

Submission to the
Department for Social Development
Urban Regeneration and Community Development
Policy Framework Consultation

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The Institute of Public Health in Ireland

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The Institute of Public Health in Ireland

The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support the Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to achieve practical benefits for people in Northern Ireland and the Republic of Ireland.

We welcome the opportunity to respond to the Urban Regeneration and Community Development Policy Framework. The policy framework provides an important opportunity to address economic, social and physical factors which can contribute to improved health for individuals and communities and help to tackle health inequalities.

A significant part of the Institute's work is raising awareness of the social determinants of health and approaches needed to reduce health inequalities. This is achieved through research and policy development, underpinned by a 'Health in All Policies' approach (HiAP). HiAP is about promoting healthy public policy, and is a way of working across government to encourage all sectors to consider the health impacts of their policies and practices (Department of Health, Government of South Australia, 2009).

In addition to HiAP, Health Impact Assessment (HIA) is widely implemented and promoted by the Institute to inform and enhance the decision making process in favour of health and health equity. HIA aims to maximise the potential positive health impacts and minimise the negative health impacts of a proposal (Metcalf et al, 2009). Details of HIA work are available at www.publichealth.ie/hia.

IPH has published a number of reports which could usefully inform this policy framework and any subsequent action plans. Examples include:

- Health Impacts of Employment: A Review (Doyle et al, 2005)
- Health Impacts of the Built Environment: A Review (Lavin et al, 2006)
- Health Impacts of Education: A Review (Higgins et al, 2008)
- Tackling Health Inequalities. An All-Ireland approach to social determinants (Farrell et al, 2008)
- Active Travel – Healthy Lives (Lavin et al, 2011)
- Facing the Challenge: The impact of Recession and Unemployment on Men's Health in Ireland (Dillon and Butler, 2011)

A list of all IPH publications is available at: www.publichealth.ie/publications.

Key Points

- Urban regeneration and community development provide a basis for addressing the social determinants of health and reducing inequalities in health.
- This policy framework presents an opportunity for coherence and complementarity with 'Fit and Well - Changing Lives' as part of government's overall approach to tackling health inequalities.
- It is now well established that a focus on early years' interventions and family support services yields significant returns, so prioritising action in these areas is essential.
- Defined action plans on child poverty are essential if this policy framework is to make a real and lasting difference in deprived urban areas.
- Development of the environmental infrastructure to improve health in deprived areas should be supported by well-planned monitoring and evaluation.
- Linking the policy framework to economic development and local community plans will enhance effectiveness in the areas of education, job creation, commercial investment and access to services, which in turn are critical for the economic growth and stability of urban communities.
- Community profile data and health intelligence (as available through IPH's Health Well) could usefully inform central and local government in terms of resource allocation and targeted service delivery.

Introduction

Inequalities in health are most prevalent in deprived communities, with those who are poorer or disadvantaged more likely to face illness during their lifetime and die younger than those who are better off (Farrell et al, 2008). Males and females living in the 10% most deprived areas of Northern Ireland could expect to live 12 and 8 years less respectively, than their counterparts in the 10% least deprived areas (DHSSPS, 2012).

In his report 'Fair Society, Healthy Lives' (2010), Sir Michael Marmot stresses the need to create and develop healthy and sustainable communities in order to reduce health inequalities and promote wellbeing. According to Marmot, "Inequalities in health arise because of inequalities in society." His approach seeks to:

- put the empowerment of individuals and communities at the centre of action to address inequalities and promote equity by providing new ways of working;
- concentrate more on the 'causes of the causes', that is, invest a greater proportion of the Health Service effort in the material, social and psychosocial determinants of health and wellbeing;
- combat social exclusion and poverty;
- value resilience and support the role of local people in communities and their groups and organisations in promoting health and wellbeing through community development approach;
- promote partnerships and collaborative intersectoral working, and co-ordinate and maximise the use of resources.

IPH endorses Marmot's approach and believe it merits consideration as implementation plans for urban regeneration and community development are developed.

Policy Context

Publication of this Policy Framework is both timely and relevant, given the current consultation on 'Fit and Well – Changing Lives' and the recent announcement of Northern Ireland's first housing strategy. We believe the policy objectives outlined in the Urban Regeneration and Community Development Policy Framework are closely aligned to the vision of 'Fit and Well – Changing Lives', "where all people are enabled and supported in achieving their full health potential and well-being." The new housing strategy sets out how government will help create the right conditions for a stable and sustainable housing market (DSD, 2012a). This strategy has the potential to positively impact on the health and wellbeing of people living in urban and disadvantaged areas and we welcome its implementation in conjunction with current health and social development policies.

