

	URBACT II Type 1: Analytical case study	Template April 2010
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Name of Project: Good for Regeneration, Good for Health

Date: 6 October 2011

Overview	<p>To increase the potential of realising sustainable urban development, especially for existing residential communities, Belfast set out to devise a set of indicators that were fit for purpose for evaluating the effects of regeneration on health and well-being. An important component of this work was to identify indicators that would highlight any differential effects on deprived communities in the city who are experiencing inequalities and inequities.</p> <p>The strategic regeneration frameworks for the five area partnerships in Belfast were analysed to identify the key factors relevant to regeneration, economic development and health. These factors were used as a basis for devising the indicators. The analysis was supported by evidence from the published literature,</p> <p>The main pilot for this work was in East Belfast. A range of organisations including the community sector participated in a health impact analysis of the East Belfast Strategic Regeneration Framework, underpinned by a detailed community profile. Then, desk-top analysis was undertaken on the four other strategic regeneration frameworks in order to triangulate the results of the pilot.</p> <p>The analysis of key factors important to both regeneration and health used as a starting point for indicator development was also supplemented by the identification of indicator sets relating to regeneration, economic development, sustainable development and health. The search for indicator sets was mainly restricted to those from countries in the UK and from major international organisations with links to work in the city (e.g. European Union and the World Health Organization).</p> <p>Apart from generating indicators, a framework was devised to house them comprising four main domains – economic, social, environmental and access – and underpinned by a community and neighbourhood set, designed to give a profile of the community and area in which the community lives.</p> <p>Each domain features two “headline” indicators: a main indicator, and a “twin” indicator which highlights effects on deprived groups. In addition to these headline indicators, each domain includes other relevant indicators. As the five areas in Belfast are distinct, each Area Partnership also has area-specific indicators relating to the particular communities in its area.</p> <p>There is a document listing the indicators which also includes a brief introduction to each domain, a description of the headline indicators in that domain and why they are important, guidance on how to interpret them in relation to other indicators in the set, and guidance</p>
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	<p>on how to select which indicators to use based on the contents of a regeneration proposal.</p> <p>Checklists based on the indicators have also been developed. These checklists have been constructed to assess regeneration proposals prospectively and incorporate a concern for health, health equity and well-being into the design, development and implementation of regeneration proposals.</p> <p>The checklists were piloted in East Belfast – on the Templemore Avenue School Project - and South Belfast – on the Village Urban Renewal Area Project. Following feedback from the pilots, a few amendments were made to the indicator set and to the checklists.</p> <p>The checklist document includes six checklists: a checklist based on the headline indicators, checklists based on each of the four main domains, and a checklist based on the Community and Neighbourhood set of indicators. There is a template for recording the findings when using the checklists. The document also includes a write-up of the two case-studies from East and South Belfast.</p> <p>A one-day course on how to use the indicators and checklists has been piloted, with cascade training planned for the area partnerships and other organisations.</p> <p>The beneficiaries of this work are policy-makers and practitioners in regeneration, economic development, planning, housing, health and public health at a local, regional and national level.</p> <p>Parallel work is being undertaken on identifying the potential to collect the relevant information for the new indicators. This will require negotiation with the Northern Ireland Statistics and Research Agency.</p> <p>The main challenge in this project is the cost of investing in new indicators.</p>
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Basic description of the background and setting	
Summary	The development of a set of indicators to monitor regeneration, health and well-being in an urban setting.
Challenges that the practice addresses	<p>The challenge we were seeking to address in this project is to increase the likelihood that urban regeneration and redevelopment will have benefits for all the city's population and its various communities. According to evidence in the published literature, the people who benefit most from regeneration tend to be those in the higher socio-economic groups who are already experiencing a good quality of life including good mental and physical health. People in lower socio-economic groups or deprived areas of the city do not always benefit from regeneration, and can even be harmed by it through processes such as gentrification and displacement. Even in the absence of displacement, there can be problems through social exclusion and reduced community cohesion. Thus, we wanted to be able to determine whether the regeneration of Belfast would benefit existing residential communities currently experiencing inequalities and inequities – economic, social, environmental or health – or whether the benefits might be confined to people in higher socio-economic groups and/or new residents.</p> <p>We also wanted to demonstrate that the health and well-being of a city's communities is vital to the success of any urban regeneration</p>

