

# LIMERICK REGENERATION



**Key Recommendations  
to Maximise Positive  
and Minimise Negative Health Impacts  
of Physical Regeneration**



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# 1. WHAT IS A HEALTH IMPACT ASSESSMENT?

The World Health Organisation defines health as a ‘State of complete physical, mental and social well-being and not merely the absence of disease or infirmity, a resource for everyday life, not the objective of living: It is a positive concept emphasising social physical resources, as well as physical capacity’.

Health is not dependent on individual lifestyle factors alone but a broader range of characteristics such as Social, Economic, Cultural and Environmental Factors as indicated by in Figure 1. Therefore careful consideration of these health determinants is warranted in the planning and delivery of public policy and programmes to ensure that the investment is successful in achieving the best outcome.

A Health Impact Assessment allows us to take a close look at the potential of any project, policy or programme to positively or negatively impact on the health of the target group in question. By building a picture of potential positive and negative health impacts, the correct steps can be made to maximise opportunities to improve health and protect against health damaging impacts.

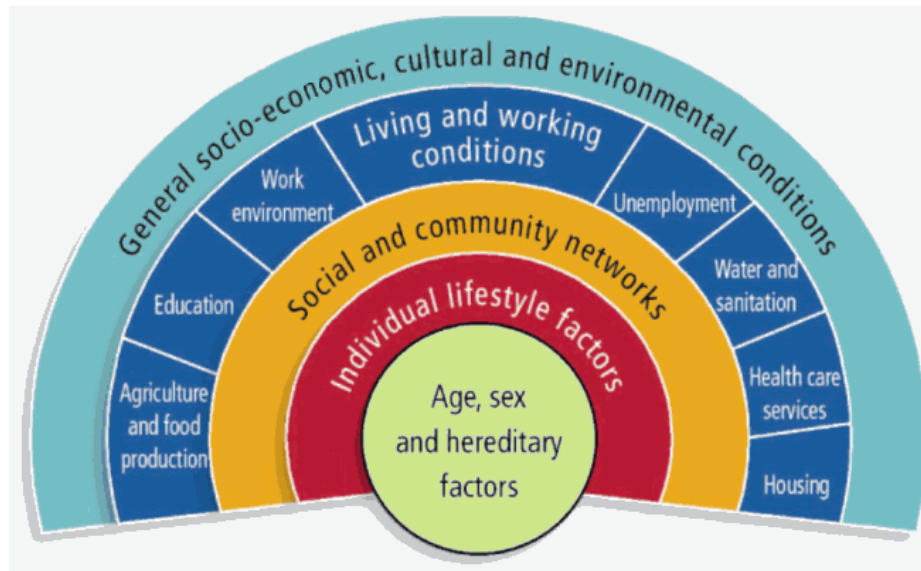


Figure 1.

Dahlgren and Whitehead 1998

## DEFINITION OF A HEALTH IMPACT ASSESSMENT

'Health Impact Assessment (HIA) is commonly defined as a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. It is designed to inform and influence decision-making and to reduce health inequalities'( *Gothenburg Consensus, 1999*).

## Background to the Health Impact Assessment on Youth Space

In April 2007, John Fitzgerald produced a report to the Cabinet Sub-Committee on Social Inclusion highlighting the issues of social exclusion in what have become known as the Limerick Regeneration areas of Limerick City. Deprivation scores indicate that these estates are among the most disadvantaged in the country. A recent community profile produced by the HSE (2008) highlight some of the main demographic concerns of these areas; high unemployment, high percentage of lone parent families, poor levels of educational attainment. Other factors include poor economic growth within the area and high levels of crime and anti-social behaviour (particularly drug related). Barton and Tsourou (2000) suggest that all the factors mentioned here are strongly associated to poor health. They equally indicate that Urban Planners have a key role to play in tackling the social, physical and economic environment that is conducive to health, wellbeing and high quality of life.

In January 2007 we saw the launch of the Regeneration Agencies vision document, the document set out a broad vision of what needed to be done in order to tackle some of the problems identified above. One component of this document was on physical regeneration; with two key objectives a) the renewal and rebuild of existing houses with a strong emphasis on management and enforcement, b) creation of a balanced social mix of housing by the provision of private and affordable housing.

The following abstract from Barton and Tsourou (2000) *Healthy Urban Planning* highlights the link between the physical regeneration of Limerick and Dahlgren and Whiteheads *Broader Determinants of health* (figure 1).

**Individual behaviour and lifestyle.** The first level of influence is individual behaviour and lifestyle. The physical environment, which is shaped by planning decisions can facilitate or deter a healthy lifestyle. The propensity of people to walk, cycle or play in the open air is affected by the convenience, quality and safety of pedestrian and cycling routes and by the availability of local open space. This is critically important in relation to children, as the habit of healthy regular exercise is formed or not formed during childhood and lasts a lifetime. Regular exercise is formed or not formed during the childhood

and lasts a lifetime. Regular exercise 'protects against heart disease and, by limiting obesity, reduces the onset of diabetes. It promotes a sense of wellbeing and protects older people from depression'

**Social and community influences.** The second level of influence on personal health includes social and community influences: urban planning can act to destroy social networks, as an insensitive urban renewal schemes, or can conversely cultivate opportunities for a rich community life. Local networks of mutual support and friendships are affected by the existence of common activities and meeting places; schools, post offices, pubs and convivial, safe streets. The sustaining of such local facilities and networks depends in part on coherent long-term strategies for housing, economic development and transport. Social support is particularly important for the most vulnerable groups. Without it people are likely to experience less well being, more depression, greater risk of pregnancy complications and higher levels of disability and chronic diseases. This does not mean that urban planning can create communities . But planning affects the opportunities they have to choose.

