Health Impact Assessment of
the Draft North East Quarter Masterplan for
Belfast City Centre

Commissioned by Belfast Healthy Cities

Report written by Erica Ison
affiliate of the Public Health Resource Unit, Oxford

Appendix 1 compiled by Dr Angela Jordan, Specialist Registrar in
Public Health, Institute of Public Health for Ireland

Contents

1.1   What is health impact assessment?

Health impact assessment is:

"a combination of procedures or methods by which a policy, program or project may be judged as to the effects it may have on the health of a population". [1]

Potential impacts, or effects, on health and well-being can be identified in several ways, some of which are interactive with people involved in or affected by the proposal under consideration, known as stakeholders (participatory techniques), and some of which are not (desk-top appraisal).

These ways of identifying potential impacts on health and well-being can be categorised into two main depths of health impact assessment. If information that is readily available is used to identify health impacts – such as evidence in the published literature, and local sources of routine and non-routine data – this is known as rapid appraisal. However, if new data is collected, i.e. primary research is undertaken, this is known as comprehensive appraisal.

1.2   Why perform health impact assessment?

The main intention behind identifying potential impacts on health and well-being is to use this information as a basis for suggesting ways in which these impacts can be addressed, and any negative effects reduced, minimised or avoided and any positive effects enhanced.

An important purpose of health impact assessment, therefore, is to support decision-makers by providing them with information about the ways in which health could be protected, promoted, improved, and health inequalities reduced, through the proposal under consideration.

1.3   Health impact assessment in the planning process

Although health impact assessment is not a statutory requirement in the UK, in recent years it has been used to advantage in the planning system in England, Scotland and Wales. In the first instance, health impact assessments were, and continue to be, conducted on planning applications submitted to local planning authorities. However, this means that any proposal in the planning system will have been through a well-structured, and often lengthy, process of design and development *before* health and potential impacts on health are considered.

For health gain to be achieved, it is important that health and a proposal's impacts on health are considered at earlier stages in the planning process. Examples of stages in the planning process where health impact assessment has been applied in other parts of the UK are as follows:
- Consultation draft of Mayoral Strategies for London;
- Consultation drafts of Sub-Regional Strategy;

---

[1] World Health Organization (WHO) European Centre for Health Policy. The Gothenburg Concensus.

- Consultation Draft of Supplementary Planning Guidance;
- Consultation Draft of Unitary Development Plans;[2]
- Consultation Draft of Planning and Development Briefs;
- Draft Scopes of Environmental Impact Assessments undertaken in support of planning applications.

Thus, health impact assessment can be used to introduce a concern for health into various stages of the planning process, which means that the likelihood of achieving added value for the community's health and well-being from the spatial planning process is increased and enhanced.

1.4 Health impact assessment of the Draft Masterplan for the North East Quarter of Belfast City Centre

The health impact assessment of the Draft Masterplan for the North East Quarter of Belfast City Centre has been commissioned by Belfast Healthy Cities.

Belfast Healthy Cities is a partnership organisation which aims to improve the health and wellbeing of people who live and work in Belfast. Belfast Healthy Cities is part of the WHO European Healthy Cities Network, and work closely with organisations in all sectors to develop models they can use to make health a central consideration in all decision making. Belfast Healthy Cities (BHC) have been developing a Community Health Impact Assessment Process over the last two years, supported by the Investing for Health Programme, and as part of the World Health Organization's (WHO) Healthy Cities Programme they are leading the Sub-Network in health impact assessment, which is one of three key themes for healthy cities in Phase IV (until 2007).

Belfast Healthy Cities is currently working in partnership with Belfast City Council on the health impact assessment of the Draft Air Quality Action Plan.

1.4.1 Method

A desk-top analysis has been conducted using readily available information (rapid appraisal) with the aim of highlighting the potential benefits to health of the proposal, and the potential disbenefits, and suggesting ways of addressing them.

The document used for the analysis is the Draft North East Quarter Masterplan: Key Regeneration Principles and Concept Plan – Public Consultation Document, February 2005.

The following elements of the Masterplan were subjected to analysis:
- Development principles;
- Main elements of the Preferred Concept Masterplan;
- Key benefits of the Preferred Concept Masterplan.

Three main sources of evidence from the literature have been used in this analysis:
- Barton, H, and Tsourou, C. (2000) Healthy Urban Planning. Spon Press;

---

[2] The structure and terminology of the spatial planning system has been changed, such that Unitary Development Plans are now called Local Development Plans.

- ➢ Cave, B. and Molyneux, P. (2004) Healthy sustainable communities. A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
- ➢ Cave, B. et al. (2004) Healthy, sustainable communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

Other references have also been used where relevant.

As the development of the North East Quarter will affect the surrounding communities, we have used routine data about those communities as a foundation to highlight ways of protecting and promoting their health, especially as these communities suffer from health and other inequalities (see Section 2).

Section 2: **Snapshot of the communities affected by the development of the North East Quarter**

This information is based on the work of Dr Angela Jordan, Specialist Registrar in Public Health. For more detailed information, see Appendix 1.

All the information in this section is NISRA Crown copyright, and used under licence.

The North East Quarter forms a small part of two wards:
1. Falls ward;
2. Duncairn ward.

Many of the following statistics are gathered from census data available via NISRA and are recorded at ward level. Both the Falls and Duncairn wards cover a much wider area than that of the North East Quarter because the make up of wards are determined by population size (usually between 3 and 5 thousand) rather than by geographical size.

It should be noted that few if any people actually live in the area covered by the North East Quarter at present, however because this proposal may well affect people living just outside the boundary of the North East Quarter it is important to give a picture of the surrounding area and the people that live there.

2.1 Population
- In the Falls ward, there are 5,046 people, of whom 45% are men, and 55% are women; 29% of people are under 16 years and 18% are aged 60 years or over.
- In the Duncairn ward, there are 4,007 people, of whom 46% are men, and 54% are women; 21% are under 16 years, and 27% are aged 60 years and over.
- The population for Northern Ireland is 1,685,267 people, of whom 49% are men and 51% are women; 24% are under 16 years, and 18% are aged 60 years and over.

Thus, when compared with Northern Ireland, there are proportionately more women than men in the community in both wards. In the Falls ward, there are proportionately more young people in the community (but the same proportion of older people), and in the Duncairn ward there are proportionately more people aged 60 years and over and less young people under 16 years of age.

2.1.1 Population density
Population density is relatively high at 42.05 persons per hectare in the Falls ward, and relatively low in the Duncairn ward at 4.34 persons per hectare.

2.2 Community Background
Residents in the Falls are predominantly Catholic (97%), whereas residents in the Duncairn ward are predominantly Protestant (90%).

2.3 Ethnic group
More than 99.5% of the community in the Falls ward is White, and 98.4% of the Duncairn ward is White.

2.4 Measures of deprivation

Both wards score highly against measures of multiple deprivation (Noble Indices), with the Falls ward ranking as the second most deprived, and the Duncairn ward being the nineteenth most deprived for Northern Ireland out of 566 wards.

In addition, both wards are among the most deprived wards with respect to:
- Income;
- Employment;
- Health;
- Education.

For child poverty, the Falls ward is ranked the fourth most deprived and the Duncairn ward is ranked as the thirty-third most deprived.
However, access to services is good due to the proximity of these wards to Belfast.

2.5 Health status

2.5.1 Limiting long-term illness[3]
- In the Falls ward, 32% of people have a limiting long-term illness.
- In the Duncairn ward, 35% of people have a limiting long-term illness.
- In Belfast, 24% of people have a limiting long-term illness.
- In Northern Ireland 20% of people have a limiting long-term illness.

Thus, about one third of people in both wards have a limiting long-term illness, with proportionately more people so affected than those in Northern Ireland where only one-fifth of people are affected by a limiting long-term illness.

2.5.2 General health[4]
- In the Falls ward, 21% of residents described their health as "not good".
- In the Duncairn ward, 22% of residents described their health as "not good".
- In Northern Ireland, 11% of residents described their health as "not good".

Thus, there are proportionately more people in both wards who describe their health as not good, just over one-fifth of residents, compared with just over a tenth of people in Northern Ireland.

2.5.3 Disability Living Allowance
The Falls ward has high numbers of people who claim Disability Living Allowance, having, in 2004, the fourth highest number of claimants of all wards in Northern Ireland (n=566 wards).

2.5.4 Births to Unmarried Mothers
In 2003, of all births the percentage to unmarried mothers was:
- 75% in the Falls ward;
- 72% in the Duncairn ward;
- 54% in Belfast;
- 34% in Northern Ireland.

---

[3] Any long-term illness, health problem or disability that limits daily activities or work.
[4] Health over the 12 months prior to Census day (2001).

Thus, about three-quarters of all births in these two wards are to unmarried mothers, which is a considerably higher proportion than that for Northern Ireland as a whole, where it is only a third of births.

2.5.5 Children 3-5 years old registered with a dentist
In 2002, the percentage of children 3-5 years old registered with a dentist was:
- 47% in the Falls ward;
- 47% in the Duncairn ward;
- 57% in Belfast;
- 62% for Northern Ireland.