	and redevelopment, a factor that is often ignored.
The Context	<p>Following the years of conflict in Northern Ireland (known as “The Troubles”), people are beginning to experience benefits from the Peace Process and a return to self-governance. This process is in parallel with a drive to regenerate the capital city of Belfast, particularly in terms of its economy, but also in terms of the built environment and its social development.</p> <p>There are five Area Partnerships in Belfast, each of which developed a strategic regeneration framework (SRF) for their area of the city from 2007 to 2008. These frameworks act as guidance governing the future regeneration and redevelopment of each area.</p> <p>There are deprived and run-down areas in all parts of Belfast where the existing residential communities experience multiple inequalities and inequities. However, in addition to the usual urban problems, people in Belfast are coping with the far-reaching effects on mental and physical health of 30 years of conflict, Therefore, it is vital that any regeneration undertaken in the city is supportive of the health and well-being of all communities including those experiencing the greatest disadvantages.</p>
Aims and objectives	<p>The aim of the project was “To develop a set of indicators to monitor and assess the effects of regeneration proposals on economic, social and environmental development and access to services in relation to health and health equity in Belfast”.</p> <p>This aim complements the work on the Strategic Regeneration Frameworks for Belfast, and builds on previous work in the city including healthy urban planning as part of the World Health Organization’s European Healthy Cities Network (WHO EHCN), HIA as part of WHO EHCN, developing indicators for the Northern Ireland “Investing for Health” Strategy (Belfast Healthy Cities with Northern Ireland Statistics and Research Agency – NISRA), the publication by Belfast Healthy Cities of a city profile entitled “Divided by Health”, and the initiation of Health and Health Equity in All Local Policies as part of WHO EHCN Phase V,</p> <p>There were two objectives to support this aim:</p> <ol style="list-style-type: none"> 1. To use health impact analysis to define a set of indicators appropriate for monitoring the effects of regeneration proposals on redevelopment and health, well-being and equity 2. To base the indicators on determinants of health relevant to regeneration and redevelopment <p>However, as the project progressed, another objective arose, which was:</p> <p>To develop a set of checklists, based on the indicators, for the prospective appraisal of regeneration proposals</p>
Social Innovation	<p>There were several ways in which this project was innovative in Northern Ireland:</p> <ul style="list-style-type: none"> • Using health impact analysis to identify the factors important to both regeneration and health as the foundation for generating a set of indicators;

	<ul style="list-style-type: none"> • Developing a core set of headline indicators, in which each of the four main indicators is “twinned” with another that specifically looks at effects on people experiencing inequalities; • Developing a complementary set of checklists for the prospective assessment of regeneration proposals; • Adding “Access” as an important domain to the set of indicators for regeneration, the domains for which are usually limited to economic, social and environmental .
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Case: Concise description and explanation of the practice	
Main components or parts of the practice	<p>The key components of this project were:</p> <ul style="list-style-type: none"> • Health impact analysis of five major regeneration frameworks for the city. • Identification of the factors important not only to economic, social and environmental regeneration and improved access to services but also to health and well-being • Identification of indicators appropriate to monitoring economic, social and environmental regeneration, improved access to services and health and well-being • Development of checklists to assess regeneration proposals prospectively. • Development of a one-day training course to build capacity in the use of the indicators and checklists.
Timing - Start and duration	<p>The project started in December 2008</p> <p>The launch of the indicators and checklist documents will take place in December 2011</p> <p>The project has been in progress over three years (although it was not continuous; there have been breaks in between meetings).</p>
Process - Development over time	<p>There were nine key stages in the development of the indicators</p> <ol style="list-style-type: none"> 1. Preparation: developing a rapid appraisal tool to assess the strategic regeneration frameworks, and compiling a profile of the community in East Belfast for the pilot HIA (see below). 2. Health impact analysis: identifying factors important to regeneration and health in the East Belfast strategic regeneration framework via a rapid appraisal workshop, and undertaking a desk-top analysis of the other four strategic regeneration frameworks to triangulate the results. 3. Identifying existing indicator sets relating to regeneration, sustainable development, and health. 4. Aligning potential indicators with factors important to regeneration and health. 5. Developing an indicator framework. 6. Refining the indicator set using sensitivity analysis and incorporating knowledge from key informants. 7. Generating the first iteration of the indicator set. 8. Originating checklists for the prospective assessment of

