Why is it important?
Economic wellbeing is an important public health issue, as there is a strong association between wealth and health. People on low incomes are significantly more likely to experience poorer health outcomes compared to those on higher incomes, and research shows that a range of conditions have a strong relationship with deprivation, including: chronic respiratory disease, and alcohol related conditions, diabetes, heart disease and mental illness\(^6\). The reasons for these relationships are complex and linked to wider societal issues such as housing, transport, education, and access to health services.

The Liverpool Picture
Liverpool has a long history of higher than average levels of unemployment, poverty and poor health, requiring radical action in order to transform the health and economic wellbeing of the city. The city has enormous potential and has made huge progress in recent years, growing faster than any other core city outside of London and increasing our GVA to 99% of the national average. However, the Liverpool started from a much lower base than its comparators and, as a result, more must be done to tackle the issues that continue to restrict economic progress, including workforce development and employability. This section of the JSNA provides an overview of deprivation, household income, employment and the impact of welfare reform in Liverpool.

Deprivation
The English Indices of Deprivation 2010 (ID 2010) combine a range of economic, social and housing indicators to provide the most up to date and comprehensive picture of deprivation in England. They provide a measure of relative deprivation, i.e. they measure the position of areas against each other. Results show that Liverpool remains the most deprived local authority in the country, with its position unchanged from the 2004 and 2007 indices\(^7\).

<table>
<thead>
<tr>
<th>City</th>
<th>Rank of Average Score</th>
<th>Average Rank</th>
<th>Extent</th>
<th>Local Concentration</th>
<th>Income</th>
<th>Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIVERPOOL</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Manchester</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Birmingham</td>
<td>9</td>
<td>13</td>
<td>10</td>
<td>20</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nottingham</td>
<td>20</td>
<td>17</td>
<td>17</td>
<td>35</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Newcastle</td>
<td>40</td>
<td>66</td>
<td>35</td>
<td>15</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Sheffield</td>
<td>56</td>
<td>84</td>
<td>48</td>
<td>33</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Leeds</td>
<td>68</td>
<td>97</td>
<td>59</td>
<td>44</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Bristol</td>
<td>79</td>
<td>93</td>
<td>73</td>
<td>57</td>
<td>14</td>
<td>9</td>
</tr>
</tbody>
</table>

Note: 1 = most deprived, 326 = least deprived
Levels of deprivation within Liverpool are particularly high in the north of the city, where virtually all of the neighbourhoods are ranked in the most deprived one or ten percent nationally. The map below shows that large areas of Everton, Anfield and Kirkdale are particularly deprived. This concentration of high deprivation also encircles the City Centre, this “inner core” area goes from Everton in the north through Kensington and on to Princes Park and Riverside to the south of the City Centre. Outside of the inner core, Speke Garston, Croxteth and Norris Green also have some of the highest levels of deprivation in the country.

<table>
<thead>
<tr>
<th>Key</th>
<th>Most Deprived Nationally</th>
<th>Count</th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1%</td>
<td>42</td>
<td>14.4%</td>
<td>14.4%</td>
<td></td>
</tr>
<tr>
<td>1-5%</td>
<td>73</td>
<td>25.1%</td>
<td>39.9%</td>
<td></td>
</tr>
<tr>
<td>5-10%</td>
<td>33</td>
<td>11.3%</td>
<td>50.9%</td>
<td></td>
</tr>
<tr>
<td>10-20%</td>
<td>43</td>
<td>14.8%</td>
<td>65.6%</td>
<td></td>
</tr>
<tr>
<td>20-50%</td>
<td>60</td>
<td>20.6%</td>
<td>86.3%</td>
<td></td>
</tr>
<tr>
<td>50%+</td>
<td>40</td>
<td>13.7%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

**Income & Poverty**

Low income and poverty are significant public health issues, impacting on both physical and mental health. Household income in Liverpool during 2012 was the second lowest of the eight core cities in England. Furthermore, household income in Liverpool fell by over £700 between 2011 and 2012, whereas many of the other core cities saw an increase.