Eliminating poverty, tackling area-based deprivation and tackling health inequalities are among the priorities for action in the government's anti-poverty and social inclusion strategy (OFMDFM, 2006). We welcome the proposals to tackle area-based deprivation and

social exclusion as outlined in the Urban Regeneration and Community Development Policy Framework and would encourage cross-departmental working to ensure effective and efficient delivery of services to meet the needs of the most disadvantaged in our society and reduce the inequalities gap.

Framework Questions

1. Do you agree that the four policy objectives in the Framework for urban regeneration and community development are the right ones?

Urban areas are often among the most disadvantaged in Northern Ireland, with communities experiencing high levels of deprivation and inequalities. Factors contributing to high levels of deprivation are well documented and include housing, employment, education, lifestyle behaviours, transport and access to services.

The environment in which we live is inextricably linked to health. The quality of housing, risk of flooding, waste management, crime, air quality and access to greens spaces all impact on our quality of life and contribute to the health inequalities evident in the most deprived communities. There is increasing evidence of the beneficial effects of green space on physical and mental health and wellbeing. However, the amount of green space in urban areas can be limited, with subsequent negative effects on health. A study by Maas et al (2009) revealed greater prevalence of depression and anxiety disorders among those living in environments with 10% green space compared to those with 90% green space. The study also highlighted the importance of green space in terms of proximity to people's homes, with a particularly strong relationship for children and lower socio-economic groups.

A particular reference to cancer highlights the impacts of social class and location on cancer incidence. Lung, stomach, head and neck and cervical cancers were more common in areas of higher unemployment and/or lower levels of degree attainment. Most cancers were also more frequent in urban areas (as measured by population density); only prostate cancer was more common in rural areas (National Cancer Registry/Northern Ireland Cancer Registry, 2011).

Policy Objective 1 – To tackle area-based deprivation.

We welcome and endorse Policy Objective 1. Area-based deprived is directly linked to poverty and we welcome the proposal to develop the economy, retain finances and stimulate investment within local communities to meet local needs. Whilst this is important at present, it will become even more important for the children and young people in these communities, in order to create a secure and stable society in which they can live and work. A study by Ludwig et al (2012) found that moving low-income adults from a high-poverty to a low-poverty neighbourhood leads to long-term (10-15 year) improvements in adults'

physical and mental health and subjective wellbeing, despite not affecting economic self-sufficiency.

The key actions identified by DSD within this policy objective have the potential to reduce the gap in terms of health status between the most and least deprived communities in Northern Ireland. There are particular groups and causal factors we wish to highlight:

Early Years

‘Giving every child the best start in life’ has become the focus of governments worldwide in relation to tackling poverty and health inequalities. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood (Marmot, 2010). To have an impact on health inequalities it is necessary to address the social gradient in children’s access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking (Waldfogel, 2004). The vision of the draft ‘Early Years’ Strategy for Northern Ireland’ (to enable every child to develop to their full potential by giving each one the best start possible) (DE, 2010) resonates with the recommendations of Marmot, and provides the basis upon which policy makers and practitioners should endeavour to deliver services.

We would suggest that the implementation plan emerging from this policy framework should be linked to the Government’s ‘Lifetime Opportunities’ strategy (OFMSFM, 2006). Early years’ interventions are inextricably linked to tackling child poverty and therefore we would encourage cross-departmental engagement to ensure efficient delivery of services to improve life chances and health outcomes for the most vulnerable children in our society.

Education

Educational achievement is well recognised as one of the most important factors in tackling poverty and deprivation and is central to improving employment opportunities. We welcome the proposal to support programmes which aim to reduce worklessness and enable people to reach their full potential. The percentage of children leaving primary school with lower than expected levels of literacy and numeracy, is higher among those in receipt of free school meals and those living in the most deprived areas (DE, 2011). Similarly, pupils in receipt of free school meals were more likely to leave school with no GCSEs and be unemployed compared with those who do not receive free school meals (DE, 2012). Co-ordinated action from a number of government departments (DE; DEL; DSD¹) and supporting agencies (for example, ELBs/ESA; ETI; CCEA²) will be required to ensure children and young people leave school with qualifications appropriate to their skills and abilities and

¹ Department of Education; Department for Employment and Learning; Department for Social Development.

