

Good for Regeneration, Good for Health, Good for Belfast

Indicators to monitor urban development

A discussion document, December 2011



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Belfast Contribution to the EU Urbact II project Building Healthy Communities

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Belfast Healthy Cities
Belfast Health and Social Care Trust
Northern Ireland Housing Executive
Public Health Agency
East Belfast Partnership
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North Belfast Partnership
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Foreword

It is clear that Belfast as a city has benefited significantly from the regeneration effort and investment over the last decade. It is also clear that many projects have aimed to target more deprived areas and population groups. However, it is less clear what the impact of regeneration has been in terms of tackling inequalities - this applies across Ireland, the UK and indeed internationally. This is primarily due to the limitations of tools available to monitor how projects affect more disadvantaged people.

This project set out to fill that gap by identifying indicators that can be used to inform project development, and to systematically monitor progress. It has developed a framework that groups indicators within four domains identified as key to successful regeneration. The novel element is the headline set of eight core indicators, which pair mainstream indicators with ones that focus on inequalities. This set is intended to enable simple but robust monitoring of how a regeneration project affects disadvantaged groups, but also how it progresses in general. The publication is timely, with the recent establishment of the Belfast Strategic Partnership, and will support the Partnership's thematic area of regeneration, planning and health. It has also generated huge interest with our colleagues in cities within the World Health Organisation European Healthy Cities Networks.

This innovative indicator framework is based on Health Impact Analysis of the Strategic Regeneration Frameworks by each of the five Belfast Area Partnerships. The process was initiated with East Belfast Area Partnership, and joined by all five Area Partnerships, which were core members of the working group. This group was chaired by Belfast Healthy Cities and included Belfast City Council, Belfast Health and Social Care Trust, Northern Ireland Housing Executive and Public Health Agency.

The project was part funded by the EU through the Urbact II fund, with funding also from Belfast Healthy Cities and Belfast City Council. The Building Healthy Communities project engaged 10 cities from across Europe in sharing learning around themes including indicators, sustainable development and structural funds. Belfast City Council was the liaison facilitator for the European collaboration.

The partnership that has developed this indicator set involves key players in regeneration and the report illustrates what such a partnership can achieve. I commend the comprehensive work undertaken to date and believe that it can offer a useful basis for further discussion that can support the core aims of creating a sustainable economy, tackling disadvantage and building a strong community.



Cllr. Niall Ó Donnghaile
Lord Mayor

Preface

Health and wellbeing is now recognised as an investment in social and economic development, both locally in Northern Ireland and internationally, not least by the World Health Organization.

Regeneration is a similar investment in wellbeing, and holds great potential to improve people's wellbeing, and help reduce inequalities. Physical regeneration can help build hope and confidence, and social and economic regeneration can significantly improve the life opportunities that underpin wellbeing. Conversely, healthy people and communities are a resource for regeneration. Measures and actions that support health and equity also help achieve successful regeneration, and can be effective tools for securing sustainable prosperity for all in Northern Ireland.

To make sure that the best possible outcomes are achieved, it is important to have in place a framework for monitoring progress. The indicator set outlined in this publication provides a basis for discussion on such a framework. The work undertaken on it to date is based on local priorities, and builds on documented evidence of how regeneration can affect wellbeing and equity. The approach taken also offers a unique advantage, in that it incorporates a specific focus on more vulnerable or disadvantaged groups in society. The innovative approach to developing the indicator set is ground breaking not only in Northern Ireland but internationally, and the work has already attracted interest across Europe.

We look forward to working with a number of stakeholders including government departments, public agencies, Belfast Area Partnerships and others in the next stage of the project to explore the feasibility of collecting data for the indicators.

Many thanks go to the members of the working group for their support and enthusiasm in developing this new area of work. Special thanks must also go to Erica Ison, Specialist HIA Practitioner, who worked with the group in designing the innovative framework and developing the indicators.



Dr Bernadette Cullen

Chair, Belfast Healthy Cities

Purpose of this document

This report details the outputs of work in Belfast during membership of the URBACT II project “Building Healthy Communities”. It is a living document designed to be the foundation for future work in data collection, analysis and interpretation (see “Next steps” below).

Belfast City Council was the Administering Organisation, supported by Belfast Healthy Cities which chaired a partnership of city based and regional organisations in the public and community sectors involved in developing an indicator framework for health and regeneration. The purpose of the framework is to support discussion on how to effectively monitor the impacts of regeneration on health, equity and wellbeing.

The suggested audience for this document is:

- Councillors, policy-makers, planners, and health professionals and public health practitioners;
- Local government, particularly officers in regeneration, housing, planning, environmental health, and economic development;
- Statutory agencies;
- Government departments;
- The voluntary and community sector.

Apart from a brief introduction, this document includes a description of and commentary on the set of indicators that has been developed, encompassing:

- why they are important in the context of sustainable urban regeneration and health and wellbeing;
- how to interpret them;
- guidance on how to select indicators to monitor the effects of regeneration and redevelopment schemes at the city level.

In Appendix 1, there is more detailed information about the project in Belfast within the context of “Building Healthy Communities”. In Appendix 2, there is an outline of the steps undertaken during the process of developing the indicators.

Next steps

At present, the data for some of these indicators are not being collected in Northern Ireland. Therefore, the next step of the project will be to identify priorities for data collection, and to assess the feasibility of collecting the data required, at what level and in what format. This work will be conducted as part of the development of a Local Action Plan (LAP), which is one of the requirements for URBACT II (see Appendix 1).

While work is being undertaken to establish data collection, collation and analysis for this indicator set, a series of checklists has been developed to assess urban regeneration proposals prospectively. The foundation for these checklists is the same set of factors important to regeneration and health as was used to generate the indicator set featured in this document. These checklists, together with case-studies of their use, are available in a companion document, “Good for Regeneration, Good for Health, Good for Belfast: Checklists for urban development”.

Introduction

The URBACT II project “Building Healthy Communities”

Work on this project has been undertaken as part of URBACT II. URBACT is a European Union-funded programme, which aims to foster the exchange of experience and knowledge among European cities on issues relating to sustainable urban development.

The URBACT II challenge is to improve the effectiveness of sustainable, integrated urban development policies in Europe with a view to implementing the Lisbon-Gothenburg Strategy (with a priority for competitiveness, growth and jobs).

There were three main themes for the URBACT II Project “Building Healthy Communities”:

1. Indicators and criteria for healthy sustainable urban development;
2. Healthy sustainable lifestyles;
3. Use of structural funds in developing health gains.

Belfast contributed to all three project themes. However, following consultation with the Belfast Regeneration Office (BRO), it was agreed by the partner agencies involved in the project to concentrate on Theme 1, namely, to develop indicators and criteria for healthy sustainable urban development (see Box 1). The work was seen as one way of improving the effectiveness of sustainable urban development through regeneration, particularly for communities living in deprived environments experiencing economic, social and environmental inequalities.

Box 1: Aim and objectives for developing indicators for healthy sustainable urban development

Aim

To develop a set of indicators to monitor and assess the effects of regeneration proposals on economic, social and environmental development and access to services in relation to health and health equity in Belfast

Objectives

To use health impact analysis to define a set of indicators appropriate for monitoring the effects of regeneration proposals on redevelopment and health, well-being and equity

To base the indicators on determinants of health relevant to regeneration and redevelopment

For further information on the “Building Healthy Communities Project”, see:

<http://urbact.eu/en/projects/quality-sustainable-living/building-healthy-communities-bhc/homepage>

For general information about Belfast’s work in the context of “Building Healthy Communities”, see Appendix 1.

What is the purpose of an indicator?

Indicators are used to monitor and assess a particular situation systematically. Indicators can show:

- the presence or absence of something;
- the state or condition of something;
- a trend or direction in something;
- the performance of something.

Indicators can help to define the actions that need to be taken, and can be used to inform policy- and decision-making.

Indicators can act as a point of reference, help to show whether an outcome or goal has been achieved,¹ and provide a cue for further analysis. Indicators can be appropriate tools to enable proposals to become more effective.

Regeneration: what is sustainable and healthy?

For sustainable and healthy regeneration, it is vital to regenerate a place **and** its people, taking into consideration those who live there already and those who might wish to settle there in future. Any regeneration proposal needs to address not only existing socio-economic inequalities but also residents' concerns about limited opportunities and feelings of "entrapment", social isolation or exclusion. Thus, sustainable regeneration for communities and neighbourhoods involves:

- Providing good-quality housing and improving housing conditions;
- Increasing access to employment opportunities, so people have the chance to earn a living;
- Improving working conditions and reducing income inequalities;
- Promoting educational attainment, especially for children from families in lower socio-economic groups;
- Improving access to services, facilities, amenities and other resources, including public transport, finance, and leisure and recreation opportunities;
- Strengthening primary care in deprived neighbourhoods, securing access to good-quality healthcare and developing health promotion programmes sensitive to the needs of people in lower socio-economic groups;
- Improving the physical environment in which people live and work;
- Promoting security and community safety;
- Facilitating social inclusion, social cohesion and social integration;
- Improving the reputation or image of an area.

Although age, gender and genetic background influence people's health and well-being, socio-economic status and the ethnic or cultural group to which people belong will have a major effect on their exposure to risk factors in the environment. This differential exposure helps to explain why there are inequalities in health. People on a low income are more likely to live in poor housing conditions in a poor environment, with poor access to job opportunities, affordable nutritious food, and services ranging from health and social care to leisure and recreation. The combination of these effects is stressful. This increased stress, together with a lack of resources, skills or social support, can mean that people are less resilient and could rely

1. Friedman M. (2005) *Trying Hard is not Enough. How to Produce Measurable Improvements for Customers and Communities.* Trafford Publishing.

on unhealthy behaviour patterns (smoking, drinking harmful amounts of alcohol, and eating high-fat high-calorie foods) to help them cope, further degrading their health and well-being.

Although information in the published literature indicates that regeneration and environmental improvement affect the identity of an area, and can be beneficial to people's health and well-being, the outcomes of redevelopment and regeneration can be harmful, especially for vulnerable, marginalised or disadvantaged groups.

- Gentrification and displacement can occur: after regeneration, healthier people move into an area, and vulnerable people can be displaced, usually to a poorer environment.
- If new residents and existing residents do not integrate, it can exacerbate social exclusion and reduce social cohesion.

For these reasons, it is vital that regeneration is on a human scale, addressing people as well as place, and is not limited to physical improvements or to economic policies and strategies that favour those who already have the resilience and resources to cope.

Indicators for regeneration and health in an urban setting

In a review of environmental health indicators, Lawrence² emphasises the need to study the multiple determinants of health, and to make connections between the economic, environmental and social factors to form an integrated body of knowledge. He writes:

“indicators should address the unique context of each city and of specific urban neighbourhoods. ...

The application of indicators can highlight the conditions and processes that are determinants of health in precise localities.”

He concludes:

“The radical reorientation of current uses of indicators will not be easily achieved but this is a worthy goal for identifying and counteracting the unintended consequences of persistent urban pathologies and problems.”

It is this radical reorientation of indicators that Belfast has sought to achieve, bringing together expertise from the public and community sectors at both a city and regional level, including all five area partnerships in Belfast.

2. Lawrence RJ (2008) Urban Health Environmental Health Indicators: Appraisal and Policy Directives. *Reviews on Environmental Health* 23; 299-325.

Part 1: The Indicator Set

In Part 1, the framework for the indicators, and the indicator set are described.

Framework for the indicators

To help people understand the set of indicators for regeneration and health, a framework was developed to “describe” them. This framework is shown on page 15, and described below.

The indicators are housed in four main domains, covering important aspects of regeneration and redevelopment:

- Economic indicators;
- Social indicators;
- Environmental indicators;
- Access indicators.

These domain indicators are supported by a set of Community and Neighbourhood indicators designed to show the existing health and socio-economic status of the community or population living in areas where regeneration or redevelopment is taking place. This set can generate a base profile for communities likely to experience the effects of regeneration and redevelopment.

In each of the four main domains, there are two “*headline*” indicators (making a total of eight).

- The first headline indicator represents the main indicator for the domain, selected to capture the effect of regeneration in that domain;
- The second headline indicator is a “twin” to the main indicator, selected to highlight whether there is an effect of regeneration on people who experience inequalities.

Eight of the community and neighbourhood indicators have been identified as key baseline indicators highlighting the status of a community or population experiencing the effects of regeneration.

To accommodate differences among the communities in Belfast, each Area Partnership has identified additional community and neighbourhood indicators specific to their local population. These are referred to as area-specific indicators, and are shown on page 61-63.

Structure of the text describing the indicators

The text in Part 1 has been structured according to a similar layout and using the same set of headings. For each domain, there is:

- an outline of why health is important to the domain issue, and why the domain issue is important to health;
- a display showing all the indicators in that domain;
- an “Introduction” to the main indicator for that domain, and to its “twin” indicator highlighting health and other inequalities;
- a description of the indicators that could be used in conjunction with the main indicator and its twin to help interpret the effects of regeneration, entitled “Interpretation”; the other

indicators that could be used in conjunction with the two headline indicators can be drawn from the same domain, other domains and/or the community and neighbourhood indicator set.

