



Lower Shankill Health Impact Assessment Executive Summary

**Housing
Executive**

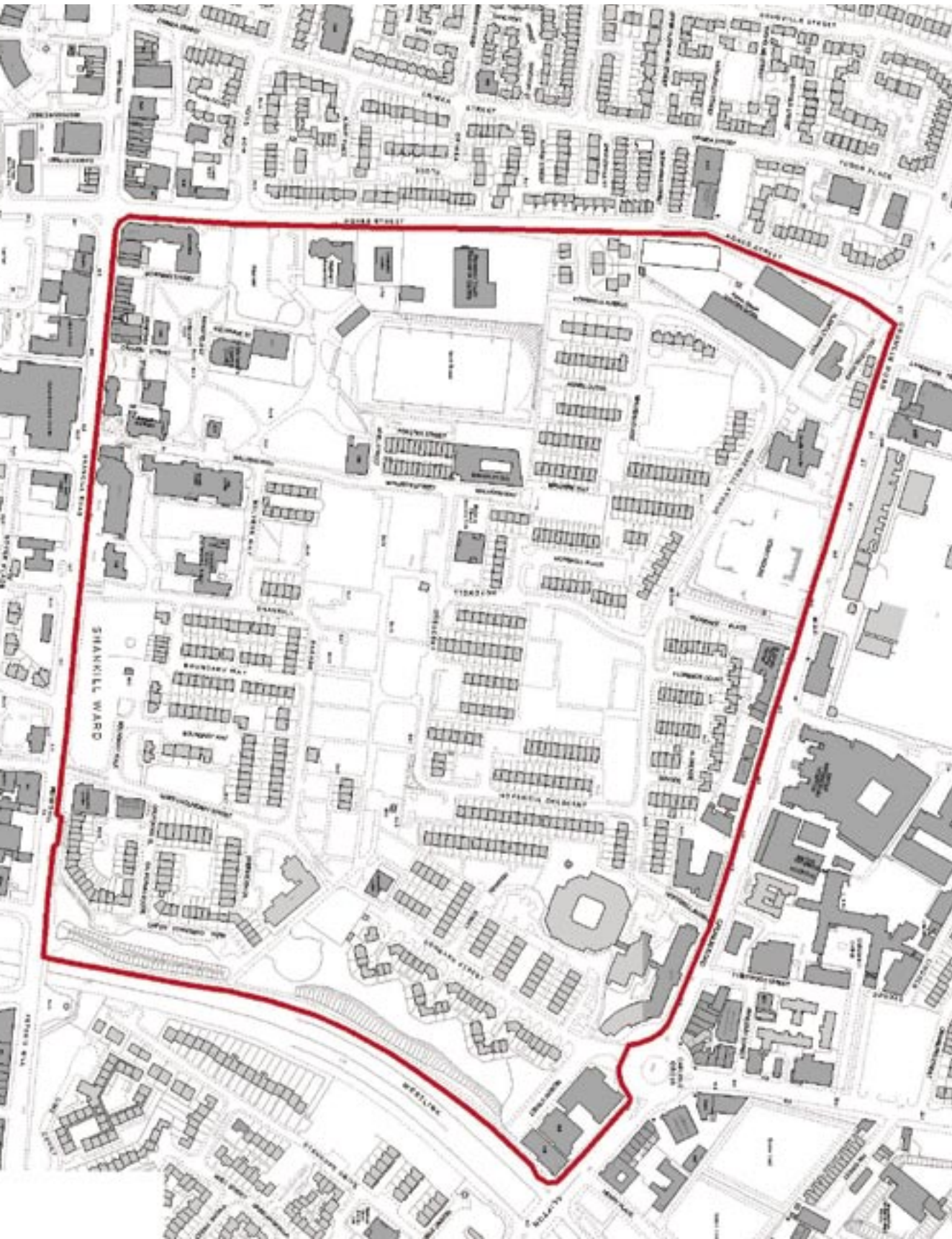
**HEALTHY CITIES
Belfast**

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Foreword

This summary report details the findings of a Health Impact Assessment carried out on the Redevelopment and Regeneration proposals for the Lower Shankill Estate in Belfast in 2006.

Health Impact Assessment (HIA) has been defined as:

“A combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population.”

The Redevelopment and Regeneration of the Lower Shankill presents a unique opportunity to evaluate health inequalities such as inclusion, early life deprivation, unemployment, social support, addiction, lifestyle factors and their impact on the community.

The HIA was commissioned by the Housing Executive in partnership with Belfast Healthy Cities and Investing for Health. The HIA was carried out by Erica Ison, specialist practitioner in HIA affiliated to the Public Health Resource Unit, Oxford and Belfast Healthy Cities. The HIA process was managed by Belfast Healthy Cities and the Housing Executive’s Shankill district office. Management and steering groups were established to oversee the HIA comprising representatives from the local community, community groups, statutory and voluntary sector.

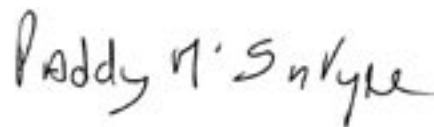
The summary and the community profile report contain a large amount of information about the Lower Shankill area and the inequalities experienced by the people who live there. There are immense challenges ahead in the proposed regeneration of the Lower Shankill area for everyone, not least the statutory and voluntary agencies working in this area.

I would like to thank all those who contributed to this HIA in particular, the local residents, community groups, Malvern Street Primary School, Shankill Leisure Centre and all the statutory and voluntary agencies involved.

I am pleased to have been involved in the HIA and look forward to working towards the regeneration of the Lower Shankill.



Brian Rowntree
Chairman



Paddy McIntyre
Chief Executive



2. Background

The Lower Shankill estate is a predominately Protestant/Loyalist estate within the Greater Shankill area, which is separated from Catholic West Belfast by a large peace wall. It comprises an area of approximately 16 hectares (40 acres) and is within walking distance of Belfast City centre. Built between 1971 and 1979, the estate sits between two major arterial routes, the Crumlin and Shankill Roads.

