

2 Using the concept of 'place' to understand and reduce health inequalities

Danny Dorling

Professor of Human Geography
University of Sheffield

"Health-related behaviour is all about resolutions to give up the things you do not want to give up and to do the things you do not want to do. You cannot do that; you cannot make the resolutions and stick to them, unless you are feeling on top of life."

(Richard Wilkinson giving evidence to the House of Commons Health Select Committee, 2008)

It is hard to feel on top of life if you know that where you live is looked down upon, if you know that you are treated less well because of where you live, if you know people think less of you because of where you live.

In the report of his recent review of local government, Michael Lyons' states that "The concept of 'place-shaping' is intended to explicitly recognise the fact that local government is not an agency, responsible for delivering a specific set of statutory services. Rather, it is a unit of government, responsible for the well-being of a community and a place, and independent of, whilst also being connected to, the wider system of government. Local government's role should therefore be about engaging with and representing communities, building coalitions, and influencing the actions of other public, private and voluntary sector organisations, as well as delivering or commissioning local public services" (Lyons, 2007). Given this, understanding in detail the social and economic characteristics of geographical areas is an important tool for local government in influencing the health profile of their areas.

Since at least 1968 in the UK, inequalities in local service delivery have contributed to growing spatial social polarisation. There is a very long tradition of work that demonstrates how poorer services are provided to people in poorer areas. This work continues today, repeatedly showing that the most qualified teachers and the highest number of doctors are more likely – on average – to be working where there is less need for their services, even when funding for their provision is entirely controlled by government. This has become known as the 'inverse care law' which David Hunter refers to in Chapter 1.

What has not been shown clearly to date is how these inequalities exacerbate local inequalities by encouraging people to segregate more and more by wealth, both locally and nationally. We have yet to prove that these

correlations are at all helpful even to the people who appear superficially to benefit most - those who gain access to medical staff more easily because there are more staff where they live, or whose children are taught by 'better' teachers. And we have yet to show that we have the ability, collectively, to address these problems.

It is very possible that living in an unequal society hurts everyone, including those who appear to benefit from being a resident of the leafy suburbs. Suburbs that rank similarly in more equal affluent countries than the UK are home to people who have better levels of health, education and well-being than those of the British and Northern Irish despite (or perhaps because) of the fact that they less beggar their neighbours. These better-off suburbs are found in the majority of OECD countries, as most OECD countries are more equitable than the UK (Wilkinson 2009).

The relationship between the various scales of geographical inequalities and health is not always well remembered. Within any country there are health inequalities that are differentiated geographically. Even in quite equitable countries these tend to be stark, if less wide. That is because better-off people do so much better, and tend to enjoy so much better health in more equitable countries, as compared to better off people in more unequal countries. Pretty much all the social determinants of health discussed in this publication are geographically differentiated.

Public services play a role at the local level

What makes an area more desirable? Many things. People often say that, if they had a choice over where to live, they chose their home because they liked the look of the house, the décor, it was on a 'nice road', had the right number of bedrooms, 'felt right'. However, when house prices are modelled a series of local factors are usually found to matter greatly. Chief among these are the following five, most of which directly or indirectly relate to good and poor local services or environments:

- Perceived quality of local schools (raising house prices by private school fee amounts in areas with the 'best' state schools)
- Amenity of local services such as health and social care

(areas without stretched services do well)

- Housing type (for example detached) and ‘the neighbours’ (owner occupiers are preferred to, say, students)
- The availability of employment – which is key to the gradient in prices away from many cities
- A sense of safety, and community. Does the area appear to have little crime, safe roads, less graffiti, less mess on the streets?

For many people some of the most important aspects of these services are provided by or strongly influenced by local government. All of them are also determinants of health. And when services are not very good, they both help maintain inequalities and can increase them. Here are some of the ways.

State schools

Ninety three percent of children go to state schools and they now come in as many varieties as there are of Heinz tinned goods. People have become more polarised over time between areas as they fight for better schooling for their children. The creation of an apparent market in local state schools makes it appear to parents even more important than it was a few years ago to try to live in the best ‘catchment area’. Scotland provides a model of how good local education can be better spread than England has managed to achieve.