![Median Household Income, 2012](image)

Research by the Institute of Fiscal Studies\(^1\) has shown the median household incomes in the UK fell in 2010-11 by over 3%, the largest one year fall since 1981. The reduction set average living standards back to below levels since in 2004-5.

People are thought to live in relative poverty when their household income is less than 60% of contemporary median household income i.e. £17,279. Data from CACI suggests that almost 40% of Liverpool households can be considered to be living at or close to the poverty line, with an income of less than £17,279. This measure does not take into account the number of people living in that household being supported by that income, therefore the higher the number of people in that household then the lower the standard of living.

![Income Distribution in Liverpool, 2012](image)
Measuring average household income within the City provides an overview of the variation of income distribution locally. Analysis shows that income varies widely across the city, with households around the outskirts of the City Centre having significantly lower income than their more prosperous City Centre or Suburban neighbours.

Employment

Employment levels in Liverpool have improved in recent years, with Liverpool’s employment growth of 9.9% between 1998 and 2011. Comparisons of jobs growth since 1998 show that Liverpool’s growth was greater than most Core Cities: Leeds (7.9%); Nottingham (5.7%); Sheffield (4.8%); Bristol (3.3%) and Birmingham (-1.4%). The only cities with higher growth than Liverpool during this period were Manchester (15.1%) and Newcastle (13.4%).

However, challenges remain in the City due to significantly higher than average numbers of people claiming out of work benefits.

1. Worklessness

The charts below show the percentage of the working age population who are claiming key out of work benefits, including: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits. These groups have been chosen to best represent a count of all those benefit recipients who cannot be in full-time employment as part of their condition of entitlement.

Figures show there has been a marked reduction in the percentage of the working age population who are in receipt of such benefits since recording began in late 1999. In Liverpool, the claimant rate fell from almost a third of adults (31.5%) in August 1999 to just under a quarter (23.3%) by November 2012. Figures show just under 75,000 people aged between 16-64 in Liverpool were in
receipt of out of work benefits at the last count. In contrast to the local picture, nationally the claimant rate has remained relatively stable over that period.

Latest figures show the claimant rate in Liverpool is the highest of the eight core cities, significantly above areas such as Leeds, Bristol and Sheffield.

### 2. Job Seekers Allowance

There were 19,870 Liverpool residents were claiming Job Seekers Allowance in April 2013, equating to 6.2% of the working age population. While the claimant rate in Liverpool is higher than many of our comparator areas, figures show the rate is falling, with 465 fewer Liverpool claimants claiming JSA in April 2013 than in the previous month and 1,815 fewer claimants in the city than 12 months earlier.

Of those people claiming Job Seekers Allowance, just under a third have been doing so for more than a year, equating to 6,450 people. The long term claimant rate in Liverpool is the third highest of the core cities in England.

*Source: Liverpool City Council & NOMIS*
3. **Youth Unemployment**

Youth unemployment is measured via the number of young people aged 18-24 years who are claiming Job Seekers Allowance. In April 2013, a total of 5,270 JSA claimants in Liverpool were aged 18-24, equating to 7.8% of young people in the city – second highest among the core cities. The number of 18-24 year olds in the city claiming Job Seekers Allowance has fallen by nearly a fifth (1,245 young people, 19.1%) since April 2012. Although part of a national trend, the decreases in youth unemployment witnessed in Liverpool have been greater than the national and comparator city averages.

### ![Youth Unemployment Graph](image)

**Education & Skills**

Whilst a lack of skills has the potential to restrict local economic growth it also impacts upon other important challenges for the City. Over the last 10 years, the areas within Liverpool with the lowest educational attainment are also those which have shown a persistent pattern on the Index of Multiple Deprivation with lower household incomes and average earnings, both of which are currently below the north-west average.

Research has also shown that higher skilled individuals have more resilience and are able to cope with downturns in the economy better, finding work more quickly and being able to access relevant support more easily. A local skilled workforce is therefore crucial to support residents to compete in the local job market.

The city has made great improvements in the levels of educational attainment over the past decade, with the percentage of pupils obtaining 5+ GCSE’s grade A*-C now above the national average (84.7% compared to 81.8% in 2011-12). However, there are still a high proportion of residents who have no qualifications (18.2%), making them more vulnerable in the current economic climate.

