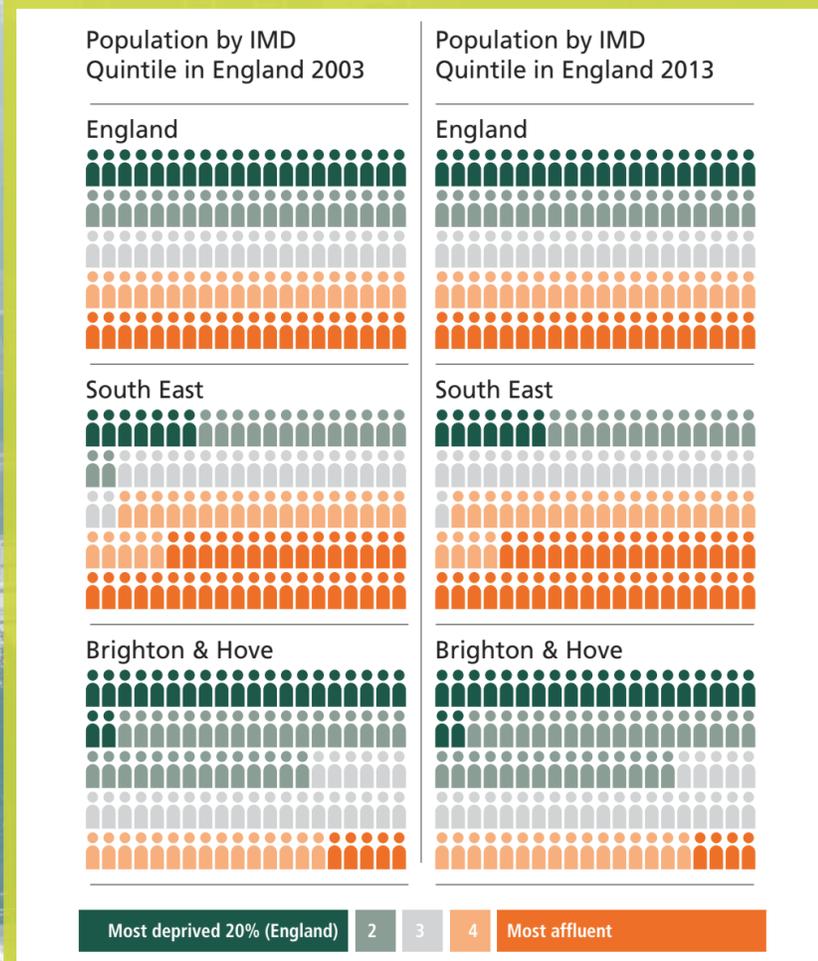
2.1 Deprivation in Brighton & Hove

Deprivation is higher in Brighton & Hove than it is on average across England. In 2003, 54% of the city's population lived in wards included in the 40% most deprived areas in the country, and just 5% lived in wards considered to be in the 20% most affluent in the country. These figures have changed little in recent years. Today (figures from 2013), 56% of the city's residents live in areas included in the 40% most deprived in the country, and only 4% live in areas included in the 20% most affluent (Figure 2.1). Fourteen of the 21 wards in the city contain at least one LSOA in the 20% most deprived in the country; this has remained the same since 2004. Brighton & Hove is characterised by having a low proportion of people in the most affluent group and a high number of people in the second to most deprived group.

Figure 2.2 shows a map of the Index of Multiple Deprivation for 2010 by lower super output areas in each of the national deprivation deciles (10% of areas). As discussed above over 50% of the population live in LSOAs included in the 40% most deprived in the country.

Figure 2.3 shows the individual component dimensions of the IMD and what proportion of Brighton & Hove LSOAs are more, or less deprived in that context. Brighton & Hove fares poorest in the domains of Living environment, Health and

Figure 2.1 Proportion of people living in each deprivation quintile in England, for England, the South East and Brighton & Hove, IMD 2010 and Mid Year Population Estimate 2013, compared with 2003 population



Source Communities and Local Government and Office of National Statistics mid year estimates

disability, Barriers to housing and services, and Employment. Only in the Education domain do we see a "greener" "i360" picture.

