

**Response to: Belfast City Centre North West Quarter
Part Two**

**GVA Grimley Report to the Department for Social Development
Baseline Regeneration Issues Report – Part Two Area
Public Consultation Document
October 2006**

Commissioned by Belfast Healthy Cities

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Introduction

We ask DSD to take account of the public health in the Masterplan for the North West Quarter in order to provide a foundation for sustainable communities in the North West Quarter and the wider surrounding area.

Belfast is one of over 70 Healthy Cities in the World Health Organization's Network of Healthy Cities in Europe, which takes Healthy Urban Planning as a core theme.

Contemporary principles for urban planning, which take account of the public health, are rooted in an active form of intervention, whereby the aim is to establish basic standards of provision in any new development, using an approach that is founded on estimating and providing for the future needs of communities with an awareness of the profound effect planning can have on all levels of factors that influence health.¹

Good planning is critical to developing sustainable communities,² as is good health. Good planning can protect and promote health, and a healthy community is one that is able not only to sustain itself economically, socially and environmentally but also to make an important contribution to the economic, social and environmental well-being of the whole population.

First Steps towards Sustainability, the Northern Ireland sustainable development strategy, identifies joined up government, better regulation and synergies between central and local government as central elements of sustainable development. Sustainable communities, in turn, “balance and integrate the social, economic and environmental components of the neighbourhood”, and establishing them involves “working in partnership at the local level to provide cleaner, greener, safer, thriving and well-connected communities where people want to live and work”.

Barton and Tsourou consider some of the most critical spheres for co-operation to be: land use and transport planning, an integrated transport strategy, and integrated resource planning (involving energy, water, food, waste, wildlife, job creation and recreation strategies).³

In this response to the document entitled “Belfast City Centre North West Quarter Part Two. GVA Grimley Report to the Department for Social Development. Baseline Regeneration Issues Report – Part Two Area. Public Consultation Document, October 2006”, we have commented on the following from the perspective of potential impacts on health and the possibility of enhancing health through the Masterplan for the North West Quarter:

- The section entitled “12 Priority Actions”;
- Issues not covered under the Priority Actions;

¹ Adapted from page 10 in Barton and Tsourou (2000) Healthy Urban Planning.

² Paragraph 2.10 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist.

³ Page 85 in Barton and Tsourou (2000) Healthy Urban Planning.

- The potential synergies with the redevelopment and regeneration of the Lower Shankill Estate. Belfast Healthy Cities is currently working with the Northern Ireland Housing Executive conducting a Health Impact Assessment on the regeneration of the Lower Shankill strategy.

It is particularly important to address health issues in the Masterplan affecting communities in the North West Quarter and the wider surrounding area because some of the social and economic problems experienced by these communities are either “directly or indirectly associated with the conflict” commonly known as “the troubles”, a period of prolonged violence and civil unrest in Northern Ireland dating from 1968.⁴ Symptoms of these problems include:

- pockets of severe deprivation;
- long-term unemployment;
- economic inactivity;
- a legacy of poor mental and physical health.⁵

An illustration of these symptoms in one of the communities mentioned in the Masterplan is given in Annex 1, which provides a snapshot of residents in the Shankill 2 super output area which abuts the North West Quarter.

At present, the NIHE have commissioned, together with Belfast Healthy Cities, a health impact assessment of the 11 options for the redevelopment and regeneration of the Lower Shankill Estate. This work has given Belfast Healthy Cities the opportunity to gain a greater insight into the health and other inequalities experienced by residents in this area, although from Section 2 in the Masterplan it is clear that other communities in the area also experience similar difficulties and problems that affect their health and well-being.

The public health strategy for Northern Ireland, *Investing for Health*, provides a framework for tackling such inequalities. It focuses on tackling the social determinants of health (housing, physical environment, employment, poverty) which have a crucial impact on health outcomes and emphasises partnership working as a mechanism to achieve targets. The strategy notes that planning plays a central role in achieving sustainability and encouraging more active and healthy lifestyles, as well as creating more attractive environments that support wellbeing.

It should also be noted that the good relations strategy *A Shared Future* has as a central objective to reduce tension in interface areas and facilitate the development of a shared community where people wish to interact. This strategy also identifies the role that planning plays within this, and emphasises that shared spaces should be reclaimed and, particularly, that interface tensions should be reduced through an integrated planning agenda.