² Education and Library Boards; Education and Skills Authority; Education and Training Inspectorate; Council for the Curriculum, Examinations and Assessment.

are empowered to reach their potential. This will help form the foundation of a more equal society.

Employment

Employment is one of the most important determinants of health. It provides a vital link between the individual and society and enables people to contribute to society and achieve personal fulfilment. Education and training are important pathways to employment. Life-long learning and access to training in the workplace equips people with additional qualifications and skills (Farrell, 2008). Whilst school leavers are an important group to consider in terms of employment opportunities, in the current era of job losses, particularly in the manufacturing sector, it is essential that provision for re-training and acquisition of new skills is in place to enable individuals to return to work as soon as possible. This is important in relation to reducing anxiety, stress and mental health problems, often associated with unemployment and financial uncertainty. A recent report by IPH highlighted strong causal links between unemployment, recession and deteriorating economic circumstances and the health and wellbeing of men (Dillon and Butler, 2011). The report revealed that current economic trends indicate an increase in the scale of the challenges faced. It is reported that responses to the challenges have been inadequate and efforts to rectify this situation should be informed by lessons from effective approaches already adopted (appropriate communication, local access and integrated service provision).

Social Exclusion

We strongly endorse the proposal to support programmes to address social exclusion and facilitate the provision of targeted local services. People who are socially excluded are often among those at increased risk of ill health and so we believe it is important to address the root causes of social exclusion. Engaging with communities to ascertain and address their needs is important to generate greater uptake of services, particularly in the context of health protection, screening programmes and health promotion. It is essential that all members of the community have access to appropriate health, social, commercial and leisure services. Improved access to services can contribute to increased levels of physical activity, improved dietary intake, development of new skills and interests, employment opportunities, improved mental health, reduced levels of ill health and ultimately better health outcomes.

Access to leisure services offers significant potential in terms of increasing physical activity among all members of the community, but in particular, among children. A free swimming initiative in Bristol, launched in advance of the London 2012 Olympics, was taken up uniformly by children across both affluent and deprived areas. The study revealed that girls were more likely than boys to participate in the swimming sessions, and so free swimming could help to address some of the concerns about lower levels of physical activity among girls. Proximity to the pool was a strong predictor of uptake rates, especially for the most

deprived. This highlights again, the need for leisure facilities in deprived areas and reliable public transport to help improve accessibility. The authors of this study believe the termination of the free swimming initiative in England may be a short-sighted decision that removed an opportunity to promote physical activity across the social gradient (Audrey et al, 2012).

Policy Objective 2 – to strengthen the competitiveness of our towns and cities.

IPH supports the key features of policy objective 2. We recognise that economic growth and investment forms the basis of urban regeneration. This helps to create vibrant towns and cities with retail, business and leisure facilities, which in turn generates employment opportunities.

In welcoming the proposals for effective planning of town/city centres, we would urge policy makers and planners to consider the following issues:

- Need to ensure an effective public transport system is in place. This is essential to ensure people can access employment and services within urban areas. Through cross-departmental working, this policy framework should be aligned with the Department of Regional Development’s Transportation Strategy which aims to “to have a modern, sustainable, safe transportation system which benefits society, the economy and the environment and which actively contributes to social inclusion and everyone’s quality of life”(DRD, 2012a). The Regional Transportation Strategy has the potential to impact positively on urban regeneration and so consideration should be given to how accessible transport services can contribute to the economic growth of urban centres.
- Barriers to employment. A report by Bashir et al (2011) highlighted the difficulties experienced by families (in particular, women) in getting employment or returning to work. A number of issues emerged and include availability and cost of childcare, location and hours of work, work experience and confidence, low paid and insecure work and access to public transport. Implementing measures to overcome these barriers will be particularly important in deprived urban communities, to help reduce unemployment and reliance on welfare benefits and contribute to economic growth and development in the area.
- Promotion of active travel. Active travel has a key role to play in improving health and reducing health inequalities (WHO, 2000). In conjunction with effective urban and transport planning it is essential that walking and cycling are safe and accessible options for those living and working in urban areas.