Monitoring the effects of regeneration proposals

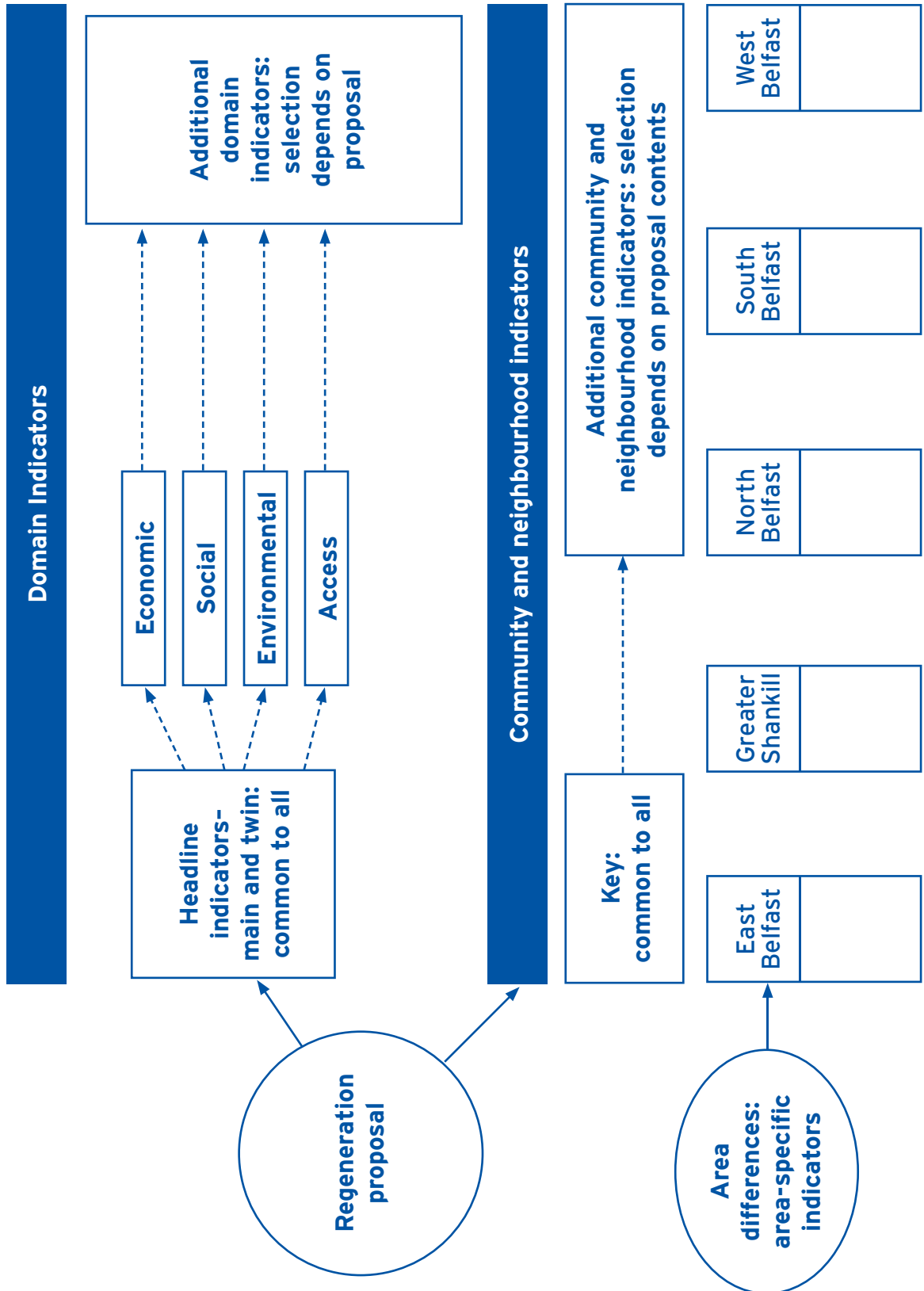
The framework outlines three ways of using an indicator set for regeneration and health:

Option 1: Use the set of eight headline indicators, supported by a profile comprising the eight key community and neighbourhood indicators.

Option 2: Use the headline and key community and neighbourhood indicators (Option 1) **plus** additional domain indicators and community and neighbourhood indicators selected on the basis of the indicator descriptions found within the "Introduction" and "Interpretation" sections of each headline indicator, presented in Part 1 of this document.

Option 3: Use the headline and community and neighbourhood indicators (Option 1) **plus** additional domain indicators and community and neighbourhood indicators selected on the basis of analysing the contents of the regeneration or redevelopment proposal according to the guidance given in Part 2 of this document.

It is proposed that all regeneration proposals could be monitored using a combination of the headline and key community and neighbourhood indicators (Option 1).



Economic Indicators

Why is health important to economic regeneration?

A community or population in which there are health and other inequalities puts a burden on the economy through:

- a loss in productivity;
- a reduction in tax revenues;
- higher welfare payments;
- increased costs for health and social care services.

Health is therefore an important resource for a vibrant and sustainable economy.

Why is economic regeneration important to health?

Low-income communities or populations have higher rates of death and disease, and economic policies that increase income inequality may have a harmful effect on population health.

Economic inequalities are one of the most important factors contributing to inequalities in health.

However, people's quality of life is improved by reducing relative poverty and narrowing income distribution when compared with random occurrences of economic growth. Regeneration has been found to have positive effects on health through:

- an improvement in employment prospects;
- an increase in individuals' income;
- an improvement in educational attainment, i.e. achieving qualifications.

Economic indicators	Economic indicators showing inequalities	Indicators showing changes in the local economy
<p>Wealth creation:</p> <ul style="list-style-type: none"> • Gross value added per capital <p>Investment:</p> <ul style="list-style-type: none"> • Amount of inward investment from: public, private, and voluntary and community sectors • Proportion of inward investment from public, private, and voluntary and community sectors <p>Business activity:</p> <ul style="list-style-type: none"> • Ratio of business start-ups to failures • Proportion of businesses re-locating outside Greater Belfast • Proportion of unoccupied office space • Proportion of businesses covered by high-quality telecommunications <p>Job creation:</p> <ul style="list-style-type: none"> • Percentage increase in full-time equivalent jobs between 2 points in time by: employment sector; grade of job <p>Quality of employment:</p> <ul style="list-style-type: none"> • Level of employee's control over tasks at work 	<p>Income distribution:</p> <ul style="list-style-type: none"> • Comparison of top 20% of after-tax incomes and the bottom 20% of after-tax incomes <p>Groups experiencing income deprivation:</p> <ul style="list-style-type: none"> • Proportion of children <16 years classified as income-deprived • Proportion of older people classified as income-deprived • Proportion of people with a disability classified as income-deprived • Proportion of people from black and minority ethnic groups classified as income-deprived • Proportion of young people not in employment, education or training 	<p>Local business activity:</p> <ul style="list-style-type: none"> • Ratio of small and medium-sized enterprise (SME) business start-ups to failures <p>Social economy activity:</p> <ul style="list-style-type: none"> • Number of business start-ups in the social economy • Ratio of business start-ups to failures in the social economy <p>Opportunities for local people to get local jobs:</p> <ul style="list-style-type: none"> • Level of skill/qualification required for jobs available in relation to level of skill/qualification in local population

Gross value added (GVA) per capita: introduction

What does this indicator show? Gross value added is traditionally used as a measure of productivity. Given as “per capita” (by head), it can be used as an indicator of economic prosperity, i.e. wealth generated per person in the population or community.

Why is this indicator important for regeneration? Many regeneration policies, strategies, or other proposals have an economic component focussing on the creation of wealth as the main driver for change in a neighbourhood or area, especially if they are run down.

- For the population, the creation of wealth stimulates *job creation* and *business start-ups*, including for SMEs and the social economy.
- For individuals, the creation of wealth has the potential to increase income, including a person’s disposable income.

Why is this indicator important for health? Wealth generation is important to health for two main reasons:

- It helps to pay for the provision of infrastructure and services, giving people access to a range of public, private and voluntary sector services and facilities, which will support both population and individual health;
- It can increase an individual’s income, especially through employment, and thereby improve a person’s access to better living conditions, through better housing, an improved environment, and increased access to leisure and recreation opportunities and good-quality nutrition.

Does this indicator tell us about inequalities? GVA per capita is a general indicator and does not show the *distribution* of income among people in a population or community. It will not show whether there are any differences in who is benefiting from the wealth created. To see whether there is an effect on inequalities, it is important to look at the “twin” indicator: *a comparison of the top 20% of after-tax incomes and the average bottom 20% of after-tax incomes*.

What does the twin indicator show? When used in conjunction with GVA, a comparison of the top 20% of after-tax incomes and the average bottom 20% of after-tax incomes will show whether wealth creation has affected the difference in earnings between the highest paid in the population (the top 20%) and the lowest paid (the bottom 20%). Thus, it will show whether the difference in earnings has increased and the top 20% of earners have benefited to a greater extent or whether the difference has decreased and there has been a relative increase in what the lowest paid are earning.

Why is the twin indicator important for health inequalities? The level of income people have is one of the main factors affecting people’s health. People with the lowest incomes tend to have the poorest health mentally and physically, a lower life-expectancy and a poorer quality of life, especially as they get older.

Why do inequalities in health need to be addressed to achieve the economic aims of regeneration?

Workforce health is an important factor when trying to attract *inward investment* to an area. A population in which there are marked health and other inequalities is less able to support and maintain economic activity because the capacity of the workforce is reduced by ill health and early death. Companies may be reluctant to invest in an area or may relocate because of poor workforce health and incapacity, leaving a higher *proportion of unoccupied office space*, which can blight the environment and could mean that some parts of an area are unsafe. Ill health is also a cost to the economy. People who cannot work through illness or disability receive benefits payments, and require specific types of services and facilities to meet their health and other needs.

Gross value added (GVA) per capita: interpretation

Which community and neighbourhood indicators are important for an interpretation of GVA? The two community and neighbourhood indicators particularly relevant to GVA per capita are:

1. The *average amount of income* of the working population;
2. The *proportion of the population who are economically active*.

The age structure of the population is particularly important to an interpretation of GVA per capita because a community with a higher proportion of children, or older people who have retired, will have a greater number of people who are *economically inactive* and therefore the GVA per capita will be lower than that in an area with a greater proportion of economically active adults.

When used with GVA, which domain indicators show effects in regeneration and health?

Economic: The *proportion of businesses covered by high-quality telecommunications* will influence an area's attractiveness to businesses. The *percentage increase in full-time equivalent jobs between 2 points in time* will show whether jobs are being created, and the *level of skill/qualification required for jobs available in relation to level of skill/qualification in the local population* will show whether the local workforce has the opportunity to obtain the jobs available. The *level of an employee's control over tasks at work* indicates the quality of jobs available: a low level of control indicates a low-quality job, which can be harmful to health. The *ratio of SME and social economy start-ups to failures* is important for the local economy: SMEs are more likely to employ local people, who are more likely to spend money locally, which enhances the multiplier effect of local spend, with the potential to increase the number of local jobs.

Access: The *ratio of income to average cost of first home and ratio of rent to income for people in the privately rented sector* can show whether changes in income have changed access to housing and better living conditions. *Access to good-quality affordable food* can indicate a change in disposable income, especially for low-income groups, which supports nutrition and healthy eating.

Which other indicators show an effect on inequalities for groups in the population or community?

- Proportion of children <16 years of age who are income-deprived
- Proportion of older people who are income-deprived
- Proportion of people with a disability who are income-deprived
- Proportion of people from black and minority ethnic groups who are income-deprived
- Proportion of workless households
- Proportion of young people not in employment, education or training
- Proportion of children in households dependent on means-tested benefits
- Proportion of children receiving free school meals
- People in fuel poverty (10% or more disposable income spent on fuel)
- People in transport poverty (10% or more disposable income spent on transport)

Which community and neighbourhood indicators are important to the main economic indicators for regeneration and health?

The level of *educational attainment* and of *educational aspiration in children* will affect future workforce capacity; *rate of staying on at school* is key to the proportion of young people not in education, employment or training. *Employment, unemployment and youth unemployment rates* and the *number claiming unemployment-related benefits* will highlight the effect of job creation, particularly for local and young people. *Low-income persistence* can show whether wealth creation has changed access to employment opportunities for low-income groups. *Access to affordable childcare* will highlight whether people with dependent children are able to take up employment opportunities without compromising their level of disposable income.

Social Indicators

Why is health important to social regeneration?

A community or population in which there are health and other inequalities is more likely to have low levels of social capital than those where health inequalities are not marked. However, some deprived communities can have high levels of both social capital and pride in their area. High levels of social capital in a community can support the functioning of community life, from the prevention of antisocial behaviour and crime to encouraging participation not only in the community but also in civic society. A community where social capital is low tends not to have this level of engagement in society, and social support among community members tends to be poor. Health and well-being is therefore an important resource for the development of social capital, which can provide a foundation for the social regeneration of an area.

Why is social regeneration important to health?

If social capital in an area is high, particularly when looking at levels of trust and reciprocity in a community, people's physical and mental health is more likely to be better. Regeneration that seeks to increase social capital can be beneficial to health, especially for people in lower socio-economic groups. In some environments, social capital has been found to be the key factor influencing health outcomes from technical interventions. Social capital can facilitate the development of a social environment where members of a community support and care for each other. Building social capital can create conditions that enable communities or community groups to engage with and influence policies and strategies that affect their lives. To have the greatest effect, strengthening social capital needs to be part of a programme designed to address structural determinants of health, such as housing and employment.