**Local structural conditions (Living and working conditions).** At the third level of influence – local structural conditions – planning policy very directly affects personal health in a number of ways. For example, the lack of sufficient housing or adequate quality can lead to housing stress and fuel poverty, which affect health; accessible work opportunities which can help alleviate poverty and depression and consequently the poor health caused by unemployment; and an accessible urban structure together with an efficient, inexpensive transport system can reduce problems of social exclusion and open up opportunities for poor and less mobile people.

**General Socio-economic, cultural and environmental conditions.** At the broadest level of influence, local urban planning affects the quality of air, water and social recourses. It also affects the emission of green house gases, particularly in buildings and transport, and thus acts to exacerbate or mitigate the health risks of rapid climate change.

Given the opportunity of the Regeneration Agencies to influence health solely on physical regeneration, assessing the health impact became an obvious starting point for the HIA steering group.

The outcome of this HIA process has led to a list of recommendations which will guide and inform the Regeneration Agency in the planning, development and management of the physical build in the regeneration areas.

## **Key Recommendations on the Physical Regeneration of Limerick**

The following recommendations are based on information drawn from a number of key sources. These include

1. International and National evidence
2. Consultation with the HIA Steering Group.
3. Consultation with local agencies and professionals
4. Consultation with local residents

The recommendations are specifically targeted at proposals for the physical regeneration in the Northside and Southside of the city. A number of recommendations that fall outside this remit are also included for information as they arose during the consultation with local resident groups.

**During the process of consultation 4 focus groups were conducted**

- Ballinacurra Weston 12 members of Residents Forum (6 men, 6 women)**
  - Southill 25 Residents (22 women, 2 children and 1 man)**
  - Ballinacurra Weston lunch club 6 older adults (2 men, 4 women)**
  - Moyross 15 residents (2 men and 13 women)**
  - Total of 58 participants**
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## 2. Community Consultation and Participation

The stakeholders in the Health Impact Assessment request that the Regeneration Agency consider the following recommendations with respect to Community Consultation and Regeneration;

- a. Development of a Communication Strategy that considers a wide variety of methods of communication with the aim of encouraging maximum participation from all residents. Hard to reach groups which may need particular attention are young people, older adults, travellers, those with a disability and those with low literacy.
- b. All residents be encouraged and supported to participate in the regeneration process in a manner that is meaningful. Residents have expressed an eagerness to participate in the regeneration process in partnership with the Regeneration Agency. Residents recognise that regeneration is a real opportunity to dramatically improve the lives of local people. Residents have fears that if people are not given the full opportunity to participate, there will be resistance and opposition that will undermine the regeneration process.
- c. The support needs of representatives on resident / committees are to be identified and a package of ongoing supports be provided to meet these needs. Examples of needs expressed include support to better communicate with the wider community, greater knowledge of how other regeneration projects have worked, skills training for working in committees. We would suggest that these be supported by the Regeneration Agency or local agencies.
- d. The model of consultation which is occurring in O'Malley Park where the regeneration agency is meeting with house holders block by block is welcomed by residents in this area. Stakeholders would like to see this model extended to all regeneration areas.
- e. The residents of Weston would welcome the regeneration agency to meet with local residents at the residents meeting which occurs bi-monthly.
- f. Greater presence and visibility of Regeneration Staff in the residential areas. For example, Regeneration Agency staff might arrange "walk-abouts" to encourage residents to approach them when out and about on the estates.
- g. There is a need for more visual and creative methods of participation and consultation, in addition to the written word which is not always understood. Examples to consider include: Planning for Real
  - Open House Events
  - Architectural centre
  - Art Workshop
  - Process Planning Sessions
  - Video Soap Box
  - Street Stall

- Simulation
  - Open Space Workshop
  - Details of all these and others are available at [www.communityplanning.net](http://www.communityplanning.net).
- h. Blue Drum, an arts based support agency for community development, would be able to advise on other creative ways to involve the local community.
  - i. Residents / local groups and organisations together with the regeneration agency should be encouraged to set indicators by which the process of regeneration can be measured.
  - j. Recruitment and training of “Community Consultants”. Members of the local community given appropriate training and support can provide an invaluable resource for engaging with other local residents.
  - k. Traditional methods of communication such as flyers to all homes, announcements at Mass, all clubs and schools should continue to be used to raise the profile of resident forums, etc.
  - l. A shop-front facility for the Southside, similar to that at Watch-House Cross, be opened to allow residents to drop-in and make contact with Regeneration staff. The current office in LEDP is felt to be inaccessible. Residents in Weston also suggested a satellite ‘drop in regeneration clinic’ for 2 hours a week in the area. Consideration to opening outside of office hours.
  - m. Older adults or those who are unable to travel out should receive home visits from the agency keeping them updated as to each stage of the process.
  - n. Newsletters are currently produced by a number of community agencies. These should be used by the Regeneration Agency to keep residents informed.
  - o. Use of local radio should be maximised as a means of communication.