Originally made up of 1,200 units of accommodation comprising traditional two storey houses, three storey houses and flats and maisonettes, only 550 units remain. Housing management and land use problems have always beset this area, particularly in the non-traditional housing stock i.e. flats and maisonettes. The estate has suffered from high levels of crime, poverty, high unemployment, paramilitarism and poor health.

Housing in the area falls into a number of distinct sub-areas, none of which are homogenous. In addition there are large tracts of vacant land, mostly in the centre of the estate formerly occupied by unpopular blocks of flats and maisonettes.

The majority of the housing within the estate is owned by the Housing Executive. Demand for both social and private housing within the estate is low. There is a high level of turnover with annual relets exceeding the number of waiting list applicants.

Vehicular and pedestrian links within the estate remain problematic. Informal routes have developed across open spaces and demolition has eroded physical links that existed between many of the sub areas. Grouped car parking areas are often unrelated to dwellings and are largely unused, adding to the overall lack of cohesion within the estate.

The Lower Shankill estate scores high in all measures of deprivation in terms of health, education and training, crime and disorder, employment and economic activity, income and living environment. Factors predominant in the lives of people living in the Lower Shankill Estate are unemployment, low incomes, renting in the public sector, no formal educational qualifications, negative views about problems in the area and negative views about services in the area. Coupled with a disproportionate number of victims/survivors of the political conflict, including an internecine feud between Loyalists, the Shankill Ward has seen a rise in health and social deprivation related to housing and the living environment. The result is that residents on the Lower Shankill estate feel as if they have been abandoned.

It is clear that residents on the Lower Shankill estate experience many health and other inequalities and that this community needs to be the focus of interventions to reduce such severe inequalities.

It is also clear that the 'Troubles' have had an effect on residents' health and wellbeing and the conditions in which they live. This has been exacerbated by the loss of employment (and income) from the traditional industries such as the shipyard, engineering and textile works. The health and wellbeing of this particular community has also been affected by the effects of the recent Shankill 'Feud'.



The full report 'Health Impact Assessment (HIA) of the redevelopment and Regeneration of the Lower Shankill estate can be accessed at www.belfasthealthycities.com.

Policy Context

The HIA has to be considered in the context of a number of strategies and plans generated not just by the Northern Ireland Housing Executive but other agencies and government departments. In 2004 the Housing Executive published a seven year Housing and Regeneration Strategy for the Greater Shankill (2004 - 2011). It included three main aims:

1. To develop plans and programmes for the physical/social renewal of neighbourhoods.
2. To assist in creating a stable and balanced population in the Greater Shankill.
3. To work with and assist other partners in the economic regeneration of the Greater Shankill.

As part of developing plans and programmes for the physical/social renewal of neighbourhoods, the Housing Executive wants to create greater housing choice for people returning to the area, as well as continuing to reduce levels of unfit and to maintain and improve the condition of the housing stock.

Other policies, strategies and plans which will impact on the redevelopment and regeneration of the Lower Shankill estate include:

- Arterial Routes Regeneration (2007) DRD - particularly in relation to the Shankill Road and Crumlin Road, two of the boundaries of the estate.
- Renewing Communities Action Plan (2006) DSD - which includes a Commitment to regenerate the five most under privileged, disadvantaged and deprived areas in Belfast.
- BMAP - the Belfast Metropolitan Area Plan (2015).
- People and Place: A Strategy for Neighbourhood Renewal (2003) DSD.
- Master plan for the North West Quarter of Belfast City Centre (2005).
- Investing for Health Strategy (2002) DHSSPS.

In 2004 a Feasibility Study for the Lower Shankill was produced for the Housing Executive by Whittaker and Watt Architects. To aid the regeneration of the Lower Shankill estate the design tasks for the architects were:

- To create an attractive environment
- To propose uses
- To create a viable infrastructure
- To parcel potential private sites in a marketable way

Further to this, in 2006, a draft Economic Appraisal of the Lower Shankill estate was submitted to the Housing Executive, produced jointly by Williamson Consulting and Whittaker and Watt Architects. The purpose of the economic appraisal was to consider the options for the Lower Shankill estate with a view to addressing housing needs in the area. Eleven options were identified in the draft economic appraisal for the redevelopment and regeneration of the Lower Shankill:

OPTION 1

“Do minimum option” includes leaving the estate as it is but undertaking repairs and modifications to maintain housing fitness where appropriate - 192 properties would need maintenance work (according to the Condition Survey by Whittaker and Watt).

OPTION 2

Maintenance of existing properties plus demolition of voids and property in poor condition and refurbishment of occupied properties in poor condition.

OPTION 3

Maintenance of existing properties, demolition of void and unfit properties, plus making vacant land available to housing associations for social housing (about 200 houses).

OPTION 4

Maintenance of existing properties, demolition of voids and unfit properties, vacant land made available to housing associations for social housing plus demolition of all housing in the Florence sub-area and selling land to Mater Infirmorum Hospital for redevelopment.

OPTION 5

Maintenance of existing properties, demolition of voids and unfit properties, vacant land made available to housing associations for social housing, demolition of all housing in Florence sub-area and selling land to Mater Infirmorum Hospital for redevelopment plus demolition of housing in Malvern sub-area and land sold for private development, thereby assigning 25% of the estate to private housing.

OPTION 6

Maintenance of existing properties, demolition of voids and unfit properties, vacant land made available to housing associations for social housing, demolition of all housing in Florence sub-area and selling land to Mater Infirmorum Hospital for redevelopment plus demolition of housing in Malvern sub-area and land sold to housing associations for social housing.

OPTION 7

Maintenance of existing properties, demolition of voids and unfit properties, vacant land made available to housing associations for social housing, demolition of all the housing in the Florence area and selling the land to Mater Infirmorum Hospital for redevelopment, demolition of housing in Malvern sub-area and land sold for private development plus demolition of all housing in the Hopewell sub-area and selling land for private development, thereby assigning 50% of the estate to private housing.

OPTION 8

Maintenance of existing properties, demolition of voids and unfit properties, vacant land made available to housing associations for social housing, demolition of all housing in Florence sub-area and selling land to Mater Infirmorum Hospital for redevelopment, demolition of housing in Malvern sub-area and land sold to housing associations for social housing plus demolition of all housing in Hopewell sub-area and selling land to housing associations for social housing.