⁴ Jordan, A. et al. (2006) Health Systems in Transition: the Northern Ireland report. WHO Regional Office for Europe, Copenhagen, on behalf of the European Observatory on Health Systems and Policies.

⁵ Jordan, A. et al. (2006) Health Systems in Transition: the Northern Ireland report. WHO Regional Office for Europe, Copenhagen, on behalf of the European Observatory on Health Systems and Policies.

Comments on section entitled “12 Priority Actions”

General health priorities for urban planning: do the Priority Actions in the Masterplan meet them?

Barton and Tsourou⁶ identify five health priorities for urban planning strategies as follows:

1. To enhance accessibility by foot and bike, and thus to promote healthy exercise and the sense of local community, increasing equity in the access to services for people with poor access to transport;
2. To enhance the viability of public transport as a means of increasing travel options and cutting reliance on car use, hence reducing accidents, air pollution and carbon dioxide emissions;
3. To increase the choices open to all sectors of the population – especially people who do not use cars – for access to employment, education, health, shopping and leisure activities;
4. To increase the range and quality of residential accommodation, and therefore to facilitate households finding housing to suit their needs and income;
5. To foster the economic buoyancy of settlements, increasing the range of job opportunities and creating the resources needed to regenerate urban areas and provide services.

In the consultation document, *pedestrian accessibility* is addressed explicitly in the priority actions, which has the potential to improve health. Furthermore, access to education and some leisure activities (culture related) is addressed under the heading of neutral uses, which could be beneficial to health and well-being.

However, the viability of *public transport* is not addressed as a priority action, neither is *access to employment and health services*. It is suggested that these issues need to be given greater prominence in the Masterplan.

Although *residential accommodation* is addressed in the priority actions, only the possibilities for social housing are described, which may not provide a range of dwellings. In contrast, in the Masterplan, the other main set of recommendations (which appears to be the preferred option in the main body of the text) suggests the construction of private sector apartments which also does not provide a range of dwellings. It is suggested that greater consideration could be given to a range of dwellings in terms of size and tenure. For the planning process to contribute to a socially balanced population, it is important to provide housing appropriate for a range of family types and household incomes.⁷ Barton and Tsourou recommend that every part of a city should have a good range of housing type, tenure, size, price and garden availability.⁸

However, for vulnerable groups, improving people’s housing may reduce health inequality.⁹ The provision of public, social, and low-cost housing is central to the

⁶ Pages 91-92 in Barton and Tsourou (2000) *Healthy Urban Planning*. Spon Press.

⁷ Page 31, “What needs to happen”, Cave and Molyneux (2004) *Healthy Sustainable Communities: A Spatial Planning Checklist*.

⁸ Page 101 in Barton and Tsourou (2000) *Healthy Urban Planning*.

⁹ Paragraph 5.3 in Cave et al (2004) *Healthy Sustainable Communities: What works?*

interests of vulnerable people in the population – low-income groups do not gain access to adequate housing simply through an ample overall supply but by removing the institutional and market barriers to provide for special needs and movement of households between sectors.¹⁰

In relation to the above, it should also be noted that affordability is increasingly an issue for single people and first time buyers from all backgrounds. Sir John Semple is currently conducting a Review of Housing Affordability on commission by DSD, and it is important that the recommendations of the final report, expected in March 2007, are taken into consideration for the North West Quarter. A central issue is the need to improve access to affordable housing, and an Interim Report published by Sir Semple in December 2006 sets out a number of options for this, including increasing social housing production, reclaiming voids and disused buildings for residential development and including affordable units as part of open market housing developments.

Finally, the need to *increase the range of job opportunities* is not addressed as a priority action apart from a passing mention under the heading of neutral uses – for further information, see page 14.

¹⁰ Adapted from page 101 in Barton and Tsourou (2000) Healthy Urban Planning.