Social indicators	Social indicators showing inequalities	Indicators showing changes in the local social factors
<p>Perception of the area</p> <ul style="list-style-type: none"> • Reputation/image of the area <p>Identity and empowerment</p> <ul style="list-style-type: none"> • Sense of belonging in the community • Level of empowerment in the community <p>Social contact</p> <ul style="list-style-type: none"> • Contact by type with: family; friends <p>Participation in the community</p> <ul style="list-style-type: none"> • Proportion (%) of people who take part in at least one: social activity; activity relating to civil society • Proportion (%) of people who volunteer: formally; informally <p>Community cohesion</p> <ul style="list-style-type: none"> • Feelings of trust and reciprocity • Feelings of mistrust 	<p>Perception of the area</p> <ul style="list-style-type: none"> • Proportion (%) of people not willing to admit they live, work in or are associated with a particular area <p>Social inclusion/exclusion</p> <ul style="list-style-type: none"> • Proportion (%) of people who feel alienated from the community or society in general <p>Community safety</p> <ul style="list-style-type: none"> • Number of offences recorded per 1000 population for: <ul style="list-style-type: none"> o Criminal damage; o Violence; o Theft; o Burglary; o Total; o Domestic violence; o Antisocial behaviour • Fear of crime and disorder 	<p>Community safety</p> <ul style="list-style-type: none"> • Changes in offences recorded per 1000 population over a given period of time: <ul style="list-style-type: none"> o Criminal damage; o Violence; o Theft; o Burglary; o Total; o Domestic violence; o Antisocial behaviour <p>Shared space/good relations</p> <ul style="list-style-type: none"> • Usage of shared space by: age; gender; ethnic or cultural group; socio-economic group • Perception of personal safety in shared space by: age; gender; ethnic or cultural group; socio-economic group

Reputation/image of the area: introduction

What does this indicator show? The reputation or image of an area shows people's perceptions of an area. It is a qualitative measure usually obtained through surveys.

Why is this indicator important for regeneration? As the principal aim of any regeneration proposal is to renew an area, economically, socially or physically, people's perceptions of the area are an indicator of both the need for regeneration and the subsequent success of regeneration, especially in a social context. The perception of an area will affect whether people are willing:

- to invest in that area by settling or remaining there, and helping to build a sustainable community;
- to participate in a community, e.g. *participating in social and civil society activities* or by *volunteering*, both of which will contribute to social capital.

Why is this indicator important for health? It is important to improve the reputation or image of an area to help build not only confidence in individuals but also social capital in the community, both of which are important to people's quality of life and mental health in particular. The reputation or image of an area can affect:

- the amount of **social contact** people have, and be related to their **feelings of trust and reciprocity**, which also have implications for the degree of social inclusion, exclusion or alienation they might experience;
- the faith people have in local agencies to make the changes important to residents;
- people's resilience and whether they feel able to cope with adversity, including poor health;
- the level of social control people feel they have in an area.

Does this indicator tell us about inequalities? Although the reputation of an area can indicate low social capital and that the area might be the location of a disadvantaged or marginalised community, it is possible for an area to have a poor reputation but for the community to have a strong sense of identity, *belonging* and pride due to a high level of bonding social capital. To see whether there is an effect on inequalities, it is also important to look at the twin indicator: the **proportion of people not willing to admit they live, work in or are associated with a particular area**.

What does the twin indicator show? When used in conjunction with the reputation or image of an area, the proportion of people not willing to admit they live in, work in or are associated with a particular area is likely to show whether people perceive or experience one or more disadvantages as a result of the association with that area.

Why is the twin indicator important for health inequalities? If people perceive or experience a disadvantage as a result of being associated with a particular area, it will affect not only their quality of life but also their mental health, especially levels of self-esteem and **empowerment**. Depending on age and gender, some vulnerable groups can also experience anxiety and stress as a result of an area's poor reputation or image, particularly if that reputation is associated with poor community safety, e.g. older people can become socially isolated through fear. If these stress-related impacts persist, they may also affect people's physical health.

Why do inequalities in health need to be addressed to achieve the social aims of regeneration?

Good health enables people to participate fully in society, and to contribute to the communities in which they live and work. To achieve the aims of social regeneration, it is important to tackle inequalities in health in existing communities such that the people as well as the place are regenerated, rather than the effect of regeneration to be displacing the most vulnerable to other locations and enabling the inward migration of healthier individuals and their families.

Reputation/image of the area: interpretation

Which community and neighbourhood indicators are important for an interpretation of the reputation or image of an area? The community and neighbourhood indicator particularly relevant to the reputation or image of an area is the *proportion of people who feel it is unsafe to walk around at night*. Often, an area's reputation or image is based on people's perception of the level of crime and disorder and whether they feel safe there, especially at night; the *number of incidences of hate crime* might also indicate whether people are likely to feel safe in an area, especially vulnerable groups who could be targets for discrimination.

When used with the reputation or image of an area, which domain indicators show effects in regeneration and health?

Social: The *change in the number of offences recorded per 1000 population* (i.e. criminal damage, violence, theft, burglary & total; domestic violence and antisocial behaviour) will indicate whether levels of community safety have changed, which can then influence *fear of crime and disorder* and an area's reputation. People's *usage of shared space* and their *perception of personal safety in shared space* can also contribute to the reputation of an area and show whether relations are improving.

Economic: The level of *inward investment*, the *ratio of business start-ups to failures*, and the *proportion of unoccupied office space* can indicate whether an area is attractive to investors and businesses, and could signal that the area's reputation is improving and also contribute to improving the area's reputation; this effect could be one of the factors involved in the *proportion of businesses that relocate*.

Environmental: *Investment in green infrastructure per capita*, the *amount of derelict space* and the *broken window index* can indicate environmental quality, affecting people's feelings of safety, both of which contribute to an area's reputation.

Access: The *proportion of people who walk to work* could indicate the number of local employment opportunities and reflect the attractiveness of an area to business.

Which other indicators show an effect on inequalities for groups in the population or community?

Social inclusion: People with health inequalities may be more likely to experience alienation.

- Proportion of people who feel alienated from the community or society in general

Community safety: People who have a lower socio-economic status are more likely to be victims of crime.

- Number of offences recorded per 1000 population for:
 - o Criminal damage;
 - o Violence;
 - o Theft;
 - o Burglary;
 - o Total;
 - o Domestic violence;
 - o Antisocial behaviour
- Fear of crime and disorder

Which community and neighbourhood indicators are important to the main social indicators for regeneration and health?

The *proportion of older people living alone* could be reflected in the level of fear of crime and disorder and increase the demand for volunteers and the *proportion of people who provide informal care*. The level of antisocial behaviour could be related to *childhood development*, and possibly *alcohol consumption*. The *number of homeless people in an area* may directly affect its reputation. *Number of newly diagnosed patients with depression, proportion of people with an anxiolytic or antidepressant prescription and proportion (%) of people accessing health services as a result of the conflict* could indicate whether some people in the community are isolated, and/or raise the possibility that the reputation or image of the area may be one factor in exacerbating any mental health problems. The proportion of people from particular *community backgrounds* or of *current stated religion* may be a factor in the level of community cohesion and social inclusion, and could influence the reputation or image of the area.

Environmental Indicators

Why is health important to environmental or physical regeneration?

A community or population in which there are health and other inequalities tends not to have the capacity to maintain the surrounding physical environment, whether natural or built. In addition, a decline in the physical environment can stimulate vandalism, littering and graffiti. A healthy community therefore is important for the maintenance and enhancement of the environment

Why is physical regeneration important to health?

People in low-income or disadvantaged groups tend to live in the worst part of a city, which is often lacking green space, public transport and other infrastructure, and is likely to be near to major roads (sometimes industry), and exposed to air and noise pollution. Physical regeneration or improvements to the environment can have positive effects on people's physical and mental health and well-being in many ways: through improved air quality, decreased noise levels, reduced heat stress and flood risk, by providing opportunities for social contact and cohesion and for leisure and recreation, by stimulating business investment and the local economy, and by reinforcing the local distinctiveness or character of an area.

Environmental indicators	Environmental indicators showing inequalities	Indicators showing changes in the local environment
<p>Green space & infrastructure</p> <ul style="list-style-type: none"> • Investment in green infrastructure per capita • Quality of green space <p>Townscape</p> <ul style="list-style-type: none"> • Proportion (%) of properties that are unused • Ratio of derelict to non-derelict space <p>Air and noise pollution</p> <ul style="list-style-type: none"> • Emissions to air of: nitrogen dioxide; ozone; particulates (PM_{2.5} & PM₁₀) • Noise complaints by 1000 population by type of noise <p>Climate change potential</p> <ul style="list-style-type: none"> • Greenhouse gas emissions (CO₂ equivalents) <p>Land use</p> <ul style="list-style-type: none"> • Proportion (%) of regeneration proposals that are mixed use, including residential, employment and community uses <p>Community consultation</p> <ul style="list-style-type: none"> • Compliance with community consultation requirements for redevelopment proposals: type, timing and independence of consultation; inclusion of stakeholder groups <p>Biodiversity</p> <ul style="list-style-type: none"> • Presence of indicator species 	<p>Green space & infrastructure</p> <ul style="list-style-type: none"> • Proportion (%) of people using green space (formally or informally) by: age; gender; ethnic or cultural group; socio-economic status <p>Townscape</p> <ul style="list-style-type: none"> • Broken window index, Belfast: litter, dog fouling, graffiti, homes and schools in poor repair (including boarded up and vacant properties) • Proportion (%) of households with children reporting: crime; dirt in the area; pollution in the area <p>Noise</p> <ul style="list-style-type: none"> • Noise levels at sensitive locations: schools; hospitals 	<p>Green space & infrastructure</p> <ul style="list-style-type: none"> • Proportion (%) of successful planning applications that when built include: green space; green or brown roofs; green walls; sustainable urban drainage systems (SUDS) • Ratio of trees planted to trees removed <p>Townscape</p> <ul style="list-style-type: none"> • Level of compliance with targets for redevelopment of brownfield sites • Proportion (%) of successful planning applications that when built include: public art; use of local materials; use of locally distinctive architecture or townscape <p>Flood risk</p> <ul style="list-style-type: none"> • Change in level of flood risk after development

Investment in green infrastructure per capita: introduction

What does this indicator show? Investment in green infrastructure per capita shows how much money is invested per person in the development of a network of natural and managed green spaces and green corridors in the urban environment.

Why is this indicator important for regeneration? Most regeneration policies, strategies, or other proposals have a physical component which focuses on improving the environment in a neighbourhood or area. Investment in green infrastructure is important for:

- the built environment – it helps to improve *air quality*, reduce the urban heat island effect (suburban areas can be 6-8°F warmer than surrounding areas) and improve a *townscape's aesthetic quality*, all of which can increase the attractiveness of an area to new residents, workers, visitors and tourists, and businesses or investors, especially if the *quality of green space* is good; it can also increase the value of residential properties;
- the natural environment – it can contribute to increasing biodiversity shown by the *presence of indicator species*.

Why is this indicator important for health? It is important to provide green infrastructure in a neighbourhood or area to support community health and the health and well-being of individuals.

- It is a setting for leisure and recreation, which can help to reduce stress and stress-related conditions.
- By improving air quality, it can help to alleviate respiratory conditions;
- It can increase the level of exercise undertaken, especially in children, and contribute to reducing obesity, cardiovascular disease, diabetes and arthritis; smaller natural areas close to homes (within 800 metres) can also provide space for community activities and increase not only people's social contact and interaction, helping to improve mental health, but also social cohesion.

Does this indicator tell us about inequalities? This indicator can highlight areas that have received investment in green infrastructure and any disparities there may be in investment, but it cannot show which people will experience the benefits of green infrastructure and of green space in particular. To see whether there is an effect on inequalities, it is important to look at the twin indicator: *proportion of people using green space (formally or informally) by age, gender, ethnic or cultural group and socio-economic status*.

What does the twin indicator show? When used together with investment in green infrastructure per capita, the proportion of people using green space by age, gender, ethnic or cultural group and socio-economic status will show whether people who are vulnerable, marginalised or disadvantaged are using and benefitting from green space.

Why is the twin indicator important for health inequalities? People who are vulnerable, marginalised or disadvantaged may not have access to good-quality green space in their area; even if there is access, they may be reluctant to use it for various reasons depending on their age, gender, ethnicity, culture or social status, e.g. fears about safety. It is important to identify whether the benefits of green space are actually being experienced by people with health and other inequalities.

Why do inequalities in health need to be addressed to achieve the physical aims of regeneration?

Health is important to the maintenance of the quality of the physical environment. A community with marked health and other inequalities has less capacity to maintain the environment in which they live and work, and there is likely to be greater vandalism and damage to the physical environment in deprived areas.

Investment in green infrastructure per capita: interpretation**Which community and neighbourhood indicators are important for an interpretation of investment in green infrastructure?**

The community and neighbourhood indicators particularly relevant to investment in green infrastructure are the *area of green space per capita* and the *number of trees planted per capita*, which will demonstrate the tangible outputs of investment for each person in the area. Another community and neighbourhood indicator relevant to an interpretation of investment in green infrastructure is the *proportion of people taking 30 minutes or more of exercise per day* by age, gender, ethnic or cultural group and socio-economic status, which can show whether investment has influenced the amount of exercise taken by different groups of people, particularly the vulnerable, benefitting their health and well-being.

Which domain indicators when used with investment in green infrastructure show effects in regeneration and health?

Environmental: The *proportion of regeneration proposals that are mixed use* will indicate whether proposals provide the foundation for economically, socially and environmentally sustainable communities. The *proportion of successful planning applications that include green space, green/brown roofs, green walls and SUDS and the ratio of trees planted to trees removed* will show whether developers have planned for and invested in the future green infrastructure and biodiversity of the area. Change in flood risk will show whether developers have taken account of the development's impact on surface drainage, and whether people and their properties have been protected from the negative impacts of flooding.