A 'Reducing Inequality Review' was conducted for the city in 2007 and has been updated for this

report. It shows the characteristics of those groups living in the most deprived areas of the city.¹ There has been very little movement in these indicators over the last decade.

Summary changes in the deprivation profile of Brighton & Hove

- In 2006, 19% of all people resident lived in the 20% most deprived areas – this is similar in 2013 at 20%;
 - The percentage of children and young people aged 0-15 years living in the 20% most deprived areas has changed little - from 20% in 2006 to 19% in 2013;
 - Children in low income families are more likely to live in deprived areas with 41% living in the 20% most deprived areas of the city;
 - Older people are less likely to live in deprived areas with 18% of people aged 65 or over living in the 20% most deprived areas in both 2006 and 2013. Whilst this difference may seem small, it is in fact statistically significantly different.
 - In 2001, 22% of people in ethnic minority groups (non White UK/ British) lived in the 20% most deprived areas – in 2011, this rose to 23%. Again, whilst this difference may seem small, it is statistically significantly different.
- People from BME groups, both in 2001 and currently, are significantly more likely to live in more deprived areas
- Source** Data sourced from Census 2001 and 2011, Office for National Statistics Mid-Year estimates and Communities and Local Government
- Note** Data is not available at this level for all groups including for trans and sexual orientation. Other population groups, such as disabled people, are looked at later in the report.

Figure 2.2 Indices of deprivation in Brighton & Hove by Lower Super Output Area – quintile in England 2010.

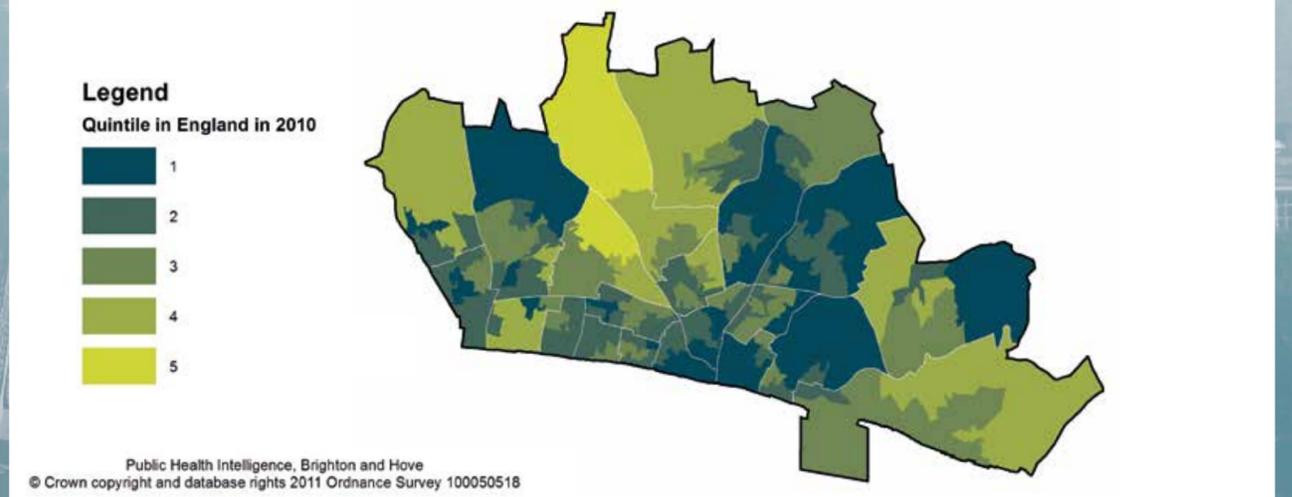
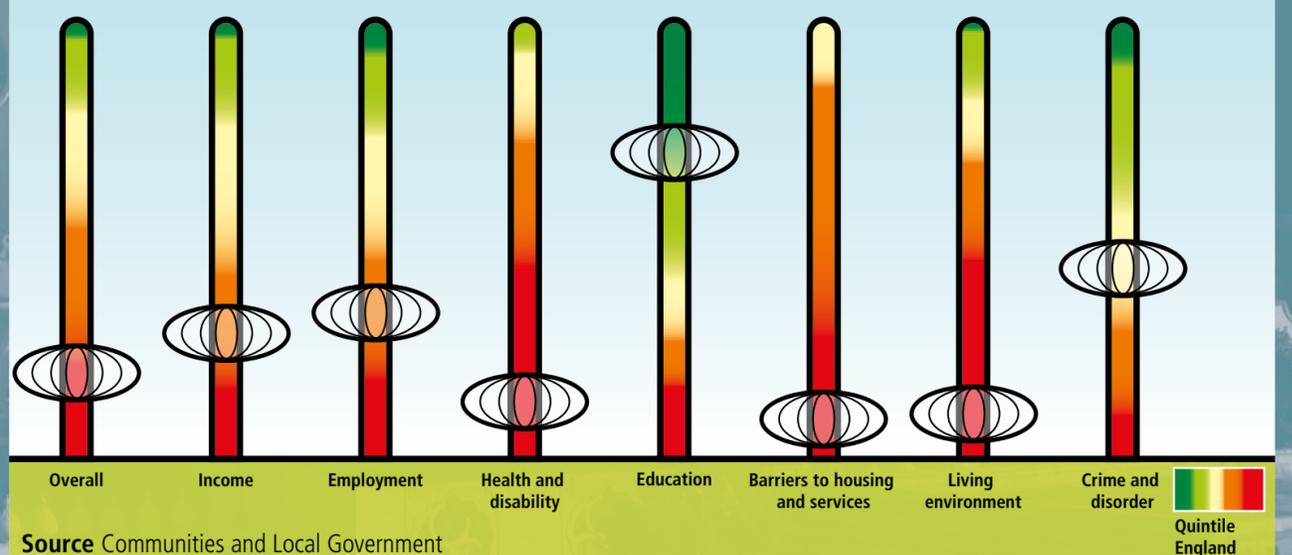