Health and social care

Well over 93 percent of people use the NHS for illness that really matters; 100 per cent use the NHS for accident and emergency. GP centres matter most. There are still most GPs where they are least needed, where people have the best health. Conversely, almost every social services user is either someone whose future health is threatened by the conditions in which they live, or someone who is already suffering from some form of ill health which affects their daily life (Bywaters, 2009). The geographical spread of social services users can be estimated by considering the spread of those working in social services and knowing the direction of their commute to work from the census – the service users are heavily concentrated in the poorest areas. Financially the bulk of the money spent on social services goes on the salaries of those who provide the services who mostly live (and whose spending is mostly) outside of these areas.

Social housing

Social housing has a much larger influence on concentrating those who are ill, or become ill, than many think. A local

authority audience may realise this but the bulk of the population do not. Some five million will soon be on waiting lists to be housed nationally; most do not expect to be. Roughly a fifth of households are in local authority tenure; its absence serves as a magnet attracting people with money to live where social housing is absent, again increasing spatial social polarisation and, consequently health polarisation. The numbers of other registered social landlords and the wholesale transfer of much local authority housing muddies the waters a little, but again this housing tends to be concentrated in poorer areas. Government does have a scheme for transferring from owner occupation to social housing tenure, but by mid 2009 this had resulted in the transfer of fewer than a dozen homes in the country. The right-to-buy has polarised areas by tenure over time. Lack of an effective ‘right-to-sell’ your home to a social landlord, to stay put and become a tenant rather than be evicted for mortgage arrears is one of the key missing mechanisms that ensure spatial social polarisation and hence geographical inequalities in health continue.

A ‘right-to-sell’ is the right to sell owner-occupied housing to the local authority or another registered social landlord. The former home owner becomes a tenant and avoids repossession. This would quickly diminish the cachet of owner occupied ghettos. If enacted carefully so that the right was dependent on the home not being too large for your family, then this would also make better use of the overall housing stock.

Within some cities, especially London, overcrowding has become much worse over the last 20 years. This will have had a detrimental effect on people’s mental and physical health. It is likely to have contributed to the recent increase in tuberculosis, for example, in the East End of London. It will also have contributed to the geographical concentration of deprivation and poverty. “Over one million children are now trapped in overcrowded housing, a rise of 54,000 in the last two years” (Shelter 2009). Children in overcrowded housing are up to 10 times more likely to contract meningitis than children in general, Shelter notes. These infectious diseases such as meningitis and TB are then greater risks to all. It is simply in the interests of everyone in Britain not to see overcrowding of poorer families occur as it has. The only reason why overcrowding has increased is that a greater proportion of the overall floor space of housing in Britain has been consumed by the best-off over the course of the last two decades. There has been no overall decrease in housing supply.

At the same time, the way in which we currently use housing so inefficiently in the private sector means that there has been a great lack of investment in new build by local government. Private sector inefficiency results in those

who have most money having most floor space and in some cases owning many homes, many of which are mostly empty. Government is currently consulting on a new system for council housing finance which could return a greater direct role in building to local government. This is an opportunity for a 'facelift' for some of the worse off areas and is also an opportunity to spread social housing around more geographically, so as to avoid creating ghettos of the future. Allowing mortgagees facing eviction the right-to-sell to become tenants would quietly and very efficiently begin to break up the owner occupied ghettos we currently have.

The local authority as employer

Direct state employment matters. Median wages are higher in the public than private sectors. Of all workers, 20 per cent are directly employed by the state. Local government negotiates wages and terms and conditions of employment with trade unions, as well as having requirements to promote equalities, whereas private employers, now competing for lucrative local government contracts, often do not. Successive Governments have forced local authorities to outsource many services, with this inequality becoming exacerbated year after year. Reversals only occur in times of crisis. In many areas, a local authority will be the second highest employer (often after the NHS). Local authorities provide work closer to people's homes than they might otherwise find. This can be in schools, waste disposal, neighbourhood offices, and various enforcement and inspection roles. As an employer the local authority role in reducing geographical inequalities often gets overlooked – employment is highly correlated with health and well-being. When a local authority in summer 2009 suggested reducing the incomes of men who collect rubbish bins so as to equate them with women, the authority was thereby suggesting reducing incomes in many of the poorest areas of the city, where disproportionate numbers of bin men live. If two successive Mayors of London from two different major political parties agree that the Greater London Authority and any of its contractors pay the London living wage then no one else has an excuse to be ineffective.

Crime, accidents and safety

In terms of safety, and how it is perceived geographically, the local public sector has direct input via the police (and now through crime and disorder reduction partnerships), but the police do little to make one area safer than another. In particular they do very little to reduce the perception that certain areas are very dangerous. When the police disseminate crime statistics they rarely say how unlikely you are to be burgled, even in the poorest of areas, as compared to your chances of other misfortunes. Crime statistics are routinely released to local bodies and appear

in 'area newsletters', typically revealing the number of cars that were broken into the previous month.