Specific comments on the Priority Actions

<i>Paragraph and heading (where relevant)</i>	<i>Comment</i>
12.4 Central Library	<p>We support the recommendation to consider the role of a social economy initiative to assist in the delivery of the Central Library redevelopment proposals.</p> <p><i>Rationale in terms of potential impacts on health and well-being</i> Low income is a predictor of poor health. Areas of social exclusion are characterised by low savings, under-investment, and low multipliers of local spending, and those who face acute finance gaps include individuals, micro and small businesses, small housing associations and the wider voluntary sector. Economic development can be an important factor in developing social inclusion.</p> <p>We support the recommendation to achieve a high-quality design for the Central Library redevelopment combining the dramatic heritage with a dynamic contemporary extension.</p> <p><i>Rationale in terms of potential impacts on health and well-being</i> Barton and Tsourou suggest that locally distinctive architecture or townscape that reflects the traditional materials and culture of the area is used as a starting point for design.¹¹ Local sources of traditional building materials, normally associated with low energy use, give a sense of place and continuity with the past.¹²</p>
12.5 Neutral Uses/Housing	<p>We support the recommendations (1) to introduce neutral uses along Peter’s Hill/North Street and Clifton Street/Donagall Street to maximise connectivity with the wider area, and (2) to engage with the BIFHE, TEP and University of Ulster to seek to deliver such uses in these locations.</p> <p><i>See Rationale under 12.13 with respect to pedestrian connectivity.</i> <i>See Rationale under 12.7 with respect to educational uses.</i></p>

¹¹ Page 152 in Barton and Tsourou (2000) Healthy Urban Planning.

¹² Page 156 in Barton and Tsourou (2000) Healthy Urban Planning.

<p>12.6</p>	<p>We support the recommendation that policy-makers explore with the community the potential to support new social housing which could accommodate all sections of the community or social housing development which is planned to minimise the risk of further polarisation within the area.</p> <p><i>Rationale in terms of potential impacts on health and well-being</i></p> <p>It is important to explore this recommendation of GVA Grimley in the first instance rather than taking the option of introducing “private sector residential apartment style living”, as recommended in Paragraph 4.14, because the latter recommendation could lead to gentrification and social displacement. Although private sector apartments were recommended as a way of “securing neutrality for the foreseeable future” – no date is given to indicate how far into the future this may be – this recommendation could give rise to other negative effects. Neighbourhood improvements may displace social problems rather than solve them, and may not help to reduce inequalities in housing and health.¹³ Although gentrification may appear to improve the physical and social fabric of an area, social problems are usually evacuated – the subsequent absence of social problems is used as evidence that gentrification has positive social impacts.¹⁴ Displacement has social costs, e.g. increased housing need, overcrowding in ‘hidden households’ and homelessness.¹⁵ People who have been displaced are likely to feel resentment, disenfranchisement and exclusion.¹⁶</p> <p>It should also be noted that the current Review of Housing Affordability, conducted by Sir John Semple for DSD, advocates mixed tenure in order to avoid the type of problems described above, and also to regenerate areas in a sustainable and balanced way. The Interim Report (December 2006) emphasises the benefits of integration across social strata, which include improved quality of life particularly for the least well off groups, increased prosperity and improved opportunities for investment. In addition, it notes that reusing existing buildings would fall into line with the Sustainable Development Strategy, which stresses this as a way of reducing environmental impacts.</p>
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¹³ Curtis, S. et al. (2002) Regeneration and neighbourhood change. Health Development Authority, London.

¹⁴ Atkinson, R. (1999) Measuring gentrification and displacement in Greater London. Urban Studies 37(1): 149-165.

¹⁵ Atkinson, R. (1999) Measuring gentrification and displacement in Greater London. Urban Studies 37(1): 149-165.

¹⁶ Atkinson, R. (1999) Measuring gentrification and displacement in Greater London. Urban Studies 37(1): 149-165.

<p>12.7 Education</p>	<p>We support the recommendation to work with existing education providers – BIFHE and University of Ulster – in the area.</p> <p>We support the recommendation to provide support to the Central Library to deliver an integrated approach.</p> <p>As the wording of the priority action is not clear, we ask DSD to consider working with existing education providers and TEP to address some of the education, training and skills development needs of communities living in the wider surrounding area, particularly people living on the Lower Shankill Estate given the low levels of educational attainment and the high level of deprivation for this domain.</p> <p><u><i>Rationale in terms of potential impacts on health and well-being</i></u> The Organization for Economic Co-operation and Development (OECD) states that the economic importance of knowledge and skills is growing and the social impact of learning is equally significant as economic impact – education, training and learning play important roles in providing a basis for economic growth, social cohesion and personal development.¹⁷ Education is positively correlated with employment earnings, and educational attainment in one generation has positive effects on educational attainment in the next – better-schooled parents have children with higher future earnings potential.¹⁸ Educational attainment in childhood is linked to a range of improved adult health outcomes.¹⁹ People with higher educational qualifications tend to be healthier and have a lower take up of social benefits, and education is associated with lower crime, helping young people to remain in school.²⁰ People who have had more schooling tend to be less overweight and engage in more exercise per week than those who are less educated – they are also better able to identify relevant health-related information and use it in a constructive manner, for instance, one year of additional schooling is associated with reduced daily average cigarette consumption.²¹</p> <p>Integrating and co-locating facilities and human service (e.g. education, leisure, library, religious, and police facilities) delivery has a wide range of benefits from health promotion to service synergies to more cost-effective one-stop-shop models, including extended and full service schools.²²</p>
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¹⁷ Organization for Economic Co-operation and Development (2001) The wealth of nations: the role of human and social capital.