Figure 2.3 The Brighton & Hove "i360" deprivation by Index of Multiple Deprivation domains (2010); distribution of LSOAs by decile in England.



Source Communities and Local Government

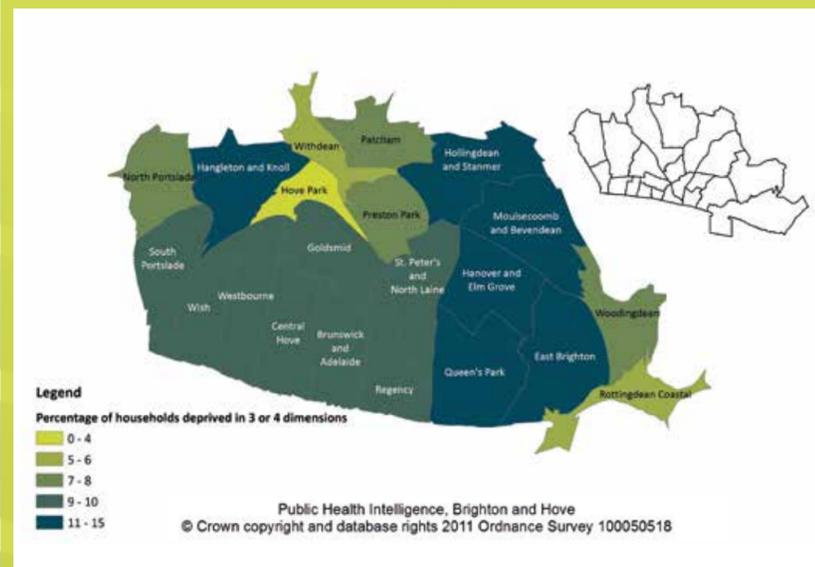
2.2 Multiple deprivation in Brighton & Hove

Using 2011 Census data the Office for National Statistics have produced figures for 'multiply deprived households' across four important dimensions: employment, education, health / disability, and housing. A household is deprived if they meet one or more of the following conditions:

- Employment: any member of a household not a full-time student, who is either unemployed or long-term sick;
- Education: no person in the household has at least level 2 education (e.g. GCSE A*-C/ NVQ Level 2/BTEC), and no person aged 16-18 is a full-time student;
- Health and disability: any person in the household has 'bad or very bad' general health or has a long-term health problem; and
- Housing: Household's accommodation is either overcrowded, with an occupancy rating -1 or less, or is in a shared dwelling, or has no central heating.