	<p>regeneration proposals based on the indicator set, and piloting the checklists.</p> <p>9. Assessing implications for data collection</p> <p>See Figure 1 for the stages in the process showing how some stages were undertaken in parallel.</p>
Overcoming challenges	<p>There were very few setbacks. The main difficulty was the amount of time personnel from the Area Partnerships were able to devote to the project given their existing workload, which was very heavy. However, they were always committed to the project and attended almost all of the meetings, and still found time to do the work required.</p> <p>Networking among the personnel from the different Area Partnership was very good. If someone missed a meeting, they liaised with another person who had been to that meeting, who explained to them what had happened and what the next steps were. This networking was helped by the fact that personnel from the five Area Partnerships met regularly outside of the project meetings to discuss other issues but would often use other meetings to keep up to date on this project.</p>
Transnationality	<p>Transnational exchange was used to ensure that process of developing the indicators was transferrable to other cities in other countries.</p> <p>Belfast organised a study course on health impact assessment for the other cities in the Building Healthy Communities project. We also presented the process for developing the indicators, the indicator framework and the concept behind the headline indicators (main indicator and twin inequalities indicator) to the group at the end of the course, with opportunities for discussion about the work.</p> <p>The participants on the health impact assessment course, members of the Belfast Local Support Group and representatives from other organisations in Belfast are shown in the group photograph taken in Belfast City Hall after the formal reception.</p>
Key actors	
Main actors involved	<p>The main actors involved in the project were Belfast City Council, Belfast Healthy Cities, Public Health Agency, Northern Ireland, Northern Ireland Housing Executive, Belfast Health and Social Care Trust, East Belfast Partnership, Greater Shankill Partnership, North Belfast Partnership, South Belfast Partnership, and West Belfast Partnership.</p> <p>The idea to develop a set of indicators was agreed by the organisations initially involved in the project: Belfast City Council, Belfast Healthy Cities, the Public Health Agency, Northern Ireland Housing Executive, and the Belfast Health and Social Care Trust.</p> <p>At the same time, the East Belfast Partnership approached the Belfast Local Support Group to request that a health impact assessment (HIA) be undertaken on the East Belfast Strategic Regeneration Framework because they wanted it to benefit physical and mental well-being in East Belfast.</p> <p>This request became the starting point and pilot for the development of indicators, and set the foundation for work on the strategic regeneration frameworks from the other four Area Partnerships.</p> <p>Civil society stakeholders were involved in the analysis of the strategic regeneration framework for East Belfast to help identify</p>

	<p>the factors important to both regeneration and health. They were also involved in the East Belfast pilot of the checklists using the regeneration of Templemore Avenue School as their case-study.</p> <p>See the photographs for how the school looks now, inside and outside, and then see the architect's impression of how the school will appear after regeneration when it has been transformed into a community centre providing various services to the community, including voluntary services, a community café and a crèche.</p>
Coordination mechanisms	<p>The work was led by the Expert Adviser and undertaken by two main groups:</p> <ol style="list-style-type: none"> 1. The Belfast Local Support Group, responsible for the overall direction of the project; 2. The Indicators Working Group, which included all members of the Belfast Local Support Group plus various staff from the five Area Partnerships. <p>Both groups were chaired and coordinated by Belfast Healthy Cities.</p> <p>See Figure 2 showing the relationship between the two groups.</p> <p>However, these two groups became one from Stage 5 in the process onwards (see "Process" above).</p> <p>Both groups worked very well, and there was a positive atmosphere in all meetings. The organisations in the Belfast Local Support Group and the Area Partnerships were supportive of the work, and made substantial contributions.</p>
Participation	<p>Some of the users were directly involved in the Indicators Working Group. Other users were involved in the pilots – the workshop on the East Belfast Strategic Regeneration Framework, and the pilots of the checklists in East Belfast and South Belfast.</p>
Supporting programmes and funding sources	
Total cost and Sources of funding	41,300 €
EU financial contribution	URBACT II funding 22,250 € Co-financing 19,050 €
Annual budget in Euro	NA