¹⁸ Paragraph 8.28 in Cave et al (2004) Healthy sustainable communities: What works?

¹⁹ Paragraph 8.29 in Cave et al (2004) Healthy sustainable communities: What works?

²⁰ Paragraph 8.34 in Cave et al (2004) Healthy sustainable communities: What works?

²¹ Kenkel (1991) Journal of Political Economy 99; 287-305.

²² Adapted from Paragraph 9.6 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist.

<p>12.8 Tourism & Culture</p>	<p>We support the recommendation to use tourism and culture to break down non-neutral uses in areas considered community interfaces.</p> <p><i>Rationale in terms of potential impacts on health and well-being</i> The value dimension of culture includes relationships, shared memories, experiences and identity, diverse cultural, religious and historic backgrounds, standards, and what we consider valuable to pass on to future generations.²³</p> <p>According to the <i>Culture Can</i> document published by DCAL (2005), culture is “those things that weave together our existence and make it meaningful, things like art, sport, museums and libraries”. This document also argues that investment in culture helps develop an economy that is cohesive, inclusive, sustainable and just, and notes that inward investment in culture can attract visitors and further investment, as argued in the consultation document.</p>
<p>12.9 Belfast Telegraph</p>	<p>We support the recommendation to engage actively with the Belfast Telegraph to pursue opportunities to rationalise operations and the potential to redevelop parts of their lands to improve the image of the area, encourage investment and enable wider regeneration to be delivered.</p> <p><i>Rationale in terms of potential impacts on health and well-being</i> Regeneration programmes can have an important influence in improving the quality of people’s lives by mitigating the effects of uneven development, but they can have negative impacts on some population groups.²⁴ Long-term non-migrating residents may not benefit economically from regeneration and experience a decrease in average household income and a worsening of physical health status.²⁵</p>
<p>12.10 Social Economy</p>	<p>We support the recommendation to promote support to explore social economy initiatives, in particular in the Press/Library Quarter.</p> <p><i>Rationale in terms of potential impacts on health and well-being</i> Low income is a predictor of poor health. Areas of social exclusion are characterised by low savings, under-investment, and low multipliers of local spending, and those who face acute finance gaps include individuals, micro and</p>

²³ Department of Culture, Media and Sport (2000) Creating opportunities: Guidance for Local Authorities in England on local cultural strategies. The Stationery Office, London.

²⁴ Cave, B. et al. (2001) Health impact assessment for regeneration projects. Volume II: Selected evidence base. East London and City Health Action Zone and Queen Mary, University of London, London.

²⁵ Glenn, L. et al. (1998) Effect of a transient, geographically localised economic recovery on community health and income studied with longitudinal household cohort method. *Journal of Epidemiology and Community Health* 52: 749-757.