OPTION 9

Maintenance of existing properties, demolition of voids and unfit properties, vacant land made available for private housing, demolition of all housing in Florence sub-area and selling land to Mater Infirmorum Hospital for redevelopment, demolition of housing in Malvern and Hopewell sub-areas with the land sold for private development plus demolition of Boundary sub-area for private development, thereby assigning 80% of the Lower Shankill estate to private development.

OPTION 10

Maintenance of existing properties, demolition of voids and unfit properties, vacant land made available to housing associations for social housing, demolition of all housing in Florence sub-area and selling land to Mater Infirmorum Hospital for redevelopment, demolition of housing in Malvern and Hopewell sub-areas and land sold to housing associations for social housing plus demolition of Boundary sub-area and selling land to housing associations for social housing.

OPTION 11

Full redevelopment including demolition of all sub-areas and selling land for mix of private and social development on the assumption of a 50/50 split for private and social housing.

Subsequently in June 2006 a Health Impact Assessment (HIA) was commissioned by the Housing Executive, in partnership with Belfast Healthy Cities and Investing for Health. This involved local representatives from the area and other agencies including environment, community and voluntary organisations, leisure and advice centres.

At the same time a Community Planning Process for the renewal of the Lower Shankill was commissioned from Colin Buchanon Ltd.

Methodology

The aim of the HIA was to minimise the negative health impacts and maximise the health benefits of the proposed regeneration of the Shankill estate. It examined the health impacts of the eleven options identified in the Economic Appraisal using the following methods:

- A Community profile compiled with support of other partners and stakeholders.
- Interactive stakeholder consultations including a participatory stakeholder workshop, a community event, and three focus group meetings with older people, a women's group and people attending a Shankill Alternatives meeting.
- Desk-top appraisal by the HIA Assessor.
- A report compiled - draft presented to the Steering Group

Prior to conducting the HIA, a community profiling exercise was undertaken to act as a baseline against which the potential impacts of the various options could be measured. The HIA was overseen by a Steering Group made up of local residents, statutory, community and voluntary groups. The tool used during appraisal was one adapted for rapid appraisal techniques. A series of workshops and focus groups were held within the community by Erica Ison, HIA specialist. These included workshop sessions with stakeholders, the local community and focus group meetings with older people, women's' groups and ex-prisoners from the area. The local leisure centre and the primary school were used as venues for these events. In addition, young people from the local primary school took part in a competition to design a poster reflecting their aspirations for the future of their area.

The HIA was submitted for approval to the Department of Social Development alongside the Economic Appraisal in June 2007.



3. Community Profile

A Community Profile was compiled to act as a baseline against which to judge the potential impacts on health and well-being of each of the options identified in the Economic Appraisal for the redevelopment and regeneration of the estate. The Community Profile has been produced as a separate document but a summary of the findings are provided in this report. It showed that the population of the estate is subject to very high levels of deprivation.

Key messages from the community profiling of people living on the Lower Shankill estate:

- More than half the households on the estate are headed by women, and 15% of households are lone parents who have dependent children. However, a quarter of all households are lone adults, and almost a fifth of households are lone older adults.
- A high percentage of people, more than 80%, live in rented property, with more than half of heads of household receiving Housing Benefit, and just over a half receiving Income Support.
- Less than 10% of household heads on the estate are in full-time employment, and in the Shankill 2 super output area 8% of people are unemployed and about two-fifths of people are economically active. Just over a fifth of household heads on the Lower Shankill estate are retired. Two-thirds of households on the estate have a weekly income of £200 or less.
- In the Shankill Electoral Ward, more than two-thirds of people aged 16-74 years have no qualifications, and of those who left school in 2002 only one-fifth went on to further or higher education. Only 1.2% of people are full-time students.
- A fifth of household heads reported that they were permanently sick or disabled, and more than half of the households included one disabled member. Life-expectancy for men and women in the Shankill ward is also lower than that for men and women in Belfast as a whole, and the registrations rate for medical and dental services is lower than that for Belfast as a whole.
- There is poor access to private transport - more than two-thirds of households do not have access to a car or other vehicle.
- A fifth of household heads have had their property vandalised. Just over one-fifth of all recorded offences in the Shankill ward in 2004-2005 were related to criminal damage.
- Although almost one half of household heads said they felt slightly or very ashamed of the image of the estate, half of household heads said they knew most of the people in their neighbourhood and thought their neighbours would look out for one another.

According to the Northern Ireland Measure of Multiple Deprivation (NIMDM2005), people in the Shankill 2 Super Output Area, of which the Lower Shankill estate comprises a large part, are subject to a very high level of deprivation in terms of:

- Health;
- Education and training;
- Crime and disorder;
- Employment and economic activity;
- Income; and
- Living environment.

Although the Shankill 2 Super Output Area ranks well for the domain relating to access to services, stakeholders in the HIA report poor access in terms of obtaining services.

According to the All-Ireland Social Capital and Health Survey, the following factors mean that people are more likely to suffer from poor health and well-being or a diminished quality of life:

- Unemployment;
- Low income;
- Renting in the public sector;
- No formal educational qualifications;
- Negative views about problems in the area; and
- Negative views about services in the area.

From the community profile, these factors are predominant in the lives of people living on the Lower Shankill estate.

It is clear that the residents on the Lower Shankill estate experience many health and other inequalities, and that this community needs to be the focus of interventions to reduce such severe inequalities. Redevelopment and regeneration of the estate could form a substrate for reducing such inequalities.

It is also clear from the community narratives that in the first place the 'Troubles' have had an effect on residents' health and well-being and the conditions in which they live, exacerbating the loss of employment (and income) from the shipyard, engineering works and linen mills. Resident's health and community well-being have also been affected by the Shankill feud.

Narratives reflecting on the health and well-being of Shankill residents

In this section, various narratives are presented that speak to the situation of the people living on the Lower Shankill estate and in the surrounding area. The community narratives are prefaced with perspectives from non-residents who give an external perspective. The first external perspective is that of two journalists describing the vibrancy of the Shankill in 1963, despite the poor housing conditions. The next external perspective is that of public health professionals reflecting on the effect the 'Troubles' have had on the health and well-being of communities in Northern Ireland. Although this perspective applies to many communities, it certainly encapsulates the impact on the community living in the Shankill area.