### ***Information from the Published and Unpublished Literature***

- Participation may benefit individual health by enhancing one’s sense of empowerment and self-efficacy.<sup>1</sup>
- Participation differs from consultation as the latter gives people an opportunity only to inform decision making and planning...Participation gives communities an opportunity to influence and participate in the decisions that affect them and to have their views acted on...As a result policies and services intended to tackle poverty and inequality are much more likely to work if the people and communities they are designed for are involved in their planning and implementation.<sup>2</sup>
- People are more likely to take control of their health if they feel they are in control of other aspects of their lives.<sup>3</sup>

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<sup>1</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

<sup>2</sup> Community Participation and Primary Care. Combat Poverty Agency (2005)

<sup>3</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

- Higher levels of trust and participation in a community are related to the degree of equity and income distribution and to population health outcomes.<sup>4</sup>
  - Health benefits include hopefulness, enjoyment, increased confidence, enhanced sense of esteem and control.<sup>5</sup>
  - Regeneration which benefits the majority of the population, in the 'mainstream' of society may also cause 'displacement' of excluded groups, moving them to the edge or out of the community, to their further disadvantage.<sup>6</sup>
  - Social participation involving vulnerable and excluded groups should seek the empowerment of those groups, increasing their effective control over decisions that influence their health and life quality.<sup>7</sup>
  - Benefits of community participation: Improved and more relevant policies to address health inequalities; The anticipation of problems at design stage; Services which are more responsive to the needs of the community; Equitable and inclusive services which help to address social exclusion and poverty; Increased resources as services are more cost effective and; Services becoming more accountable to the communities they operate in and for.<sup>8</sup>
  - Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued.<sup>9</sup>
  - Radio is the preferred method of communication among older adults<sup>10</sup>
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<sup>4</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

<sup>5</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

<sup>6</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

<sup>7</sup> Community Participation and Primary Care. Combat Poverty Agency (2005)

<sup>8</sup> Social Determinants of Health: the Solid Facts, WHO 2003

<sup>9</sup> Social Determinants of Health: the Solid Facts, WHO 2003

<sup>10</sup> HSE (2007) Unpublished study on Isolated Elderly

### **3. Safety and Security in Design**

The stakeholders in the Health Impact Assessment would like the Regeneration Agency to consider the following recommendations in relation to Safety and Security in Design;

- a. Homes should be designed in a crescent style allowing homes to look on to a green area or play area and allowing visibility all round
- b. Master planners should work closely with residents in the designing out of anti-social behaviour, this could be done by using consultation models such as 'planning for real'. \* Planning for Real uses simple models as a focus for people to put forward and prioritise ideas on how their area can be improved. It is a highly visible, hands on community development and empowerment tool, which people of all abilities and backgrounds find easy and enjoyable to engage in.
- c. Use good street lighting
- d. Cul de sacs could also be considered for house layout
- e. Introduce traffic-calming and reduce number of long straight roads.
- f. Green areas should be surrounded by attractive boarders that prevent access to the green (while not encouraging loitering) by motorised vehicles with the aim of reducing joy riding on the green and burning out of cars.
- g. Use of CCTV cameras based on model's of good practice.
- h. A means of preventing vehicles accessing green areas should be considered.
- i. Where relevant play areas should be surrounded by attractive fencing that allows for full visibility and gives a clear message as to who the play area is for.
- j. Get rid of all spaces that allow for loitering and possible criminal behaviour
- k. Garda Stations should be located on the estate as planned in the vision document. The Garda station should be located in the same area as other facilities and amenities.
- l. The estate layout should include a good network of well designed footpaths and cycling routes to encourage walkability and connectivity
- m. There should be strong engagement with local Gardai to ensure estate design along the lines recommended within the document 'Office of the Deputy Prime Minister (2004) Safer Places, the Planning System for Crime Prevention'.

## ***Information from published literature***

- If the space is not perceived as safe, it will be associated with crime or the fear of crime, outside parks, graffiti and vandalism are disproportionately found in disadvantaged areas causing harm to health.<sup>11</sup>
  - Homes in cul-de-sacs can be highly secure but the cul-de-sac should be short and straight (to allow visibility from one end to the other) and should not be joined by networks of footpaths that are irregularly used but likely to foster criminal activity.<sup>12</sup>
  - Lower neighbourhood safety and social disorder were significantly associated with less activity. It is proposed that an important mechanism for reduced physical activity among youth may be the influence of unsafe neighbourhoods.
  - Well lit pavements show crime reduction effects and increase confidence of residents at night-time.<sup>13</sup>
  - Crime and anti-social behaviour are more likely to occur if
    1. Buildings and private and communal spaces have a large number of sides exposed to the public realm;
    2. The way that buildings, streets and spaces are laid out allow criminals to move around and operate undetected;
    3. A place tends to bring together people who are likely to offend
    4. Capable guardians are not present;
    5. Places become derelict and underused;
    6. Under-and unused buildings and spaces that have become vulnerable to crime are not remodelled or removed.<sup>14</sup>
  - If local people, particularly young people, are involved in the design phase, then this may help to ensure a sense of public ownership. Whilst risk-taking behaviour may not be eradicated, good planning could reduce behaviours that are particularly unacceptable to local people.<sup>15</sup>
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<sup>11</sup> IPHI (2006) Health Impacts of the Built Environment;

<sup>12</sup> Office of the Deputy Prime minister (2004) Safer Places, the Planning System and Crime Prevention pg20

<sup>13</sup> IPHI (2006) Health Impacts of the Built Environment

<sup>14</sup> Office of the Deputy Prime minister (2004) Safer Places, the Planning System and Crime Prevention pg20

<sup>15</sup> . Housing, Health and Well-being in Llangeinor, Garw Valley: A health Impact Assessment

<http://www.wales.nhs.uk/sites3/Documents/522/English.pdf>

## **4. Transport and Connectivity**

### ***Community Profile on Car Ownership***

Car ownership in all the estates is significantly lower than the greater Limerick area with 46 – 60% of people not owning a car compared to 38% in the greater Limerick area.