Thus, the proportion of children 3-5 years old who are registered with a dentist is less in both wards than in Northern Ireland.

2.6 Housing
2.6.1 Owner-occupier households
From the 2001 Census, the percentage of households that are owner-occupier are:
- 23% in Falls ward;
- 28% in Duncairn ward;
- 56% in Belfast;
- 70% in Northern Ireland.

Thus, the proportion or owner-occupiers in both wards is very low, at about a quarter of households, when compared with Northern Ireland where the proportion of owner-occupier households is over two-thirds of the population.

2.6.2 Households without central heating
The percentage of households without central heating in Duncairn ward is slightly higher than that for Northern Ireland as a whole (6% versus 5%).

2.6.3 Overcrowding
From the 2001 Census, the percentage of households experiencing overcrowding is substantially higher in the Falls ward when compared with that in Northern Ireland (23% versus 7.3%), and in the Duncairn ward the percentage is higher than that in Northern Ireland (10% versus 7.3%).

2.7 Access to Private Transport
The percentage of households that have access to a car or a van is:
- 25% in Falls ward;
- 33% in Duncairn ward;
- 56% in Belfast;
- 74% in Northern Ireland.

Thus, access to private transport is considerably lower in both wards, where one-quarter to a third of households have access to a car or van, when compared with Northern Ireland, where almost three-quarters of households have access to a car or van.

2.8   Employment

2.8.1   Unemployment

From the 2001 Census, the percentage of people aged 16-74 years old who are unemployed was:
- 10% in the Falls ward;
- 7% in Duncairn ward;
- 5% in Belfast;
- 4% in Northern Ireland.

Thus, a greater proportion of people in both wards are unemployed when compared with that in Northern Ireland.

2.8.2   Job Seekers Allowance

The Falls ward has high numbers of people who claim Job Seekers Allowance, having, in 2004, the ninth highest number of claimants of all wards in Northern Ireland (n=566 wards).

2.8.3   Main industries of employment

The main industries of employment in both wards are:
1. Manufacturing;
2. Wholesale and retail;
3. Retail estate;
4. Renting and business activities;
5. Health and social work.

2.9   Recorded crime

In the Falls and Duncairn wards, high numbers of notifiable offences were recorded in 2003/2004, these wards having the third and fourth highest number, respectively, of all wards in Northern Ireland (n=566 wards).

2.10   Education

2.10.1 Qualifications

From the 2001 Census, the percentage of people educated to a degree level or higher is:
- 4% in the Falls ward;
- 6% in the Duncairn ward;
- 19% in Belfast;
- 16% for Northern Ireland.

Thus, the proportion of people who are educated to degree level of higher is much lower in both wards than for Northern Ireland.

Also from the 2001 Census, the percentage of people who have no qualifications is:
- 64% in Falls ward;
- 66% in Duncairn ward;
- 42% for Northern Ireland.

Thus, there are considerably more people in both wards who have no qualifications, about two thirds, when compared with Northern Ireland, where less than half of people have no qualifications.

2.10.2 School leavers
Of those young people who left school in 2001, the percentage who gained 5 or more GCSEs graded A-C is:
- 26% in Falls ward;
- 25% in Duncairn ward;
- 50% in Belfast;
- 58% for Northern Ireland.

Thus, in comparison with Northern Ireland, educational attainment is low in the Falls ward and Duncairn ward.

2.10.3 Free school meals
Entitlement to free school meals is an indicator of deprivation, In 2002, the percentage of the school population entitled to free school meals was:
- 58% in Falls ward;
- 53% in Duncairn ward;
- 33% in Belfast;
- 21% in Northern Ireland.

Thus, the proportion of school-age children entitled to free school meals is considerably greater in both wards, with more than half of children receiving free school meals Falls and Duncairn, when compared with Northern Ireland, where one-fifth of school-age children are entitled to free school meals.

| Section 3: | Rapid appraisal of the draft North East Quarter Masterplan |

For the rapid appraisal of the draft North East Quarter Masterplan, the following elements of the Masterplan were subjected to desk-top analysis:
- Development principles;
- Main elements of the Preferred Concept Masterplan;
- Key benefits of the Preferred Concept Masterplan.

3.1 Desk-top analysis of the Development Principles

Development principle	*Information relevant to healthy urban planning, and promoting health in the Masterplan*
Character preservation – reinforcing the distinctiveness and identity	In a more aesthetically pleasing environment, people are more likely to walk for exercise or recreation,[5] which will benefit health not only in terms of physical activity but also by increasing public safety by increasing the number of people on the streets. Increased numbers of people on the street will also increase the potential for social contact, interaction and cohesion. A well-designed and well-maintained built environment helps to foster and reinforce a sense of community.[6] Neighbourhood aesthetic quality, including interesting features, may also be related to the experience of stress or the ability to recover after stressors.[7] Barton and Tsourou suggest that locally distinctive architecture or townscape that reflects the traditional materials and culture of the area is used as a starting point for design.[8] This will help to give residents a sense of local identity, which is important to mental well-being.
Destination creation – to include shopping and a mix of complementary uses such as housing, restaurants, bars, cafes, and public and cultural uses	Mixed-use development in town centres and commercial environments can help to widen social options by facilitating social cohesion through the creation of safe and permeable environments with natural foci where people can meet informally.[9]

---

[5] Paragraph 5.39 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

[6] Paragraph 6.1 in Cave and Molyneux (2004) Healthy Sustainable communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.

[7] Paragraph 9.9 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

[8] Page 152 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[9] Page 14 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

3.1 continued

Development principle	Information relevant to healthy urban planning, and promoting health in the Masterplan
Retention – where possible of historic buildings and facades	In addition, to the evidence presented above with respect to "Character preservation", the principle of recycling underused land and buildings is important in planning sustainable urban environments.[10] The concept of compactness in urban planning helps to achieve a cleaner, more accessible, more equitable and convivial environment when compared with a dispersed pattern.[11]
Commercial attractiveness – ensuring that the proposals are capable of attracting investment into the area	Economic development can be an important factor in developing social inclusion, but neighbourhoods require local work opportunities to develop the bridging ties necessary to generate social capital and better health. Regeneration programmes can have an important influence in improving the quality of people's lives by mitigating the effects of uneven development, but it can have negative effects on some population groups.[12] Barton and Tsourou suggest that localities should be planned to encourage the clustering of facilities in ways that can adapt and flourish as social and market conditions change.[13] One of Barton and Tsourou's policy objectives for healthy neighbourhood planning is the construction of buildings for social and commercial uses that are adaptable.[14]

---

[10] Pages 92-93 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[11] Page 92 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

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

[13] Page 132 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[14] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

3.1 continued

Development principle	Information relevant to healthy urban planning, and promoting health in the Masterplan
Traffic calming – to prioritise pedestrian linkages and encourage "people not cars"	Walking is the most common form of movement, open to almost everyone, it constitutes most trips for people who do not own cars (particularly women and children), and it involves minimal resources but it can be a healthy and pleasurable aesthetic and physical experience.[15] The World Health Organization (WHO) recommends that pedestrians have top priority in the movement system, and where there are conflicts with road traffic pedestrian routes should be given priority.[16] People's propensity to walk is significantly affected by the level of safety, convenience or pleasure experienced when walking.[17] The WHO recommends the creation of a dense network of footways to link all main activities and public transport facilities to ensure safety, directness, and ease of use, especially for people who are less mobile, and the provision of an attractive and secure pedestrian environment.[18] Barton and Tsourou recommend calmed traffic as a policy objective for healthy neighbourhood planning in order to promote safety,[19] which can be achieved by various methods including narrowing road widths, reducing sightlines and installing junction platforms and rough surfaces to generate a slow but constant traffic speed.[20] The speed of traffic is a prime factor in accidents, and the standard design speed in residential areas and shopping streets should be 20 mph.[21]

---

[15] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[16] World Health Organization (WHO) Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.
[17] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[18] World Health Organization (WHO) Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.
[19] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[20] Pages 138-9 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[21] Page 138 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

3.1 continued

Development principle	*Information relevant to healthy urban planning, and promoting health in the Masterplan*
Quality public spaces	The creation of places where it is natural for people to stop and look is important to the potential pleasure and social benefits of walking.[22] The design and provision of streets and places where people can meet (incidental spaces and squares) increases social contact, with the potential to foster local networks of support, and improve people's quality of life.[23] Casual meetings between people increase and facilitate friendship networks and a sense of community.[24] As such, public open spaces play a role in safeguarding and promoting the health of the community.[25] Access to open spaces can increase the amount of exercise undertaken, e.g. walking, contributing to reducing obesity, cardiovascular disease, diabetes and arthritis, and can increase the level of social contact and interaction, contributing to a reduction in stress-related problems.[26]
Encouraging a 24-hour environment	Violent crimes tend to cluster around licensed premises, and peak at weekends between 2300 and 0200.[27] In 53% of violent crimes by strangers and in 45% of violent crimes by acquaintances the offender was under the influence of alcohol.[28] Most alcohol-related crimes occur in city centres at night, the major hotspots being pubs and clubs, and confluence flashpoints and route ways where people are channelled by the built environment – at around midnight, the incidence of crime and disorder follows people moving away from the city centre's night-time leisure zones along key route ways to residential areas, and criminal damage occurs along these route ways.[29] There is scope for planning out alcohol-related crime and disorder by avoiding clusters of functional activities clearly associated with the problem.[30]

---

[22] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[23] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[24] Page 132 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[25] WHO Regional Office for Europe (1997) Green cities, blue cities. Local Authorities Health and Environment Briefing Pamphlet Series, No.18.