These external perspectives are complemented by narratives from within the community, in the first instance documenting the effects of the Shankill Feud and in the second instance presenting a compilation of responses from stakeholders involved in various events held during the HIA.

External perspectives

Life on the Shankill Road - journalists' perspective describing 1963

"A poor neighbourhood but thriving with life and industry, it was enjoying the last few years of a golden era. Some 76,000 people were packed into the endless maze of streets stretching from the edge of the city centre to the foothills of the Black Mountain above Belfast. The majority lived in tiny two-up, two-down terraced houses that were up to 120 years old, constituting some of the worst public housing in the United Kingdom. But there was also an intense vibrancy. The Shankill was home to 86 pubs, one for almost every corner (there are just four today). Thousands worked in the Harland and Wolff shipyard three-quarters of a mile away and just as many were employed in the linen mills even closer to home. Within the space of one square mile there were 36 mills, where 9,000 people worked, and the famous Mackie's engineering factory, where 7,500 were employed. Most of the mills were on the Crumlin Road or the Catholic Falls Road. Sandwiched in between was the Shankill, Belfast's second busiest shopping street after Royal Avenue. According to Jackie Redpath, a community worker who has spent all his life in the area, 'It was a place that had this amazing amount of employment opportunities, where a lot of skilled tradesmen lived, where you could shop for everything you needed and with a population that was bigger than Ballymena or Bangor'."

Lister & Jordan

The effects of the Troubles - a public health perspective in 2006

“The 30 years from 1968 onwards, commonly referred to as “the Troubles”, were a period of prolonged violence and civil unrest in Northern Ireland. This violence has had a direct impact on certain aspects of life within the country, most notably the security response and the conduct of politics.

During the last 30 years Northern Ireland has experienced a series of social and economic problems which are directly or indirectly associated with the conflict. Symptoms of these problems include pockets of severe deprivation, long-term unemployment, economic inactivity and a legacy of poor mental and physical health.”

Jordan et al.

Community Narratives

The community narratives presented here give the perspective of those who live on the Lower Shankill Estate or of people from the public and voluntary sectors who serve those living on the Lower Shankill estate.

The community narratives have been drawn from two main sources:

1. Documents produced with the cooperation of the community, giving an insight into the effects of the Shankill Feud; and
2. Responses from participants in the HIA training and consultation events, giving an insight into life on the Lower Shankill estate now.

The effects of the “Shankill Feud”

“...the key date was August 19th 2000 - the date of the Cultural Parade and Festival in the Shankill and the commencement date of the first displacements. The effects of the feud on the community are devastating long-term and multifaceted-tragedy is evident on many levels.

The greatest tragedy is the loss of life and resultant suffering for families ... (The names of the seven dead are listed together with the dates of their death) ... In addition to the loss of life, which was the most obvious aspect of the feud, came the tragedy at community level, which was focused on by the media. From August 19th, families and individuals were forced under threat (or perceived threat) to leave their homes throughout the Greater Shankill area, including the Lower Oldpark area. The feud has divided the community and local people now perceive Agnes Street as the ‘peaceline’ that divides the Upper and Lower Shankill. The scale of the social dislocation in the area is illustrated by the fact that at December 2000 the Northern Ireland Housing Executive’s figures indicated that 239 cases (families and individuals) had been granted A1 intimidation status, which refers to people who had been forced to leave their home as a result of intimidation.

The Housing Executive's figures only define the extent of the problem in relation to the 'displaced'. It is much more difficult to quantify the 'dispersed' i.e. people who stayed with friends or family because they were under threat at their place of residence. The extent to which people were 'distressed' by the events in the Shankill is impossible to quantify at this stage and will form the focus of much of the work to be undertaken by both statutory and community sectors over a number of years."

McGlone, 2001

According to the Greater Shankill 21 Report and Action Plan, the effects of 30 years of conflict in Northern Ireland had been disproportionate in the Greater Shankill area, and in the summer of 2000 ongoing community tension in the area became heightened into a feud during which seven men died, 370 people had to move from their homes and 130 children had to change schools. This upheaval and the intimidation that accompanied it, in addition to the perceived limited response of the statutory agencies, created a situation in which:

"people felt powerless and (it) left a legacy of considerable feelings of hurt and mistrust on the part of community organisations".

The feud also left sharp divisions among community organisations and others.

These narratives were echoed by participants in HIA consultation events, where stakeholders emphasised the "huge" impacts the Troubles have had in the area, including the impact of many people having left the area. Other reasons for people leaving their area included the need to find employment. With the loss of trust in statutory agencies, the net result is a feeling in the community of having been abandoned.

The Community Profiles were compiled using information from three main sources:

- published or publicly available documents;
- NINIS Area Profile: Super Output Area (SOA) Information for Shankill 2 SOA and Ward Information for Shankill Ward 95GG40; and
- public and voluntary and community sector agencies in the area.

From the Neighbourhood Renewal Survey, it can be seen that:

- Almost one-third of household heads have lived on the estate for 21 years or more, and just over a half of household heads have lived on the estate for more than 10 years.
- More than half of household heads are receiving Housing Benefit; just over half are receiving Income Support, and just over one-quarter are receiving Child Benefit.



From the Census 2001, it can be seen that in the Shankill 2 Super Output Area:

- Population density is high when compared with both Belfast and Northern Ireland as a whole.
- One quarter of all households are lone pensioners, and almost one-fifth are lone parents with dependent children.
- The majority of households are in rented property (86%) with less than one sixth being owner-occupiers (14%).

In terms of measures of deprivation in Northern Ireland (NIMDM 2005), Shankill 2 Super Output Area (SOA) ranks as:

- the 2nd most deprived (out of 890) overall;
- the most deprived for education, skills and training;
- the most deprived for health deprivation and disability;
- 6th most deprived for crime and disorder;
- 7th most deprived for employment and economic activity;
- 9th most deprived for income;
- 79th most deprived for living environment; and
- 866th most deprived for proximity to services.