The Stakeholders in the Health Impact Assessment request the Regeneration Agency to consider the following recommendations in relation to Transport and Connectivity:

- a. Consideration should be given to the developing of a local transport strategy, which should be well resourced. Possibility of a transport coordinator to implement the strategy should also be considered.
- b. Explore the possibility of improving public and community bus services in, out and around the estate and services between various parts of the city. Currently to get to FAS in Raheen, a person has to get two buses from both the North and Southside of the city.
- c. Consideration needs to be given to the development of a network of safe cycling and walking routes throughout the estates.
- d. Bus stops with seating and shelter need to be placed near all retirement residents and schools.
- e. Particular attention and care needs to be placed in the development of any train or light rail so as to minimise any potential negative health impacts on noise and air pollution and child and adult safety.
- f. Ensuring that the redeveloped estate has sufficient permeability with, and connectivity to, surrounding areas and the City Centre;

### ***Information from published literature***

- Barton and Tsourou recommend that public transport accessibility should be considered as a starting point for neighbourhood planning, with land uses attached to the public transport network,<sup>16</sup> and new development oriented towards public transport stops.<sup>17</sup>
- Barton and Tsourou also recommend that housing is accessible by public transport, and that good public transport is provided to all main centres of employment<sup>18</sup> – by ensuring public transport access to employment areas, it will increase the travel options available and reduce the need for private car use, with the possibility of reducing the level of air pollution, the risk of road traffic accidents, and carbon dioxide emissions.<sup>19</sup>
- In terms of distance to walk, Barton and Tsourou recommend no more than 400 metres (a common standard for bus access across Europe) to a bus stop from all homes and workplaces to promote access.<sup>20</sup>

<sup>16</sup> Page 137 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

<sup>17</sup> Page 107 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

<sup>18</sup> Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

<sup>19</sup> Page 91 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

<sup>20</sup> Figure 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

- Transportation is the main source of noise pollution in Europe.(pg9)
  - Good evidence shows the adverse effects of noise on communication, school performance, sleep and temper, as well as cardiovascular effects and hearing impairment.(pg 9)
  - Barton and Tsourou recommend a permeable pedestrian and cycling environment as a policy objective for healthy urban planning in order to promote accessibility and increase the potential for social contact, interaction and cohesion.<sup>21</sup>
  - The World Health Organization (WHO) recommends the creation of a dense network of footways to link all main activities and public transport facilities to ensure safety, directness, ease of use, especially for people who are less mobile (e.g. older people, people who have a physical disability), and the provision of an attractive and secure pedestrian environment.<sup>22</sup>
  - In addition, WHO recommend the creation of a comprehensive network of convenient cycle routes and the development of a safer cycling environment.<sup>23</sup>
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<sup>21</sup> Table 5.1 in Barton and Tsourou (2000) Healthy Urban Planning.

<sup>22</sup> World Health Organization Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.

<sup>23</sup> World Health Organization Regional Office for Europe (1997) Walking and cycling in the city. Local Authorities Health and Environment Briefing No. 35. WHO: Copenhagen.

## 5. Green Space and Play Areas

The Stakeholders in the Health Impact Assessment request the Regeneration Agency to consider the following recommendations in relation to Green Space and Play Areas

- a. Safe Play areas are designed for children of various age groups and are within a safe distance from homes.
- b. Green areas should be surrounded by small attractive walls/hedging or other border that prevents access to the green by motorised vehicles with the aim of reducing joy riding on the green and burning out of cars.

### ***Information from published literature***

- Play areas promote children’s creativity and capacity to learn. Play offers a wide range of physical, social and intellectual experiences for children.<sup>24</sup>
- Play promotes children’s development, learning, creativity and independence. Play keeps children healthy and active – active children become active adults. Play fosters social inclusion. It helps children understand the people and places in their lives, learn about their environment and develop their sense of community. Play allows children to find out about themselves, their abilities and interests. Play is therapeutic. It helps children to deal with difficult or painful circumstances such as emotional stress or medical treatment. Play gives children the chance to let off steam and have fun.<sup>25</sup>
- Availability of parks and civic spaces increases the potential for social interaction and community activities.<sup>26</sup>
- If the space is not perceived as safe, it will be associated with crime or the fear of crime. Outside of parks, graffiti and vandalism are disproportionately found in disadvantaged areas causing harm to health.<sup>27</sup>
- Dense vegetation has been linked to the fear of crime, lower perceived security. View distance is an important factor as vegetation blocks views and provides potential cover for criminal activity.<sup>28</sup>
- Access to open spaces can increase the level of exercise undertaken in a community, contributing to reducing levels of obesity, cardiovascular disease, diabetes and arthritis – the impact on levels of exercise is most likely to be experienced by children.<sup>29</sup>

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<sup>24</sup> Children’s Play Council (2002)

<sup>25</sup> The New Charter for Children’s Play, Children’s Play Council (1998) available at [http://www.ncac.ie/online\\_documents/Play\\_and\\_Recreation\\_2002.pdf](http://www.ncac.ie/online_documents/Play_and_Recreation_2002.pdf)

<sup>26</sup> Health Impacts of the Built Environment: Institute of Public Health in Ireland (July 2006)

<sup>27</sup> Health Impacts of the Built Environment: Institute of Public Health in Ireland (July 2006)

<sup>28</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

<sup>29</sup> Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London’s Biodiversity Strategy.



- In addition, access to open spaces can increase the level of social contact and interaction, contributing to a reduction in stress-related problems.<sup>30</sup>
- However, criminal, social or psychological aggression, and drug abuse and conduct offences can take place in green spaces,<sup>31</sup> therefore it is important that any open and green space strategy addresses these issues which carry a dis-benefit for health and well-being.
- On balance, the London Health Commission advises that the health benefits of parks and open spaces outweigh the non-benefits, if there are policies and management practices in place to overcome barriers, such as fears about safety, and maximise the benefits.<sup>32</sup>
- Barton and Tsourou recommend that homes are within 2000 metres of major natural green space.<sup>33</sup>

## **6. Town Centre and Local Amenities**

The Stakeholders in the Health Impact Assessment would like the Regeneration Agency to consider the following recommendations in relation to Town Centre and Local Amenities

- a. Creation of a Town Centre or local shopping area providing attractive local amenities such as shops are welcome
- b. Having a local Cinema and spaces to celebrate art and culture are welcomed as possible ways of lifting the profile of the area.
- c. Consideration should be given to 'Place Making' by way of enforcing local distinctiveness and pride specific to the area.