[26] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review of the Mayor of London's Biodiversity Strategy.

[27] Mirlees-Black et al. (1998) The 1998 British Crime Survey. Home Office Statistical Bulletin.

[28] Mirlees-Black et al. (1995) The 1995 British Crime Survey. Home Office Statistical Bulletin.

[29] Bromley and Nelson (2002) Geoforum 33; 239-254.

[30] Bromley and Nelson (2002) Geoforum 33; 239-254.

3.2   Desk-top analysis of the main elements of the Preferred Concept Masterplan

Elements of preferred concept masterplan	Information relevant to healthy urban planning, and promoting health in the Masterplan
New, 2-level shopping street with an entrance onto Royal Avenue opposite to entrance to Castlecourt Shopping Centre	City centres are appropriate locations for retail centres purveying specialist or durable goods.[31] To promote access every development should have direct, convenient and visible access for pedestrians, with shops and other facilities fronting onto a street or square.[32]
An anchor store between North Street and Donegall Street	City centres are appropriate locations for retail centres that are regional trip generators.[33] However, Barton and Tsourou state that key accessibility requirements for such retail centres are that they should be within 800 metres of an intercity railway station, and are central in relation to urban public transport.[34] Barton and Tsourou also suggest that other criteria should be a low level of car dependence, with a parking allowance that is maximally 25% of theoretical demand, and good pedestrian and bicycle networks linking to nearby residential areas.[35]
Retention of the principle of the North Street Arcade, creating a new east-west link between North Street and Donegall Street	Policies for promoting walking include a pattern of footpaths and pavements that allow permeability, i.e. a choice of routes filtering through an area and providing convenient routes from anywhere to anywhere.[36] The detailed design of all pedestrian routes needs to take into account directness (reducing distance to facilities and neighbourhoods) and convenience (avoiding steep hills, steps and kerbs that might inhibit physically less mobile people and people using wheelchairs or pushchairs).[37]
Residential and office accommodation located above new shops	*Clustering of facilities* Barton and Tsourou recommend the clustering of facilities, including employment providers, in town centres to encourage multi-purpose trips.[38] *Office accommodation above shops* Neighbourhoods require local work opportunities to develop the bridging ties necessary to generate social capital and better health.[39] *Residential accommodation above shops* For the planning process to contribute to a socially balanced community, it is important to provide residential units appropriate for a range of family types and household incomes.[40] Barton and Tsourou recommend that every part of a city should have a good range of housing type, tenure, size and price.[41]

[31] Table 4.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[32] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[33] Table 4.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[34] Table 4.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[35] Table 4.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[36] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[37] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[38] Page 134 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

3.2 continued

Elements of preferred concept masterplan	Information relevant to healthy urban planning, and promoting health in the Masterplan
Lower Garfield Street as a new restaurant destination	
A potential multi-storey car park to the west of Writer's Square with ~300 spaces. Car park could be surrounded by ground floor shops and residential/office accommodation on upper floors	Car parks generate trips by car, contributing to air and noise pollution, both of which affect health, and making the environment less safe and less conducive to pedestrians. In *Healthy Urban Planning*, Barton and Tsourou recommend a maximal parking allowance of 25% of theoretical demand in city or town centres.[42]
Re-definition of Writer's Square, and Other public realm improvements, e.g. improved setting for the Cathedral and First Presbyterian Church, and the introduction of a public square adjacent to the Northern Bank Building	The creation of places where it is natural for people to stop and look is important to the potential pleasure and social benefits of walking.[43] The design and provision of streets and places where people can meet (incidental spaces and squares) increases social contact, with the potential to foster local networks of support, and improve people's quality of life.[44] Casual meetings between people increase and facilitate friendship networks and a sense of community.[45] As such, public open spaces play a role in safeguarding and promoting the health of the community.[46] Access to open spaces can increase the amount of exercise undertaken, e.g. walking, contributing to reducing obesity, cardiovascular disease, diabetes and arthritis, and can increase the level of social contact and interaction, contributing to a reduction in stress-related problems.[47]
Northern Bank Building suggested venue for theatre and/or arts	Major cultural or leisure attractions are appropriate types of activity for city centres.[48]
Donegall Arcade potential location for a later phase of redevelopment, the possibilities for which include a new public courtyard surrounded by a mix of restaurant, residential, office and retail uses.	An important task when planning for mixed use is to ensure sufficient space and flexibility in building in city centres to accommodate growth.[49]

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

[40] Page 31 in Cave and Molyneux (2004) Healthy Sustainable communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.

[41] Page 101 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[42] Table 4.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[43] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[44] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[45] Page 132 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[46] WHO Regional Office for Europe (1997) Green cities, blue cities. Local Authorities Health and Environment Briefing Pamphlet Series, No.18.

[47] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review of the Mayor of London's Biodiversity Strategy.

[48] Table 4.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[49] Page 100 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

3.3   Desk-top analysis of the key benefits of the Preferred Concept Masterplan

Key benefit	Is there a complementary health benefit?
Approximately 20,000 square metres of shopping and catering space, including a large store, in a form that preserves and enhances the special qualities, fine urban grain and historic street pattern	*Preserving and enhancing the special qualities, fine urban grain and historic street pattern* Barton and Tsourou suggest that locally distinctive architecture or townscape that reflects the traditional materials and culture of the area is used as a starting point for design.[50] This will help to give residents a sense of local identity, which is important to mental well-being.
Improved linkages with the Victoria Square development and the rest of the city	Policies for promoting walking include a pattern of footpaths and pavements that allow permeability, i.e. a choice of routes filtering through an area providing convenient routes from anywhere to anywhere.[51] Walking can increase the level of exercise undertaken, thereby helping to reduce levels of obesity, cardiovascular disease, diabetes and arthritis, although the impact is most likely to be experienced by children.[52]
Potential for further shopping development in the longer term	It is important when planning for mixed use to ensure sufficient space and flexibility in building in city centres to accommodate growth.[53] Sustainable growth will help to promote economic, social, and environmental well-being for the community, all of which are determinants of health.
Generation of ~1,400 jobs	Employment does not necessarily lead to health improvement because the health consequences of employment are directly related to the quality of work,[54] e.g. pay, job security, job control, worker involvement, support at work, reward-to-effort ratio, prestige, physical working conditions, and equality opportunities, where the effects are positive for high-grade jobs and negative for low-grade jobs. However, for some vulnerable people, as employment is a source of income, it has the potential to increase the level of disposable income and provide a route out of poverty, and therefore there is the possibility of tackling health and other inequalities if planning for employment is accompanied by an economic development strategy that addresses social inequalities to reduce health inequalities.[55]

---

[50] Page 152 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[51] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[52] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London's Biodiversity Strategy.

[53] Page 100 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[54] Graetz (1993) Soc. Sci. Med. 36; 715-724.

[55] Paragraphs 8.4 and 8.5 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.

Key benefit	Is there a complementary health benefit?
About 300 car parking spaces to support the shopping, housing, offices, restaurants, cafes and bars on and off site	Car parks generate trips by car, contributing to air and noise pollution, both of which affect health, and make the environment less safe and less conducive to pedestrians and cyclists. In *Healthy Urban Planning*, Barton and Tsourou recommend a maximal parking allowance of 25% of theoretical demand in city centres.[56]
Replacement of fire-damaged arcade on a slightly different alignment to create new linkages throughout the area	Policies for promoting walking include a pattern of footpaths and pavements that allow permeability, i.e. a choice of routes filtering through an area and providing convenient routes from anywhere to anywhere.[57] Walking can increase the level of exercise undertaken, thereby helping to reduce levels of obesity, cardiovascular disease, diabetes and arthritis, although the impact is most likely to be experienced by children.[58]
Retention and re-use of key listed and historic buildings	Barton and Tsourou suggest that locally distinctive architecture or townscape that reflects the traditional materials and culture of the area is used as a starting point for design.[59] This will help to give residents a sense of local identity, which is important to mental well-being. In addition, the principle of recycling underused buildings is important in planning sustainable urban environments.[60]
Strengthening of key linkages through the site	Policies for promoting walking include a pattern of footpaths and pavements that allow permeability, i.e. a choice of routes filtering through an area and providing convenient routes from anywhere to anywhere.[61] Walking can increase the level of exercise undertaken, thereby helping to reduce levels of obesity, cardiovascular disease, diabetes and arthritis, although the impact is most likely to be experienced by children.[62]

[56] Table 4.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[57] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[58] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London's Biodiversity Strategy.

[59] Page 152 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[60] Pages 92-93 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[61] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[62] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London's Biodiversity Strategy.