	<p>small businesses, small housing associations and the wider voluntary sector. Economic development can be an important factor in developing social inclusion.</p>
12.11 NIHE	<p>We support the recommendation to work with NIHE to achieve complementary approaches for the wider Peter's Hill area; however, we ask DSD to consider including in their discussions with NIHE the redevelopment and regeneration of the Lower Shankill Estate, to maximise the synergies of redevelopment in North and West Belfast, and to enable the community on the Lower Shankill to benefit from the redevelopment of the North West Quarter – see Annex 1 for further information about the Lower Shankill Estate.</p> <p><u>Rationale in terms of potential impacts on health and well-being</u> As agencies or departments responsible for transport, energy, water, health and other important facilities, services or amenities do not often coincide, Barton and Tsourou recommend that authorities and agencies ensure a collaborative approach to planning.²⁶ An holistic and integrated approach to urban planning is based on co-operation and partnership.²⁷</p>
12.12 Independent Traders	<p>We support the recommendation to encourage independent traders.</p> <p><u>Rationale in terms of potential impacts on health and well-being</u> Supporting facilities, including small retail outlets, within large and small residential schemes can contribute to the vitality of an area.²⁸ Planning instruments that improve security of tenure for small retail outlets will enhance their viability.²⁹</p>
12.13 Transport	<p>We support the recommendation to encourage the Roads Service to prioritise schemes to improve pedestrian connectivity and reduce severance caused by roads.</p> <p><u>Rationale in terms of potential impacts on health and well-being</u> Pedestrian connectivity The World Health Organization (WHO) recommends the creation of a dense network of footways to link all main activities and public transport facilities to ensure safety, directness, ease of use, especially for people who are less</p>

²⁶ Page 84 in Barton and Tsourou (2000) Healthy Urban Planning.

²⁷ Page 85 in Barton and Tsourou (2000) Healthy Urban Planning.

²⁸ Policy Action Team, Social Exclusion Unit (1999) Improving shopping access for people in deprived neighbourhoods. Department of Health.

²⁹ Edwards, M. (2001) City design: what went wrong in Milton Keynes? Journal of Urban Design 6: 87-96.

	<p>mobile (e.g. older people, people who have a physical disability), and the provision of an attractive and secure pedestrian environment.³⁰ Pedestrians should have top priority in the movement system, and where there are conflicts with road traffic pedestrian routes should be given priority.³¹ Pedestrian routes need to be direct and convenient, and allow good permeability.³² Barton and Tsourou recommend a permeable pedestrian and cycling environment as a policy objective for healthy urban planning in order to promote accessibility and increase the potential for social contact, interaction and cohesion.³³</p> <p>Community severance Community severance is a key issue relating to transport because traffic affects social networks on a very local basis – as traffic volumes increase, people’s sense of neighbourliness and the geographic density of their friendships decreases.³⁴ Social cohesion is undermined by roads severing community links and constructing barriers to pedestrian connectivity.³⁵</p> <p>The Northern Ireland regional development strategy <i>Shaping Our Future</i> (DRD 2002) recognises the issue of community severance, and argues that a more strategic transport network will improve accessibility and also social cohesion. In addition, the issue was identified as significant in a Health Impact Assessment of the draft Belfast Air Quality Action Plan (Belfast City Council 2006), where participants at several workshops felt that road widening and other roadworks had a negative impact on their opportunities to stay in close contact with extended family and to walk safely in the local area.</p>
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³⁰ World Health Organization Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.

³¹ World Health Organization Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.

³² Page 136 in Barton and Tsourou (2000) Healthy Urban Planning.

³³ Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning.

³⁴ Appleyard, D. (1981) Liveable streets. University of California Press, Berkeley.

³⁵ Page 14 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

<p>12.14 Urban Design</p>	<p>We support the requirement for high-quality design being paramount in all future developments to raise the profile and attractiveness of the area.</p> <p><u><i>Rationale in terms of potential impacts on health and well-being</i></u> The design of the built environment is important for people’s psychosocial health.³⁶ Good design encourages greater ownership and involvement of communities, and can reduce negative effects such as vandalism, and the under-use of facilities.^{37 38} A well-designed built environment will help to foster and reinforce a sense of community.³⁹ An aesthetically pleasing environment will encourage people to walk for exercise or recreation.⁴⁰ Poor design creates opportunities for crime and decreases people’s willingness to use and defend local space.⁴¹</p> <p>We also support the recommendation to work with all key stakeholders in order to deliver successful regeneration of the wider area; however, we ask DSD to ensure that the communities in the wider area are considered as key stakeholders in addition to the business and commercial, public and voluntary sectors.</p> <p><u><i>Rationale in terms of potential impacts on health and well-being</i></u> Participation may benefit individual health by enhancing one’s sense of empowerment and efficacy. People are most likely to take control of their health if they are in control of other aspects of their lives.⁴² Participation may also contribute positively to health at a more collective level by building social capital in a community.⁴³</p>
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³⁶ Seymour et al. (2001) Rapid review of housing and the built environment. Rapid reviews of public health for London. NHS Executive, London.