A better statistic might be to tell people that their chances of having their car broken into were one in five hundred last month, and say how low that is compared to their chance of being involved in a road accident. Everyday car drivers - rather than the vicious criminals of fiction - are the greatest killers of people in Britain. Of any single cause, the greatest killer of people aged between five and 35 is car accidents (Shaw et al. 2008). Most children who die, die at the hand of a stranger who was just driving to work. It is only local government that can take effective action to reduce this. Almost all local road speed reduction and traffic management is directly done by local authorities. Cars travelling at 20mph rarely kill children they hit. Cars travelling around 30mph or more often kill and very severely injure.

Anyone working in local government who thinks they have little power should ask themselves who has the most power to stop the way in which most physical suffering and early death occurs to children in Britain when they are hit by a car. Five to seven times as many children are killed by cars in the poor quarter of cities as compared to the rich. But in the rich areas children are no longer allowed out to play so they suffer in other ways too from the way we run our local environments. Oxford, where I was brought up, is likely to be the first all 20mph city. Not only will that save lives in Oxford; but poor areas in that town will increase slightly in amenity, while living in a twee village out of town will reduce in value just a little, so the speed limit will have an equalising effect.

Area-wide traffic calming schemes are one of the few pedestrian injury prevention strategies for which there is documented evidence of efficacy (Davis 2009, National Children's Bureau 2004). Traffic calming, design which encourages cycling and discourages car use and parking in the least affluent areas are all part of the contribution local government can make to improving health and reducing health inequalities. Telling local people that you are going to reduce the greatest risk to the lives of local young adults and children would alter ideas such as the perception of crime and safety. We know this is a determinant of how people see their area and also contributes to mental well-being. Supposing local authorities said to people in their poorest wards that they were no longer going to allow the rich from outer suburbs to speed at 40mph through the inner city? Everything from that to graffiti and dog dirt are part of local government's environmental responsibilities, and all are issues that contribute to people's perception of crime and safety.

Pollution

Before government controlled pollution it was often the areas to the north east of towns which were the most effected by smog. These are still often the poorest areas and the south west still often the richest. And although we don't have smog any more, pollution from vehicle exhausts and noise remain environmental issues which local government has powers to regulate. The closer you live to a main road the more pollution you will suffer and, in general, poorer areas have worse air quality (Mitchell 2003).

Rates of recycling are higher and rates of pollution, including green houses gases, are lower in more equal countries. To give a simple example, in a more equitable country the affluent feel less need to drive their children across town in a four-by-four to go to a school that avoids them having to mix with other children who are much poorer. Reducing local inequalities within any town reduces the felt need for such anti-social behaviour. Local authority-financed state schools are least used in Inner London, Oxford and Bristol because these are some of the most unequal of British cities, and so early morning car congestion and pollution has become endemic in parts of these cities. States schools are used more often, including walking to the nearest state school, in more equal countries.

Of all the 25 richest countries in the world, the US and UK rank as 2nd and 4th most unequal respectively when the annual income of the best-off tenth of their population is compared with that of the poorest tenth. In descending order of inequality the 10%:10% income ratios are: 17.7 Singapore, 15.9 United States, 15 Portugal, 13.8 United Kingdom, 13.4 Israel, 12.5 Australia, 12.5 New Zealand, 11.6 Italy, 10.3 Spain, 10.2 Greece, 9.4 Canada, 9.4 Ireland, 9.2 Netherlands, 9.1 France, 9 Switzerland, 8.2 Belgium, 8.1 Denmark, 7.8 Korea (Republic of), 7.3 Slovenia, 6.9 Austria, 6.9 Germany, 6.2 Sweden, 6.1 Norway, 5.6 Finland, and 4.5 Japan (UNDP 2009, excluding very small states).

Japan has the most mixed communities of all these countries, the lowest levels of pollution, highest rates of recycling, lowest car use and the most children walking to their nearest school. We should stop looking so often to the US for ideas on how to make local communities and health better.

School meals

Here is one example of what is being done with school meals:

"The vision for the Online Free School Meals (FSM) project is of an 'end-to-end', citizen-focused service that transforms the way in which eligible partners are supported in ensuring that their children receive a free school meal. The project, which has involved Hertfordshire CC, Tameside MBC and Warwickshire CC in developing proof-of-concept models, is a genuine opportunity for government to demonstrate, in a key area, that it can work collaboratively to make services simpler, and quicker to access and deliver."