Key benefit	Is there a complementary health benefit?
Opening up and improving Writer's Square and public space around the Cathedral	Important to the potential pleasure and social benefits of walking is the creation of places where it is natural for people to stop and look.[63] The design and provision of places where people can meet, e.g. squares, increases social contact, with the potential to foster local networks of support, and improve people's quality of life.[64] Casual meetings between people increase and facilitate friendship networks and a sense of community.[65] Increasing the level of social contact and interaction can contribute to a reduction in stress-related problems.[66]
New pedestrian linkage through the site from the Library Quarter	Policies for promoting walking include a pattern of footpaths and pavements that allow permeability, i.e. a choice of routes filtering through an area and providing convenient routes from anywhere to anywhere.[67] Walking can increase the level of exercise undertaken, thereby helping to reduce levels of obesity, cardiovascular disease, diabetes and arthritis, although the impact is most likely to be experienced by children.[68]
Creation of new public spaces within the scheme	Important to the potential pleasure and social benefits of walking is the creation of places where it is natural for people to stop and look.[69] The design and provision of places where people can meet, e.g. squares, increases social contact, with the potential to foster local networks of support, and improve people's quality of life.[70] Casual meetings between people increase and facilitate friendship networks and a sense of community.[71] Increasing the level of social contact and interaction can contribute to a reduction in stress-related problems.[72]

---

[63] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[64] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[65] Page 132 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[66] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London's Biodiversity Strategy.

[67] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[68] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London's Biodiversity Strategy.

[69] Page 136 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[70] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[71] Page 132 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[72] Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London's Biodiversity Strategy.

Key benefit	Is there a complementary health benefit?
Opportunity to encourage re-use of the Northern Bank Building for arts and cultural use	Culture has both a material and a value dimension, the material dimension includes the performing and visual arts.[73] The arts create social capital: both bridging social capital between groups and bonding social capital within groups, although traditionally the arts have done more for bonding within groups that bridging between groups.[74] Access to arts and cultural uses can also contribute to a reduction in stress.
Potential to act as a catalyst for creation of new tourism/cultural focus for this part of the city.	An increase in tourism would contribute to the level of the money in the local economy and may act as a stimulus for inward investment, with the potential to increase the number of jobs in the area. For local people, this could mean an increase in the level of disposable income, which would give them an opportunity to improve their living conditions and thereby maintain or improve their health.

[73] Department of Culture, Media and Sport (2000) Creating opportunities: Guidance for local authorities in England on local cultural strategies.
[74] Paragraph 3.4 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.

> **Section 4:** **Suggestions to promote health and well-being in the development of the North East Quarter**

4.1 Sustainable construction and energy efficiency

We ask the Department for Social Development to consider requiring the developer(s) involved in redeveloping the North East Quarter of Belfast City Centre to adhere to standards of sustainable construction, such as the Building Research Establishment Environmental Assessment Method (BREEAM) for residential developments, known as EcoHomes, and National Home Energy Rating (NHER).

We also ask the Department for Social Development to consider requiring the developer(s) involved in redeveloping the North East Quarter of Belfast City Centre to use renewable or recycled building materials where possible.

Rationale for these suggestions

The use of standards will encourage greater quality in the design and construction of the domestic environment,[75] and improve the level of energy efficiency. Barton and Tsourou recommend that the first priority of an energy strategy in settlement planning is to increase energy efficiency of building.[76] Energy efficiency will reduce the level of health-damaging emissions, and of carbon dioxide, thereby reducing the potential for global climate change.[77]

Barton and Tsourou recommend the use of renewable and recycled building materials as a policy objective for healthy neighbourhood planning to conserve natural resources and to reduce energy consumption.[78]

4.2 Conservation of water resources, and management of run-off and drainage

We ask the Department for Social Development to consider requiring the developer(s) involved in redeveloping the North East Quarter of Belfast City Centre to incorporate into the design of the development the reduction in consumption of "white water" by households and other land uses and the collection of rain and/or "grey water" (from washing) on site in order to conserve water and energy resources.

We also ask Department for Social Development to consider the need for the sustainable management of run-off from, and drainage for, the development not only to help conserve resources but also to reduce contamination of the water cycle.

Rationale for these suggestions

Clean water supply and the effective treatment of sewage are fundamental to healthy urban living, however, water supply and treatment use large amounts of energy, and both are major uses of land.[79]

---

[75] Paragraph 6.6 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[76] Page 115 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[77] Page 113 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[78] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[79] Page 116 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

Planning has a role to play in determining how water is used and abused at each stage of its cycle. A healthy water strategy requires a programme of progressively reducing the unnecessary consumption of pure (or "white") water by households and businesses while encouraging the collection and use of rain an/or "grey" water from washing on site.[80]

Commercial effluent and surface water contaminated with oil from hard standing, such as car parks, needs to be treated effectively, preferably on site.[81]

All rainwater in built up areas should be allowed to percolate into the ground where subsoil permits to recharge aquifers, and porous materials are available for some surfaces.[82]

The health benefits comprise security and quality of water supply, avoiding pollution, and reducing hazards.[83]

4.3   Employment, training and skills development

We ask the Department for Social Development to consider providing appropriate training and skills development for unemployed people in the communities surrounding the North East Quarter such that they will be equipped to take advantage of the job opportunities as they arise during the redevelopment of the North East Quarter.

Rationale for these suggestions
Work on reducing worklessness in deprived neighbourhoods in turn helps to reduce child poverty.[84] This is important in both the Falls and Duncairn wards where both unemployment and childhood poverty is marked (see Section 2.8.1, and 2.4, respectively), the Falls ward being the fourth most deprived forchildhood poverty, and Duncairn ward being the thirty-third most deprived for childhood poverty, of all 566 wards in Northern Ireland.

4.4   The provision of affordable housing

If the number of dwellings provided within the North East Quarter is greater than 25, we ask the Department for Social Development to consider including in the Masterplan the need for a percentage of affordable housing to be built as part of the residential accommodation in the North East Quarter.

Rationale for this suggestion
The provision of public, social and low-cost housing is central to the interests of vulnerable groups in the population – low-income groups do not gain access to adequate housing simply through an ample overall supply but by removing the institutional and market barriers to provide for special needs and the movement of

---

[80] Page 116 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[81] Page 116 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[82] Page 116 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[83] Page 117 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[84] Neighbourhood Renewal Unit (2003) Education and Skills and Neighbourhood Renewal. Factsheet 17. Office of the Deputy Prime Minister.

households between sectors.[85] For vulnerable groups in the population, improving people's housing may reduce health inequality.[86]

For key or essential workers, housing problems are a major factor in the recruitment crisis in both education and health.[87]

The provision of affordable housing in the North East Quarter is important given the level of overcrowding in the Falls ward, and the low percentage of owner-occupier households in both the Falls and Duncairn wards (see Section 2.6).

4.5   The provision of community facilities in the North East Quarter to promote social cohesion

We ask the Department for Social Development to consider including in the Masterplan for the North East Quarter the need for a community centre or community space for the new residents who will be introduced into the quarter as a result of the construction of new residences.

We also ask the Department for Social Development to consider including in the Development Briefs for the North East Quarter the need for a community centre or community space for the new residents who will be introduced into the quarter as a result of the construction of new residences.

We also ask the Department for Social Development to consider the feasibility of making such community facilities or spaces accessible to the nearby surrounding communities to promote social contact, interaction and cohesion.

Rationale for these suggestions
A thriving localised community life needs appropriate facilities and meeting places – neighbourhood resources are important for building and sustaining networks, developing trust and economic participation, and have an impact on residential continuity, interaction and socialising with fellow residents; it also helps to facilitate identity, pride in an area, and can have a direct influence on some forms of antisocial behaviour.[88]

Community centres are part of the therapeutic landscape, quasi-public places where people can meet, greet and nurture social relations; they also provide venues where health-promoting activities can take place.[89] In the absence of safe places for opportunities for social interaction, people's sense of belonging to a particular community and places is diminished.[90] Community centres provide a material base on which social capital in a community can be built; for the development of social capital, greater participation and representation of the community is needed in the growth and development of facilities, which will help to meet changing social

---

[85] Adapted from page 101 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[86] Paragraph 5.3 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[87] Paragraph 6.3 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[88] Catell and Evans (1999) Neighbourhood images in East London: social capital and social networks on two East London Estates. YPS for the Joseph Rowntree Foundation.
[89] Witten et al (2001) Health and Place 7; 307-317.
[90] Warin et al. (2000) Soc. Sci. Med. 50; 1863-1875.

conditions and a range of needs.[91] Social capital is important for discouraging antisocial or criminal behaviour.[92] Communities characterised by anonymity, and limited acquaintances among residents, face increased violence and crime.[93]

The development of healthy communities that promote social capital will depend not only on the development of the physical fabric but also on a series of supportive social networks and associations, which encourage newcomers to get involved, the provision of a range of meeting places and interventions that work to reduce any tension between different groups.[94]

4.6   The provision of play areas

We ask the Department for Social Development to consider the need for play areas in the Masterplan for the North East Quarter of Belfast City Centre to serve new residents in the area.