Compliance with targets for redevelopment of brownfield sites, the ratio of derelict to non-derelict space and the proportion of properties that are unused can indicate whether existing green space is being conserved as much as possible, and regeneration and redevelopment are effective in bringing brownfield sites, and derelict land and properties, back into use. The *proportion of successful planning applications that include public art, use of local materials and use of locally distinctive architecture or townscape* can show whether regeneration contributes to local distinctiveness, increasing a sense of belonging and civic pride, both of which are important for mental health. **Greenhouse gas emissions** can indicate whether development is sustainable and takes account of energy generation, and energy use for construction, the operation of buildings, and transport, travel and mobility. The *noise complaints* by 1000 population will indicate whether regeneration has decreased exposure to noise and the associated health impacts. The *level of compliance with the requirement for community consultation about redevelopment proposals* will highlight whether the community has been engaged in the process of regeneration, an important factor in community empowerment and the development of social capital.

Economic: The *ratio of business start-ups to failure* and the level of *inward investment* could indicate whether businesses are being attracted to the area as a result of physical improvements, which will help underpin the local economy. Investment in green infrastructure can be a source of job creation, both directly and indirectly.

Social: The *reputation or image of the area* could improve as a result of investment in green infrastructure, and *contact by type with family and friends* will help to show whether people, encouraged by the quality of the environment, are outside making both chance and pre-arranged meetings. The *number of offences recorded* per 1000 population for *antisocial behaviour* and *criminal damage* could indicate, respectively, whether people feel safe to be in the environment, especially those who are vulnerable, and whether the environment is respected by the people living there.

Access: Investment in green infrastructure could help to increase the *proportion of key leisure and recreation opportunities that are free*, which will be of especial benefit to low-income groups.

Which other indicators show an effect on inequalities for particular groups in the population or community?

- Broken window index, Belfast: litter, dog fouling, graffiti, homes and schools in poor repair (including boarded up and vacant properties)
- Proportion of households with children reporting: crime; dirt in their area; pollution in their area
- Noise levels at sensitive locations: schools; hospitals

Which community and neighbourhood indicators are important to the main environmental indicators for regeneration and health?

The *proportion of households within 800-1000 metres of a park or open space on the green network/infrastructure* can show whether people have access to green space, which is beneficial to both mental and physical health, especially for children. This may be reflected in the *number of newly diagnosed patients with depression* and *proportion of people with an anxiolytic or antidepressant prescription*. The *proportion of people who feel it is unsafe to walk around at night* can indicate whether the environment is run down or neglected, thereby affecting the number of people on the street and the perceived level of safety (people are more likely to enter and use attractive environments). The *proportion of people living in an area with traffic calming measures* will show the existence of environmental interventions promoting road safety, particularly for children, and will affect the number of *road traffic accidents and casualties by mode of travel*.

Access Indicators

Why is health important to increasing access through regeneration?

A community or population in which there are health and other inequalities places increased demand on certain services and facilities, particularly health and social care, housing, and voluntary and community services, which can have two main effects.

1. It limits access to services and facilities for all the people who need them.
2. It restricts the type of services and facilities it is financially possible to provide because of the opportunity costs involved; it may not be possible to provide services and facilities supportive of quality of life, health and well-being.

Good health is fundamental to ensuring access to sustainable services and facilities.

Why is increasing access through regeneration important to health?

People on a low income or those who are vulnerable or disadvantaged tend to have poor access to services, facilities and other resources, e.g. adequate housing, places of employment, nutritious food, good-quality education, and affordable leisure and recreation opportunities. Increasing access to these resources will help to maintain and improve people's health and well-being. Access is a feature of a healthy place to live.

Access indicators	Access indicators showing inequalities	Indicators showing changes in Access
<p>Public transport</p> <ul style="list-style-type: none"> • Investment in public transport per capita <p>Active travel</p> <ul style="list-style-type: none"> • Investment in active travel infrastructure per capita <p>Employment</p> <ul style="list-style-type: none"> • Proportion (%) of people who walk or cycle to work <p>Health and social care</p> <ul style="list-style-type: none"> • Proportion (%) of people able to get an appointment with their GP within 3 days <p>Education</p> <ul style="list-style-type: none"> • Proportion (%) of households within easy reach of: nursery school (100-400 metres); primary school (400-600 metres); secondary school (1000-1500 metres); adult education centre (2000-5000 metres) • Ratio of teachers to pupils: primary schools; secondary schools <p>Childhood development</p> <ul style="list-style-type: none"> • Proportion (%) of households within easy reach of: toddlers' play area (100-200 metres); playground (400-600 metres) <p>Shared space</p> <ul style="list-style-type: none"> • Proportion (%) of households within 1000-1500 metres of shared space 	<p>Public transport</p> <ul style="list-style-type: none"> • Proportion (%) of households within 400 metres of a bus stop served by a frequent service (every 10 minutes) <p>Health and social care</p> <ul style="list-style-type: none"> • Rate of attendance at A&E in relation to socio-economic status • Rate of conversion of A&E attendances to emergency admissions in relation to socio-economic status <p>Food</p> <ul style="list-style-type: none"> • Access to affordable good-quality food <p>Housing</p> <ul style="list-style-type: none"> • Ratio of rent to income for people in private renting sector • Ratio of income to average cost of first home <p>Leisure & recreation</p> <ul style="list-style-type: none"> • Proportion (%) of key leisure and recreation opportunities that: require payment; have reduced rates for vulnerable groups; are free <p>Employment & training</p> <ul style="list-style-type: none"> • Ratio number of apprenticeships to number of young people aged 16-25 <p>Mobility and access</p> <ul style="list-style-type: none"> • Proportion (%) of premises that comply with Disability Discrimination Act 	<p>Public transport</p> <ul style="list-style-type: none"> • Usage of public transport by: age; gender; ethnic or cultural group; socio-economic status <p>Active travel</p> <ul style="list-style-type: none"> • Usage of cycle paths and lanes by: age; gender; ethnic or cultural group; socio-economic status <p>Employment</p> <ul style="list-style-type: none"> • Proportion (%) of workplaces within 300 metres' walking distance of good-quality public transport <p>Education</p> <ul style="list-style-type: none"> • Value added to pupils' progress from Key Stage 2 to Key Stage 3 <p>Housing</p> <ul style="list-style-type: none"> • Households in community decanted: number; proportion (%) • Households in community displaced: number; proportion (%) <p>Third sector</p> <ul style="list-style-type: none"> • Change in the number of local community-based organisations providing services in area

Investment in public transport per capita: introduction

What does this indicator show? Investment in public transport per capita will show the level of investment in public transport infrastructure and services, giving an indication of people's level of access to public transport in a neighbourhood or area.

Why is this indicator important for regeneration? Many regeneration policies, strategies, and other proposals seek to re-integrate areas that have become run down or isolated into the fabric of a city. Investment in public transport provides not only a physical connection but also a visible symbol that a particular area is connected to the wider society in the city as a whole.

Why is this indicator important for health? Increased investment in public transport will increase the travel options available to people in an area. Transport has two main effects that contribute positively to health, by providing:

- access to workplaces, jobs and therefore an income (*proportion of workplaces within 300 metres' walking distance from good-quality public transport*);
- access to a range of services, facilities, and amenities (e.g. *proportion of households within easy reach of various types of education facility*);
- the opportunity for social contact and interaction, which is important to mental health and well-being in particular.

People's level of access can be further supported by *investment in active travel infrastructure per capita* (opportunities for cycling and walking); the quality of transport infrastructure has a major influence on walking and cycling in cities, which can encourage physical activity in a safe and accessible neighbourhood.

Does this indicator tell us about inequalities? Investment in public transport is important for people on a low income who may not be able to afford to run a car and experience limited opportunities for access. However, the benefits from public transport are dependent not only on which parts of the city are targeted for investment but also on the quality of the service provided, therefore, it is important to look at the twin indicator: *proportion of households within 400 metres of a bus stop served by a frequent service* (every 10 minutes).

What does the twin indicator show? When used together with investment in public transport per capita, the proportion of households within 400 metres of a bus stop served by a frequent service will show whether people in under-served areas or where service was poor have better options for travel and therefore increased opportunities for access to a range of services, facilities and amenities as a result of the investment.

Why is the twin indicator important for health inequalities? Poor access to services, facilities and amenities is associated with people reporting that their health is poor. Improving access to services, facilities and amenities through increasing access to good-quality public transport may help to reduce health inequalities, especially in the short term by improving access to health and social care (*proportion of people able to get an appointment with their GP within 3 days*). Poor access to various services and facilities, including voluntary and community, can help to highlight deprived or isolated areas.

Why do inequalities in health need to be addressed to achieve the aims of regeneration relating to access? People with health and other inequalities need to make demands on many services, especially those providing a “safety net”. Meeting these needs for safety-net services incurs opportunity costs in the provision of other services and facilities that support the development of sustainable communities. The provision of sustainable good-quality services and facilities, including public transport, is a key factor in attracting and retaining both businesses and people in an area. In addition, good public transport increases access for all.

Investment in public transport per capita: interpretation

Which community and neighbourhood indicators are important for an interpretation of investment in public transport? The community and neighbourhood indicator particularly relevant to investment in public transport per capita is the *proportion of households experiencing transport poverty*. Although investment in public transport gives people the opportunity for travel and mobility, if this investment is to address health and other inequalities transport needs to be affordable in relation to people's income. If services become more affordable due to investment, the number of people experiencing transport poverty is likely to decline.

When used with investment in public transport which domain indicators show effects in regeneration and health?

Access: The *usage of public transport* will show whether investment in public transport has been effective in attracting passengers, and the *usage of cycle paths* will indicate whether investment in active travel infrastructure has contributed to encouraging people to cycle or walk. The *proportion of households within 1000-1500 metres of shared space* will indicate whether people have access to opportunities in the public realm to take part in an inclusive society. The *ratio of teachers to pupils* will indicate the quality of education within reach.

Economic: *Inward investment* could reflect a willingness to invest further in an area as a result of its visible connection to wider society through better public transport.

Social: Changes in *contact by type with family and friends* can show whether people have greater social interaction as a result of improved travel options. *Usage of shared space* and the *perception of personal safety in shared space* can demonstrate whether providing opportunities to be part of an inclusive society are having an effect.

Environmental: Changes in *air quality, noise complaints* and *greenhouse gas emissions* can indicate whether there has been a shift from private car use to the use of public transport and/or to cycling and walking, thereby increasing sustainability.

Investment in public transport per capita: interpretation continued

Which other indicators show an effect on inequalities for particular groups in the population or community? Although investment in public transport will enhance access for people with health and other inequalities, other factors are also involved in improving access, including availability, affordability and quality:

Access to housing (affordability in relation to income)

- Ratio of rent to income for people renting in the private sector
- Ratio of income to average cost of first home

Access to health and social care (availability)

- Rate of attendance at A&E department by socio-economic status
- Rate of conversion of A&E attendances to emergency admissions in relation to socio-economic status

Access to education (quality)

- Value added to pupils' progress from Key Stage 2 to Key Stage 3

Access to training/employment for young people (availability)

- Ratio of number apprenticeships to number of young people aged 16-25 years

Access to leisure and recreation opportunities

- Proportion of key leisure and recreation opportunities that: require payment; have reduced rates for vulnerable groups; are free

Access to finance (availability)

- Proportion of households with access to a credit union

Access for people with a physical disability (mobility)

- Proportion of premises that comply with the Disability Discrimination Act

Access to food (availability)

- Access to affordable good-quality food

Which community and neighbourhood indicators are important to the main access indicators for regeneration and health?

Community and neighbourhood indicators relevant to access to **housing**:

- Number on the waiting list for housing: (i) people; (ii) households
- Proportion of applicants for social housing who are in housing stress with a score >70
- Proportion of households that are: owner-occupier; private renting; social renting
- Proportion of vacant properties that are suitable for housing
- Number of homeless people in: temporary accommodation; rough sleepers
- Proportion of dwellings not meeting the Housing Health and Safety Rating
- Proportion of dwellings not meeting the Housing Health and Safety Rating in which there are dependent children

Community and neighbourhood indicators relevant to access to affordable good-quality **food**:

- Number of food take-away outlets within 400-800 metres of homes
- Number of food take-away outlets within 400-800 metres of homes in areas in top quintile of income deprivation
- Number of off-licensed premises within 400-800 metres of homes
- Number of off-licensed premises within 400-800 metres of homes in areas in top quintile of income deprivation

Community and neighbourhood indicators relevant to access to good-quality **education**:

- Percentage of children achieving 5 or more A*-C grades at GCSE
- Proportion of young people staying on at school after 16 years of age
- Percentage of people with a degree or higher level qualification
- Percentage of people with no or low level of qualifications
- Adult literacy rate
- Adult numeracy rate

Community and neighbourhood indicators relevant to access to **health and social care**:

- Average GP list size
- Three-month vacancy rates for key primary care staff
- Rate of attendance at A&E department by socio-economic status
- Rate of conversion of A&E attendance to emergency admissions by socio-economic status
- Proportion of households within easy reach of a pharmacy

Community and neighbourhood indicators relevant to access to **finance and other resources**:

- Proportion of households within easy reach of: a Post Office; a bank

Community and neighbourhood indicators relevant to access to **public transport** and **active travel infrastructure**:

- Proportion of people taking 30 minutes or more of exercise per day by: age; gender; ethnic or cultural group; socio-economic status
- Proportion of people with access to a bicycle
- Railway density

Community and neighbourhood indicators relevant to access to **green space**:

- Proportion of people taking 30 minutes or more of exercise per day by: age; gender; ethnic or cultural group; socio-economic status

Community and Neighbourhood Indicators

The community and neighbourhood indicators contribute towards a profile of the people and the area in which they live. This set of indicators serves two main purposes:

- it provides important information about the current state of people's health and well-being, highlighting potential vulnerabilities, which can form a baseline for assessing the effects and outcomes of implementing regeneration proposals;
- it can form part of a constellation of indicators that users can look at when interpreting the headline and domain indicators.