In addition, the Shankill 2 Super Output Area was ranked:

- 11th for the measure of income deprivation affecting children;
- 40th for the measure of income deprivation affecting older people.



In terms of measures of deprivation in Northern Ireland (NIMDM 2005), the Shankill ward ranks as:

- the most deprived (out of 582) overall;
- the most deprived for education, skills and training;
- the most deprived for health deprivation and disability;
- 3rd most deprived for employment and economic activity;
- 5th most deprived for income;
- 12th most deprived for crime and disorder;
- 32nd most deprived for living environment; and
- 575th most deprived for proximity to services.

As indicated earlier the following factors are important in determining poor health and well being:

- Unemployment;
- Low income;
- Renting in the public sector;
- No formal educational qualifications;
- Negative views about problems in the area; and
- Negative views about services in the area.

It is clear from the community profile that these factors are prevalent in the Lower Shankill and that intervention should seek to reduce the causes of deprivation. Redevelopment and regeneration can become a catalyst for reducing the inequalities being experienced by residents of the estate.

Issues affecting the health and well-being of people on the Lower Shankill estate now - identified by stakeholders involved in the HIA training:

- The heart of the community has been torn, it is broken.
- People living on the Lower Shankill have low self-esteem, they don't feel valued.
- People from outside the Lower Shankill think:
 - it's a "ghetto";
 - it's rubbish;
 - it's paramilitary inspired and run.
- There is a need to get rid of the existing image of the estate and to raise perceptions of the estate, building people's self-esteem and confidence in the process.
- There are un-owned spaces throughout the estate, which are home to rats and are littered with broken glass. Rubbish and litter either collects or is dumped in these un-owned spaces.
- There are derelict buildings on the estate, and some buildings are not fit-for-purpose. Some of the housing on the estate is of poor quality.
- There is a high rate of unemployment for both young and old on the estate, and people living on the estate lack money. There is potential to improve the disposable income available to people.
- Teenage pregnancies are an issue on the estate.
- There is a problem with alcohol and drug use by young people on the estate. Prescription drug use is also a problem for some people on the estate, and many people have a smoking habit.
- Cars pose a problem as a result of:
 - speeding;
 - parking;
 - air pollution.
- There is also a problem with the use of quad bikes which are especially troublesome to older people and increase the risk of injury to children and young people.
- The cost of transport can limit people's access to facilities.
- Education is not a high priority for many people on the estate because they have to deal with so many other things in their lives. However, there is an active parents group at Malvern Primary School, and the school has been doing drugs education with the children but the quality of school buildings needs to be improved.
- The way the Shankill Leisure Centre is used is positive for health and well-being.
- There are takeaways in the area, selling fast food, and there is a need to encourage people to eat healthily.
- Access to services is generally poor on the estate. It can take a long time to get appointments with primary care and other health professionals in particular. This is in direct contradiction with the Northern Ireland Multiple Deprivation Measure (NIMDM2005) which rates the Shankill 2 Super Output Area as having good access to services. However, it is important to bear in mind that the NIMDM2005 indicates only proximity to services but does not reflect availability and accessibility.



4. Aims and Objectives for the HIA

The aims and objectives for the HIA of the redevelopment and regeneration of the Lower Shankill Estate are outlined below.

The values agreed for the HIA were:

- Health protection and health improvement.
- Equity.
- Social/community cohesion.
- Participation.
- Partnership.
- Sustainability.

Aims

- To identify the potential impacts on health and well-being of the possibilities for redevelopment and regeneration of the Lower Shankill estate.
- To identify ways to address the potential impacts on health and well-being of the possibilities for the redevelopment and regeneration of the Lower Shankill estate.
- To submit the results of the HIA to the Housing Executive for consideration in conjunction with the outcomes of the Economic Appraisal of the options for the Lower Shankill estate.
- To align the results of the HIA with other processes affecting the Lower Shankill estate, including Belfast Regeneration Office's Masterplanning exercise.
- To use the results of the HIA to influence the development of the of the Health Improvement Plan for North and West Belfast.
- To identify the implications of the conduct of this HIA for the use of the methodology on non-health policies in Northern Ireland as a whole.

Objectives

- To provide interactive HIA training to stakeholders in the HIA, including residents.
- To liaise with Colin Buchanan and Co. in the skills development of residents on the Lower Shankill estate with respect to healthy urban planning.
- To run a community event to help identify potential impacts on health and well-being of the redevelopment and regeneration of the Lower Shankill estate.
- To run a participatory stakeholder workshop to help identify potential impacts on health and well-being of the redevelopment and regeneration of the Lower Shankill estate.
- To involve the Management Team and Steering Group members in the negotiation with decision-makers at the Housing Executive about ways to address the potential impacts on health and well-being of the preferred option for Lower Shankill estate.
- To identify the suggestions from the HIA that could be incorporated into the Development Brief for the redevelopment of the Lower Shankill estate.
- To evaluate the process of the HIA.
- To evaluate the effectiveness or "impact" of the HIA.
- To instigate an Implementation Group responsible for monitoring the acceptance and implementation of suggestions arising from the HIA.



5. Effects of redevelopment and regeneration on health and wellbeing

Stakeholders saw the positive effects of regeneration as an improved reputation and image for the estate coupled with giving residents a sense of hope and renewal particularly linked to being able to keep young people in the area.

Improved housing conditions and the increased availability of affordable housing were seen as very positive as were any potential employment opportunities either from the redevelopment or from job creation. Coupled with employment opportunities was the need for and positive effect of meaningful skills development and training for the community. Tourism could help to expand the local economy, increasing economic sustainability in the area.

The potential for green and open spaces in a renewed environment was welcomed as positive for health and well-being, as was improved access to services from facilities that could be brought onto the estate, e.g. health. The need to retain the school was emphasised as not only positive for existing residents but as an attractive feature for any new residents.

New residents on the estate were viewed as positive for health and well-being if they are willing to invest in the community, generating social support and increasing the sustainability of the estate.