(IDeA 2008, p37)

We could also add the example of 'breakfast clubs':

"Some UK clubs have managed to attract children from disadvantaged backgrounds without stigmatising the children. Success has been attributed to an inclusive approach and hard work on the part of teaching staff, parent volunteers and other service providers to ensure that 'joining the club' (as opposed to 'attending a school-based service') was seen as a positive choice for those attending and their families."

(National Children's Bureau 2004).

Eating breakfast has been associated with improved academic outcomes, improved concentration, increased school attendance, decreased school lateness and improved mood at school, thus contributing simultaneously to both health and educational goals. It would also help if local authorities as employers tried to make sure that they enabled their employees who are parents to have breakfast with their children. Employing more people at school friendly hours, including term time only, could be cheaper than employing them nine to five.

The obvious solution is simply to have school meals, including breakfast, free to all who want them. Introduced after the Boer War, means-tested free school meals were a solution for another age. We don't have free school chairs or tables for means-tested children while others pay for their chairs and tables or bring them in from home. Free schools meals for all has been extensively trialled and found to work in Scotland. In England all primary school children in County Durham and the borough of Newham are finally now being given free school meals in a trial for a nationwide scheme (Teachernet 2009).

Local authorities have the key role to play

In a city like Sheffield, it is much better state schools, better access to services such as doctors, not having to live near tenants, massive state employment, and a huge amount of traffic calming and management that makes the south west of the city attractive. Over the years, Sheffield and most other cities in Britain, have slowly become more socially polarised as a result.

The ability that local authorities have to save the lives of children by simply putting up 20 mph signs is just the tip of a great pyramid of actions that can increase well-being. In short, the most important levers affecting the desirability of different residential areas and, consequently, their health profiles, are in the hands of government and especially local government.

If living in the suburbs did not bring with it better schools; if the commute to work was much slower by reduced speed limits through inner city areas; if people in the suburbs could become council tenants by exercising a 'right-to-sell'; if living in the suburbs were not so much more preferable to living in the city in terms of the local services provided by the state, then would local social polarisation continue to increase as it has for forty years? If you could get to see a GP just as easily by living in the middle of town; if your local primary school had an extra assistant in each class because of the needs of its intake; if enough streets were shut off to allow your kids to play outside, and traffic in others slowed down; if they paid you a decent wage for collecting the bins, why not stay on that street rather than leave when you can?

The national government can decide whether tax and benefit systems should be continued so that the UK is a more unequal country in terms of income than another 20 of the 25th richest countries on earth (including even being more income inequitable than Israel). But local government holds most of the cards when it comes to what is needed to reduce spatial social polarisation. It has tremendous power to make people's lives better, through measures as varied as the living wage, air quality management, school meals and speed limits.

From local to national: growing geographical inequalities

The social polarisation taking place on local levels is a strong trend that is also driving national-level inequalities. A group of colleagues from the University of Sheffield

and I have recently explored this polarisation as part of the 'Changing Britain' project, funded by the BBC¹. We mapped a series of social trends from as far back as 1945, according to BBC TV and radio areas.

As local authorities engaged in activities at regional and other levels and as partners such as the NHS are aware, it is not always helpful to think of local areas in terms of local authority boundaries. The regions covered by local TV news and the cities covered by local radio stations tend to have better local identities than do smaller council areas. The BBC's TV areas look like this (the map on the right is a cartogram with area drawn in proportion to population):