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<sup>30</sup> Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London's Biodiversity Strategy.

<sup>31</sup> Michie and de Rozarieux (2001) The health impacts of green spaces: a rapid review to support the Mayor of London's Biodiversity Strategy.

<sup>32</sup> London Health Commission (2002) Culture & health: making the link. London Health Commission.

<sup>33</sup> Figure 5.1 in Barton and Tsourou (2000) Healthy Urban Planning. Spon Press.

## 7. Housing Design

The Stakeholders in the Health Impact Assessment request the Regeneration Agency to consider the following recommendations in relation to Housing Design

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- a. Energy efficient homes need to be considered for both refurbished homes and new homes with the aim of keeping fuel expenditure under 10% of household income and reducing Co-output.
  - b. All homes should have gardens and which are enclosed.
  - c. Each home should have its own boundary wall.
  - d. Each home kitchen needs to be sufficiently sized for ample food storage plus a fridge and freezer space.
  - e. The room sizes within the homes need to be sufficiently sized to meet resident's needs.
  - f. Necessary safety precautions need to be taken to prevent health and safety risks that may result from demolition or construction work.
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### ***Information from the Published Literature***

- The health and safety of local people could be at risk if appropriate steps are not taken to protect local people from a resultant increase of heavy traffic and hazards from the construction site.<sup>34</sup>
- If empty properties are eliminated in the main residential area, this could reduce the number of people endangering themselves in the process of breaking and entering buildings.<sup>35</sup>
- Demolition of properties with no positive plans for using the empty land may simply encourage unsafe activities that are already practised by some young people.<sup>36</sup>
- Food storage area and kitchen equipment are an influencing factor in whether one can avail of special offers, large value packs and storage of fresh food<sup>37</sup>.

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<sup>34</sup> Housing, Health and Well-being in Llangeinor, Garw Valley: A health Impact Assessment  
<http://www.wales.nhs.uk/sites3/Documents/522/English.pdf>

<sup>35</sup> Housing, Health and Well-being in Llangeinor, Garw Valley: A health Impact Assessment  
<http://www.wales.nhs.uk/sites3/Documents/522/English.pdf>

<sup>36</sup> Housing, Health and Well-being in Llangeinor, Garw Valley: A health Impact Assessment  
<http://www.wales.nhs.uk/sites3/Documents/522/English.pdf>

## 8. Retirement Housing

### ***The current Community Profile in Relation to Older Adults***

Ballynanty (Greater Moyross)= 243 people (7% of population)  
Galvone B (O'Malley and Keyes Park) = 117 people (7% of population)  
Rathbane (Carew and Kincora mainly) =160 people (9% of population)  
Prospect B (Ballinacurra Weston Mainly)= 114 people (10% of population)

The Stakeholders in the Health Impact Assessment would like the Regeneration Agency to consider the following recommendations:

- a. The development of any retirement complex should consider a full time residential caretaker whose role would mainly be to promote independence and social networking of residents but also as someone to help in times of difficulty such as poor health or form filling.
- b. Older adults need lots of consultation and time to be orientated to the plans of regeneration, the stress of knocking a home or moving may cause serious ill health, disorientation, fear and anxiety in the older adult.
- c. Where older adults choose to remain living with family or next to neighbours, this should be supported as this mixing of generations has a positive benefit to health.
- d. Where Older Adults choose to live in retirement housing intergenerational initiatives should be encouraged. This includes any activities or projects which allow older and younger people, who would not otherwise meet, get to know each other and share activities in a creative and safe environment.
- e. Involve older adults at all stages of planning, including the planning and design of their home.
- f. Retirement Gardens need to have the option of an enclosed garden.
- g. Recreational facilities need to be considered for bowling, dancing, bingo etc
- h. Neighbours would like the option of moving together.
- i. The retirement housing should have a dining room which offers residents the opportunity to have a cooked meal with other residents.
- j. Personal alarms which connect to a central response unit and / or mobile phones as opposed to unavailable individuals appears to be a better choice<sup>38</sup>
- k. Public transport needs to be addressed in general and a bus stop near a retirement complex should be considered.
- l. Retirement complexes need to be located near local facilities such as shop, hairdressers and church.

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<sup>37</sup> Food poverty: Fact or Fiction PHAI: 2007 – accessed 25/04/08  
<http://www.healthyfoodforall.com/images/stories/Presentations/foodpovertyfactorfiction2007.pdf>

<sup>38</sup> HSE (2007) Unpublished study on the Isolated Elderly

### ***Information from published literature***

- Mealtimes were seen as influential within community life. Much social interaction occurs in dining rooms resulting in friendship development of social inclusion which maintains health, a sense of wellbeing and self identity in later life.<sup>39</sup>
  - Older people love social contact but also love their own corner and independence<sup>40</sup>
  - Retirement villages play an important role in promoting health and well-being among older people. Flexible on-site care services can assist residents as their care needs change, and may promote early hospital discharge and reduce the need for hospital admission.
  - Retirement villages also provide employment opportunities for the wider community, and increase the viability of local services and facilities.
  - Retirement villages are seen by older people as a positive choice, offering them an attractive combination of independence and security, as well as opportunities for social engagement and an active life.
  - Retirement villages play a role in maintaining and promoting health, provide opportunities for more efficient delivery of community services, and provision of interim and rehabilitative care..
  - Increased opportunities for social interaction and engagement can reduce the experience of social isolation, with consequent benefits to health, well-being, and quality of life.
  - Living in a purpose-built, barrier-free, efficiently heated environment removes many of the difficulties and dangers of living in inappropriate accommodation, in particular the risk of falls.
  - High walkability neighbourhoods were classed as those possessing mixed land use, high density, street connectivity and safety. This is particularly important for older people who may otherwise become socially isolated<sup>41</sup>
  - Intergenerational work can help breakdown mistrust, hostilities and fears. Foster real understanding between people of different ages and backgrounds, encourage community involvement and strengthen communities, enable joint learning and the exchange of experience, skills and knowledge between older and younger people, promote social inclusion, equality and mutual respect while also being fun<sup>42</sup>.
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<sup>39</sup> JRF (2006) Housing with care for later life: A literature review