Rationale for the suggestion

The provision of play areas that allow expression of independence and play mobility may have positive behavioural and mental health benefits for children[95] - children who have access to play areas have less behavioural problems and better health than children who do not.[96] Barton and Tsourou recommend toddlers play areas are within 100-200 metres of homes, and playgrounds are within 400-600 metres

4.7   Service provision for new residents in the North East Quarter

We ask the Department for Social Development to consider the new residential community's need and/or demand for services, facilities and amenities in the North East Quarter in the Masterplan, and in subsequent development briefs.

Services, facilities, and amenities that need to be considered include:
- Health – access to primary, secondary and tertiary healthcare, and access to dental care;
- Education – pre-school, primary, secondary, tertiary, adult and continuing;
- Access to affordable, fresh, nutritious food;
- Banking and/or access to a credit union;
- Post office.

The only specific mention of any of these uses is of "educational uses" as one of several "potential uses" under "Key Commercial Issues" on page 5 of the Public Consultation Document.

---

[91] Campbell et al. (1999) Social capital and health. Health Education Authority, London.
[92] Organization for Economic Co-operation and Development (OECD) (2001) The wealth of nations: the role of human and social capital.
[93] Putnam (2000) Bowling alone: the collapse and revival of American community. Simon Schuster, New York.
[94] Paragraph 4.10 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[95] London Health Commission (2002) Culture & health: making the link. London Health Commission.
[96] Adapted from paragraph 6.12 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.

We also ask the Department for Social Development to consider the improved access that could be offered to these services, facilities and amenities for existing communities in the surrounding area.

Rationale for the suggestion
Contemporary principles for urban planning that take account of public health are rooted in an active intervention, whereby the aim is to establish basic standards of provision in any new development, using an approach that is based on estimating and providing for the future needs of communities with an awareness of the effect planning can have on all levels of factors that influence health.[97]

Good local services are essential for quality of life and the willingness of people to stay and invest in an area – they are central to sustainable communities.[98]

High-quality local health and social services provide people with vital sources of support, treatment and preventative services.[99] Education, training and learning play important roles in providing a basis for economic growth, social cohesion and personal development.[100] Education is positively correlated with employment earnings, and educational attainment in one generation has positive effects on educational attainment in the next – better-schooled parents have children with higher earning potential.[101] Educational attainment in children is linked to a range of improved adult health outcomes.[102] People with higher educational qualifications tend to be healthier and have a lower take on social benefits, and education is also associated with lower crime, helping young people to remain in school.[103] People who have had more schooling tend to be less overweight and engage in more exercise per week than those who are less educated - they are also better able to identify health-related information and use it in a constructive manner, for instance, an additional year of schooling is associated with a reduced daily average cigarette consumption.[104]

The availability of services and amenities, such as pharmacies and grocery stores, may facilitate or constrain a person's ability to engage in health-promoting behaviours, such as obtaining medication or eating fresh fruit and vegetables.[105]

Although residents in the surrounding communities do currently have good access to services (see Section 2.4), it is important that an influx of new residents in the area does not compromise the quality of service provided to existing residents. Indeed, one

---

[97] Adapted from page 10 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[98] Paragraph 9.1 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[99] Paragraph 9.3 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[100] Organization for Economic Co-operation and Development (OECD) (2001) The wealth of nations: the role of human and social capital. OECD.
[101] Paragraph 8.2.8 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[102] Paragraph 8.29 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[103] Paragraph 8.34 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[104] Kenkel (1991) Journal of Political Economy 99; 287-305.
[105] Paragraph 8.25 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

way to help reduce health inequalities in the short to medium term is to improve access to health and other services.

4.8   Mix of uses in the North East Quarter

We ask the Department for Social Development to consider the explicit inclusion of the following uses in the Concept Masterplan for the North East Quarter:

- Public buildings;
- Cultural uses;
- Tourist-oriented uses, e.g. tourist information.

Rationale for this suggestion
These additional uses will promote social inclusion, and prevent the development from becoming an exclusive venue for people who have a relatively high level of disposable income that can be expended on retail goods. This is particularly important in view of the levels of deprivation experienced by people living in communities surrounding the North East Quarter (see Section 2.4). If the principle of social inclusion is not supported through the planning process, especially by encouraging a broad mix of uses, the surrounding communities may experience anger and resentment at their exclusion, which will affect their mental well-being.

4.9   Affordability of leisure, entertainment and cultural facilities

We ask the Department for Social Development to consider requiring the implementation of schemes to promote the affordability of leisure, entertainment and cultural facilities in the North East Quarter.

Rationale for the suggestion
Leisure is essential to an individual's psychological health,[106] and the lack of it has been equated with a diminished sense of well-being.[107] The level of deprivation in surrounding communities is high (see Section 2.4), and in order to promote access to leisure and cultural facilities in the redeveloped North East Quarter it will be necessary to consider methods of ensuring affordability for vulnerable groups on a low income (e.g. young people, older people, unemployed people and their families, and lone parents and their families). Otherwise there is a danger that the development of the North East Quarter becomes exclusive, being a destination only for those people who have a certain relatively high level of disposable income.

4.10   Designing out crime

We ask the Department for Social Development to consider the need to require the developers of the North East Quarter to design out crime

Rationale for the suggestion
Although linking community safety entirely with the design of the built environment shifts the focus away from other causes of crime that are social and political,[108] it is possible to design out crime that is opportunistic whereby offenders respond to environmental stimuli. Improvements in street lighting reduce crime through means of precisely targeted increases and general increases, both during the day as well as

---

[106] London Health Commission (2002) Culture & health: making the link.
[107] Neulinger (1982) Leisure Studies 1; 53-63.
[108] Koskela and Koskela (2000) Geoforum 31; 269-280.

during the hours of darkness.[109] CCTV can be effective in deterring property crime.[110] The detailed design of residential and commercial areas can ensure a natural process of surveillance over public space that reduces both the fear of crime and the actual incidence of crime.[111]

This is particularly important in the North East Quarter as the surrounding communities in the Falls and Duncairn wards are subject to high levels of crimes with respect to the number of notifiable offences recorded (see Section 2.9).

4.11 Planning out alcohol-related crime and disorder in the North East Quarter

We ask the Department for Social Development to consider planning out alcohol-related crime and disorder in the redevelopment of the North East Quarter of Belfast City Centre by avoiding clusters of functional activities, e.g. pubs and nightclubs, related to this problem.

Rationale for this suggestion
The potential for alcohol-related crime and disorder in the North East Quarter of Belfast City Centre could be a source of nuisance for new residents in the area, and the surrounding communities, with problems ranging from environmental noise to being a victim of violence. Environmental noise can affect health and well-being in terms of annoyance and quality of life, sleep disturbance, cardiovascular disease and children's health.[112] Violent crime may result in temporary or permanent disability and in some cases death – people who have experienced crime-related trauma can also have a poorer perception of their physical health, greater limitations on physical functioning, and more chronic medical conditions, and victims of physical violence have higher rates of cigarette smoking, alcohol and drug abuse, risky sexual behaviours, and eating disorders.[113]

This is particularly important in the North East Quarter as the surrounding communities in the Falls and Duncairn wards are subject to high levels of crimes with respect to the number of notifiable offences recorded (see Section 2.9).

4.12 Managing alcohol-related crime and disorder in the North East Quarter

We ask the Department for Social Development to consider requiring the implementation of an appropriate and effective management strategy for the avoidance and/or minimisation of alcohol-related crime and disorder following the redevelopment of the North East Quarter.

Rationale for this suggestion
The rationale for this suggestion is outlined in Section 4.10.

---

[109] Pease (1999) in Painter and Tiller (eds) Surveillance of public space: CCTV, street lighting and crime prevention. Criminal Justice Press, Monsey, New York.
[110] Phillips (1999) in Painter and Tiller (eds) Surveillance of public space: CCTV, street lighting and crime prevention. Criminal Justice Press, Monsey, New York.
[111] Page 18-19 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[112] London Health Commission (2003) Noise & health: making the link.
[113] Robinson et al. (1998) Exploring the impacts of crime on health and health services: a feasibility study. Department of Sociology & Social Policy, University of Durham.

Again, this is particularly important in the North East Quarter as the surrounding communities in the Falls and Duncairn wards are subject to high levels of crimes with respect to the number of notifiable offences recorded (see Section 2.9).

4.13 Planning for public transport in the North East Quarter

Planning for, or the provision of, public transport is not included in the Development Principles, the Objectives for the development of the Concept Masterplan, nor in the Benefits of the Concept Masterplan. It is mentioned only as a "potential use" under "Key Commercial Issues" on page 5 of the Public Consultation Document.

Therefore, we ask the Department for Social Development to consider the explicit inclusion of pubic transport planning and provision in the Masterplan for the North East Quarter and in subsequent development briefs.