³⁷ Evans and Shaw (2001) Draft Final Report of a study into the impact of Lottery Good Cause spending in the UK. Centre for Leisure and Tourism Studies, University of North London, for the Department for Culture, Media and Sport.

³⁸ Wilson (1987) The truly disadvantaged: the inner city, the underclass and public policy. University of Chicago Press.

³⁹ Paragraph 6.1 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist.

⁴⁰ Paragraph 5.39 in Cave et al (2004) Healthy sustainable communities: What works?

⁴¹ Newman, O. (1972) Defensible space. Macmillan, New York.

⁴² Bandura, A. (1996) Self-efficacy in changing societies. Cambridge University Press, Cambridge.

⁴³ Paragraph 4.9 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist.

<p>12.14 Urban Design</p>	<p>We support the requirement for high-quality design being paramount in all future developments to raise the profile and attractiveness of the area.</p> <p><i>Rationale in terms of potential impacts on health and well-being</i> Barton and Tsourou recommend that in neighbourhood planning neighbourhoods should be seen as part of an urban continuum, in which one neighbourhood merges into another, with free cycling and pedestrian movement through them.⁴⁴</p>
<p>12.16 Crumlin Road Gaol/Girdwood Park</p>	<p>We support the recommendation that the Crumlin Road/Girdwood Park site needs to be fully connected into the City Centre, both physically and functionally. This is particularly important for the community living on the Lower Shankill Estate whose residences border both the North West Quarter and the Crumlin Road Gaol. Synergy between the two sites could provide opportunities for employment and access to amenities and facilities for Lower Shankill residents, which is important given the level of deprivation currently experienced by this community.</p> <p><i>Rationale in terms of potential impacts on health and well-being</i> Barton and Tsourou recommend that authorities and agencies ensure a collaborative approach to planning in order to create a healthy human habitat that functions to create opportunities and a high quality of environment for people irrespective of their wealth or status, in a way that is ecologically sustainable.⁴⁵</p>

⁴⁴ Page 134 in Barton and Tsourou (2000) Healthy Urban Planning.

⁴⁵ Page 84 in Barton and Tsourou (2000) Healthy Urban Planning.

Issues not addressed in the Priority Actions

1. Provision of community facilities

At present, there is no action in the Priority Actions Chapter to address the provision of community facilities (physical infrastructure) in the North West Quarter, especially given the observation in Paragraph 3.6 of a lack of community facilities for the Peter's Hill community. We ask DSD to consider this issue in the Masterplan.

Rationale in terms of potential impacts on health and well-being

Although the provision of physical facilities for community use does not of itself constitute or develop social capital,⁴⁶ providing a range of meeting places in the community can encourage the development of supportive social networks.⁴⁷

2. Provision of employment opportunities

At present, there is no explicit action in the Priority Actions Chapter to address unemployment for the communities not only in the North West Quarter but also the wider surrounding area despite the fact that unemployment is high in both the Shankill 2 and New Lodge 1 super output areas (see data given in Paragraph 2.13). Planning for employment in the North West Quarter needs to be linked to a wider economic development strategy. We ask DSD to consider this issue in the Masterplan, especially as a means of counteracting the potential negative effects of regeneration programmes – see text under paragraph 12.9.

Rationale in terms of potential impacts on health and well-being

Employment prospects in poor neighbourhoods will be significantly improved by action to improve the infrastructure, resources and opportunities available to these neighbourhoods.⁴⁸ Neighbourhoods require local work opportunities to develop the bridging ties necessary to generate social capital and better health.⁴⁹

However, it is not enough to provide work opportunities in order to improve people's health, the nature of the impact also depends on the key attributes of a job, e.g. pay, job security, job control, worker involvement, support at work, reward/effort ratio, prestige, physical working conditions, and equality opportunities, where the effects are positive for high-grade jobs and negative for low-grade jobs.⁵⁰ As employment is a source of income, it has the potential to increase the level of disposable income and provide a route out of poverty, therefore there is the possibility of tackling health and other inequalities if planning for employment is accompanied by an economic development strategy that addresses social inequalities to reduce social inequalities.⁵¹

⁴⁶ Campbell, C. et al. (1999) Social Capital and Health. Health Education Authority, London.

⁴⁷ Catell, V. and Evans, M. (1999) Neighbourhood images in East London: social capital and social networks on two East London estates. Joseph Rowntree Foundation, York

⁴⁸ Social Exclusion Unit (2000) Policy Action Team report summaries: a compendium. National Strategy for Neighbourhood Renewal.