Concerns about the negative impacts on health and well-being were several, including the decanting and potential displacement of existing residents during redevelopment. For those residents who are to be re-housed on the estate, the negative impact of increased rents was highlighted, especially as average incomes are low for the majority of residents, many of whom are receiving means-tested benefits. Less disposable income for people could mean exacerbating pre-existing fuel and/or transport poverty or causing some residents to experience them for the first time. A factor that could exacerbate this situation would be if new private sector housing on the estate was purchased for buy-to-let schemes.

An increase in private sector housing on the estate could also lead to an increase in land values and house prices, which may mean that existing residents are ultimately displaced from the estate. The influx of new residents could also have a negative effect on community cohesion through tension between existing and new residents; the nature of effect will depend on the amount of private housing introduced, its location and design.



6. Appraising the different options for the Redevelopment and Regeneration of the Lower Shankill Estate

This section shows the potential effects on health and well-being of the 11 different options for redevelopment and regeneration of the Lower Shankill estate.

Having identified the nature of the potential impacts on health and well-being, the HIA Assessor also worked out how many people might be affected by aspects of the redevelopment and regeneration of the Lower Shankill estate, such as decanting and displacement.

Key messages from the 'evidence base' about regeneration and health

Although regeneration and environmental improvement can have a beneficial influence on people's health and well-being, the outcomes of redevelopment and regeneration can be negative, including:

- Gentrification and displacement;
- Social exclusion and reduced social cohesion;
- Reduced income; and
- Employment in low-quality jobs.

All these outcomes will have a harmful or negative impact on health.

Therefore, it is important to tailor such interventions to ensure that the target communities benefit as well as any people who become part of the community after the intervention has been implemented, for instance, developing regeneration and economic development strategies that address social inequalities, such as:

- Providing good-quality housing regardless of income, improving working conditions, and developing health promotion programmes sensitive to the perceptions and needs of people in lower socio-economic groups;
- Reducing income inequalities and promoting educational achievement for children from families with lower socio-economic status;
- Strengthening primary care in deprived neighbourhoods and securing accessibility to good-quality healthcare regardless of income;
- Providing decent illness benefits and supporting the school career of children with chronic diseases.



7. Key messages from the HIA assessor's appraisal of the 11 options for the redevelopment and regeneration of the Lower Shankill Estate

IN OPTION 1, the maintenance of existing properties is not enough to address the severe health and other inequalities experienced by existing residents on the estate but it may prevent further deterioration of health and well-being.

IN OPTION 2, the maintenance of existing properties and the demolition of voids is not enough to address the severe health and other inequalities, although for some residents whose properties will be refurbished there will be changes to housing conditions that could lead to some improvements in self-reported health (both mental and physical) but any improvements will depend on the amount of control they want to have and actually have over the housing renewal.

IN OPTION 3, the maintenance of existing properties and the demolition of voids are not enough to address the severe health and other inequalities experienced by existing residents on the estate, but depending on the control over housing renewal, the refurbishment of some properties will lead to self-reported health improvements for some. However, with the build of new social housing on the Central Open Area, there will be an increase in the availability of social housing providing good housing conditions for non-residents on the waiting list in need of accommodation, which could lead to improvements in their self-reported health. It is not known whether it will be possible for residents in other sub-areas in the estate to transfer to the new social housing in the Central Open Area.

IN OPTION 4, the sale of land to the Mater Infirmorum Hospital will displace residents from the Florence sub-area permanently, even if that displacement is to another part of the estate. There could be disruption to social networks and support, affecting community cohesion. The health and well-being of residents in the Florence sub-area may be affected by this disruption, although some of these effects could be offset by the improvements to their housing conditions. Disruption from the impacts of construction will affect the health and well-being of all residents on the estate but predominantly those living in the vicinity of the Florence sub-area, although these effects may be short term. Depending on the use to which the hospital puts the land, there may be impacts over the long term from noise and traffic. (See also Option 3 for the impacts on health from building social housing on the Central Open Area.)

IN OPTION 5, the sale of land in the Malvern sub-area for private housing will bring an influx of owner-occupiers and private tenants and increase the diversity of socio-economic groups on the estate, which could boost the local economy although this may not immediately affect the health and well-being of existing residents. According to the

Final Report of the Review into Affordable Housing, regeneration works best in mixed-income, mixed-tenure communities. However, there is the possibility of tension between existing residents and new residents, which could affect levels of social contact, support and interaction influencing community cohesion with the two social groups remaining separate. This option means partial gentrification of the estate, which could lead to some people leaving the area. Gentrification appears to reduce the health and other inequalities experienced by residents on the estate, but this effect is mediated mainly through the introduction of people whose health and well-being is better than that of the pre-existing community without necessarily improving the health of the whole community or the vulnerable groups within it.

In the short term, there will be disruption to all residents during construction affecting health and well-being, and there will be negative impacts on health of social housing residents through decanting residents from the Florence and Malvern sub-areas, although decanting could be accommodated on site if the Central Open Area is built first. (See also Option 3 for the impacts on health from building social housing on the Central Open Area and Option 4 for impacts relating to the sale of land to the Mater Infirmorum Hospital.)

IN OPTION 6, the sale of land in the Malvern sub-area for social housing will bring an influx of a greater number of social housing tenants which will expand the community. This has the potential to increase its sustainability in terms of social cohesion, although there could be tension between new and existing residents (as for Option 3). As for Option 5, there will be negative impacts on health through disruption from construction in the short term, together with decanting for residents in the Florence and Malvern sub-areas. However, there will be positive impacts on health and well-being for people on the waiting list able to move into the new social housing on the estate, mediated through improvements to housing conditions and the environment. (See also Option 4 for impacts relating to the sale of land to the Mater Infirmorum Hospital.)

IN OPTION 7, the sale of land in the Malvern and Hopewell sub-areas for private housing will bring a greater influx of owner-occupiers and private tenants and increase the diversity of socio-economic groups on the estate, which could boost the local economy although this may not immediately affect the health and well-being of existing residents. As mentioned under Option 5, Semple states that regeneration works best in mixed-income, mixed-tenure communities. However, there is the possibility of tension between existing residents and new residents, which could affect levels of social contact, support and interaction influencing community cohesion with the two social groups remaining separate. This option increases the level of gentrification on the estate, which could lead to some people leaving the area. Moreover, in Option 7, the greater level of gentrification will mask the level of health and other inequalities of existing residents to a greater extent.