Immediate and lasting results	
Overall impact	<p>The aim and the objectives of the project have been achieved.</p> <p>With respect to the indicator set, the next stage is to obtain the funding to invest in the collection of data for the new indicators. If this is successful, we hope to be able to evaluate whether people experiencing inequalities in Belfast will benefit from regeneration and redevelopment, and, if not, we will be able to take action to redress the situation.</p> <p>With respect to the checklists, each time they are used we will be able to negotiate health gain not only from regeneration proposals, but also to support the city's economy, environment, and social</p>

	development, and to improve access to services. In addition, the drive to achieve health gain will focus on disadvantaged, marginalized or vulnerable communities who may not have benefited from regeneration in the past.
Beneficiaries	<p>The main beneficiaries are:</p> <ul style="list-style-type: none"> • The five Area Partnerships in Belfast • Belfast Regeneration Office • Department for Social Development, Northern Ireland <p>However, there are likely to be further beneficiaries once the work has been launched and can be rolled out in the city.</p>
Concrete results	<ol style="list-style-type: none"> 1. The first iteration of a set of indicators for monitoring regeneration and health in an urban setting 2. A set of checklists to appraise all types of regeneration proposals in an urban setting 3. A one-day training course and materials to introduce users to the indicators and checklists
Impact on governance	<p>The Area Partnerships have already started to use the work in their communities.</p> <p>The Chief Executives of the Area Partnerships are keen to present the indicators and checklists to relevant government departments in Northern Ireland.</p> <p>The concept behind this project and some of the processes involved have been adapted for use in promoting Health and Health Equity in All Local Policies in Belfast.</p> <p>The Belfast Healthy Cities Healthy Urban Environments and Design Group are interested in the set of indicators and checklists and want to take them forward in their work on healthy urban planning.</p>
Lessons to be learnt	
Success factors	<p>The main factors contributing to the success of the project were:</p> <ul style="list-style-type: none"> • Early engagement of a range of stakeholders: setting up a partnership of interested organisations that encompassed organisations not only in the city, but also from the region as a whole; • Involving all the Area Partnerships in Belfast so that it became a city-wide project; • The willingness of the Chief Executives from the Area Partnerships to be involved and support the project, including working on the indicator set; • Involving people who had experience in aspects of urban regeneration and people who had experience in health and the the determinants of health and well-being, particularly at a community and neighbourhood level; • Consulting the stakeholders at every stage in the project, and agreeing the work with all stakeholders at every stage; • Providing training to people in the stakeholder organisations to develop their capacity and understanding not only of the indicators and checklists but also of the interplay between regeneration and health;

	<ul style="list-style-type: none"> • Undertaking pilots to test the checklists, and as a consequence the completeness of the indicators; • The willingness of people on the two groups – Belfast Local Support Group and the Indicators Working Group – to involve other people from their organisations as and when their expertise was needed; • Having an expert adviser to support the work.
Barriers, bottlenecks and challenges	<p>The main pitfall to be avoided during the identification of indicators is not to limit the selection to indicators that are already being collected in your city/country because they may not be fit for purpose. Simply because they exist does not necessarily mean they are appropriate for use. We found this to be the case for monitoring and evaluating the important interplay between regeneration and health.</p> <p>The main challenge is to find the resources to invest in the collection of new indicators. This is particularly challenging if it means that there needs to be disinvestment in some indicators already being collected in order to fund the collection of new ones.</p>