### ![Education & Skills Graph](image)

**Impact of Welfare Reform**

When the current programme of welfare reforms take full effect, there will be a substantial financial impact on local people, principally through reform to incapacity benefits, tax credits and...
the 1 per cent up-rating to most working age benefits. A report by Sheffield Hallam University looked into the impact of the changes to welfare in England and found that as a general rule the more deprived the local authority, the greater the financial impact of the reforms, a consequence of which will be to widen the inequality gap between the best and worst local economies. Their analysis showed that Liverpool is ranked 4th among Local Authorities with the largest absolute financial loss due to welfare reforms of £227million. This equates to an average loss per working age adult of around £700 per year.

1. Council Tax Benefit
Changes to Council Tax Benefit system will mean that working age households will be expected to pay at least 8.5% of their Council Tax Bill, where before they may have had all their Council Tax Bill covered by benefits such as Income Support and Job Seekers Allowance. This is likely to affect over 42,000 Liverpool residents, costing the Liverpool economy approximately £34.5m.

2. Personal Independence Payments
The replacement of the Disability Living Allowance with Personal Independence Payments is likely to mean that over 5,000 DLA claimants will lose their benefit, either totally or in part, costing the local economy an estimated £20m each year.

3. Housing Benefits
The introduction of the under occupancy of social housing restrictions (bedroom tax) from April 2013 will affect 11,600 Liverpool households, each losing £14 per week. This equates to a total loss to the Liverpool economy of over £8m per year. These households affected are likely to be those already living on very low incomes or below the poverty line.

In future housing housing allowance increases will be calculated using the Consumer Prices Index (CPI), which does not include housing costs. For claimants whose rent is at or above the LHA rate,
by 2014-15 their award will be on average around £24 per month lower than it would have been using the higher Retail Prices Index (RPI). This change is estimated to affect almost 65,000 people in the city and equates to a total loss to the city of over £6m each year.

**Fuel Poverty**
A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime. This is 21 degrees for the main living area, and 18 degrees for other occupied rooms. There are 3 main factors that influence levels of fuel poverty: Energy efficiency of the property: Cost of energy: Household Income. In 2011 19% (37,863) of households in Liverpool were living in fuel poverty, compared to 17% and 15% of households in the North West and England respectively.

**Food Banks**
The cost of food nationally and across the Liverpool City Region has continued to rise in 2012. The annual rate of inflation for food was 4%. In response to economic pressures, the UK has seen a huge increase in food banks in recent years. Food banks are community-based projects, often coordinated by community groups or faith organisations, where food is donated by local people, stored locally and distributed to local people in need. There are currently 10 food banks within the Liverpool City Region and anecdotal evidence suggests that around a third of people accessing the facilities are families with children, often doing so as a result of changes in their benefit entitlements. Nationally it is estimated 1 in 5 mothers skip meals to feed their children.

The use of emergency Food Banks in Liverpool has risen significantly in recent years, rising 47.6% since last year alone. A total of 1,162 people were fed by the North, Central and South Liverpool Food Banks just in March 2013, one in three of these were children. One Food Bank in Liverpool provided emergency food support to over 5,000 families in Liverpool last year. It is expected that the impact of both the economic downturn and welfare reform will see an increase in the use of Food Banks across the city.
There is a clear seasonal nature to Food Bank usage, with 1,460 people fed by the North, Central and South Liverpool Food Banks in December 2012. All 3 Food Banks have seen demand rise over the last year, with the North and Liverpool Food Banks in particular witnessing a consistent month on month increase in demand.

**Impact of Economic Downturn on Mental Health**

The strongest negative effect of an economic downturn is on mental health. There is consistent evidence that the economic downturn may increase suicide and alcohol related death rates, which can be seen as markers of deterioration of mental health \(^{15}\) – however suicide rates in England and Wales may be underestimated, as since 2001 narrative verdicts are increasingly being used, particularly in Liverpool. Evidence suggests that a 10% increase in male unemployment is associated with a 1.4% increase in male suicides and that 40% of recent male suicides can be attributed to rising employment.\(^{16}\)

Locally, there has been an increase in the suicide rate since 2008-2010. Latest figures for 2010-12 show that there were just under 100 deaths from suicide & undetermined injury among the under 75s. The rate among males in the city is significantly above that for females.