- Incorporating physical activity into everyday activities is considered to be one of the most suitable ways of increasing levels of physical activity. Replacing short car trips with walking and cycling presents a major opportunity for improving levels of physical activity among children, adolescents and adults (Lavin et al, 2011). In order to encourage residents in urban areas to walk (rather than use a car for short journeys), pedestrians must be protected and feel safe (for example, the use of traffic calming measures, appropriate street lighting and well maintained pavements).
- Increase cycling. Although the proportion of journeys made by bicycle in Northern Ireland is still very low (1%) (DRD, 2012b), there is potential to increase the number of cycle journeys. This has been facilitated, in part, by the creation of more cycle lanes and the introduction of subsidised 'cycle to work' schemes. However, there is a need for better connected cycle routes and improved links with public transport to help increase cycling. A report by IPH highlighted that the cycling infrastructure extends to the availability of secure, weather protected parking facilities at workplaces, schools, public transport interchanges, shops and services as well as the provision of changing rooms and shower facilities (Lavin et al, 2011). IPH supports recommendations made regarding such infrastructure in Northern Ireland's Planning Service Planning Policy Statement 3 (Planning Service Northern Ireland, 2005).
- We welcome the planned introduction of a bike hire scheme in Belfast city centre and see this as an opportunity to increase utility cycling and build more physical activity into our daily lives. 'Dublin Bikes' is an example of a successful bike hire scheme with over 84,000 subscribers and 4 million rentals, since its launch 3 years ago. Each bike is used on average 10 times per day and 95% of rentals are free. According to Dublin Bikes (2012) Dubliners and visitors to the city use the bikes for short trips to and from work, linking up public transport and visiting the various shopping and leisure areas in the city centre.
- Access to green spaces. The benefits of green spaces in urban areas are well documented (CABE, 2010). In particular, a study by Mitchell and Popham (2008) revealed that the presence of green space is associated with reduced mortality regardless of income level – indicating the role of green space in helping to reduce health inequalities between rich and poor. The benefits of community gardens and allotments are discussed in more detail under Policy Objective 3.
- Opportunities for outdoor play should be an important consideration in urban planning. Children must have safe, clean and stimulating environments in which to play, where physical, social and cognitive skills can be developed. Evidence from the 'Growing up in Ireland' study revealed that children who live in areas perceived to be

less safe are more likely to lead sedentary lifestyles (McCoy et al, 2012). Therefore, opportunities for physical activity can make an important contribution in helping to tackle childhood obesity. Child-friendly spaces in both residential and commercial parts of urban areas provide opportunities for socialisation for people of all ages. Child friendly spaces can make town and city centres inviting places to visit, which in turn can significantly support social and economic regeneration and revitalisation (Belfast Healthy Cities, 2012).

Policy Objective 3 – to improve linkages between areas of need and areas of opportunity.

We welcome the proposal to address isolation and segregation through increasing employment opportunities and promoting open interaction between communities. The benefits of employment are discussed earlier in the response. The Urban Regeneration and Community Planning Policy Framework should be implemented in conjunction with fiscal policies for Northern Ireland to achieve employment opportunities and enhance economic growth and investment in disadvantaged areas.

We particularly welcome the proposals for the development of community gardens, allotments and green spaces. IPH has conducted and supported organisations in carrying out a Health Impact Assessment in these areas, for example, the North West Community Allotment/Garden Proposal (Higgins, 2011).

Community gardens and allotments offer many benefits to both communities and individuals. They give members the opportunity to work side-by-side, regardless of cultural background; can expose new generations to cultural traditions and promote inter-generational learning; and enable participants from different cultural backgrounds to exchange gardening- and non-gardening-related knowledge with one another (NSEN, 2009).

There are number of benefits to be gained from participation in community gardens and allotments (Growing Communities, 2010; Higgins, 2011). These include:

- Environmental sustainability (food security through local, community food systems; greening urban environments; local solutions to climate change)
- Improved health and social wellbeing (physical fitness; recreational opportunities; nutritional health; psychosocial benefits)
- Access and inclusion (community hubs for people to meet and develop friendships; opportunities for intergenerational exchange; activities that foster self-help)
- Education and training (development of cooking skills among young people; venues for school-based and life-long learning; preparation for employment)

- Enterprise (community gardens can be a significant source of food and/or income; urban agriculture is 3 to 5 times more productive per acre than traditional large scale farming; community gardens can increase neighbourhood property values)
- Youth engagement and crime prevention (community gardening projects can foster mutual respect among community members; areas with above average green vegetation have less graffiti and littering, and lower crime rates).