<sup>40</sup> HSE (2007) Unpublished study on the Isolated Elderly

<sup>41</sup> Ben Cave et al (2004) Healthy Sustainable Communities

<sup>42</sup> www.ageconcern

## **9. Travellers Residence**

### ***The Community Profile in Relation to Travellers***

Southill= 2 traveller sites with 24 families and 3 settled families

Ballynanty= 1 halting site with 17 families and 1 settled family

The Stakeholders in the Health Impact Assessment request the Regeneration Agency to consider the following suggestions in relation to Travellers Residence

- a. Consultation with Travellers needs to continue in order to meet their specific cultural needs in providing the necessary improvements in current living conditions.
- b. New halting sites need to ensure a good sustainable supply of electricity and water
- c. A high standard of ablutionary and sanitation facilities need to be considered. These facilities need to be designed in a culturally sensitive manner.

### ***Information from published literature***

- In some cases Travellers preferred housing on official halting sites that they had designed in consultation with the local authority that often included a mix of chalets and caravans, with proper facilities.<sup>43</sup>
- For Travellers, accommodation was the most pressing issue and the one that was always mentioned first in relation to health. In their view poor health status was a result of poor and non-existent sanitation and ablutionary facilities. Resultant health complaints of travellers include infections and respiratory problems caused by the cold and dampness of their accommodation.<sup>44</sup>
- Travellers expressed the process of integration into standard local authority housing was isolating and difficult, despite having improved facilities such as electricity and water supplies<sup>45</sup>

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<sup>43</sup> MWHB (2003-2005) Traveller Health Services. Regional Strategy Statement and Action Plan

<sup>44</sup> MWHB (2003-2005) Traveller Health Services. Regional Strategy Statement and Action Plan

<sup>45</sup> MWHB (2003-2005) Traveller Health Services. Regional Strategy Statement and Action Plan

## 10. Employment And Training

### ***Current Community Profile in relation to Employment and Training***

The Employment rate for the State is 57.1%

The Employment Rate for the Limerick City is 48.4%

The Unemployment Rate for the State is 10.3%

The Unemployment Rate for the Limerick City is 12.1%

### **Galvone B (O'Malley Park and Keyes):**

The Employment Rate for Galvone B is 34.6%

The Unemployment Rate in Galvone B is 15.3%

Of the total Labour Force in Galvone B 14.3% (44) of men would describe themselves as building and construction workers.

Of the building and construction male workers in Galvone B 59% (26) are employed and 41% (18) are unemployed.

### **Rathbane (Carew and Kincora Park):**

The Employment Rate for Rathbane is 41.7%

The Unemployment Rate in Rathbane is 8.53%

Of the total Labour Force in Rathbane 12% (45) of men would describe themselves as building and construction workers.

Of the building and construction male workers in Rathbane 77.7%(35) are employed and 22.2% (10) are unemployed

### **Prospect B (Ballinacurra Weston):**

The Employment Rate for Prospect B is 35.7%

The Unemployment Rate in Prospect B is 9.1%

Of the total Labour Force in Prospect B 9.8% (21) of men would describe themselves as building and construction workers.

Of the building and construction male workers in Prospect B 66.6% (14) are employed and 33.3% (7) are unemployed.

### **Ballynanty (Moyross):**

The Employment Rate for Ballynanty is 40.4%

The Unemployment Rate in Ballynanty is 10.6%

Of the total Labour Force in Ballynanty 19.2% (147) of men would describe themselves as building and construction workers.

Of the building and construction male workers in Ballynanty 66.6% (98) are employed and 33.3% (49) are unemployed.

Currently the total of unemployed people across the 4 areas is 730 people (465 males and 265 females)

Currently the total no of unemployed building and construction workers across the 4 areas is 84 people.

There are 4 Females working in building and construction in Galvone B and 2 females employed in building and construction in Ballynanty. The stakeholders in the Health Impact Assessment request the Regeneration Agency to consider the following recommendations with respect to Employment and Training;

- a. Training and development of local people to begin immediately (April 2008) so that residents are ready for employment. This training should consider basic training in areas such as safe pass, manual handling right through to personal responsibility for long term employment. Stakeholders felt it was important that this training needed to lead to real jobs.
- b. Every effort needs to be taken by the regeneration agency to ensure maximum employment opportunities for local residents (both men and women) during and after the construction phase of regeneration.
- c. Residents fear that a quota, such as the 20% suggested, would not be maintained for the duration of the Regeneration process. The Regeneration Employment Forum should monitor the numbers of local people being employed, and the reasons for termination of people's employment by contractors working on the regeneration.
- d. New business developments in the area need to be assessed in terms of employment opportunities and quality of work they are providing. Industries and enterprise providing quality employment that supports good earning opportunities and good working conditions.
- e. Increased availability of affordable high quality childcare services needs to be considered in order to support residents who wish to return to work. Provision of out of hours services also need to be considered to support opportunities for shift work.
- f. Engagement with people on disability benefits to identify possibility of rejoining the workforce.
- g. Employment and training agencies need to be located in regeneration areas.