⁴⁹ Catell & Evans (1999) Neighbourhood images in East London: social capital and social networks on two East London Estates. YPS for the Joseph Rowntree Foundation.

⁵⁰ Paragraph 8.3 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist.

⁵¹ Paragraphs 8.4 and 8.5 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist.

3. Mixed use developments – flexible use of ground floor space

At present, when discussing the issue of mixed use in the North West Quarter, there is no explicit mention of the need to plan for sufficient space and flexibility in the buildings to accommodate growth.⁵² We ask DSD to consider this issue as a priority action in the Masterplan to ensure the sustainability of the diverse uses in the redevelopment of the North West Quarter.

Rationale in terms of potential impacts on health and well-being

Barton and Tsourou suggest that localities such as the North West Quarter should be planned to encourage the clustering of facilities in ways that can adapt and flourish as social and market conditions change.⁵³ One of their policy objectives for healthy neighbourhood planning is construct buildings for social and commercial uses that are adaptable.⁵⁴

4. Public or community transport

At present, there is no explicit action in the Priority Actions Chapter to address public or community transport. We ask DSD to consider this issue as a priority action in the Masterplan to increase access, especially for vulnerable groups who do not have access to private transport. Of particular concern with respect to the North West Quarter Masterplan is the large number of older people, particularly single women, in some communities in the quarter or in the surrounding areas who are at risk of social isolation.

Rationale in terms of potential impacts on health and well-being

Public transport is important to increase access to services, facilities and amenities, especially as many of the people living in the communities in the wider surrounding area do not have access to private transport (e.g. only 25% of people in the Shankill 2 super output area have access to private transport).

A key policy concept for transport planning is that all areas of a city and all outlying settlements should be accessible by public transport.⁵⁵ To promote access, Barton and Tsourou recommend that all housing should be within easy walking distance (i.e. 400m) of good public transport services that give access to main centres of urban activity.⁵⁶

5. Active travel opportunities

Although pedestrians are given prominence in the Priority Actions, cycling is not. We ask DSD to consider this issue for inclusion as a priority in the Masterplan.

Rationale in terms of potential impacts on health and well-being

Barton and Tsourou recommend the provision of a strategic cycling network serving the locality as a policy objective for healthy neighbourhood planning, particularly to encourage movement to work places.⁵⁷ Barton and Tsourou also recommend a

⁵² Page 100 in Barton and Tsourou (2000) Healthy Urban Planning.

⁵³ Page 132 in Barton and Tsourou (2000) Healthy Urban Planning.

⁵⁴ Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning.

⁵⁵ Page 107 in Barton and Tsourou (2000) Healthy Urban Planning.

⁵⁶ Page 137 in Barton and Tsourou (2000) Healthy Urban Planning.

⁵⁷ Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning.

permeable pedestrian and cycling environment as a policy objective for healthy urban planning in order to promote accessibility and increase the potential for social contact, interaction and cohesion.⁵⁸

⁵⁸ Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning.

Comment on Paragraph 11.2 – Renewing Communities Masterplanning with respect to the redevelopment and regeneration of the Lower Shankill Estate

At the time of writing, there are several initiatives being undertaken on the Lower Shankill Estate with the aim of generating an appropriate and effective option for the redevelopment and regeneration of the estate:

- Health impact assessment (HIA) of 11 options for redevelopment and regeneration of the estate – commissioned by NIHE and Belfast Healthy Cities;
- Community planning exercise – commissioned by NIHE.

The results of these initiatives will be used to inform the Renewing Communities Masterplanning.

At present, although consultations with the community are still ongoing, it is possible to highlight several issues of importance with respect to the potential effects of the redevelopment of the North West Quarter on the community living on the Lower Shankill Estate (see Annex 1 for a snapshot profile of the community living in the Shankill 2 super output area).

We support the recommendations:

- to take into account the particular regeneration issues of the Lower Shankill, the Crumlin Road and Lower Falls in Part Two of the North West Quarter Masterplan;
- to ensure that the proposals which emerge from masterplanning are complementary and respond to the regeneration needs of all neighbourhoods affected by the masterplans.