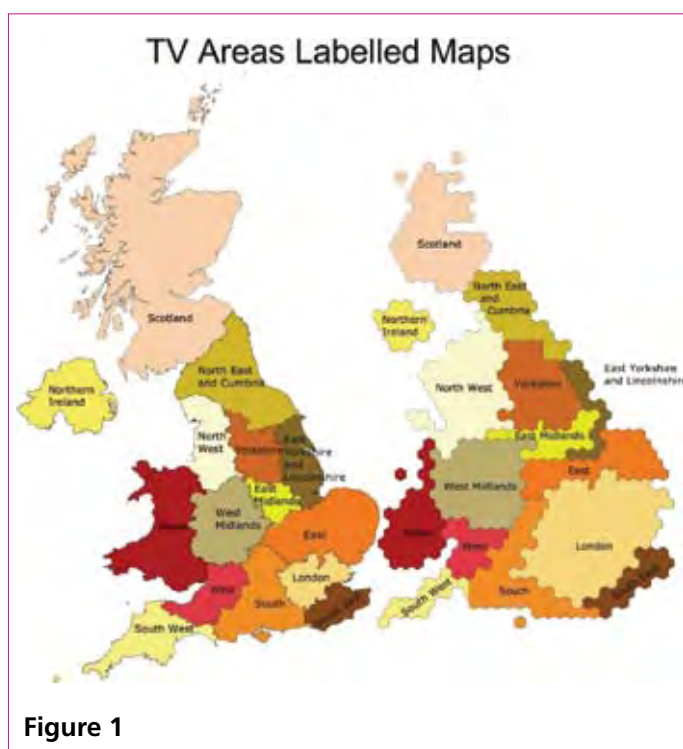


Figure 1

In the map on the right each hexagon is a parliamentary constituency.

The BBC radio areas look like this (the map on the right is a population cartogram)²:

The equivalent population cartogram for local government is very complicated and messy and not very useful for looking at inequalities across the country. So I invite readers to think 'BBC area' instead for the next few pages.

By using this geography as a basis, you can see very simply how population has changed over time in Britain and where

1 This work was undertaken by members of the social and spatial inequalities group at the University of Sheffield including Dan Vickers, Bethan Thomas, John Pritchard, and Dimitris Ballas. The same group also released a report on inequalities in one local authority (Sheffield) as an example of the extent of an audit that is possible of inequality in one place (Thomas et al, 2009).

2 We have created some fictitious radio regions for Scotland and Wales to be comparable to those in England.

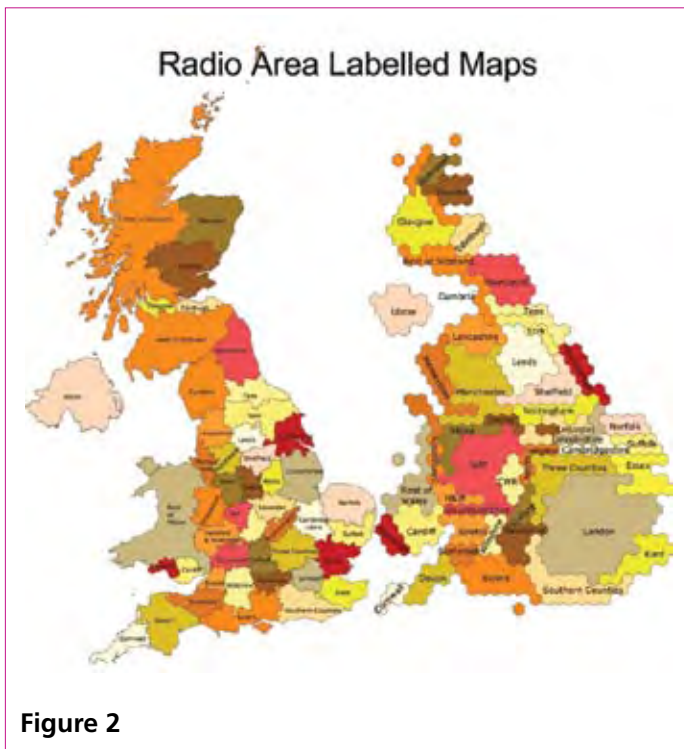


Figure 2

we are sharply diverging – be it by population size, age or wealth, poverty or health. For example, Figure 3 presents population movement between 1981 and 2006.

Notice that, when shown by radio area, it is mainly within the south that population growth has occurred. Such change has had the effect of sharpening up the north-south divide when the largest increases have been near that border.

There was little a single local authority in the North West could do to attract more migrants from abroad when it needed them, once migrants had learnt there was more money to be made in London. But maps like this show how national policy affects local areas, their character and needs and why, therefore, local government should understand its impact. The overall pattern of population change has over the longer term been very smooth, geographically. Monies, posts and aspirations have followed this pattern, but it was not a natural move to the south. Successive governments supported the move. It was reinforced by the growth in the finance industries and the decline of manufacturing. But there is no inevitability that this will continue. It all depends one what we choose. Whether we build third runways or support a 'defence' industry based mainly in the south, with faster rail lines into London. Or do something a little more imaginative. Currently government is choosing to reduce £300 million of spending in the North of England to spend most of it mainly bolstering the housing market in the south (Audit Commission 2009). I would be interested if anyone can find a clearer example of how action by