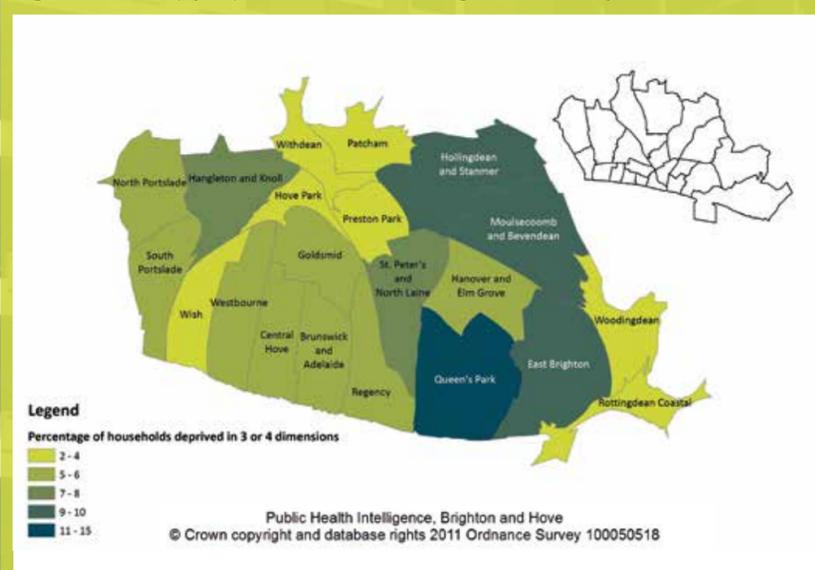
Within Brighton & Hove 1,050 households (0.9% of all households in the city) are deprived across all four dimensions, with an additional 6,700 (5.5% of households) deprived in three of the four dimensions. The percentage of households deprived across three or more dimensions (6.4%) is higher than England (5.7%) and considerably higher than the South East (4.0%).² The majority of households (76%) are deprived in one or none of these dimensions.

Figure 2.4 Multiply deprived households in Brighton & Hove by ward 2001



Source Census 2001 Table UV67Figure

Figure 2.5 Multiply deprived households in Brighton & Hove by ward 2011



Source Census 2011 Table QS119EW

Cartograms

Cartograms are distorted maps where a particular characteristic is applied to a given land area and that area adjusted accordingly to illustrate the size of that particular characteristic. In the case of this report, all cartograms have been created using the ward areas of Brighton & Hove. A colour scheme has been added to emphasise where the effect is greatest. So for example, when considering multiple deprivation, if this is particularly high in a ward, then the ward will be proportionally larger and a darker colour, whereas if multiple deprivation is low, then the ward will shrink in size and be light coloured.

Ten years previously (2001 Census) 1,500 households were deprived in all four dimensions. There have been some minor changes to the definition of these dimensions, including the removal of the age restriction on employment. Nevertheless, there appears to have been a substantial reduction in numbers of households in Brighton & Hove between 2001 and 2011 that experience multiple deprivation across employment, education, health and housing. These findings are similar nationally. There is no data for this multiple deprivation post 2011, and so whether this trend has continued cannot be currently stated.

The reduction in numbers of multiply deprived households has seen them increasingly concentrated in the more deprived areas of the city. In 2001, around one-third were located in the most deprived 20% of areas; by 2011 this had increased to 41%. The largest concentration, as illustrated in the cartogram (Figures 2.4 and 2.5), is now in Queen's Park ward.

2.3 Severe and Multiple Disadvantage (SMD) in Brighton & Hove

Information on severe and multiple disadvantage comes from a recent report from the Lankelly Chase Foundation - "Hard Edges: Mapping severe and multiple disadvantage" profiled severe and multiple disadvantage (SMD) across England.³ Severe and multiple disadvantage is a shorthand term used to signify the problems faced by adults involved in the homelessness, substance misuse and criminal justice systems in England, with poverty

Figure 2.6 Overlap of SMD disadvantage domains, Brighton & Hove, 2010/11



almost universal, and mental ill-health common.