Within the set of community and neighbourhood indicators, there are two groups:

1. eight key community and neighbourhood indicators, which are relevant to all regeneration proposals (see below);
2. additional community and neighbourhood indicators, which can be used when interpreting the headline and related domain indicators according to the contents of the proposal (see pages 45-60).

Key community and neighbourhood indicators			
Demographic indicators that highlight the presence of population subgroups who are vulnerable due to age, gender, ethnic and/or cultural background	Indicators of self-reported health status that highlight people's perception of their level of health and well-being, which can affect their capacity to cope with adverse influences	Indicators of health status that highlight people's level of physical capacity, quality of life, and level of resilience and ability to cope	Indicators of childhood well-being that highlight whether children face reduced opportunities during early life, which could affect their life-course, or are at increased risk of early death
<ul style="list-style-type: none"> • Age structure of the population • Proportion (%) of ethnic and cultural groups in the population 	<ul style="list-style-type: none"> • Self-reported health status • Children's self-reported health status 	<ul style="list-style-type: none"> • Level of limiting long-term illness (LLTI) • General Health Questionnaire (GHQ) scores 	<ul style="list-style-type: none"> • Early Development Index • Mortality rate in children aged 5 years and under

<i>Indicators showing whether children are experiencing health and other inequalities</i>	<i>Indicators showing whether people are at risk of behaviour harmful to health</i>	<i>Indicators showing whether people and their families are experiencing economic disadvantage</i>	<i>Indicators showing whether people have poor living conditions</i>
<ul style="list-style-type: none"> • Proportion (%) of low birth-weight babies (<2500 g) • Proportion (%) of mothers breastfeeding • Proportion (%) of children in dwellings with working smoke alarms • Childhood mortality rate from fires in the home • Accident rates in the home for children aged <5 years • Proportion (%) of houses not meeting the Housing Health and Safety Rating in which there are dependent children • Proportion (%) of children registered with a GP: 0-2 years; 3-5 years • Proportion (%) of children registered with a dentist: 0-2 years; 3-5 years • Proportion (%) of P1 children aged 4.5-5.5 years who are overweight and/or obese 	<ul style="list-style-type: none"> • Proportion (%) of people consuming more than the recommended limits of alcohol per week by: age; sex; ethnic or cultural group; socio-economic status • Proportion (%) of people taking 30 minutes or more of exercise per day • Number of fast food take-away outlets within 400-800 metres of homes • Number of fast food take-away outlets within 400-800 metres of homes in areas in top quintile of income deprivation • Number of off-licensed premises within 400-800 metres of homes • Number of off-licensed premises within 400-800 metres of homes in areas in top quintile of income deprivation • Number of attendances at A&E department per year for : alcohol-related reasons; for reasons related to illicit drug-taking 	<ul style="list-style-type: none"> • Average gross weekly earnings for adults in full-time employment • Low-income persistence • Employment rate • Unemployment rate • Long-term unemployment rate • Youth unemployment rate • Number of people claiming unemployment-related benefits • Proportion (%) of people who are economically inactive • Proportion (%) of workless households: with dependent children; without dependent children • Proportion (%) of children living in households dependent on means-tested benefits • Proportion (%) of children receiving free school meals • Proportion (%) of households experiencing: fuel poverty; transport poverty • Access to affordable childcare • Proportion (%) of people who provide informal care: <20 hours per week; >20 hours per week • Proportion (%) of households within easy reach of: Post Office; bank • Proportion (%) of households with access to a credit union 	<ul style="list-style-type: none"> • Proportion of households that are: owner-occupier; private renting; social renting • Proportion (%) of vacant properties suitable for housing • Proportion (%) of houses of multiple occupation • Proportion (%) of dwellings not meeting the Housing Health and Safety Rating • Number on the waiting list for housing: people; households • Proportion (%) of applicants for social housing who are in housing stress with a score >70 • Number of homeless people: in temporary accommodation; rough sleepers • Number of homeless shelters • Number of homeless beds

Community and neighbourhood indicators *continued*

Indicators showing whether people are at an educational disadvantage	Indicators showing whether people have access to healthcare	Indicators showing whether people live in poor environmental conditions	Indicators showing whether people have access to transport	Indicators showing whether people are experiencing social isolation and/or mental health problems	Indicators showing whether people are at risk of discrimination
<ul style="list-style-type: none"> • Average (mean) level of educational aspiration in children at key stage 3 (ages 11-12 year) • Proportion (%) of children achieving 5 or more A*-C grades at GCSE • Proportion (%) of young people staying on at school after 16 years of age • Proportion (%) of children excluded from school • Proportion (%) of people with a degree or higher level qualification • Proportion (%) of people with no or low level of qualifications • Adult literacy rate • Adult numeracy rate 	<ul style="list-style-type: none"> • Average GP list size • Three-month vacancy rates for key primary care staff • Proportion (%) of people with access to a pharmacy • Proportion (%) of people accessing health services as a result of the conflict 	<ul style="list-style-type: none"> • Ratio of parking spaces to residential units • Proportion (%) of residents living in an area with traffic-calming measures • Road traffic accidents by mode of travel per year • Road traffic casualties by mode of travel per year • Proportion (%) of people who feel it is unsafe to walk around at night • Area of green space per capita • Trees planted per capita • Proportion (%) of households within 800-1000 metres of a park or open space on the green network/infrastructure 	<ul style="list-style-type: none"> • Railway density • Proportion (%) of people with access to a car or van • Proportion (%) of people who have access to a bicycle 	<ul style="list-style-type: none"> • Number of incidences of hate crime by motivation per year • Proportion (%) of older people living alone • Number of newly diagnosed patients per year • Proportion (%) of people with an anxiolytic or antidepressant prescription per all GP-registered patients 	<ul style="list-style-type: none"> • Community background • Current stated religion

Part 2: How to Select the Indicator Set

In Part 2, guidance is provided on which indicators could be used to monitor and evaluate regeneration proposals. There are three main steps (see below), with an additional Step 4 (see page 42) which helps users to select indicators appropriate to specific issues that could be covered in a proposal. Finally, Matrix 1 (see page 43) serves as a cross-reference to help users check whether they have consulted the relevant tables to make an indicator selection.

Step 1	Step 2	Step 3
<p>Evaluate all regeneration and redevelopment proposals against:</p> <ul style="list-style-type: none"> • The 8 headline indicators, that is, the main indicator for each of the four regeneration domains, and its twin indicator highlighting health and other inequalities; • The 8 key community and neighbourhood indicators, providing a picture of potential vulnerabilities in the local population which are likely to influence the nature of the effects of regeneration <p>These indicators are shown in Table 1.</p>	<p>Analyse the contents of the proposal to identify whether it covers the following aspects of regeneration and redevelopment:</p> <ul style="list-style-type: none"> • Economic development; • Transport, travel and mobility; • Housing, infrastructure, and service provision; • Built environment, and green space; • Social environment, and community development. 	<p>Use the results of the analysis in Step 2 to select additional appropriate indicators from each of the four regeneration domains and the community and neighbourhood set.</p> <p>If the proposal covers:</p> <ul style="list-style-type: none"> • Economic development, refer to Table 2.1A to identify the appropriate indicators; • Transport, travel, and mobility, refer to Table 2.2A to identify the appropriate indicators; • Housing, infrastructure and service provision, refer to Table 2.3A to identify the appropriate indicators; • Built environment, and green space, refer to Table 2.4A to identify the appropriate indicators; • Social environment and community development, refer to Table 2.5A to identify the appropriate indicators.

Step 4

Within the category of economic development, if the proposal specifically covers:

- job creation, refer also to Table 2.1B;
- social economy, refer also to Table 2.1B;
- tourist economy, refer also to Table 2.1B;
- night-time economy, refer also to Table 2.1B.

Within the category of transport, travel and mobility, if the proposal specifically covers:

- active travel and mobility, refer also to Table 2.2B.

Within the category of housing, infrastructure and service provision, if the proposal specifically covers:

- housing, refer also to Table 2.3A;
- infrastructure and service provision, refer also to Table 2.3B.

Within the category of built environment and green space, if the proposal specifically covers:

- green space and biodiversity, refer also to Table 2.4B;
- community engagement in the planning process, refer also to Table 2.4B.

Within the category of social environment and community development, if the proposal specifically covers:

- community safety, refer also to Table 2.5B;
- community cohesion, refer also to Table 2.5B;
- social inclusion, refer also to Table 2.5B;
- good relations, refer also to Table 2.5B.

Headline Indicators to monitor *all* regeneration and redevelopment proposals

Table 1

	Domain	Indicator
Headline indicators (main and twin) for the domains	Economic	Gross value added (GVA) per capita Comparison of the average top 20% of after-tax incomes and the average bottom 20% of after-tax incomes
	Social	Reputation or image of the area Proportion (%) of people willing to admit they live in, work in or are associated with an area
	Environmental	Investment in green infrastructure per capita Proportion (%) of people using green space (formally or informally) by (i) age, (ii) gender, (iii) ethnic or cultural group, (iv) socio-economic status
	Access	Investment in public transport per capita Proportion (%) of households within 400 metres of a bus stop served by a frequent bus service (every 10 minutes)
Key Community and neighbourhood indicators		Age structure of the population Proportion (%) of ethnic and cultural groups in the population Self-reported health status Children's self-reported health status Level of limiting long-term illness (LLTI) General health questionnaire (GHQ) scores Early development index Mortality rate in children aged 5 years and under

Indicators to monitor Economic Development in regeneration proposals: General

Table 2.1A

Headline indicators (main and twin) for the domains	Domain	Indicator
	Economic	<p><i>In addition to headline indicators:</i></p> <p>Amount of inward investment from (i) private, (ii) public, (iii) voluntary and community sector sources</p> <p>Proportion (%) of inward investment from (i) private, (ii) public, (iii) voluntary and community sectors</p> <p>Ratio of business start-ups to failures</p> <p>Ratio of small and medium-sized enterprise (SME) start-ups to failures</p> <p>Proportion (%) of businesses covered by high-quality telecommunications</p> <p>Proportion (%) of businesses relocating outside Greater Belfast</p> <p>Proportion (%) of unoccupied office space</p>
	Social	Use the headline indicators for this domain
	Environmental	Use the headline indicators for this domain
	Access	<p><i>In addition to the headline indicators:</i></p> <p>Proportion (%) of workplaces within 300 metres' walking distance of good-quality public transport</p> <p>Proportion (%) of people who walk or cycle to work</p>
Additional Community and neighbourhood indicators		<p><i>In addition to the key community and neighbourhood indicators:</i></p> <p>Average gross weekly earnings for adults in full-time employment</p> <p>Proportion (%) of the population who are economically active</p> <p>Low-income persistence</p> <p>Proportion (%) of low birth-weight babies (<2500 gram)</p>

Indicators to monitor specific aspects of Economic Development in regeneration proposals: Job Creation

Table 2.1B

Additional domain indicators	Domain	Indicator
	Economic	<p><i>In addition to headline indicators:</i> Percentage increase in full-time equivalent (fte) jobs between two points in time by (i) employment sector, (ii) grade of job Level of skill or qualification required for jobs available in relation to the level of skill or qualification in the local population Level of employee's control over tasks at work Proportion (%) of young people not in education, employment or training</p>
	Social	<p><i>In addition to headline indicators:</i> Proportion of certain people classified as income deprived (i) children < 16 years, (ii) people with a disability, (iii) people from black and minority ethnic groups</p>
	Environmental	<p><i>Use the headline indicators for this domain</i></p>
	Access	<p><i>In addition to the headline indicators:</i> Ratio of number of apprenticeships to number of young people aged 16-25 years Proportion (%) of people who walk or cycle to work Proportion (%) of workplaces within 300 metres' walking distance of good-quality public transport</p>
<p>Additional Community and neighbourhood indicators</p>		<p><i>In addition to the key community and neighbourhood indicators:</i> Employment rate Unemployment rate Long-term unemployment rate Number of people claiming unemployment-related benefits Youth unemployment rate Access to affordable childcare Proportion (%) of workless households (i) with dependent children, (ii) without dependent children Proportion (%) of children living in households dependent on means-tested benefits Proportion (%) of children receiving free school meals Proportion (%) of households experiencing (i) fuel poverty, (ii) transport poverty Proportion of people with a degree of higher level qualification Adult literacy rate Adult numeracy rate</p>

Indicators to monitor specific aspects of Economic Development in regeneration proposals: Social Economy

Table 2.1B

Domain	Indicator
Additional domain indicators	
Economic	<i>In addition to the headline indicators:</i> Number of business start-ups in the social economy per year Ratio of business start-ups to failures in the social economy
Social	<i>Use the headline indicators for this domain</i>
Environmental	<i>Use the headline indicators for this domain</i>
Access	<i>In addition to the headline indicators:</i> Change in the number local community-based organisations providing services in area
Additional Community and neighbourhood indicators	
	<i>In addition to the key community and neighbourhood indicators:</i> Proportion (%) of households with access to a credit union

Indicators to monitor specific aspects of Economic Development in regeneration proposals: Tourist Economy