Rationale for the suggestion

Transport has several features that contribute positively to the determinants of health by providing access to a range of services, facilities and amenities, and by providing the opportunity for social contact and interaction.[114] In a review for the Department of the Environment, Transport and the Regions (DETR), transport was highlighted as providing access to, for example, work, food, and community and leisure facilities, and representing a symbolic expression of an area as being well connected with wider society in the city as a whole.[115]

Barton and Tsourou recommend that public transport should have general priority over other traffic along main routes and to the heart of areas of high demand.[116] A healthy transport strategy requires the taming of vehicular traffic, and one way of reducing road capacity is to plan positively for other modes of transport.[117]

Barton and Tsourou recommend that new development should be oriented towards public transport stops,[118] and that office, retail and leisure developments should be less than 300 metres actual walking distance from good public transport services, and housing should be within 400 metres of a good service.[119]

A good public transport service provides realistic competition to private transport by car in terms of availability, speed, and price,[120] and provides people with the opportunity to reduce the number of trips by car, thereby reducing not only the level of air and noise pollution, but also the volume of traffic, with a consequent decrease in the risk of congestion. Barton and Tsourou recommend that a good public transport bus service should operate at a frequency of every 10 minutes.

---

[114] Paragraph 6.1 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[115] Department of the Environment, Transport and the Regions (2000) Social exclusion and the provision and availability of public transport: a summary report. TraC at the University of London.
[116] Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[117] Page 138 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[118] Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[119] Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[120] Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

Linearity is also a key feature of public transport routes affecting their viability,[121] and Barton and Tsourou recommend it is important to plan for the viability of public transport.[122]

Access to good public transport services facilitated by the redevelopment of the North East Quarter is important in both the Falls and the Duncairn wards where access to private transport is poor (see Section 2.7).

4.14   Planning for cyclists in the North East Quarter

Planning for, or the provision of, infrastructure for cyclists is not included in the Development Principles, the Objectives for the development of the Concept Masterplan, nor in the Benefits of the Concept Masterplan. It is mentioned only as a "potential use" under "Key Commercial Issues" on page 5 of the Public Consultation Document.

Therefore, we ask the Department for Social Development to consider the explicit inclusion of planning and provision for cyclists in the Masterplan for the North East Quarter and in subsequent development briefs.

Rationale for this suggestion
Physical activity, such as cycling, has the capacity to reduce morbidity and mortality from various diseases and conditions, e.g. coronary artery disease, stroke, systemic hypertension, obesity, emotional disorders, the incapacity associated with ageing, osteoporosis, diabetes mellitus, colon cancer, chronic back disease, and athletic injuries.[123] Physical exercise reduces the likelihood of developing, and dying from, many of these diseases, and can improve the control of some, such as hypertension and diabetes.[124] It can also improve the management of mild-to-moderate mental health problems, such as depression and anxiety, particularly acute anxiety.[125]

Safety is a key factor in encouraging people to cycle.[126]

Access to good infrastructure for cyclists facilitated by the development of the North East Quarter is important in both the Falls and the Duncairn ward where access to private transport is low (see Section 2.7). Cycling as a form of active travel is relatively cheap and open to most people apart from those who have mobility problems.

4.15   The need for planting in the North East Quarter

We ask the Department for Social Development to include mention of the need for planting in the North East Quarter Masterplan, and in subsequent development briefs.

---

[121] Page 137 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[122] Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

[123] Paragraph 6.31 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

[124] Paragraph 6.32 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

[125] Paragraph 6.33 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.

[126] Page 135 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

Rationale for the suggestion
Suburban areas can be 6-8 degrees Fahrenheit warmer than surrounding areas, an effect known as a heat island, which has two main causes including the lack of vegetation, including trees, in urban areas; the effects on health include heat syncope or fainting and heat oedema or swelling,[127] which would be of concern in some vulnerable people especially those who are older. Planting can benefit health by improving air quality (trees break up and counteract the concentration of pollution in cities[128]), by reducing wind speed, by contributing to a supportive microclimate, by providing shelter, by increasing the level of carbon fixing, and by providing a supportive environment for some types of wildlife.[129] In addition, people who can see trees or green space from their dwelling report higher levels of health and well-being.[130] Moreover, the presence of enjoyable scenery in a neighbourhood is associated with an increased likelihood of meeting physical activity recommendations.[131]

4.16   Community participation

We ask the Department for Social Development to consider continuing its policy of community participation in the development of the North East Quarter.

We also ask the Department for Social Development to consider requiring the developer(s) of the North East Quarter to have a community consultation and participation strategy not only in the design of the North East Quarter and its facilities, but also in the management of those facilities when the redeveloped quarter is in operation.

Rationale for this suggestion
Some forms of democratic participation may be beneficial for the health and well-being of those who take part, by enhancing a person's sense of empowerment and self-efficacy – people are more likely to take control of their health if they feel in control of other aspects of their lives.[132] Participation may also contribute to health by building social capital in a community – socially isolated individuals living in less cohesive communities are more likely to experience poor health than those living in cohesive communities.[133]

Community participation in the design and development of the North East Quarter could help to reduce the likelihood of the development becoming an exclusive environment for people who have a certain level of disposable income that allows them to enjoy the benefits of the Preferred Concept Masterplan (see Rationale under Section 4.8).

---

[127] Paragraph 5.58 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[128] Page 139 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[129] Adapted from Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.
[130] Paragraph 6.12 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[131] Paragraph 5.39 in Cave et al. (2004) Healthy Sustainable Communities: What works? Milton Keynes and South Midlands Health & Social Care Project.
[132] Paragraph 4.8 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.
[133] Paragraph 4.9 in Cave and Molyneux (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Milton Keynes and South Midlands Health & Social Care Project.

5.1 Development Principles

The question posed by the Department for Social Development is:

"Has the Draft Masterplan identified the right Development Principles to underpin any future development within the North East Quarter that may receive DSD support?"

The potential impacts on health and well-being are outlined in Section 3.1. From this analysis, it can be seen that some of these Development Principles will promote health and well-being and, therefore, we suggest it is appropriate for them to be supported by DSD (see Table 5.1). For some principles, it is important for them to be supported by others (see Section 5.1.1), and for one principle it is important

Table 5.1

Development principle	*Appropriate for DSD support on the basis of promoting health and well-being?*
Character preservation	Yes
Destination creation	Yes, but to enhance the potential for positive health effects the mix of uses needs to be widened beyond those of shops, housing, offices, and restaurants to include public, cultural and educational uses (see Section 4.8). This will also promote social inclusion.
Retention	Yes
Commercial attractiveness	Yes, as a way of attracting investment to Belfast City Centre. However, if only national and/or regional chain stores are attracted to the North East Quarter the amount of money channelled in the local economy will be minimised – it is important to ensure the independent sector of retailers and small businesses are also provided for and attracted to the Quarter. The greater the amount of money in the local economy, the greater the benefit to the surrounding communities in terms of employment, disposable income, and opportunities to improve their health by improving their circumstances.
Traffic calming	Yes, but to enhance the potential for positive health effects this principle of traffic claming needs to supported by planning for both public transport and for cyclists (see Section 4.13 and 4.14). This will promote accessibility, safety for all visitors to the Quarter, and reduce the number of car trips generated, thereby reducing noise and air pollution and congestion in the City Centre. In addition, this principle would be enhanced if car parking was kept to the maximal parking allowance of 25% of theoretical demand recommended by Barton and Tsourou.[134]

---

[134] Table 4.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

Table 5.1 continued

Development principle	Appropriate for DSD support on the basis of promoting health and well-being?
Quality public spaces	Yes
Encouraging a 24-hour environment	There are negative aspects of encouraging a 24-hour environment, especially in a mixed-use area that will include residents. There are potential problems with alcohol-related crime, disorder and antisocial behaviour, and general nuisance to residents. On page 5 of the Public Consultation Document, it states "the introduction of sufficient residential space is important and will encourage city centre living and 'kick start' an evening economy". An evening economy will certainly increase the number of people on the streets in the evening, thereby making those streets safer but a 24-hour economy could be a source of nuisance and crime and disorder. Therefore, it is important to bear in mind suggestions made in Sections 4.10-4.12. This will also require liaison with the Police Service of Northern Ireland, and with licensees in the North East Quarter.

5.1.1 Conclusions

We support the inclusion of the following Development Principles:
- Character preservation;
- Retention;
- Quality public spaces.

We suggest supporting the following Development Principles with complementary principles, as follows:
- ➢ *Destination creation* to be supported by *social inclusion*, ensuring a mix of uses that are not simply commercially attractive but also socially inclusive, particularly for the surrounding communities;
- ➢ *Commercial attractiveness* to be supported by *balance by providing for the independent, small business, and voluntary and community sectors;*
- ➢ *Traffic calming* to be supported by *improvement to public transport*, *provision for cyclists*, and *reducing dependence on the car*.

We suggest that care needs to be taken over *Encouraging a 24-hour economy*. Whilst we appreciate the benefits of "evening economy", these two economies are not the same thing, and will have different impacts, a 24-hour economy tending to the negative and an evening economy tending to the positive (see Table 5.1).

5.2   Land uses and Boundary

The question posed by the Department for Social Development is:

"Has the Draft Masterplan identified the correct mix and scale of uses and drawn an appropriate boundary for achieving the Department's Regeneration objectives for the Quarter?"

We support the inclusion of the following uses in the North East Quarter:
- Shops;
- Housing;
- Offices – business accommodation, studios and workshops.

We support the inclusion of the following uses in the North East Quarter, which at present are described only as "potential", but we believe they need to be included in order to promote health and well-being:
- Public buildings;
- Educational uses;
- Cultural uses;
- Public transport solutions;
- Cycle facilities;
- Tourist information.