The majority of new disability claims are on the basis of mental health. Mental health can develop as co-morbidities among those initially out of the labour market through physical conditions.

Those still in work but suffering from job insecurity may experience mental health effects that reduce productivity, through stress, anxiety and depression-related disorders. Worries about job losses have made stress the most common cause of long term sick leave in Britain with employers planning redundancies most likely to see a rise in staff mental health problems. Stress in the public sector is becoming a particular challenge through the sheer amount of major change and restructuring. At the same time there is a slowing in the jobs market. With the fear of being
targeted for redundancy schemes over a quarter of employees are struggling into work when sick, according to a CIPD survey of nearly 2 million workers.

People suffering from financial strain will be particularly at risk of mental health problems. The table below summaries the economic downturn effects on mental and highlights population most at risk.

<table>
<thead>
<tr>
<th>Determinant</th>
<th>Mediated by</th>
<th>Health Impacts</th>
<th>Population most at risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rising unemployment</td>
<td>Financial strain; loss of: social status; identity; self-esteem, physical and mental activity</td>
<td>Psychological distress, alcohol abuse, depression and suicides</td>
<td>Young aged 15-24 Middle-aged &amp; unmarried men/single women</td>
</tr>
<tr>
<td>Job insecurity</td>
<td>Narrowing of options &amp; choices; loss of control; fear of job loss; financial difficulties; workload increase</td>
<td>Common mental health problems; job stress</td>
<td>Low skilled; public sector workers and others in sectors having to reduce personnel</td>
</tr>
<tr>
<td>Households in high debt increase</td>
<td>Financial strain; worry Housing payment problems; consumer debt</td>
<td>Poorer mental health. Risk factor for mental disorder; increased occurrence of major depression</td>
<td>Low income workers; those with little experience of coping with hardship; single, females/mothers</td>
</tr>
<tr>
<td>Increased poverty</td>
<td>Social exclusion; inequality</td>
<td>Mental health problems; depression and suicide; developmental deficit (emotional, cognitive, physical)</td>
<td>Poor or living near the poverty line; children growing up in extreme poverty: low educational levels</td>
</tr>
<tr>
<td>Adverse life style changes</td>
<td>Increased alcohol intake; binge drinking</td>
<td>Rise in suicide; alcohol related deaths</td>
<td>Lower educational group</td>
</tr>
<tr>
<td>Families under pressure</td>
<td>Strain on parental mental health; marital interaction</td>
<td>Poor mental health; feelings of helplessness; young – confusion, anger &amp; insecurity</td>
<td>Mothers, children &amp; adolescents</td>
</tr>
<tr>
<td>Cuts in health systems &amp; social protection</td>
<td>Loss of state support to mitigate against the impact of economic downturn</td>
<td>As above</td>
<td>As above, families</td>
</tr>
</tbody>
</table>

*Source: Wahl beck and Awolin*
Groups most at risk?

**Families with Children**

Research by the Joseph Rowntree Foundation in 2012 suggested that families with children have faced the largest impact on their household income, when compared against pensioners or families without children. The increasing intervention from the state from the mid-1990’s in supporting families with children makes them increasingly vulnerable to cuts in this support following the economic downturn. Welfare reform will further reduce incomes proportionately more for low income families with children than those of low income pensioner households in the coming years\(^1\).

Between 2008 and 2012, their research indicated that the amount a couple with two children would need to earn in order to achieve a minimum acceptable level of living standards (minimum income standard) has risen by £5,000 after inflation\(^2\), with the largest influencing factor being car use. While some influences on household income since 2008 have been positive, e.g. reduction in the cost of social participation, the adverse impacts significantly outweigh the positive ones.

![Diagram adapted from JRF\(^2\)](image)

Children who live in poverty are significantly more likely to experience poor health and educational outcomes. Living poverty makes it incredibly difficult for children to sleep and eat well, which in turn makes it difficult for them to concentrate at school. Damp and cold housing means that these children are much more likely to experience poor health, such as accidents in the home and asthma.