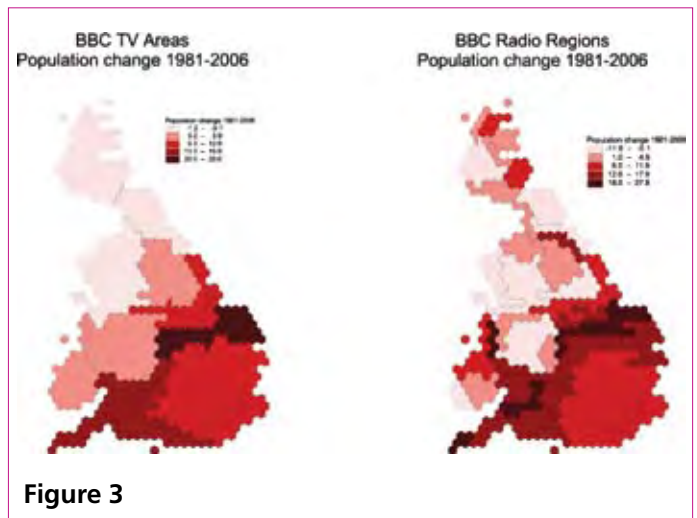


Figure 3

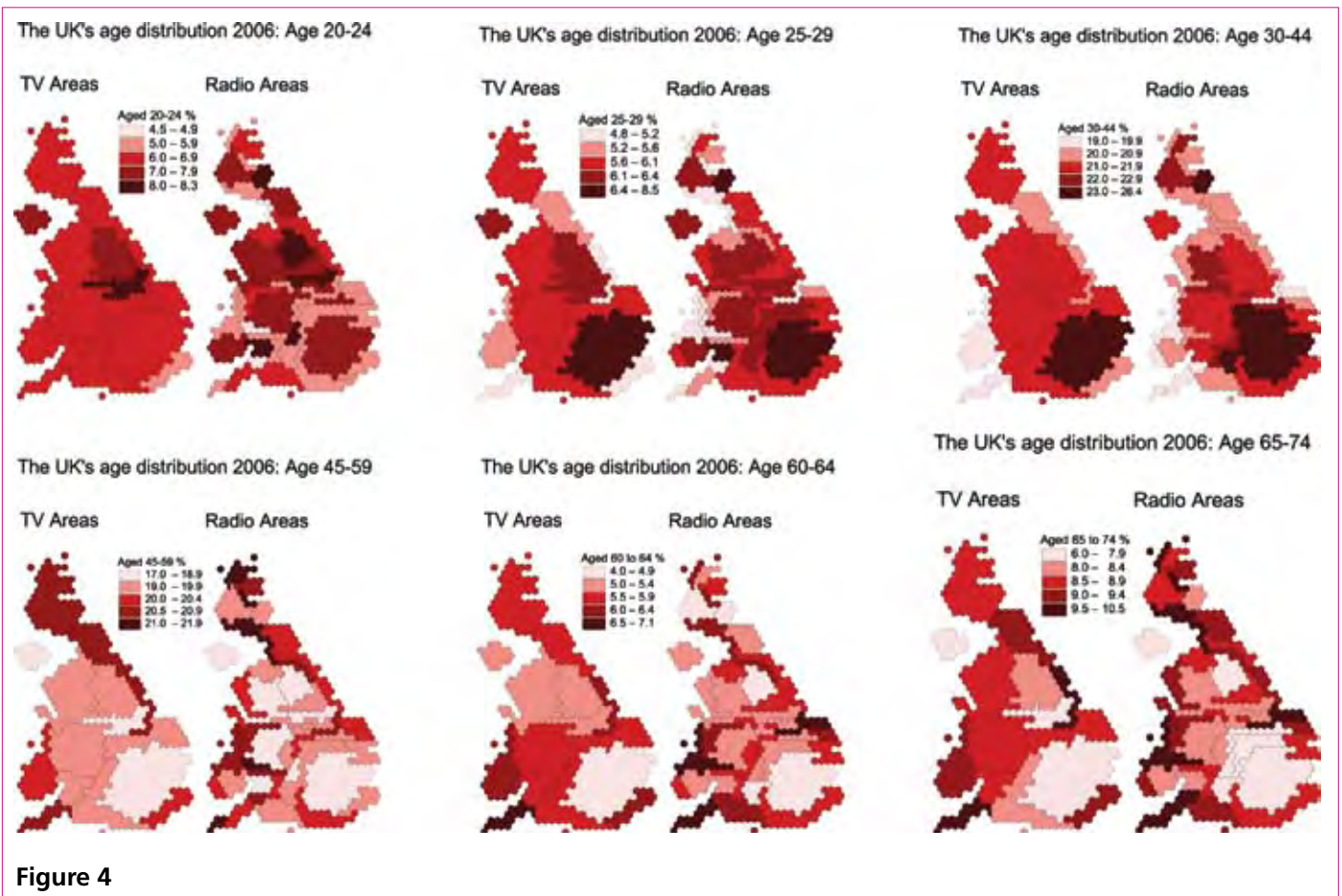
central government helps maintain the north-south divide.