Table 2.1B

Domain	Indicator
Additional domain indicators	
Economic	<i>Use the headline indicators for this domain</i>
Social	<i>Use the headline indicators for this domain</i>
Environmental	<i>In addition to the headline indicators:</i> Noise complaints per 1000 population by type of noise
Access	<i>In addition to the headline indicators:</i> Proportion (%) of key leisure and recreation opportunities that (i) require payment, (ii) have reduced rates for vulnerable groups, (iii) are free
Additional Community and neighbourhood indicators	
	<i>In addition to the key community and neighbourhood indicators:</i> Proportion (%) of people who feel it is unsafe to walk around at night

Indicators to monitor specific aspects of Economic Development in regeneration proposals: Night-time Economy

Table 2.1B

	Domain	Indicator
Additional domain indicators	Economic	<i>Use the headline indicators for this domain</i>
	Social	<i>In addition to the headline indicators:</i> Changes in the number of offences per 1000 population for (i) domestic violence, (ii) antisocial behaviour Fear of crime and disorder
	Environmental	<i>In addition to the headline indicators:</i> Noise complaints per 1000 population by type of noise
	Access	<i>Use the headline indicators for this domain</i>
Additional Community and neighbourhood indicators		<i>In addition to the key community and neighbourhood indicators:</i> Proportion (%) of people consuming more than the recommended limits of alcohol per week by (i) age, (ii) gender, (iii) ethnic or cultural group, (iv) socio-economic status Number of fast-food takeaway outlets (i) within 400-800 metres of homes, (ii) within 400-800 metres of homes in areas in the top quintile of income deprivation Number of off-licensed premises (i) within 400-800 metres of homes, (ii) within 400-800 metres of homes in areas in the top quintile of income deprivation Proportion (%) of people who feel it is unsafe to walk around at night

Indicators to monitor Transport, Travel and Mobility aspects of regeneration proposals

Table 2.2A

	Domain	Indicator
Additional domain indicators	Economic	Use the headline indicators for this domain
	Social	<i>In addition to the headline indicators:</i> Contact by type with (i) family, (ii) friends
	Environmental	<i>In addition to the headline indicators:</i> Emissions to air of (i) nitrogen dioxide, (ii) ozone, (iii) particulates: PM2.5 and PM10 Noise complaints per 1000 population by type of noise Greenhouse gas emissions from transport modes enabled by proposal (CO2 equivalents)
	Access	<i>In addition to the headline indicators:</i> Proportion (%) of workplaces within 300 metres' walking distance of good-quality public transport Usage of public transport by (i) age, (ii) gender, (iii) ethnic or cultural group, (iv) socio-economic status
Additional Community and neighbourhood indicators		<i>In addition to the key community and neighbourhood indicators:</i> Proportion (%) of people with access to a car or a van Railway density Proportion (%) of households experiencing transport poverty Road traffic accidents by mode of travel Road traffic casualties by mode of travel

Indicators to monitor specific aspects of Transport in regeneration proposals: Active Travel and Mobility

Table 2.2B

	Domain	Indicator
Additional domain indicators	Economic	Use the headline indicators for this domain
	Social	In addition to the headline indicators: Contact by type with (i) family, (ii) friends
	Environmental	Use the headline indicators for this domain
	Access	In addition to the headline indicators: Investment in active travel infrastructure per capita Usage of cycle paths and lanes by (i) age, (ii) gender, (iii) ethnic or cultural group, (iv) socio-economic status Proportion (%) of people who walk or cycle to work
Additional Community and neighbourhood indicators		In addition to the key community and neighbourhood indicators: Proportion (%) of people who have access to a bicycle Proportion (%) of people undertaking 30 minutes or more of exercise per week Proportion of P1 children aged 4.5-5.5 years who are overweight and/or obese Number of newly diagnosed patients with depression

Indicators to monitor the Housing aspects of regeneration proposals

Table 2.3A

Additional domain indicators	Domain	Indicator
	Economic	Use the headline indicators for this domain
	Social	<p><i>In addition to the headline indicators:</i></p> <ul style="list-style-type: none"> Contact by type with (i) family, (ii) friends Usage of shared space by (i) age, (ii) gender, (iii) ethnic or cultural group, (iv) socio-economic status Perception of personal safety in shared space by (i) age, (ii) gender, (iii) ethnic or cultural group, (iv) socio-economic status
	Environmental	<p><i>In addition to the headline indicators:</i></p> <ul style="list-style-type: none"> Broken window index, Belfast: litter, dog fouling, graffiti, homes and schools in poor repair (including boarded up and vacant properties) Proportion (%) of households with children reporting (i) crime, (ii) dirt in the area, (iii) pollution in the area Change in the level of flood risk after development Greenhouse gas emissions from housing as built n(CO2 equivalents)
	Access	<p><i>In addition to the headline indicators:</i></p> <ul style="list-style-type: none"> Households in the community decanted (i) number, (ii) proportion (%) Households in the community displaced (i) number, (ii) proportion (%) Ratio of rent to income for people in the private renting sector Ratio of income to average cost of first home Proportion (%) of households within 1000-1500 metres of shared space
Additional Community and neighbourhood indicators		<p><i>In addition to the key community and neighbourhood indicators:</i></p> <ul style="list-style-type: none"> Number on the waiting list for housing: (i) people; (ii) households Proportion (%) of applicants for social renting in housing stress with a score of >70 Proportion (%) of households that are (i) owner-occupier, (ii) private renting, (iii) social renting Proportion of vacant properties suitable for housing Number of homeless people (i) in temporary accommodation, (ii) who are rough sleepers Number of homeless shelters; number of homeless beds Proportion (%) of houses of multiple occupation Proportion (%) of dwellings (i) not meeting the Housing Health and Safety Rating, (ii) not meeting the Housing Health and Safety Rating in which there are dependent children Proportion (%) of children in dwellings with working smoke alarms Childhood mortality from fires in the home Accident rates in the home for children <5 years

Indicators to monitor Infrastructure and Service Provision aspects of regeneration proposals: General

Table 2.3B

Additional domain indicators	Domain	Indicator
	Economic	Use the headline indicators for this domain
	Social	Use the headline indicators for this domain
	Environmental	Use the headline indicators for this domain
	Access	<p><i>In addition to the headline indicators:</i></p> <p>Proportion (%) of people able to get an appointment with their GP within 3 days</p> <p>Rate of attendance at A&E by socio-economic status</p> <p>Rate of conversion from A&E attendance to emergency admissions by socio-economic status</p> <p>Proportion (%) of households within easy reach of (i) nursery school (100-400 metres), (ii) primary school (400-600 metres), (iii) secondary school (1000-1500 metres), (iv) adult education centre (2000-5000 metres)</p> <p>Ratio of teachers to pupils at (i) primary school, (ii) secondary school</p> <p>Value added to pupils' progress from Key Stage 2 to Key Stage 3</p> <p>Proportion (%) of households within easy reach of (i) toddler's play area (100-200 metres), (ii) playground (400-600 metres)</p> <p>Proportion (%) of key leisure and recreation opportunities that (i) require payment, (ii) have reduced rates for vulnerable groups, (iii) are free</p> <p>Access to affordable good-quality food</p> <p>Investment in active travel infrastructure per capita</p> <p>Change in the number of local community-based organisations providing services in area</p>
Additional Community and neighbourhood indicators		<p><i>In addition to the key community and neighbourhood indicators:</i></p> <p>Average GP list size</p> <p>Three-month vacancy rates for key primary care staff</p> <p>Proportion (%) of children registered with a GP (i) 0-2 years, (ii) 3-5 years</p> <p>Proportion (%) of children registered with a dentist (i) 0-2 years, (ii) 3-5 years</p> <p>Average (mean) level of educational aspiration in children at key stage 3 (ages 11-12 years)</p> <p>Proportion (%) of children achieving A*-C grades at GCSE</p> <p>Proportion (%) of households with access to a pharmacy</p> <p>Proportion (%) of households within easy reach (1500-2000 metres) of (i) a Post Office, (ii) a bank</p>

Indicators to monitor the Built Environment aspects of regeneration proposals: General

Table 2.4A

Additional domain indicators	Domain	Indicator
	Economic	<p><i>In addition to the headline indicators:</i> Proportion (%) of unoccupied office space</p>
	Social	<p><i>In addition to the headline indicators:</i> Contact by type with (i) family, (ii) friends Rate of offences recorded per 1000 population for (i) criminal damage, (ii) antisocial behaviour</p>
	Environmental	<p><i>In addition to the headline indicators:</i> Proportion (%) of properties that are unused Ratio of derelict to non-derelict space Broken window index, Belfast: litter, dog fouling, graffiti, homes and schools in poor repair (including boarded up and vacant properties) Proportion of households with children reporting (i) crime, (ii) dirt in the area, (iii) pollution in the area Proportion (%) of regeneration proposals that when built are mixed use (including residential, employment and community uses) Compliance with targets for redevelopment of brownfield sites Proportion of successful planning applications that when built include (i) public art, (ii) use of local materials, (iii) use of locally distinctive townscape or architecture Change in the level of flood risk after development Greenhouse gas emissions of new build and/or refurbished build (CO₂ equivalents) Noise complaints per 1000 population by type of noise Noise levels at sensitive locations (i) schools, (ii) hospitals</p>
	Access	<p><i>In addition to the headline indicators:</i> Proportion (%) of premises that comply with the Disability Discrimination Act Proportion (%) of households within 1000-1500 metres of shared space</p>
Additional Community and neighbourhood indicators		<p><i>In addition to the key community and neighbourhood indicators:</i> Proportion (%) of households in an area with traffic-calming measures Proportion (%) of people who feel it is unsafe to walk around at night</p>

Indicators to monitor aspects of the Built Environment in regeneration proposals: Green Space and Biodiversity

Table 2.4B

Additional domain indicators	Domain	Indicator
	Economic	Use the headline indicators for this domain
	Social	<p>In addition to the headline indicators: Contact by type with (i) family, (ii) friends</p>
	Environmental	<p>In addition to the headline indicators: Quality of green space Presence of indicator species Ratio of trees planted to trees removed Proportion (%) of successful planning applications that include (i) green space, (ii) green or brown roofs, (iii) sustainable urban drainage systems (SUDS)</p>
	Access	Use the headline indicators for this domain
Additional Community and neighbourhood indicators		<p>In addition to the key community and neighbourhood indicators: Area of green space per capita Trees planted per capita Proportion (%) of households within 800-1000 metres of a park or open space on the green network/infrastructure Proportion (%) of people taking at least 30 minutes of exercise per day Proportion (%) of P1 children aged 4.5-5.5 years who are overweight and/or obese Number of newly diagnosed patients with depression per year Proportion of people with an anxiolytic or antidepressant prescription per all GP-registered patients</p>

Indicators to monitor aspects of the Built Environment in regeneration proposals: Community Engagement during Planning

Table 2.4B

	Domain	Indicator
Additional domain indicators	Economic	Use the headline indicators for this domain
	Social	<i>In addition to the headline indicators:</i> Level of empowerment in the community Proportion (%) of people who take part in at least one activity relating to civil society
	Environmental	<i>In addition to the headline indicators:</i> Compliance with community consultation requirements for redevelopment proposals by (i) type, (ii) timing, (iii) independence of consultation, (iv) inclusion of stakeholder groups
	Access	Use the headline indicators for this domain
Additional Community and neighbourhood indicators		<i>In addition to the key community and neighbourhood indicators:</i> Community background Current stated religion

Indicators to monitor aspects of Social and Community Development in regeneration proposals: General

Table 2.5A

	Domain	Indicator
Additional domain indicators	Economic	<i>In addition to the headline indicators:</i> Number of business start-ups in the social economy per year Ratio of business start-ups to failures in the social economy
	Social	<i>In addition to the headline indicators:</i> Level of empowerment in the community Proportion (%) of people who take part in at least one (i) social activity, (ii) activity relating to civil society Proportion (%) of people who volunteer (i) formally, (ii) informally
	Environmental	<i>In addition to the headline indicators:</i> Broken window index, Belfast: litter, dog fouling, graffiti, homes and schools in poor repair (including boarded up and vacant properties)
	Access	<i>Use the headline indicators for this domain</i>
Additional Community and neighbourhood indicators		<i>In addition to the key community and neighbourhood indicators:</i> Community background Current stated religion

Indicators to monitor aspects of Social and Community Development in regeneration proposals: Community Safety

Table 2.5B

	Domain	Indicator
Additional domain indicators	Economic	Use the headline indicators for this domain
	Social	<p><i>In addition to the headline indicators:</i></p> <p>Rate of offending per 1000 population, and changes in rates of offending, for (i) criminal damage, (ii) violence, (iii) theft, (iv) burglary, (v) total offences</p> <p>Rates per 1000 population, and changes in rates, for (i) domestic violence, (ii) antisocial behaviour</p> <p>Fear of crime and disorder</p>
Additional Community and neighbourhood indicators	Environmental	<p><i>In addition to the headline indicators:</i></p> <p>Broken window index, Belfast: litter, dog fouling, graffiti, homes and schools in poor repair (including boarded up and vacant properties)</p> <p>Ratio of derelict to non-derelict space</p> <p>Proportion (%) of households with children reporting (i) crime, (ii) dirt in the area, (iii) pollution in the area</p>
	Access	Use the headline indicators for this domain
Additional Community and neighbourhood indicators		<p><i>In addition to the key community and neighbourhood indicators:</i></p> <p>Community background</p> <p>Current stated religion</p> <p>Number of incidences of hate crime by motivation per year</p> <p>Proportion (%) of people who feel it is unsafe to walk around at night</p>

Indicators to monitor aspects of Social and Community Development in regeneration proposals: Community Cohesion