While relative child poverty fell during 2010-11, this reflected reductions in the national median income, rather than an increase in the income of low-income households with children.
**Working-age adults with no children**

It is important to note that national evidence indicates there has also been a steady increase in poverty among working age adults without dependent children in recent years, with almost 1 in 5 of adults (19.7%) living in relative poverty. While this is significantly above pre-recession levels, research by the IFS indicates that it is part of a longer term trend, with relative poverty among this group tripling since 1979. Reasons behind this are complex, but it is thought the rise partly relates to the group being less favoured by tax and benefit changes.

**Older People**

Nationally, evidence suggests that relative pensioner poverty fell for the fourth consecutive year by 2010-11 (after housing costs). Research by the IFS shows that relative pensioner poverty is now lower than among any other major demographic group.

While older people who are owner occupiers and live in more affluent areas of the City are often thought of as not having any particular needs, Age Concern Liverpool & Sefton’s experience is that often this is not true. An older person in an affluent area who has a large house may have started off with a reasonable bank balance, which over time has dwindled away. The costs of heating and maintaining a home have risen (particularly maintaining a larger property) and older people who relied on a little income from savings have been adversely affected by the current very low interest rates. Over time, the person’s cash resources have diminished and when they have been retired for some years, often the savings have all but run out.

**Ethnic Minorities**

Research shows that ethnic minorities were disproportionately affected by the rise in unemployment during the economic recession. However, while the percentage of people from ethnic minority groups in who are unemployed hit 22.9% in 2009, latest figures indicate that levels are now below that for the city as a whole (10.5% compared to 11.9%).

**Disabled People**

The review undertaken by Liverpool Public Health Observatory suggests that around 50%-60% of disabled people live in poverty. In addition, this group is particularly vulnerable to cuts to welfare and public services.

**Learning Disabilities**

Valuing People (2001) emphasises the importance of maximising work opportunities for people with Learning Disabilities. Current figures suggest around 1 in 10 adults with Learning Disabilities in Liverpool are in paid employment. However, the Health Task Group of the Making it Happen Partnership believe this figure to be unrealistic and may over estimate the extent to which people with Learning Disabilities receive a true living wage.
What are we doing and why?

**Fairness & Tackling Poverty Action Group**
An action group on Fairness and Tackling poverty was created by Liverpool Mayor, Joe Anderson. The remit of the group is to encourage stakeholders to work collaboratively to mitigate the effects of the current austerity measures. The work of the group builds upon the recommendations of the previously established, Fairness Commission and has resulted in coordinated work with housing associations, third sector groups providing advice and support, faith groups, the North West TUC, food banks, credit unions, as well as health and social care partners. The group uses a range of local intelligence to track trends around service usage, and is then able to act swiftly to ameliorate need. The group has an allocated financial resource and is currently looking at how best to invest the resource to improve economic wellbeing for the most vulnerable populations.

**Welfare Advice**
Welfare advice in health centre settings is being piloted by Liverpool CCG to increase support for people vulnerable to mental ill-health. It was developed to meet concerns about patients presenting multiple times with welfare related problems that were impacting upon their general health. Much of this increase can be traced to the impact of on-going welfare reform and growing levels of indebtedness.

The provision of welfare advice in General Practice is seen as an effective way of maximising uptake of welfare benefit and reaching patients affected by welfare reform. Benefit maximisation has a positive impact for; the individual/family as result of increased income; health services as a result of reduced consultation time and reduced emergency admissions; the Local Authority as families are less likely to become homeless.

**Liverpool Citizens Support Scheme**
From the 1 April 2013 Liverpool City Council has provided help to vulnerable people in urgent need through a new service called the Liverpool Citizens Support Scheme. The Liverpool Citizens Support Scheme replaces community care grants and crisis loans which were provided by the Department for Works and Pensions (DWP). These have been abolished as part of the government’s recent welfare reforms. The scheme in Liverpool is different to the one operated by the DWP. The scheme exists to support vulnerable people in urgent need who have no access to other support in the form of an Urgent Need Award or a Home Needs Award. The money awarded may be used to help them live in the community or to deal with a crisis.