Figure 4 (overleaf) shows the geographical picture of population spread by age, just for 2006. Note also that, by 2006, London became the place to be up to age 44, and the place to leave most clearly after that age.

It is not just as simple as population movement, and the divergences between where old and young live. The gaps have also been growing according to wealth and poverty and health between different parts of the country - as well as within cities.

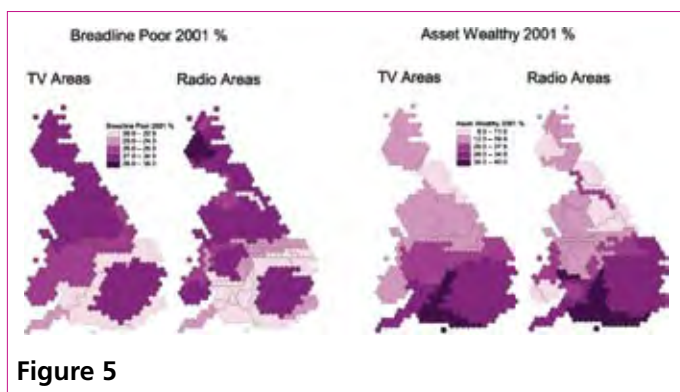
The maps below give the latest detailed picture we can create of social inequalities prior to the release of the 2011 census data. Complex methods of combining censuses and surveys are used to draw these maps and to chart the slow and steady polarisation of people by poverty and wealth (and, consequently, health) between areas.

The important point to make when we look at these kinds of cleavages is not simply that the totals are increasing, but that the differences between areas are growing more extreme. People and places in Britain are not characterised just by standard understandings of poverty and wealth and all that correlates with them. They are other key cleavages, such as loneliness – a negative indicator of mental health – which is also growing more extreme in some areas more than others. We have found that, between different, small areas, loneliness rates have diverged over time (Dorling and Gunnell, 2003). Loneliness would be a good measure against which local authorities could assess their communities' sense of well-being in their annual quality-of-life surveys. These kinds of measures of social fragmentation are an attempt to quantify social glue and social atomisation. In the case of the latter, measures are rising.



Would the public welcome action?

In the run up to the 1997 general election there was an upwelling of feelings of community, of 'all being in it together'. From 1997 to at least 2005 that sentiment declined as Figure 6 shows, with selfishness winning again



by 2005. But by early 2007 the position had reversed again. Long before former certainties began to crash around us (of financial and social stability), people at the very first signs of trouble began to say again that looking after the community should come first.

People are beginning to change their priorities slightly in light of issues such as rising potential loneliness, stress, and because in many ways we have now become affluent enough to cover our basic needs and are realising that we should be looking for more from life than simply trying to earn more or live further away from our neighbours. Consider how The Futures Company *Planning for Consumer Change* found attitudes to work to be changing at the very start of the current down turn:

Today we see some core British and American values (materialism, individualism) being drawn into question. Consider how attitudes to consumer choice are changing:

This research into perceptions reveals a public appetite for the state to play a bigger role in improving people's increasingly unequal lives, to reduce the uncertainties in life, to reduce inequalities.

Conclusion

The 'place-shaping' role of local government could take advantage of this appetite for change to bring about greater levelling up between areas. Local authorities are the planning authorities for their areas and, as such, have huge opportunities to influence both the infrastructure and the

"The quality of life in Britain is best improved by...
 (a) Looking after the community's interests rather than your own
 (b) Looking after ourselves which ultimately raises standards..."