In Brighton & Hove, an estimated 20 per 1,000 working age adults receive services across at least one of the three domains. There is overlap but the estimates are that 14.2% of working age adults receives services for substance misuse, 9.2% for offending and 6.6% for homelessness. This gives a total figure of 3,790 affected (420 with all three, 1,080 with two and 2,290 with one). These findings are illustrated in Figure 2.6. Brighton & Hove ranks 61st highest (worst) of 151 local authorities in England.

The report also estimates the number of adults receiving support for at least one of these issues that also have mental health problems. In Brighton & Hove this estimate is 1,970 adults. The authors note however, that the incidence of mental health problems may be significantly greater than is

recorded in the data used. Thus these figures may underestimate the overlap between mental health problems and severe and multiple disadvantage.





2.4 What does it all mean?

Deprivation is higher in Brighton & Hove compared to the national average. In addition, the proportion of people classed as the most affluent is particularly low compared to national figures. The pattern of overall deprivation has changed little in the city over the last decade. Deprivation is most marked in the areas of health and disability, living environment, housing and employment. Older people are less likely to live in deprived areas of the city. People from Black and Minority Ethnic (BME) groups are more likely to live in deprived areas. There is limited information on other population groups in this respect.

Multiple deprivation in the city decreased between 2001 and 2011 with the result that people with multiple deprivation are increasingly concentrated in the east of the city, with Queen's Park having the highest proportion of people living with multiple deprivation.

Tackling multiple deprivation requires coordination across a range of services and organisations. One of the approaches taken in recent years to supporting families affected by multiple deprivation has been through the Stronger Families, Stronger Communities team. The scope of support required to tackle multiple deprivation is considerable but there is evidence that it can work (see Chapter 4, Younger People/Older People).



Andrew Comben (Happiness Champion) Chief Executive Brighton Dome and Brighton Festival Interviewed by Tom Scanlon

Past

Some people are a little surprised to learn that I am Australian. I went to a Sydney state primary school that wasn't particularly strong on the arts, however one of the parents was a bass trombonist in the Sydney Symphony Orchestra and he ran the school band. I started playing French horn, and singing in the choir, encouraged by my parents, although neither are particularly musical, and I won a music scholarship in Melbourne. At 12 years of age I found myself touring as a chorister, regularly visiting the UK. I moved here permanently when I was 21 with the intention of a musical career. There is something about performing at an early age that gives you responsibility; you are treated as an equal to other, older performers. However, as I realised I might not make it as a musician I supplemented my income with other arts-related work. My big break – literally – came when a new computer system broke down at the Wigmore Hall and I cheekily told the office manager I could sort it. He said if I could there was a job for me. I fixed it and sure enough I found myself in employment.

Present

I became Chief Executive of Brighton Festival seven years ago having worked in many administrative arts roles across the country. Working in a role that supports artistic life, suits me perfectly. I don't perform but still get to be creative. I can explore ideas and watch them come to final fruition. My experience of the stresses and anxieties that all performers face helps in dealing with artists. The artists I most admire are those who do it for everyone. What helps define the Brighton Festival, and maybe something that I help bring as an Aussie, is that sense of egalitarianism.

Future

Brighton is the most Australian place in the UK, not just the light and the sky, but the people – embracing and open to new experiences. Of course there is inequality but I don't get any sense of acceptance, complacency or even absent-mindedness which you do see elsewhere. There is homelessness for example, but there are also lots of people, compassionate and determined, trying to do something about it. I think it's great that we have a mental wellbeing strategy that brings all sorts of people together in a collective effort to improve happiness. The arts play an important role. There are still people who think that the arts are for certain people; rich, comfortable, educated in a certain way – they're not, they're for everyone. That's what I try to instil in the festival - something unifying, aspirational, virtuoso but not elitist. I do feel a bit gloomy about the national picture, but I am more optimistic that here, there are enough people trying to do it differently and better. We may fall on our face, but in the arts, that's the risk we take, and if we do fall, we just get up again.