**Age Concern Liverpool & Sefton**
Age Concern Liverpool & Sefton offer a number of services to help older people who could be considered asset rich but cash poor, including:

- Advice & Information on benefits entitlements
- Equity release from a trusted, Equity Release Council approved, provider to increase their income and enable them to effect the repairs their property needs
- A number of support services e.g. shopping, friendship, homecare etc.
Healthy Homes
Poor housing conditions are implicated in 500 deaths and 5,000 illnesses in the City. Liverpool Healthy Homes Team have identified 25,000 properties in priority need. The team has assessed the health and housing needs of occupants and carries out health and safety inspections in the worst 4,300 properties. The initiative is helping to reduce the income gap by income maximisation to ensure people receive the Welfare Benefits they are entitled to. The programme has also been successful in tackling fuel poverty; directly employing 35 staff and indirectly created an estimated 20 jobs in repairs/improvements. It has also resulted in private sector investment of £1.3 million in its first year of operation, with an estimated saving to the NHS of £440,000 and £1.1 million of savings to wider society (£11 million over ten years). The total anticipated savings of the programme are estimated at £55 million.

Skills
Improving the skills of local people will support them in accessing stable and well paid employment. The City Council, has committed itself to working with partners in both the public and private sector to achieve two overarching aims:

1. **Support residents to develop the skills needs to gain employment.**
2. **Develop a highly skilled workforce which meets the needs of businesses and high value sectors.**

Underpinning these aims, are 6 key priority areas which have been identified as key to the economic success of the city based along the themes of prevention, intervention and progression, including:

- **Prevention**: Creating a demand-led system
- **Intervention**: Employment & employability
- **Intervention**: NEET prevention
- **Intervention**: City-wide apprenticeship programme
- **Intervention**: Higher level skills
- **Progression**: A new approach to delivery

Research
Liverpool Clinical Commissioning Group (CCG) has developed a research study to support, document and evaluate the process of addressing health inequalities (including wealth distribution) by Liverpool CCG, while generating transferable knowledge on the actions taken. Expected outcomes of the study include improved knowledge on what is a CCG’s role in addressing health inequalities and how that role can be pursued in the local context; as well as improved capacity within the Liverpool CCG to act upon the knowledge gained.

Community & Stakeholder Views
Liverpool Fairness Commission is an independent body established by Liverpool City Council to bring forward practical and imaginative ideas to make Liverpool a fairer city. It brought together people with diverse background and expertise – from business, education, the public and
voluntary sectors, and trade unions – to take expert evidence and listen to local people and businesses.

The report, Come Together\textsuperscript{13}, sets out a series of bold recommendations to tackle disadvantage and equality, promote employment and prosperity and open up opportunities for every Liverpool citizen. The conclusion of the report is the need for an on-going campaign, to embed the principles of fairness at the heart of Liverpool’s political, business and civic life, the Mayoral Office is currently planning a Fairness Summit which will take place in Autumn 2013 to further elicit stakeholder views on the on-going impact of austerity in the city.

The Mayor of Liverpool is intent on finding ways to improve the health and well-being of the people of Liverpool, and importantly on finding innovative ways to do this. A Mayoral Health Commission has been established, alongside a city wide consultation that will look in detail at some key health conditions and identify issues integral to their prevention and management, focussing on the need for self-care allied with a better understanding of how to maximise individual’s potential for a healthy life. Particular attention will be paid to recent reviews in relation to health and wealth.

**Challenges**

Fiscal tightening being introduced by the Government, incorporating both increases in tax and reduction in benefits means there will be further downward pressure on household income in the coming years. Research by the Institute for Fiscal Studies suggests that median household income in the UK will be lower in 2015-16 than it was in 2002-03\textsuperscript{1}.

A recent report by Sheffield Hallam University, Hitting the Poorest Hardest, suggests that by 2014/15 Liverpool Local Authority residents will have lost in the region of £700 per head as a result of the welfare reforms, and will be ranked 8th most affected Local authority in England\textsuperscript{11}.
References