Future issues	<p>The main issue to be resolved is which of the new indicators that have been developed as part of this process will we be able to fund.</p> <p>There may be an opportunity to extend the process to developing indicator sets for other topics/issues.</p>
Transnationality	<p>The positive aspect of transnational exchange is that other cities were very interested in the work, and thought that the process and/or the indicators and checklists were useful and could be applied in their cities. This feedback was helpful because it demonstrated that the work was transferable, which encouraged us to continue to develop the set of indicators and checklists.</p> <p>Colleagues from other cities particularly liked the concept of the “twin” indicators looking at inequalities, which again encouraged us to continue with our work, knowing that it had resonance for other urban areas.</p> <p>We did not identify any negative aspects to the transnational exchange.</p>
Duration	<p>The project will continue in several ways:</p> <ul style="list-style-type: none"> • Negotiating with data collection agencies to organise data collection for the new indicators; • Liaising with other government departments and other city organisations to raise the profile the indicator set and checklists and thereby encourage their use; • Building capacity in the Area Partnerships and organisations responsible for regeneration proposals to use the indicator set and the checklists.
Transferability	<p>The process we have used to generate an indicator set and complementary checklists could easily used by another city.</p> <p>Many of the indicators could also be used by other cities if they wished. However, it should be noted that some of the indicators in the set, e.g. those referring to “Shared space” are peculiar to Northern Ireland and have a meaning that is related to The</p>

	<p>Troubles and the need for Good Relations between different faith-based communities.</p> <p>The checklists could also be used by other cities, but they may need adapting to local circumstances.</p>
Expert opinion	<p>From the feedback we have received, colleagues are interested in the fact that we have developed monitoring and appraisal mechanisms for regeneration proposals:</p> <ul style="list-style-type: none"> • Using methods taken from the process of health impact assessment, which has made the work systematic; • With a focus on reducing inequalities for disadvantaged, marginalised or vulnerable urban communities.
Stakeholder opinion	<p>The Area Partnerships, and other organisations involved in the project, felt that the indicator set was important to their work. The Area Partnerships also reported that there had been a need for such indicators for years, and therefore they were pleased and excited about what this project had delivered. As the request for a set of checklists came from personnel at the Area Partnerships, they were also pleased to receive them, and had plans to use them on various regeneration projects being planned.</p> <p>Members of civil society involved in the East Belfast pilot of the checklists felt that they were useful and stimulated discussion about the proposal in a structured way, enabling them to make suggestions about how the proposal might be amended to improve not only the quality of regeneration but also health and well-being.</p>
Information sources	
Name of the initiative	Belfast BHC
Country/region/city etc.	United Kingdom, Northern Ireland, Belfast, all five Area Partnerships: East Belfast, Greater Shankill, North Belfast, South Belfast, West Belfast
Administering organisation(s)	<p>The grant recipient was Belfast City Council.</p> <p>Administration of the project and liaison with Building Healthy Communities, URBACT, was by Belfast Health Development Unit, Belfast City Council (Adele Keys).</p> <p>The work was chaired and coordinated by Belfast Healthy Cities (Chair: Joan Devlin).</p> <p>The work to develop the indicators and checklists was led by the Expert Adviser to the Belfast Project (Erica Ison).</p> <p>The work to identify data already being collected was done by Belfast Healthy Cities (Jonna Monaghan).</p> <p>All stakeholders contributed to the work.</p>
Contact details of administering organisation(s)	<p>Belfast City Council, contact Adele Keys:</p> <p>Adele.Keys@bhdu.org</p> <p>Belfast Healthy Cities:</p> <p>http://www.belfasthealthycities.com</p>
Interviewed persons	<p>Linda Armitage, Health Strategy Manager, East Belfast Partnership</p> <p>Jonna Monaghan, Senior Health Development Officer, Belfast Healthy Cities</p> <p>Both people were contacted by email to obtain the photographs to</p>

	illustrate the case-study.
Other documentation sources	Not applicable
Website URL	Not yet available (available in December 2011)
Main author of the case	Erica Ison, Expert Adviser to the Belfast Project: erica_ison@yahoo.co.uk

Illustrations	<ul style="list-style-type: none"> ▪ Required: Submit at least 3 photos illustrating the project ▪ Recommended: Diagrams, charts, maps etc. (e.g. to illustrate the sources of fundings);.clear with caption including source
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