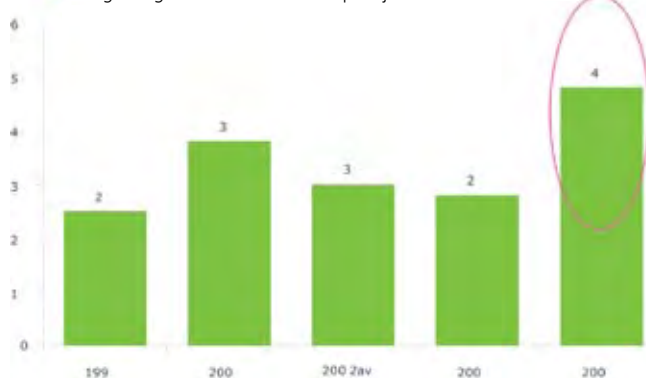
Source: The Futures Company *Planning for Consumer Change 2007*.
 Note that this chart excludes 'don't know' and 'not stated' which account for 16.5% and 0.5% of respondents, respectively by 2007.

Figure 6

services provided in an area and how they in general 'feel' as a pleasant, or otherwise, place to be.

Local authorities are now using the planning function to design in walking and cycling routes and opportunities for exercise, to cut down car use, ensure that health and social care facilities are put in place in large developments, and build in safety factors (and safety perception factors) such as street lighting. Again, just think of a single child saved from injury and suffering by a 20 mph sign. Local government decision makers really do have the power of life and death in their hands.

■ % Agreeing I would take a lower paid job if it meant less stress

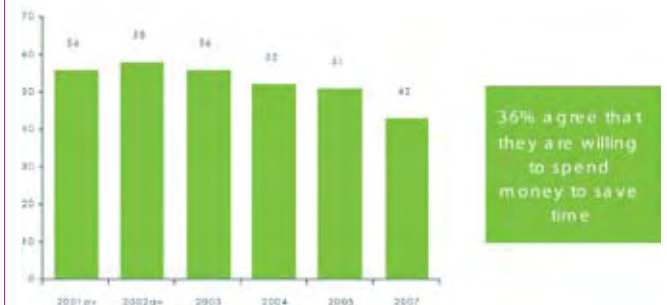


Source: The Futures Company *Planning for Consumer Change 2007*.

Figure 7

Within Britain, differential migration, year by year, slowly adds to the social division within and between local authorities. The perpetuation of old state systems such as free school meals for a few and perceptions of social housing as low-quality, maintain the engine of divisions. And all of these maintain and increase inequalities in health.

■ % Agreeing you can never have too much choice in life



Source: The Futures Company *Planning for Consumer Change 2007*.

Figure 8

Implications... for local services

The state needs to be brave and to devise new ways of doing things to slow down growing spatial inequalities. The implication for local government is a commitment to increasing services and increasing resources most in the poorest geographical areas: differential treatment to correct the 'inverse care' law. Otherwise the impact of the social determinants of health will continue to increase health inequalities between geographical areas, increasingly poor mental health and worse overall health for all. If the national government concentrates resources in the south of England through housing market packages and bank bailouts, this is unlikely to reduce overall geographical inequalities in Britain.

Implications... for the evidence base

The work presented here has involved some speculation, but also a great deal of background reading and the use of the comment as above re writers style work of many others (Dorling 2010). More precisely it also requires bespoke methods for estimating poverty, wealth and health locally – otherwise we would not know that the country is slowly dividing between rich and poor areas and, therefore, between healthier and sicker areas. We need innovative research, as Mike Kelly and Tessa Moore argue in Chapter 3, and we need to pull together the enormous range of evidence already out there more imaginatively.

Local authorities have, since 2008, been required to work with the local PCT in producing a joint strategic needs assessment (JSNA) for their area. This is supposed to produce a profile of the area, along the dimensions I have been discussing, including, obviously, health and social care needs. It is supposed to inform the 'LAA', that is, the set of indicators and targets that 'partners' locally agree to work on. The requirement for the JSNA, and the general requirement for local government and the

regional public health observatories, to understand their populations emphasises the importance of doing the kind of mapping, charting and graphing illustrated here – it will increase as the authorities' own understanding of the links between health and other social/economic factors increases and will also increase the understanding of the populations themselves and their elected and community representatives and, perhaps most importantly, help set priorities for design and provision of services.

With colleagues we have been looking in great detail recently at inequality within the city of Sheffield, with results published on the web in November, 2009 (Thomas et al 2009). Slowly, surely, it is possible to use the concept of 'place' to understand, and suggest it is possible to reduce, health inequalities. Just because we have been so bad at this in Britain in the past four decades does not mean that doing better is not possible.

Acknowledgements

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