For new residents, whether social or private housing residents, there will be good-quality housing conditions and surrounding environment to help maintain or improve levels of health. For existing social residents, although some will experience improvements to housing conditions and all of them will benefit from an improved environment overall, this will probably not be sufficient to reduce the health and other inequalities gap currently experienced by this community, especially given the impacts from decanting for residents

in three sub-areas. For all residents, there will be positive impacts on health and well-being through the introduction of a play area/village green, although to avoid negative impacts (e.g. antisocial behaviour) there needs to be appropriate management of this space. In addition, there could be increased levels of accessibility and movement throughout the estate as a result of the improved road structure, but to avoid negative impacts (e.g. community severance and increased risk of road accidents) traffic management needs to be undertaken. In the short term, there will be disruption to all residents during construction affecting health and well-being, although those who are healthier will cope better with these impacts.

The negative impacts on health of decanting social housing residents will affect residents from the Florence, Malvern and Hopewell sub-areas, although the majority of decanting could be accommodated on site if the Central Open Area is built first. There is also the possibility that a few social renting households will be displaced from the estate permanently given the level of increase in private housing and small loss of social housing under this option. It is not clear whether the location to which these households will be displaced will be of greater or lesser quality, but there will be effects on health mediated through loss of social contact, support and interaction on displacement. (See also Option 4 for impacts relating to the sale of land to the Mater Infirmorum Hospital.)

IN OPTION 8, the sale of land in the Malvern and Hopewell sub-areas for social housing will bring an influx of a greater number of social housing tenants which, as for Option 6, will expand the community and has the potential to increase its sustainability in terms of social cohesion, although there could be tension between new and existing residents (as mentioned under Option 3). For all residents, there will be negative impacts on health through disruption from construction in the short term, together with decanting for residents in the Florence, Malvern and Hopewell sub-areas. If the Central Open Area is built first, only a few social households may need to be decanted off site. However, there will be positive impacts on health and well-being for people on the waiting list able to move into the new social housing on the estate, mediated through improvements to housing conditions and the environment. (See also Option 4 for impacts relating to the sale of land to the Mater Infirmorum Hospital, and Option 7 for those relating to a new road structure and the introduction of a play area/village green.)

IN OPTION 9, the sale of the land from the Central Open Area and the sub-areas of Malvern, Hopewell and Boundary for private housing gives the greatest increase in private housing of any of the options, and will lead to a substantial loss of social housing and therefore the displacement of a large number of social households from the Lower Shankill estate. The estate will be dominated by private housing and this level of gentrification will not address the health and other inequalities, either of the remaining social residents who will be "ghetto-ised" on the margins of the estate, or the social residents who will need to be moved permanently - it is not known to what conditions or circumstances these households will be moved. (See also Option 4 for impacts relating to the sale of land to the Mater Infirmorum Hospital, and Option 7 for those relating to a new road structure and the introduction of a play area/village green).

IN OPTION 10, the sale of land in the Malvern, Hopewell and Boundary sub-areas for social housing will bring a large influx of social housing tenants which, as for Options 6 and 8, will expand the community and has the potential to increase its sustainability in terms of social cohesion, although there could be some tension between new and existing residents (as mentioned under Option 3).

For all residents, there will be negative impacts on health through disruption from construction in the short term, together with decanting for residents in the Florence, Malvern, Hopewell and Boundary sub-areas. However, even if the Central Open Area is built first, a large number of social households may need to be decanted off site. However, there will be positive impacts on health and well-being for people on the waiting list able to move into the new social housing on the estate, mediated through improvements to housing conditions and the environment. (See also Option 4 for impacts relating to the sale of land to the Mater Infirmorum Hospital, and Option 7 for those relating to a new road structure and the introduction of a play area/village green.)



IN OPTION 11, the total demolition of the estate with almost 60% of the housing being re-built and designated for social housing, will have similar impacts on health and well-being as Option 7 in terms of social mix on the estate, with the potential to boost the local economy. However, all residents will be living in an improved environment and in good-quality housing conditions, and there may be an opportunity to avoid a differentiation between social housing and private housing residents, which may mitigate against possible tensions between these different social groups and the effects that may have. However, the level of gentrification will mask the health and other inequalities experienced by existing residents.

Depending on the nature of the re-build, residents in the area will be affected by construction impacts. There will probably be a need for decanting of existing residents, but it is not clear whether some of this will be off site. See also Option 7 for impacts relating to a new road structure and the introduction of a play area/village green. NB: There will be no loss of land to the Mater Infirmorum Hospital; therefore it is possible to retain the integrity of estate boundaries, which may act positively on the sense of belonging and identity for pre-existing residents.

Key messages from the calculation of how many people will be affected by particular aspects of the redevelopment and regeneration of the Lower Shankill Estate:

- The availability of social housing over that available in Option 2 increases with Options 3, 4, 5, 6, 8 and 10, decreases with Options 7 and 9 and remains virtually the same with Option 11.
- The availability of private sector housing increases with Options 5, 7, 9, and 11.
- There is a need to move households with Options 4, 5, 6, 7, 8, 9, 10 and 11.
- If the Central Open Area is built on before any sub-areas of the estate are sold and the housing demolished, there is capacity to decant households on site with Options 4, 5, and 6.
- Even if the Central Open Area is built first, there will be a need to decant households off site with Options 8 and 10, and there will be displacement of social housing tenants with Options 7 and 9, although the numbers will be small with Option 7.



Key messages from the stakeholder suggestions to protect and improve health and well-being through the redevelopment and regeneration of the Lower Shankill estate.