### ***Information from the published literature***

- As employment is a source of income it has the potential to provide an exit out of poverty. Reducing level of poverty is the most significant way to improve the health of people living in poverty<sup>46</sup>
- Employment in itself does not have a significant link to health improvement; but it is the Quality of Work that has the greatest impact.<sup>47</sup> Transition from unemployment to 'inadequate' work is unlikely to be beneficial to health<sup>48</sup>,
- Employment opportunities created by regeneration schemes risk being dominated by low paid, insecure, secondary sector, non-standard forms of employment which may contain many of the negative attributes described above.<sup>49</sup>
- Re-employment in low quality work may be actually worse for psychological health than the experience of unemployment.<sup>50</sup>

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<sup>46</sup> Health Poverty Statement Combat Poverty Agency

<sup>47</sup> Graetz (1993) Social Science Medicine Vol 36 pp 715-724

<sup>48</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

<sup>49</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

<sup>50</sup> Ben Cave et al. (2004) Healthy Sustainable Communities

## 11. Management of the Estate

The Stakeholders in the Health Impact Assessment request the Regeneration Agency to consider the following recommendations in relation to Management of the Estate

- a. Due to a poor history with the local Authority, residents expressed their deep concern with regard to the future management of the estates. There needs to be significant improvements to estate management practice. This will require rebuilding relationships that are meaningful with residents, appropriately resourcing estate management services and ensuring sufficient levels of funding and man power to be effective. Models of best practice should be used where possible.
  - b. For the large part management of the estates needs to be done by local people, who are willing to be flexible with their time, it is not viewed as a 9 to 5 job. The process of Managing the Estates should be a model of 'Cooperation and Responsibility'.
  - c. Consideration should be given to getting the right people involved in the management of the estate, people with local pride and respect for example.
  - d. A limited amount of support and expertise from outside agencies would be welcome e.g. FAS.
  - e. Measures to check and manage the Management of the Estate need to be planned and implemented from the outset.
  - f. Training residents in the management and care of their estate needs to start now, this should include work with all age groups.
  - g. Tenancy Agreements need to be enforced from the outset by the regulating body in charge. Where tenancy agreements are broken a maximum of three chances should be given, where breakdown in agreements continue residents should be asked to leave the residence. Transitional housing or other suitable options should be considered for those unable to maintain a Tenancy Agreement.
  - h. Waste management charges to be included in rent so as ensure maximum number of residents have a sufficient method of waste disposal.
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## 12. Home Ownership

### ***The current community profile in relation to home ownership***

Galvone B (O'Malley and Keyes) 46% are renting from the local authority and the remainder have bought or are in the process of buying their own homes.

Rathbane (Carew and Kincora) 26% are renting from the local authority and the remainder have bought or are in the process of buying their own homes.

Ballynanty (Moyross) 43% are renting from the local authority and the remainder have bought or are in the process of buying their own homes.

Prospect B (Ballinacurra Weston) 27% are renting from the local authority and the remainder have bought or are in the process of buying their own homes.

The stakeholders in the Health Impact Assessment would like the Regeneration Agency to consider the following suggestions in relation to home ownership

- a. Home ownership should be encouraged as planned.
- b. Residents fear that benefits of regeneration may not be sustained due to movements of people and changes in population mix. Ways of balancing housing mix should be examined to avoid over gentrification, or over concentration of deprivation in estates.
- c. Income of residents needs to be assessed to ensure payments can be met and payments are within standards of living.

### ***Information from the Published Literature***

- Home ownership is widely used as an independent indicator of improved health.<sup>51</sup>
  - Difficulty in meeting mortgage repayments may negatively impact upon health, particularly mental health.<sup>52</sup>
  - Adverse health impacts were also identified highlighting the potential indirect association through increased housing costs and reduced income availability for food and heat<sup>53</sup>
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<sup>51</sup> Pg9 IPHI (2006) Health Impacts of the Built Environment

<sup>52</sup> Pg 9 IPHI (2006) Health Impacts of the Built Environment

<sup>53</sup> Pg 15 IPHI (2006) Health Impacts of the Built Environment

## 13. Food Availability

The Stakeholders in the Health Impact Assessment request the Regeneration Agency to consider the following suggestions in relation to Food Availability

- a. Consideration should be given to land set aside for growing projects or allotments. Growing schemes provide not only access to fresh food but opportunities for skill-building around healthy eating and cooking, physical activity, positive social interaction, enhancement of the local area and a new multigenerational community facility
- b. Space should be allocated within town centres for farmers market, fruit and vegetable co-ops and local shops that provide healthy choices at a reasonable price. Good quality kitchens and eating areas in all schools should be provided.

### ***Information from the published literature***

- Actions such as accessible and appropriate healthy eating information, access to cooking facilities (at home and within the community) plus knowledge and enhanced cooking skills will increase people's ability to choose and enjoy eating healthy foods.<sup>54</sup>
- Support for community initiatives<sup>55</sup> such as growing schemes<sup>56, 57</sup>, local food partnerships and food co-ops<sup>58</sup>, which increase the access of and availability of healthy food is strongly recommended. The health benefits as well as social benefits and the direct plus indirect economic benefits of locally produced foods are well documented<sup>59</sup>. In addition, Food Banks and other direct provision methods such as school meals, elderly congregate meals<sup>60</sup> and meals on wheels are highlighted as a method that will distribute food in a sustainable and socially progressive manner<sup>61</sup>.
- Provision of community skills-based programs in food preparation, budgeting, and catering.
- Range of small shops/food outlets locally plus transport links to supermarkets to provide healthy foods, choice and value for money<sup>62</sup>.