We support the proposals to work with planning and housing authorities to strengthen the balance of urban societies. We believe this will help reduce religious segregation and encourage greater equality in terms of social and economic mix.

Policy Objective 4 – to develop more cohesive and engaged communities.

We support this objective to develop more cohesive and engaged communities. Involving communities in the decisions that affect them gives people the opportunity to highlight the issues they feel need to be addressed and identify solutions. The proposals to develop volunteering, active citizenship, networks and partnerships will help communities become more involved in improving the areas in which they live and work and will ultimately help improve their quality of life.

Community engagement will become even more important as local authorities take responsibility for community planning. Embedding the community engagement process is an important step forward in giving communities ownership of the issues affecting them and involving them in the decision making process.

The recently published, Volunteering Strategy and Action Plan for Northern Ireland, acknowledges the significant contribution volunteers make to our society (DSD, 2012b). The strategy identifies the values which underpin the vision for volunteering in Northern Ireland. These include:

- **Fairness and Equity:** Volunteering enhances social inclusion and good relations. It should be open to everyone.
- **The importance of free will/choice:** Volunteering is a matter of free choice and there should be no compulsion to take part.
- **Mutual Benefit:** Volunteering is a shared experience. It is rewarding and of benefit to the volunteer in building skills, confidence and extending social networks. Volunteering is of benefit to society in contributing to the building of social capital and progressive social change.

Based on these values, we believe the Volunteering Strategy will make an important contribution to community development and help achieve elements of the objectives outlined in the policy framework.

Another aspect of community development is the concept of 'Intergenerational Solidarity'. Intergenerational solidarity is based on promoting exchanges between generations (CARDI, 2012). It can be a desirable value, where generations have a positive view of one another or there is consensus between generations on the way forward. It can also be a means to an end, with mutually beneficial exchanges, both monetary and non-monetary (OECD, 2011). We would suggest that this concept is explored further, with the potential to enhance community relationships and structures.

2. Are there any additional policy objectives which should be included in the Framework?

No

3. Do you agree that the enabling objectives in the Framework are the right ones?

We endorse the enabling objectives that have been outlined in the Policy Framework.

Enabling Objective 1 – to maximise the potential of urban regeneration and community development by establishing an evidence-based policy environment.

We welcome the proposal to establish an evidence-based policy environment, which is central to delivering targeted support and evaluating outcomes and the impact of interventions. This approach facilitates greater accountability in terms of public spending and in turn more efficient use of resources. Collation of data and analytical intelligence will facilitate regular monitoring and review of programmes as well as developing a repository of good practice and opportunities to disseminate the findings.

The work of IPH is underpinned by research and health intelligence and so we welcome the intention to collate deprivation data (as outlined in policy objective 1) to help set local priorities and plan effective action. This information should be routinely collected and published to enable service providers to deliver targeted support. The Northern Ireland Neighbourhood Information Service would appear to be the most appropriate site through which deprivation data should be made available.

In addition, the Health Well, an all-island health information website hosted by IPH, promotes health and wellbeing by supporting evidence-informed decision making. In particular, the Community Profiles Tool can be used to develop local health profiles, by creating publication-ready tables, maps and charts of health-related indicators. Community Profiles utilise a set of over 160 health-related indicators that have been compiled for every administrative county in the Republic of Ireland and every Local Government District in Northern Ireland. The indicators, covering a wide range of public health issues, are grouped

into themes such as Obesity, Diabetes, Mental Health, Hypertension, and Living conditions. Community Profiles also documents data issues associated with each indicator. The website can be accessed at www.thehealthwell.info.

Enabling Objective 2 – to maximise the resources available for urban regeneration and community development by support an innovative financial environment.

In the current climate of austerity, it will be ever more important that future policies and strategies are underpinned by measures to ensure strict financial accountability. Enabling Objective 2 should help to:

- avoid duplication of effort;
- provide opportunities for dissemination of good practice;
- share learning experiences from other jurisdictions; and
- improve inter-departmental integration for more efficient use of resources.

Enabling Objective 3 – to develop skilled and knowledgeable practitioners in urban regeneration and community development.

We endorse the need to develop skilled and knowledgeable practitioners in the area of urban regeneration and community development. Appropriately qualified and skilled practitioners within local government and the community and voluntary sector will play a vital role in supporting communities in the areas of project planning, financial management and evaluation of outcomes. It will be important that generic skills acquired are transferable and opportunities to disseminate key learning outcomes are identified.