The regeneration issues faced by the community living on the Lower Shankill Estate are:

- The need to improve educational attainment in the children and young people living on the estate – Shankill 2 super output area is the most deprived in Northern Ireland for education;
- The need to encourage a culture of lifelong learning for all residents on the estate;
- The need to develop the skills of adults living on the estate, especially in relation to employment opportunities that may arise in future;
- The need to increase access to employment opportunities – Shankill 2 super output area is the 7th most deprived in Northern Ireland for employment;
- The need to increase access to appropriate and effective health services– Shankill 2 super output area is the most deprived in Northern Ireland for health deprivation and disability;
- The need to increase health and well-being literacy among residents to help them make healthier choices with respect to their lifestyles;
- The need to address the use of drugs and associated behaviours on the estate – an issue of concern to residents, which affects both their physical and social environments;

- The need to address antisocial behaviours and vandalism on the estate, which increases social isolation particularly of older people in the estate – a combination of environmental improvements and appropriate management practices;
- The need for parking management measures to ensure residents have access to their homes and non-residents do not use the area for parking purposes;
- The need to develop a road hierarchy in the estate – access can be difficult at present, and can cause difficulties for the emergency services in reaching some addresses, e.g. ambulance;
- The need to introduce an open/green space on the estate that can provide a positive focus for the social life of the community.

The community on the Lower Shankill Estate could benefit from greater connectivity to the North West Quarter if redevelopment and regeneration of both areas does not cause social displacement and gentrification. One way to control for these effects is to consult the communities affected by the North West Quarter redevelopment, and support the redevelopment with strategies for economic development and social inclusion. If safeguards are put in place, the effect of redevelopment and regeneration will be to increase access to employment opportunities, services, facilities and amenities, and education opportunities, all of which will help to protect and improve the residents' health over the mid to long term. Increasing access to good-quality health services will help to protect and improve residents' health in the short term.

Annex 1. Snapshot of the people living in the Shankill 2 Super Output Area, which includes people living on the Lower Shankill Estate

The information highlighted with shading shows the indicators demonstrating the vulnerabilities and health and other inequalities experienced by people living in the Shankill 2 super output area.

From the Census 2001, it can be seen that in the *Shankill 2 super output area*:

- population density is high when compared with both Belfast and Northern Ireland as a whole
- 45% of the population are men and 55% are women
- the average age of people is 38.6 years, 2 years older than the average age of the population for Belfast
- One quarter of the population are aged 0-15 years, half of the population are aged 16-59 years, and one quarter are aged 60 or more years
- Almost two-fifths of people aged 16 years or over are single (never married)
- Almost three-quarters of mothers are unmarried
- The average household size is lower than that for Belfast and for Northern Ireland
- One quarter of all households are lone pensioners, and almost one-fifth are lone parents with dependent children
- The majority of households are in rented property (86%) with less than one sixth being owner-occupiers (14%)
- Almost all the people in the Shankill ward describe themselves as from a Protestant and Other Christian Community Background – only 3.3% of people described themselves as from a Catholic Community background
- There is a small community of Polish people living in privately rented accommodation on the Lower Shankill Estate
- Almost two-fifths of people aged 16-74 years are economically active
- 8% of people unemployed, more than half of whom have been unemployed for 52 weeks or more
- Only 2.3% of people have a degree or higher level qualification – the number of people in Belfast as a whole who have a degree or higher level qualification is more than eight times greater
- Just over a half of people stated that their general health was good but more than a third of people had a long-term illness, health problem or disability that limits daily activities or work
- Three-fifths of households (59.4%) had one or more members with a limiting long-term illness, compared with less than half of households in Belfast (44.9%)
- One tenth of people provide unpaid care to family, friends and neighbours or others, slightly less than in Belfast as a whole
- Only a quarter of people have access to private transport, compared with more than half of people in Belfast

In terms of measures of deprivation (NIMDM 2005), ***Shankill 2 super output area*** (SOA) ranks as:

- 2nd most deprived in Northern Ireland (NI) (out of 890) overall;
- the most deprived in NI for *education, skills and training*;
- the most deprived in NI for *health deprivation and disability*;
- 6th most deprived in NI for *crime and disorder*;
- 7th most deprived in NI for *employment and economic activity*;
- 9th most deprived in NI for *income*;
- 79th most deprived in NI for *living environment*;
- 866th most deprived in NI for *proximity to services*.

In addition, the ***Shankill 2 super output area*** was ranked:

- 11th for the measure of income deprivation affecting children;
- 40th for the measure of income deprivation affecting older people.