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<sup>54</sup> Food Poverty and Policy Report (Friel/Conlon April 2004) [http://www.cpa.ie/publications/FoodPovertyAndPolicy\\_2004.pdf](http://www.cpa.ie/publications/FoodPovertyAndPolicy_2004.pdf) (accessed 26/03/2008)

<sup>55</sup> The Report of the National Taskforce on Obesity 2005 DoHC (pg 86)

<sup>56</sup> 'Growing with confidence' An evaluation of the Organic Centre/NWHB Community Food Project 2004 (Share and Duignan, 2005) Institute of Technology, Sligo. (P31-32) Accessed (26/03/08)

<sup>57</sup> Healthy Cities Project; Project Review and Evaluation of Ballybane Community Garden, Galway (2007) available from Health Promotion, HSE West, Galway.

<sup>58</sup> Food Poverty and Policy Report (Friel/Conlon April 2004) [http://www.cpa.ie/publications/FoodPovertyAndPolicy\\_2004.pdf](http://www.cpa.ie/publications/FoodPovertyAndPolicy_2004.pdf) (accessed 26/03/2008)

<sup>59</sup> WHO Urban Food and Nutrition Action Plan (2001)

<sup>60</sup> [A Study of Retail Accessibility for Older People: The Elderly Poor and Access to Retail Services](#) (FM Kelly & AJ Parker, Centre for Retail Studies, UCD 2005 - accessed 25/04/2008)

<sup>61</sup> Do....

<sup>62</sup> Do ...

## 14. Education (Please note that the HIA hopes to look at education in greater detail at a later date)

The stakeholders in the Health Impact Assessment would like the Regeneration Agency to consider the following recommendations in relation to education. (While the focus of this phase was not Education some recommendations were presented)

- Early School Leavers should be offered emotional support
- Third level institutions in the area need to offer a variety of courses and access courses that allows the opportunity of good career opportunities and employment
- Increased availability to affordable high quality childcare services needs to be considered in order to support residents who wish to return to education.
- Potential employers should be encouraged to engage with pre- junior cert students in the secondary school in an effort to encourage and motivate students to stay in school e.g. Hotel and Catering Services, Garda, Army, Navy, Fire Services.
- Better use of school buildings for adult learning out of normal school hours.

### ***Information from published literature***

Again while it was not within the remit of this stage of the HIA to look at the provision of educational services the following information taken from the Shankil Road, Belfast HIA may be of benefit to the Master Planners.

- Good local services – education, lifelong learning, health and social services – are essential for quality of life and the willingness of people to stay and invest in an area – they are central to sustainable local communities.<sup>63</sup>
- CABE recommends that the design of schools should contribute towards regeneration and sustainable communities as well as providing environments for inspiring and effective learning<sup>64</sup>
- In a UK study of pupil performance, it was found that capital investment in school buildings has the strongest influence on staff morale, pupil motivation and effective learning time.<sup>65</sup>
- It has been found that pupils test scores are 11% higher in well-designed buildings when compared with those in poor designed buildings<sup>66</sup>

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<sup>63</sup> Cave and Molyneus (2004) Healthy Sustainable Communities: A Spatial Planning Checklist. Melton Keynes/ South Midlands Sub- Region health and Social Care Project Team. Paragraph 9.1

<sup>64</sup> Commission for Architecture and the Built Environment and the department of Culture, Media and Sport (2006) Better Public Building. HM Government, London

<sup>65</sup> PriceWaterhouseCoopers (2000) Building Performance; an empirical assessment of the relationship between schools capital investment and pupil performance. Research Report No. 242.

<sup>66</sup> Commission for Architecture and the Built Environment (2002) The value of good design. CABE, London

- Barton and Tsourou recommend a distance between a primary school and dwellings of 400-600 metres although their preferred distance is 400 metres i.e. walking<sup>67</sup> This distance will promote walking and reduce the number of car trips, benefiting health by increasing physical activity and reducing air pollution
- Barton and Tsourou recommend a distance between a secondary school and dwellings as 1000 – 1500 metres.<sup>68</sup>
- Barton and Tsourou suggest in their general guidelines for spatial planning of local facilities that education facilities are located on local high streets and in town centres.<sup>69</sup>

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<sup>67</sup> Barton and Tsourou (2000) *Healthy Urban Planning*. Spon Press

<sup>68</sup> Barton and Tsourou (2000) *Healthy Urban Planning*. Spon Press

<sup>69</sup> Barton and Tsourou (2000) *Healthy Urban Planning*. Spon Press

## **15. Limitations of the HIA**

At the time that this phase of the HIA was conducted St. Marys Park was not under the remit of the Limerick Regeneration Agencies.

The number of residents consulted with was 58, ideally we would have liked this number to have been greater however the strategies for promoting the HIA workshops proved limited, we have sense reviewed our methods.

Given the very tight time line, we were unable to consult with residents, whose homes adjoin the regeneration areas and subsequently likely to experience health impacts be they positive or negative.

Again secondary to time constraints,we were unable to consult with a broad variety of local agencies and services (apart from those whom were members of the working and steering groups).

Subsequently the recommendations do not reflect the needs of all potential stakeholders, this needs to be considered in the physical planning, development and management of physical regeneration.

## **16. Conclusion**

Following consultation with relevant stakeholders and use of international evidence on best practice this Health Impact Assessment identifies key recommendations in the following areas:

1. Community Consultation and Participation
2. Safety and Security in Design
3. Transport and Connectivity
4. Green Space and Play Areas
5. Town Centre and Local Amenities
6. Housing design
7. Retirement Housing
8. Travellers Residence
9. Employment and Training
10. Management of the Estate
11. Home Ownership
12. Food Availability
13. Education

These recommendations are intended to inform planning, development and management of the new physical environment to be proposed within the Limerick Regeneration Agencies Master plan.

## **17. Acknowledgments**

The Limerick Regeneration Agencies and the Health Service Executive would like to acknowledge all the people that were involved in compiling this document for their time and effort.