As an outcome of the Review of Public Administration in Northern Ireland, local authorities will take greater responsibility for public health, with functions, such as community planning and a new 'power of wellbeing', being given over to local councils by 2015. In the rest of the UK, the transfer of public health to local government provides opportunities for councillors, council staff and public health specialists to work together to realise the synergies between local government's existing functions and its new central role in health and wellbeing (Local Government Association, 2012). Tackling the social determinants of health requires action across the life course, beyond the remit of the NHS, and places renewed emphasis on the role of local government in tackling many of the wider determinants of health (Local Government Group, 2012).

Enabling Objective 4 – to promote an effective and efficient voluntary and community sector.

A report by the Public Accounts Committee has acknowledged the significant and valuable contribution the voluntary and community sector makes to improving society and delivering

public services through its dedicated workforce and volunteers (Northern Ireland Assembly, 2012). IPH welcomes the proposal that DSD will work with the voluntary and community sector as social partners to build a participative, peaceful, equitable and inclusive community in Northern Ireland. We believe these principles are the basis upon which a healthy and successful society can be formed.

As part of the process of building partnerships with the voluntary and community sector, we would suggest that consideration be given to the Partnership Evaluation Tool (PET) developed by the Institute of Public Health (IPH, 2007). This tool was developed to help multisectoral partnerships to monitor their development, assess emerging benefits and identify areas for further development. Based on in depth research with Health Action Zones and Investing for Health Partnerships in Northern Ireland, IPH has developed a conceptual model of how partnerships may impact on the determinants of health. Although PET was developed in a health context, we believe it is relevant to other multisectoral partnerships and could easily be used in the context of urban regeneration and community development.

We welcome the recent launch of the Community Planning Toolkit (Community Places, 2012). Whilst the toolkit has been developed to support the voluntary and community sector in relation to community planning, we believe the principles of the toolkit could be applied to urban regeneration and community development. The toolkit aims to provide voluntary and community sector workers with guidance on community engagement, help them work with and influence other sectors in effective way, adopt an outcomes based approach and consider ways in which services and activities can be better coordinated across the public, community and voluntary sectors. We would suggest that the Department considers the approaches outlined in this toolkit as part Enabling Objective 4 'to promote an effective and efficient voluntary and community sector'.

4. Are there any additional enabling objectives which should be included in the Framework?

No

5. Do you feel that the emphasis on an outcomes-focused approach, as exemplified by the use of the Logic Model, is appropriate?

We believe the outcomes-focused approach is an appropriate model upon which to base this policy framework. The Logic Model is a measurable approach and therefore potential improvements are more quantifiable. Each stage of the Logic Model allows for evaluation against the baseline position and therefore progress can be measured against set targets.

This is particularly important in terms of efficient use of public finances and accountability in relation to changes in the economic and social circumstances which people live.

6. Do you agree with the Department’s definition of “urban” or should a more flexible approach be taken in future?

We accept the Department’s definition of ‘urban’ as an important criterion in identifying urban areas most urgently in need of support and development. Throughout the course of this policy framework, it may emerge that smaller towns/villages should be included within the remit of the framework and so the definition of urban should be flexible as economic and social circumstances change.

7. Do you agree with the Department’s definition of “regeneration”?

We agree with the Department’s definition of ‘regeneration’ as set out in this framework document. From our perspective of identifying and addressing the social determinants of health, we believe that measures to reverse the economic, social and physical decline within the most deprived areas will make an important contribution in helping to tackle the root causes of ill health and health inequalities.

8. Do you agree with the Department’s definition of “community development”?

We agree with the Department’s definition of ‘community development’ in terms of engaging with local communities and supporting them in improving the neighbourhoods in which they live and work. This definition is consistent with that of the ‘Working in Partnership – Community Development Strategy for Health and Wellbeing’. Additionally, the Community Development Strategy states that community development is a “long term value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion” (HSCB & PHA, 2012).

In essence, community development is based on social justice, equity and giving people a voice to help improve their quality of life. A community development approach offers an valuable opportunity to make a real difference in people’s lives, with long-term benefits for present and future generations.

9. Is there anything else you would like to add?

No

Equality Screening Questions:

10. Are you content with the conclusion reached in the DSD Equality Screening document?

Yes

11. Are there any issues that have not been addressed? If so, what are these and what measures could be implemented to mitigate against any adverse impact on people in the Section 75 equality groups?

No

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