It is not possible to comment on the correct mix and scale of uses because the total amount of floor space in the North East Quarter has not been provided in the Public Consultation Document, nor has the amount of floor space available for individual uses. The only figures for floor space that have been provided are for:
   o shopping and catering combined;
   o commercial and residential uses combined.
Therefore, it is not possible to assess the balance of uses in terms of the proportion of the development each of the uses will take up.

5.3   Concept Plan
The question posed by the Department for Social Development is:
   "The concept plan is an illustration of how the development principles might best be delivered. Do you consider that the concept plan is appropriate for the area?"

The potential impacts on health and well-being of main elements of the Preferred Concept Masterplan are outlined in Section 3.3, and those of the key benefits are outlined in Section 3.4. From these two analyses, it can be seen that in general there are health-related benefits from elements of the Preferred Concept Masterplan. However, for the concept plan to be appropriate for the area, it is important to consider the circumstances of the communities surrounding the North East Quarter, and to incorporate elements into the concept plan that will promote social inclusion and social cohesion (see Suggestions in Section 4).

5.4   Equality Impact
The question posed by the Department for Social Development is:
   "Are there issues that you feel should be considered in equality considerations at this stage?"

The issues we feel should be considered in equality considerations at this stage are as follows:
   o Quality of employment on offer in the North East Quarter;
   o Accessibility and availability of education, training and skills development to promote accessibility of the jobs on offer in the North East Quarter;
   o Availability and affordability of housing in the North East Quarter;

- o Affordability of cultural and other pursuits offered in the North East Quarter;
- o Provision and accessibility of community facilities in the North East Quarter;
- o Accessibility and availability of public transport serving the North East Quarter and wider area;
- o Accessibility and availability of infrastructure for active travel in the North East Quarter and wider area.

5.5   Further Observations

5.5.1 Air quality

The provision of car parking, and the lack of definite commitment to public transport and provision for cyclists in the North East Quarter Draft Masterplan, does not support Belfast City Council in its attempts to deliver better air quality in Belfast City, especially in the four air quality management areas (AQMAs).

We ask the Department for Social Development to take into account the impact on both air quality and health of generating car trips to the North East Quarter, and to consider changing the Draft Masterplan in the light of the city's need to comply with European air quality standards.

Statistics on Deprivation for HIA on North East Quarter

The North East Quarter covers two wards – Falls and Duncairn.

1. Demography

Population by age and sex
Falls ward has a total population of 5046. Of this 45% are male and 55% female. 29% are under 16 years and 18% are aged 60 or over.
Duncairn ward has a total population of 4007. Of this 46% are male and 54% female. 21% are under 16 years and 27% aged 60 or over.
Northern Ireland has a population of 1685267. Of this 49% are male and 51% female. 24% are under 16 years and 18% aged 60 or over.

Population of NI by Age

Population of Falls Ward by Age

Population of Duncairn by Age
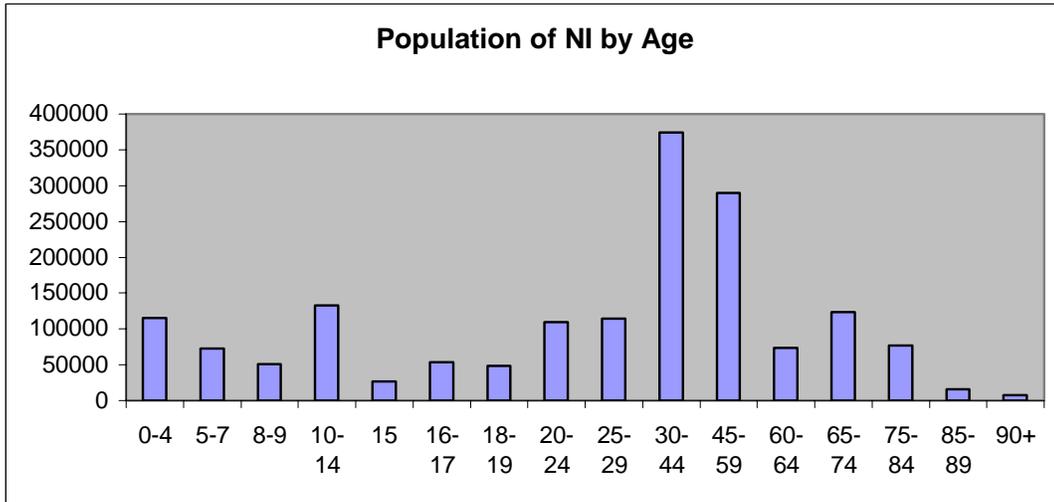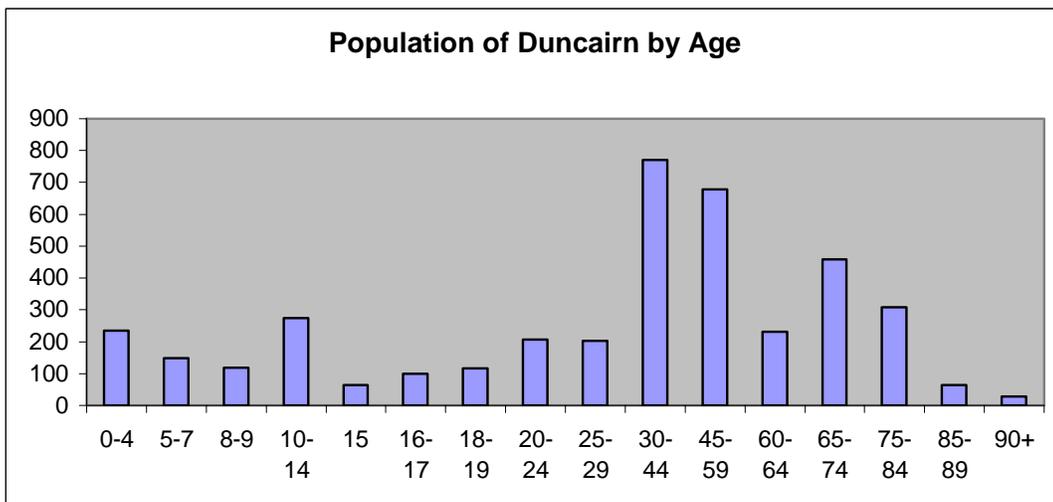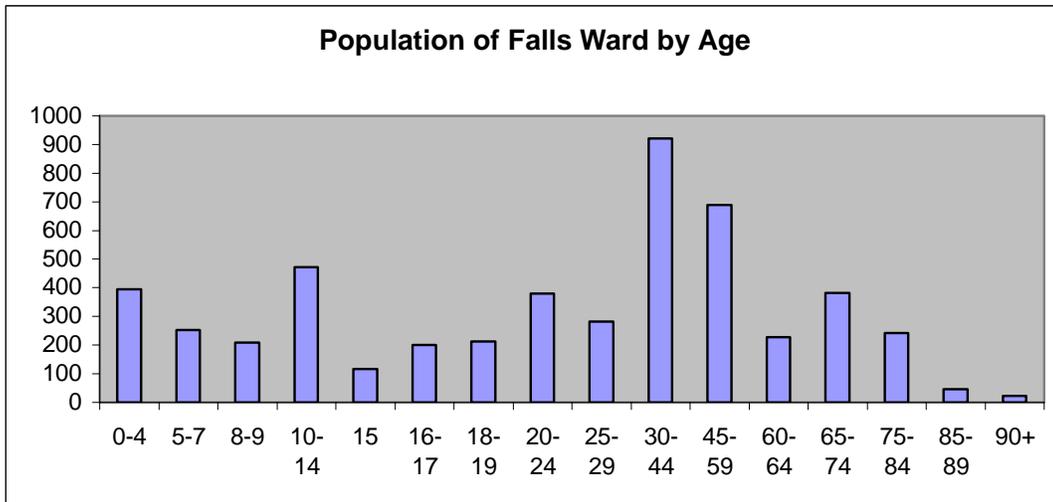
Source: 2001 Census, NISRA Crown copyright.

Community Background
44% of people in NI are from a Catholic background with 53% from Protestant and other Christian background.
Residents in the Falls ward are from a predominately Catholic background (97%) whilst those in Duncairn are from a predominately Protestant background (90%).

Source: 2001 Census, NISRA Crown copyright.

Ethnic Group
Numbers of residents within these wards from ethnic groups other than white are very small.

	All persons	White	Irish traveller	Mixed	Indian	Pakistani	Bangladeshi	Other Asian	Black Caribbean	Black African	Other Black	Chinese	Other ethnic group
NI	1685267	1670988	1710	3319	1567	666	252	194	255	494	387	4145	1290
Falls	5047	5025	5	9	0	0	0	0	0	0	0	5	3
Duncairn	4011	3947	3	7	38	0	0	0	3	3	3	4	3

Source: 2001 Census, NISRA Crown copyright.

Population Density

	All persons	Area (hectares)	Population density (number of persons per hectare)
Falls	5046	120	42.05
Duncairn	4007	924	4.34

Source: 2001 Census, NISRA Crown copyright.