Table 2.5B

Additional domain indicators	Domain	Indicator
	Economic	Use the headline indicators for this domain
	Social	In addition to the headline indicators: Sense of belonging in the community Feelings of trust and reciprocity
	Environmental	Use the headline indicators for this domain
	Access	Use the headline indicators for this domain
Additional Community and neighbourhood indicators		In addition to the key community and neighbourhood indicators: Community background Current stated religion Proportion (%) of households within 800-1000 metres of a park or green space on the green network/infrastructure Proportion (%) of houses of multiple occupation

Indicators to monitor aspects of Social and Community Development in regeneration proposals: Social Inclusion

Table 2.5B

Additional domain indicators	Domain	Indicator
	Economic	Use the headline indicators for this domain
	Social	<p><i>In addition to the headline indicators:</i> Contact by type with (i) family, (ii) friends Feelings of mistrust Proportion (%) of people who feel alienated from (i) the community, (ii) society in general</p>
	Environmental	Use the headline indicators for this domain
	Access	Use the headline indicators for this domain
Additional Community and neighbourhood indicators		<p><i>In addition to the key community and neighbourhood indicators:</i> Community background Current stated religion Proportion (%) of older people living alone Proportion (%) of children excluded from school Proportion (%) of people who provide informal care (i) <20 hours/week, (ii) >20 hours/week Number of newly diagnosed patients per year Proportion (%) of people with an anxiolytic or antidepressant prescription per all GP-registered patients Proportion (%) of people accessing health services as a result of the conflict</p>

Indicators to monitor aspects of Social and Community Development in regeneration proposals: Good Relations

Table 2.5B

Additional domain indicators	Domain	Indicator
	Economic	Use the headline indicators for this domain
	Social	In addition to the headline indicators: Usage of shared space by (i) age, (ii) gender, (iii) ethnic or cultural group, (iv) socio-economic status Perception of personal safety in shared space by (i) age, (ii) gender, (iii) ethnic or cultural group, (iv) socio-economic status
	Environmental	Use the headline indicators for this domain
	Access	Proportion (%) of residences within 1000-1500 metres of shared space
Additional Community and neighbourhood indicators		In addition to the key community and neighbourhood indicators: Community background Current stated religion Number of incidences of hate crime by motivation Proportion (%) of people accessing health services as a result of the conflict

Area-specific baseline indicators

<p>East Belfast</p>	<ul style="list-style-type: none"> • Percentage change in people visiting East Belfast tourist attractions • Emissions to air at sensitive locations (schools; hospitals; public spaces; residential homes) of: <ul style="list-style-type: none"> - Nitrogen dioxide; - PM_{2.5} & PM₁₀ • Proportion (%) of people on the waiting list for counselling who have been waiting for longer than 3 months • Number of children receiving counselling at school • Prevalence of alcohol-related illness • Proportion (%) of people who state taking drugs • Proportion (%) of people referred to drug treatment services
<p>Greater Shankill</p>	<ul style="list-style-type: none"> • Proportion (%) of population whose skills levels match those needed for dominant employment sectors • Proportion (%) of people who feel left out of the family • Most commonly reported antisocial behaviour incidents • Proportion (%) of major routes with road safety measures • Proportion (%) of pupils gaining entry to school of first choice • Proportion (%) of leisure opportunities within 300 metres' walking distance of good public transport • Affordability of leisure and recreation opportunities that require payment in relation to average income • Proportion (%) of households subject to overcrowding • Proportion (%) of households with shared bathroom and/or toilet facilities • Proportion (%) of households living in housing with mould, damp and cold • Proportion (%) of homes assessed as unfit • Proportion of households within 800-1000 metres of a general practice surgery/health centre • GPs per 100,000 residents • Proportion (%) of people consuming 5 or more portions of fruit and vegetables per day • Proportion (%) of people smoking by: (i) age; (ii) sex • Smoking by occupation type • Percentage of mothers reporting smoking during pregnancy • Percentage of people referred to drug treatment services

Area-specific baseline indicators (continued)

North Belfast	<ul style="list-style-type: none"> • Proportion (%) of people with vocational qualifications • Proportion (%) of people taking up employment as a result of key investment projects • Access to employment opportunities in other areas of Belfast • Percentage increase of mobility of labour from North Belfast to other areas of Belfast • Access to employability programmes • Uptake of employability programmes • Percentage increase of shared space for: (i) work; (ii) recreation • Percentage change in people visiting North Belfast tourist attractions • Proportion (%) of people on the waiting list for counselling who have been waiting for longer than 3 months • Prevalence of alcohol-related illness
West Belfast	<ul style="list-style-type: none"> • Percentage change in people visiting West Belfast tourist attractions • Travel times between two points on main roads at peak traffic compared with travel times between the same two points on main roads with no traffic • At-risk of poverty rate • Proportion (%) of households unable to pay scheduled bills • Proportion (%) of households that are lone parent with dependent children • Proportion (%) of households subject to overcrowding • Number of young people with statements of educational need (SEN) • Proportion (%) of young people who feel disengaged from the community/society • Uptake of programmes for: (i) addiction; (ii) counselling; (iii) suicide support

Area-specific baseline indicators (continued)**South Belfast**

- Amount of support available to SMEs
- Number of long-term unemployed claiming unemployment-related benefits
- Persistent at-risk of poverty rate
- At-risk of poverty rate
- Proportion (%) of households in top quintile of income deprivation with access to a credit union
- Proportion (%) of children in households receiving Income Support
- Proportion (%) of households subject to overcrowding
- Traffic volumes at certain points during the day
- Complaints about traffic congestion
- Proportion (%) of pupils gaining entry to their school of first choice
- Number of places on vocational courses at FE/HE institutions per capita
- Uptake of places on vocational courses at FE/HE institutions
- Ratio of people on courses obtaining a qualification to those not obtaining a qualification
- Uptake of adult education places
- Number of organisations providing job-related training
- Ratio of organisations providing job-related training to those that do not
- Uptake of job-related training
- Proportion (%) of workforce in employment that provides job-related training
- Most commonly reported antisocial behaviour incidents
- Top three crimes in the area
- Average rate of domestic crime victims by sex per 100,000
- Number of prosecutions for underage sales of alcohol
- Noise levels at (i) residential homes, (ii) public spaces (parks, squares)
- Emissions to air at (i) schools, (ii) hospitals, (iii) residential homes, (iv) public spaces (parks, squares)
- Proportion of leisure & recreation opportunities within 300 metres walking distance from good-quality public transport services
- Affordability of leisure & recreation opportunities that require payment in relation to average income
- Proportion (%) of community centres within 300 metres walking distance of good-quality public transport
- NHS Dentists per 100,000 residents
- Ratio of rent to income in the social renting sector

Appendix 1:

The URBACT II Project “Building Healthy Communities” in Belfast

Background to Belfast’s contribution to “Building Healthy Communities”

The context for deciding to develop a set of indicators for healthy sustainable urban development was a combination of several factors, some of which reflect work that has been taking place in Belfast for more than a decade, including:

1. the drive for healthy urban planning through the World Health Organization’s (WHO) European Healthy Cities Network, of which Belfast is a longstanding member, and Belfast Healthy Cities leads a Healthy Urban Environment Group in the city;
2. the development of Strategic Regeneration Frameworks (SRFs) for each of the five Belfast Area Partnerships (BAPs) – see Box A1.1;
3. since 2003, Belfast Healthy Cities’ role as chair of the WHO Sub-Network in health impact assessment (HIA), contributing to the development of the methodology at the local government level throughout the WHO European Region;
4. the development of pilots for community planning;
5. the publication of a city profile by Belfast Healthy Cities, entitled “Divided by health” (2008);
6. Belfast Healthy Cities’ experience of developing indicators for the Northern Ireland “Investing for Health” (IfH) Strategy, which were adopted regionally;
7. Northern Ireland Statistics and Research Agency’s (NISRA) experience in collating the information for the indicators identified through the IfH process;
8. NISRA’s role in the collection of data for, and the development of, indicators to monitor health and well-being;
9. the initiation and consolidation of work on “Health Equity in All Local Policies” under the auspices of WHO and Belfast Healthy Cities.

Box A1.1: Development of Strategic Regeneration Frameworks in each of Belfast’s Area Partnerships

• East Belfast Partnership	October 2007 to August 2008
• Greater Shankill Partnership	November 2007 to December 2008
• North Belfast Partnership	January to December 2008
• South Belfast Partnership	2008 to January 2009
• West Belfast Partnership	September 2007 to August 2008

Governance of the Belfast Project

A Local Support Group (LSG) was established to act as a steering group, and oversee the achievement of the aim for the Belfast project.

“To use a health impact assessment approach to develop a set of indicators appropriate for monitoring the effects of regeneration on health and well-being”.

An Indicators Working Group was also set up to support the development of the set of indicators. The Working Group comprised key members of the LSG and representatives with expertise in regeneration and health from all of the Belfast Area Partnerships.

The process of developing the indicator set is described in Appendix 2.

Dissemination of results

The framework outlined in this discussion document is to act as a basis for consultation with the Belfast Regeneration Office, Departments and other local stakeholders.

This discussion document, outlining an initial framework and the process used to develop it, will be shared with partner cities in the URBACT II project 'Building Healthy Communities' as part of the collaboration. It will also be made available through the wider European Union and WHO Networks, including the WHO European Healthy Cities Network.

Box A1.2: Partner cities in the URBACT II Project "Building Healthy Communities"

- Turin (Italy) - Lead city
- Amaroussion (Greece)
- Bacau (Romania)
- Baia Marie (Romania)
- Belfast (United Kingdom)
- Barnsley (United Kingdom)
- Lecce (Italy)
- Lidingo (Sweden)
- Lodz (Poland)
- Madrid (Spain)

Development of a Local Action Plan

The main output from any of the "Building Healthy Communities" projects is a Local Action Plan (LAP). Steps in the development of a local action plan (LAP) for the Belfast project include:

- Mapping the data available (who has it, at what level and in which format);
- Identifying the data currently being collected but which may be inaccessible;
- Identifying the data not being collected at present;
- Prioritising the indicators for which data are required (1st, 2nd and 3rd level priorities);
- Assessing the feasibility of collecting the data for 1st, 2nd and 3rd level priorities;
- Consulting Stakeholders on a way forward;
- Applying for structural funding to Department of Enterprise, Trade and Investment (DETI).

Appendix 2: Process of developing indicators for regeneration and health

The steps used to develop a set of indicators for regeneration and health in Belfast have been adapted from the process of health impact assessment (HIA). The main foundation for the development of indicators was the step in the HIA process known as “health impact analysis”, which was used to identify factors important to both regeneration and health. Following an approach made by the Health Strategy Group at the East Belfast Partnership, the Strategic Regeneration Framework (SRF) for East Belfast was used as the main pilot for the origination of an indicator set for regeneration and health. The SRFs of the other area partnerships were used to develop and refine the initial long list of indicators based on the factors important to regeneration and health. Steps in the indicator origination process are set out in Figure A2.1 and described in Table A2.1.

Table A2.1

Step	Tasks	Outputs from tasks
Step 1	<p>Preparation</p> <p>Document analysis: The strategic regeneration framework (SRF) for East Belfast was analysed by the HIA Assessor to identify:</p> <ul style="list-style-type: none"> the outputs of all regeneration proposals for East Belfast; the determinants of health and groups of people likely to be affected by proposal outputs, which needed to be investigated during health impact analysis. <p>Tool development: Based on the Document analysis, the HIA Assessor developed a framework tool suitable for the rapid appraisal of the range of regeneration proposals in the SRF for East Belfast. The framework tool was structured to identify both the potential effects on health and well-being, and the community and population groups likely to experience those effects.</p> <p>Community profiling: A community profile for the 27 wards in East Belfast was compiled according to data requirements prepared by the HIA Assessor (following document analysis) and supplemented by workers from the East Belfast Area Partnership.</p>	<ul style="list-style-type: none"> Framework tool for the appraisal of the SRFs Community Profile for East Belfast.
Step 2	<p>Health impact analysis</p> <p>Desk-top appraisal: The HIA Assessor undertook a desk-top appraisal of the SRF for East Belfast using the framework tool.</p> <p>Participatory workshop: The East Belfast Area Partnership in conjunction with Belfast City Council organised a participatory rapid appraisal workshop with stakeholders from East Belfast, facilitated by the HIA Assessor (see Annex for participants). The Community Profile was presented to participants to help inform the appraisal. The framework tool was used to identify the potential effects on health and well-being, through the determinants of health, of all the regeneration proposals in the SRF for East Belfast.</p> <p>Collation of findings: The HIA Assessor collated the findings from both the desk-top appraisal and the participatory rapid appraisal workshop to identify the factors important to regeneration and health.</p>	<ul style="list-style-type: none"> List of factors important to regeneration and health List of community or population groups affected by regeneration