2. Measures of Deprivation

2.1 Noble Indices

Both wards score highly in terms of multiple deprivation as measured by the Noble Indices. Both are in the most deprived decile and Falls is ranked 2nd most deprived ward in Northern Ireland in terms of multiple deprivation with Duncairn ranked 19th.

Multiple deprivation measure	Ward score	Ward rank	Ward decile
Falls	75.65	2	1
Duncairn	57.23	19	1

Source: Measures of Deprivation, NISRA Crown copyright.

Scores and ranks on each of the domains are shown below for each ward. Both wards are amongst the most deprived in terms of income, employment, health and education. Access to services is good due to their proximity to Belfast.

Falls ward

Domain	Ward score	Ward rank	Ward decile
Income	66.45	2	1
Employment	23.18	11	1
Health	2.18	5	1
Education	2.06	8	1
Access	-1.71	555	10
Social Environment	1.44	20	1
Housing	0.3	152	3

Duncairn ward

Domain	Ward score	Ward rank	Ward decile
Income	47.28	56	1
Employment	21.62	16	1
Health	1.67	16	1
Education	1.91	14	1
Access	-0.62	429	8
Social Environment	0.3	185	4
Housing	0.28	187	4

Wards ranks range from 1(most deprived) to 566 (least deprived). Decile 1 is the most deprived.

These measures of deprivation (Noble indices) also include a child poverty domain. Falls is ranked 4th and Duncairn 33rd out of 566 wards in terms of child poverty.

Sources: Measures of Deprivation, NINIS - NISRA Crown copyright.

2.2 Other Measures of Deprivation

The following information is additional indicators of deprivation which also highlight that the two wards in question represent one of the most deprived areas within Belfast.

Health and Disability

Limiting Long-Term Illness
A greater percentage of residents within Falls and Duncairn wards had a limiting long-term illness compared to Belfast District Council and Northern Ireland as a whole.

	With a limiting long-term illness	Without a limiting long-term illness
NI	20%	80%
Belfast District Council	24%	76%
Falls	32%	68%
Duncairn	35%	65%

Limiting long-term illness covers any long-term illness, health problem or disability which limits daily activities or work.

Source: 2001 Census, NISRA Crown copyright.

General Health
A lower percentage of residents within Falls and Duncairn wards rated their general health as good compared to within Northern Ireland as a whole.

	Good health	Fairly good health	Not good health
NI	70%	19%	11%
Falls	60%	19%	21%
Duncairn	53%	25%	22%

General health refers to health over the 12 months prior to Census day (2001)

Source: 2001 Census, NISRA Crown copyright.

Claimants of Disability Living Allowance
In 2004 there were 730 claimants for Disability Living Allowance in Duncairn ward and 1241 in Falls ward. Out of 566 wards Falls ward had the fourth highest number of claimants in 2004.

Source: Social Security Benefits, NINIS – NISRA Crown copyright.

Births to Unmarried Mothers
In 2003 75% of births in Falls ward and 72% in Duncairn ward were to unmarried mothers. The corresponding figure for Belfast District Council was 54% and for Northern Ireland was 34%.

Source: NINIS – NISRA Crown copyright.

Providing Unpaid Care
11% of the population in Falls ward and 11% in Duncairn ward were providing unpaid care to family, friends, neighbours or others on census day in 2001. The corresponding figure for Belfast Distinct Council was 12% and for Northern Ireland was 11%.

Source: NINIS – NISRA Crown copyright.

3-5 year olds Registered with a Dentist
In 2002 47% of children aged 3-5 in Falls ward and 47% of children in Duncairn ward were registered with a dentist. The corresponding figures for Belfast District Council was 57% and for Northern Ireland was 62%.

Source: NINIS – NISRA Crown copyright.

Housing

Households Owner Occupied
23% of households in Falls ward and 28% in Duncairn are owner occupied. The corresponding figure for Belfast District Council is 56% and for Northern Ireland is 70%.

Source: 2001 Census, NINIS – NISRA Crown copyright

Households with Central Heating

	All households	With central heating	%	Without central heating	%
NI	626718	596099	95%	30619	5%
Falls	1873	1821	97%	52	3%
Duncairn	2023	1906	94%	117	6%

Source: 2001 Census, NISRA Crown copyright.

Overcrowding/under occupancy

	All households	Average household size	Average number of rooms per household	Households with an occupancy rating of -1 or less	% Households with an occupancy rating of -1 or less
NI	626718	2.65	5.71	45757	7.3%
Falls	1873	2.62	4.53	437	23%
Duncairn	2022	1.95	4.50	197	10%

The occupancy rating provides a measure of under occupancy and over crowding. For example a value of -1 implies there is one room too few and that there is over crowding in the household.

Source: 2001 Census, NISRA Crown copyright.

Transport

Access to car or van
Within the Falls ward 25% of households had access to a car or van. The corresponding figure for Duncairn was 33% and for Belfast District Council 56% and Northern Ireland 74%.

Source: NINIS – NISRA Crown copyright.

Employment

Rates of Unemployment
In 2001 10% of people aged 16 to 74 in Falls ward and 7% in Duncairn ward were unemployed. The corresponding figures for Belfast District Council were 5% and for Northern Ireland 4%.

Source: 2001 Census, NINIS – NISRA Crown copyright.

Economic Activity
The economic activity of people of working age within the two wards is shown in the following table.

Table UV101: ECONOMIC ACTIVITY (WORKING AGE)																		

Table population: All persons aged 16 to pensionable age

Geographical level : Electoral Wards

	All persons	Economically active	Employee			Self-employed with employees			Self-employed without employees			Unemployed	Full-time students	Economically inactive	Retired	Student	Looking after home/family	Permanently sick/disabled	Other
			Total	Part-time	Full-time	Total	Part-time	Full-time	Total	Part-time	Full-time								
SUMMARY	4967	2495	1754	469	1285	29	3	26	59	21	38	519	134	2472	67	298	700	961	446
Duncairn	2186	1241	959	224	735	18	3	15	37	12	25	187	40	945	27	75	249	423	171
Falls	2781	1254	795	245	550	11	0	11	22	9	13	332	94	1527	40	223	451	538	275

Notes:

(1) For the Census, part-time is defined as working 30 hours or less a week. Full-time is defined as working 31 or more hours a week.

(2) Pensionable age at the time of the Census (29 April 2001) was 65 for men and 60 for women.

Source: 2001 Census, NISRA Crown copyright.

<u>Industry of Employment</u>
The main industries of employment within the two wards are manufacturing, wholesale and retail, retail estate, renting and business activities and health and social work.

Table KS11a: Industry of Employment - All Persons													
Geographical level : Electoral Wards													
	All persons aged 16-74 in employment	Persons aged 16-74 in employment working in:											
		Agriculture, hunting, forestry and fishing	Manufacturing	Electricity, gas and water supply	Mining & quarrying and construction	Wholesale and retail trade, repair of motor vehicles	Hotels and catering	Transport, storage and communication	Financial intermediation	Real estate, renting and business activities	Public administration and defence	Education	Health and social work	Other [1]
Northern Ireland	686644	20724	97365	4776	64321	114721	31033	37206	20386	53842	64025	60490	87502	30253
Duncairn	1078	3	149	8	56	245	68	88	31	109	66	65	107	83
Falls	924	0	73	4	57	164	75	60	26	93	48	70	171	83

Notes:

(1) Other includes: other community, social and personal service activities, private households with employed persons and extra-territorial organisations and bodies.

Source: 2001 Census, NISRA Crown copyright

<u>Job Seekers Allowance</u>
In 2004 there were 220 claimants of job seekers allowance in Falls ward and 147 in Duncairn. Out of 566 wards Falls ward was the eleventh highest in terms of numbers of claimants.

Source: Social Security Benefits, NINIS – NISRA Crown copyright.

Crime

<u>Recorded crime</u>
Total notifiable offences recorded in 2003/2004 were 2057 in Falls ward and 1899 in Duncairn ward. Out of 566 wards Falls and Duncairn were the third and fourth highest in terms of numbers of total offences recorded.

Source: Police Service of Northern Ireland, NINIS- NISRA Crown copyright.

Education

<u>Qualifications</u>
On census day in 2001 4% of the population in Falls ward aged 16 to 74 had degree level or higher qualifications. The corresponding figure for Duncairn ward was 6%, for Belfast District Council 19% and for Northern Ireland as a whole was 16%.

64% in Falls ward and 66% in Duncairn ward had no qualifications compared to 42% within Northern Ireland as a whole.

Source: 2001 Census, NISRA Crown copyright.

<u>School Leavers</u>
Of those who left school in 2001 26% in Falls ward and 25% in Duncairn ward gained 5 or more GCSEs at grade C and above. The corresponding figure for Belfast District Council was 50% and for Northern Ireland as a whole was 58%.

Source: NINIS – NISRA Crown copyright.

<u>Free School Meal Entitlement</u>

In 2002 58% of the school population in Falls ward and 53% in Duncairn ward were entitled to free school meals. The corresponding figure for Belfast District Council was 33% and for Northern Ireland was 21%

Source: NINIS – NISRA Crown copyright.