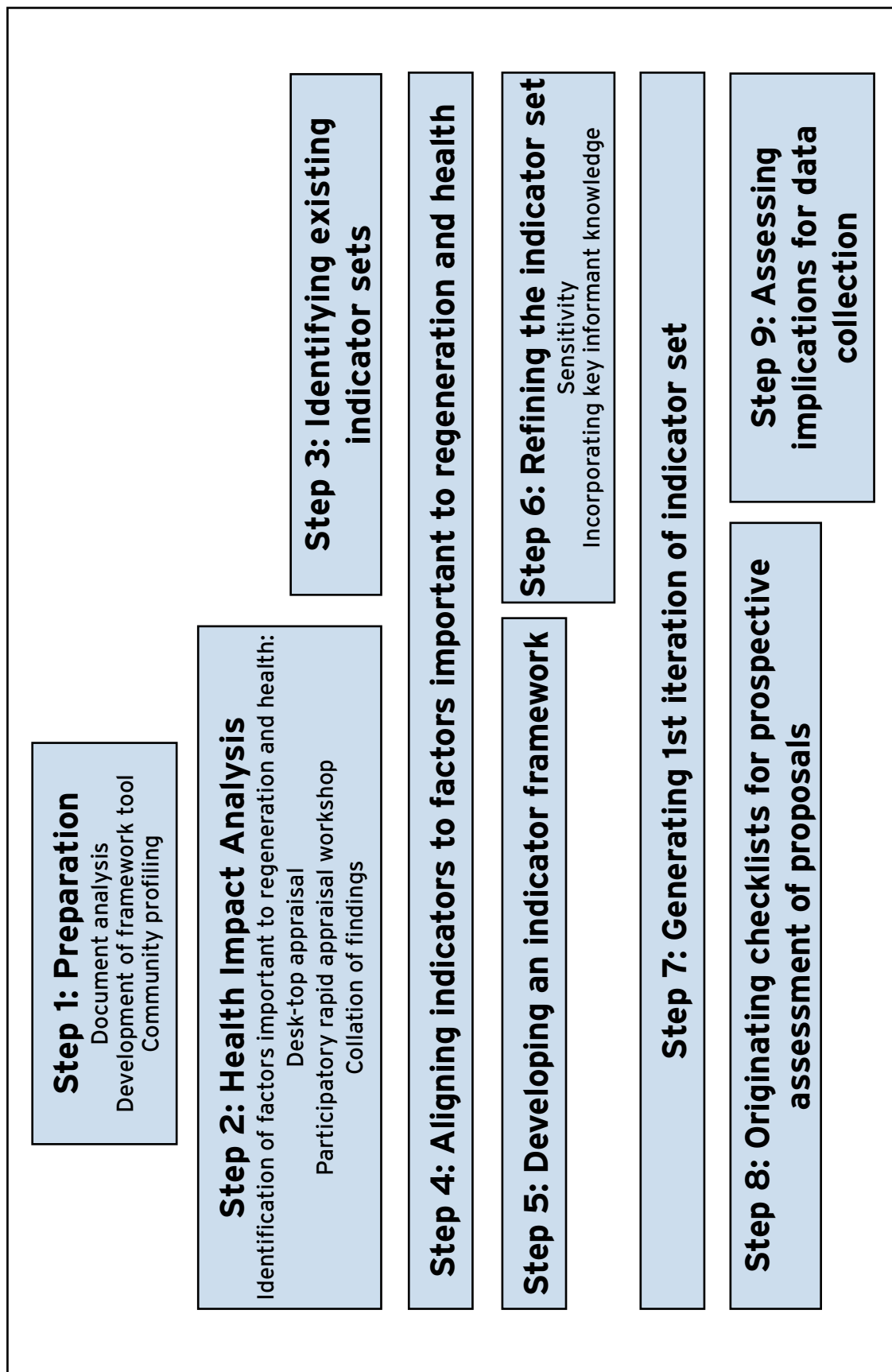
Table A2.1 (continued)

Step	Tasks	Outputs from tasks
Step 3	<p>The outputs from this task formed the foundation for identifying appropriate indicators to monitor the factors important to both regeneration and health.</p> <p>The HIA Assessor searched for sets of indicators already in use in the contexts of monitoring regeneration, sustainable development, urban environments, and health. The search was mainly limited to major indicator sets from Northern Ireland and other countries in the United Kingdom, and to indicator sets used by the international organisations connected to the project, i.e. the European Union (EU) and the World Health Organization (WHO).</p>	Lists of existing indicators used for monitoring regeneration and health (see Box A2.1)
Step 4	<p>Making an initial selection of existing indicators: The HIA Assessor aligned factors important to regeneration and health as identified during Step 2 with appropriate indicators as identified during the search.</p> <p>Drafting potential indicators: For some of the factors important to regeneration and health, the HIA Assessor suggested indicators, i.e. indicators that could be developed and used to monitor regeneration, health and well-being. Other stakeholders were also asked to identify appropriate indicators, especially for factors where appropriate indicators were difficult to find.</p>	"Long list" of factors important to regeneration and health; each factor was aligned with 1-8 indicators that could be used to monitor it
Step 5	<p>Drafting a framework: The HIA Assessor drafted a framework to "house" the indicators (see Figure 1) based on the framework tool used for the desk-top analysis and during the participatory rapid appraisal workshop.</p> <p>Consultation on the framework: The draft framework was submitted to the Local Support Group and the Indicators Working Group for discussion and amendment.</p>	An agreed framework to house the indicator set
Step 6	<p>Sensitivity analysis: The HIA Assessor conducted a document analysis and desk-top appraisal on the other four SRFs for Belfast to identify the determinants of health and community and population groups affected by all the regeneration proposals for those areas: Greater Shankill, North Belfast, South Belfast, and West Belfast. The findings from these desk-top appraisals were cross-checked with the findings from appraising the regeneration proposals for East Belfast (Step 2) to ensure that all factors important to regeneration and health had been included in order to generate the long list of indicators. Any additional factors resulting from the sensitivity analysis were aligned with indicators whether existing or suggestions for indicators.</p> <p>Incorporating key informant knowledge: The long list of indicators from Step 4 refined during sensitivity analysis was submitted to the Local Support Group to select the indicators that according to their experience were appropriate for monitoring regeneration and health. The resulting long list was submitted to the Indicators Working Group and other staff from all five Belfast Area Partnerships to select the indicators that according to their experience were appropriate for monitoring regeneration and health.</p>	Draft indicator set to monitor regeneration and health (after sensitivity analysis and key informant consultation)

Table A2.1 (continued)

Step	Tasks	Outputs from tasks
Step 7	<p>Generating 1st iteration of the indicator set</p> <p>Assessing the indicator set for completeness and balance: The draft indicator set was inserted into the agreed framework by the HIA Assessor, and assessed for coverage and balance. The HIA Assessor also drafted text describing the indicator set, and how to select them to monitor regeneration and health.</p> <p>Agreeing the 1st iteration of the indicator set: The draft 1st iteration of a set of indicators was discussed at several meetings with stakeholders. Suggestions to address coverage and balance were made by the HIA Assessor and the draft indicator set amended as appropriate. The draft text describing the indicators was also discussed at several meetings and amended following feedback.</p>	<ul style="list-style-type: none"> • Agreed 1st iteration indicator set • Agreed text to describe indicator set and how to use them
Step 8	<p>Originating checklists for prospective assessment of regeneration proposals</p> <p>Developing checklists for prospective assessment of regeneration proposals: In response to requests from the Area Partnerships, the HIA Assessor developed a series of checklists that were based on the agreed 1st iteration of indicators.</p> <p>Piloting the checklists: The checklists were piloted by two of the Area Partnerships: East Belfast on the Templemore Avenue School Project, and South Belfast on the Village Urban Renewal Area Project. The checklists were amended following feedback from the pilots. Adjusting the indicator set: As the checklists had been based on the indicator set, the indicator set was adjusted based on the feedback from each of the pilots.</p>	<p>Adjustments to:</p> <ul style="list-style-type: none"> • indicator set; • text describing them. <p>Series of checklists for the prospective assessment of regeneration proposals</p>
Step 9	<p>Assessing implications for data collection</p> <p>The set of indicators developed during this project was cross-referenced with the data already being collected by local and regional agencies in Northern Ireland to ascertain whether:</p> <ul style="list-style-type: none"> • the data necessary to construct the indicators are currently being collected; • those data are available for use; • those data are suitable for use with respect to level and format; • there are gaps in data collection and analysis. <p>These findings could influence the contents of the indicator set, depending on the outcomes of the <i>Local Action Plan</i> (see Appendix 1).</p>	<p>With respect to operationalising the agreed indicator set, an accurate picture of:</p> <ul style="list-style-type: none"> • which data are available; • which data need to be collected.

Figure A2.1 Steps in the process of developing the indicator set. This diagram has been laid out to show how each step relates to the others - where steps are shown alongside one another, this means that they were concurrent for part of the time (the difference in the depth and positioning of the boxes shows at what point and for how long relatively the steps were concurrent)



Box A2.1: Existing indicator sets accessed during indicator development

- | | |
|---|---|
| <ul style="list-style-type: none"> • Audit Commission Economic Regeneration Performance Indicators • Belfast City Council Indicators • Central Services Agency Indicators • CHS • Department of the Environment Indicators • EurLife Indicators (EU Indicators) • Health Canada Indicators • Health Poverty Index (HPI) for England • Health Poverty Index (HPI) for Ireland | <ul style="list-style-type: none"> • Investing for Health (IfH) Indicators, Northern Ireland • NINIS Indicators • NISRA Indicators • Population Crisis Committee Urban Indicators • UK Indicators of Local Sustainable Development and Quality of Life • UNEP/GRID CEROI Program Indicators • UN-Habitat Global Urban Indicators • WHO-EURO Healthy Cities Indicators |
|---|---|

Annex: Participants at the health impact analysis workshop of the East Belfast Strategic Regeneration Framework

- Maggie Andrews, East Belfast Partnership
- Linda Armitage, East Belfast Partnership
- Sean Brannigan, Connswater Community Greenway
- Michael Briggs, East Belfast Community Development Agency
- Yvonne Cowan, Belfast Health and Social Care Trust
- Brian Dawson, The Bridge
- Joan Devlin, Belfast Healthy Cities
- Joan Finn, Northern Ireland Housing Executive
- Colin Hall Thompson, St Patrick's Church of Ireland
- Glen Jordan, Skainos Project
- Cliff Kennedy, Oasis centre
- Adele Keys, Belfast City Council
- Dianne Keys, Conservation Volunteers Northern Ireland
- John Kyle, Arches Medical Centre
- Anne Magee, Orchardville Society
- Gerry McAreavey, Belfast Regeneration Office
- Gerry McGuinness, Belfast Education and Library Board
- Mary McManus, East Belfast Independent Advice Centre
- Christine McMaster, Public Health Agency
- Heather McMurray, Carew Family Centre
- Maurice Meehan, Investing for Health
- Jim Moore, Community Drugs Awareness Project
- Maria Morgan, Belfast Health and Social Care Trust Health Improvement Team
- Lisa Morgan, East Belfast Partnership
- Elma Newberry, East Belfast Partnership
- Angela O'Neill, IMAGO
- Denise Rodgers, Sure Start
- Kirsty Spencer, Orchardville Society
- Sarah Jayne Smith, Belfast City Council
- Suzanne Wylie, Belfast City Council

Main facilitator: Erica Ison

Glossary

Green infrastructure

Green infrastructure is a network of connected natural and managed spaces or areas including parks, woodlands, green corridors, waterways, street trees, wildlife habitats and open countryside.

Hate crime³

Hate crime is any incident perceived to have been committed against any person or property on the grounds of a particular person's ethnicity, sexual orientation, gender identity, religion, political opinion or disability. Motivation is recorded as given by the officer completing the relevant form.⁴

"Shared space"

In *"A Shared Future: Policy and Strategic Framework for Good Relations in Northern Ireland"* (March 2005), the concept of shared space is defined as follows:

"Developing and protecting town and city centres as safe and welcoming places for people of all walks of life.

Creating safe and shared space for meeting, sharing, playing, working and living.

Freeing the public realm from threat, aggression and intimidation while allowing for legitimate expression of cultural celebration."

In Northern Ireland, "shared space" has a different meaning to the use of the term in many European cities, where it usually refers to a shared space for traffic, cyclists and pedestrians in the urban streetscape. However, the concept of "shared space" in Northern Ireland could apply to any European city that is a "contested" city with geographical separation based on fear, intimidation, threat or aggression.

Social capital⁵

There are many definitions of social capital, but there is a consensus that the concept emphasises the role of networks and civic norms in society. Social capital is seen as a community characteristic although it tends to be measured by asking individuals questions and aggregating the responses. This is problematic because social capital is collective and not simply the sum of individual social capital.

There are well-established relationships between social capital and economic growth, social inclusion and improved health. Key indicators include social relations, social networks, group membership, trust, reciprocity and civic engagement.

The American political scientist, Robert Putnam, is most commonly associated with the analysis and measurement of social capital.

3. Taken from http://www.psni.police.uk/index/advice-and-legislation/advice_hate_crime.htm

4. http://www.psni.police.uk/index/updates/updates_statistics/updates_domestic_and_hate_motivation_statistics.htm

5. Adapted from: Office of National Statistics (ONS) (2001) A literature review of social capital. ONS.

Abbreviations used in the text

A&E	Accident and Emergency department at a hospital
BAPs	Belfast Area Partnerships
BCC	Belfast City Council
BHC	Belfast Healthy Cities
BRO	Belfast Regeneration Office
DETI	Department of Enterprise, Trade and Industry
EU	European Union
FE	Further Education
GCSE	General Certificate of School Education
GHQ	General Health Questionnaire
GP	General practitioner
GVA	Gross value added
HE	Higher Education
HHEiALP	Health and health equity in all local policies
HIA	Health impact assessment
HiAP	Health in all policies
HMO	House of multiple occupation
IfH	Investing for Health
LAP	Local Action Plan
LLTI	Limiting long-term illness
NINIS	Northern Ireland Neighbourhood Information Service
NISRA	Northern Ireland Statistics and Research Agency
NTE	Night-time economy
PM2.5	Particulates of diameter 2.5 micrograms
PM10	Particulates of diameter 10 micrograms
SEN	Special Educational needs
SME	Small to medium-sized enterprise
SRF	Strategic regeneration framework
SUDS	Sustainable urban drainage system
WHO	World Health Organization



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