In a rapid prioritisation exercise during the participatory stakeholder workshop, the following issues were of most concern to the stakeholders represented. The issues have been presented in order of prioritisation:

- The need for communication and consultation about the plans for redevelopment and regeneration of the Lower Shankill estate which involves residents (tenants and owner-occupiers) from the outset.
- The need to take a staged approach to redevelopment and regeneration.
- The need to provide a training and skills development programme for residents on the estate.
- The need for affordable housing for both people interested in owning a home and people interested in renting their home.
- To use the model of working through community organisations when consulting/ liaising with residents, e.g. the Tudor Residents Association model.
- The need for well-maintained green and open spaces to be incorporated into the redevelopment and regeneration of the estate from the outset.

- The uses to which money from any sales of land previously part of the Lower Shankill Estate would be put - stakeholders wished to see that money being re-invested in the estate.
- The need to give existing owner-occupiers a guaranteed right of first choice of purchase on the redeveloped estate.
- The need to build on the Central Open Area first during redevelopment in order to reduce the number of moves that some households may need to make (i.e. one instead of two).
- The need to move people within their social networks.
- The need to keep the Malvern Primary School on the estate.
- The need for a play area.
- Restructuring of the estate to provide a village environment that includes shops.
- Designing the estate environment to reflect Belfast as a city.
- The need to develop a coherent road structure or hierarchy, as long as appropriate and effective traffic calming or management measures are put in place to prevent the estate becoming a rat run and/or a car park for non-residents.
- The need to create jobs for residents in the Lower Shankill estate.
- The need to improve safe access to the Leisure Centre from the estate.
- The need to provide residents with a house for a house with the redevelopment of the estate.



The HIA Assessor made six suggestions to address the health and well-being impacts of the redevelopment and regeneration of the Lower Shankill Estate.

1. The Lower Shankill - a focal point for policies, strategies and Masterplans Relevant to all options

During the HIA, it became clear that the Lower Shankill area was the focus for various Government and public sector initiatives or was in the vicinity of other Masterplanning initiatives. In this situation, it is vital that there is liaison, co-operation and partnership working among the various agencies, consultancies and developers in order that the best interests of the community are served, including their health and well-being.

The Semple Report has argued for the development of an over-arching strategic framework for regeneration activities in Northern Ireland led by the Department for Social Development (DSD), with input from both central and local government and the private and voluntary sectors. If implemented, this framework would be of benefit with respect to the Lower Shankill estate, and the approach that the Housing Executive is taking to try and coordinate these various initiatives is to be commended and supported.

In the absence of such a framework at the time of writing, the Housing Executive is asked to consider liaising, or continuing to liaise, with the relevant agencies involved in:

- the Masterplanning process of 5 deprived areas being led by DSD;
- the Arterial Routes Strategy;
- the Masterplanning process for the North West Quarter of Belfast City Centre being led by DSD; and
- the Masterplanning process for the Crumlin Road Gaol site.

This liaison should identify the synergies among these various strategies and processes and seek to exploit them for the betterment of the quality of life of residents on the Lower Shankill estate.

The Housing Executive is also asked to consider making available the results of the HIA to the agencies involved in these various strategies and processes in order to identify synergies that will protect and improve the health and well-being of residents on the Lower Shankill estate.

2. Affordable Housing

Relevant to Options 3, 4, 5, 6, 7, 8, 9, 10 and 11

The need for affordable housing in the redevelopment and regeneration of the Lower Shankill estate was not only one of the issues prioritised during the stakeholder participatory workshop but also one of the issues that was mentioned repeatedly by participants in other HIA consultation events.

In the draft Economic Appraisal, it has been reported that the demand for social housing on the Lower Shankill estate is low. However, the demand for social housing on the Lower Shankill may be low because of the prevailing condition not only of the estate but also of some of the housing. Therefore, it may not be valid to argue that demand would be low if the quality of social housing and the estate environment were improved, as would be the case in several of the options presented in the draft Economic Appraisal (Options 3, 4, 5, 6, 7, 8, 10 and 11). Care needs to be taken when using the argument of low demand for social housing on the Lower Shankill estate to justify increasing the level of private housing, especially to the levels suggested in Option 9 where private sector housing dominates the estate and social housing is limited to the margins of the estate along the Westlink boundary. It is important to reflect future demand rather than historical demand based on conditions and/or circumstances that may no longer be relevant.

It would be possible to develop a cross-tenure affordability model for the Lower Shankill estate, including:

1. Social housing;
2. Low-cost owner-occupation;
3. Low-cost private renting.

In the Final Report of the Review into Affordable Housing, Sir John Semple stated that pilot schemes of affordable houses suitable for intermediate tenure through co-ownership could be brought forward at an early date for some of the Masterplanning sites in Belfast and several other strategic sites, such as former military bases in the Northwest of Northern Ireland. Semple states that intermediate housing schemes may have a role to play as part of regeneration plans in areas of low demand, even when needs-based assessment shows there may be a limited intermediate housing market for an area as a whole.

The Housing Executive are asked to consider both of these suggestions in order to increase the level of social and affordable housing in the Lower Shankill area.

3. Creation of employment opportunities

Relevant to all options

The Housing Executive are asked to consider, as part of the regeneration through the creation of employment opportunities for local residents on the Lower Shankill estate, the possibility of encouraging, establishing and supporting a Community Interest Company (CIC), which “offers a flexible business model for social enterprise” but that has special features to ensure the company is working for the benefit of the community. The support of one or more CIC could contribute to increasing the sustainability of the estate and boosting the local economy, as well as increasing the skills base of individuals within the community.

4. Construction impacts

Relevant to Options 3, 4, 5, 6, 7, 8, 9, 10 and 11

The Housing Executive are asked to consider asking any housing association or private developer involved in building housing on a redeveloped Lower Shankill Estate to abide by a Code of Construction Practice that includes measures to minimise, reduce or avoid the negative impacts on health and well-being associated with the disruption experienced by residents during any construction phases.

The health and well-being of contractors involved in the redevelopment could be incorporated in a Contractor's Health & Safety Plan.

5. Sustainable construction

Relevant to Options 3, 4, 5, 6, 7, 8, 9, 10 and 11

The Housing Executive are asked to consider promoting sustainability in the physical renewal of the Lower Shankill Estate by specifying sustainable construction criteria/standards for the re-build of the estate, and by adhering to the Lifetime Homes concept.

6. The natural environment in urban areas

Relevant to Options 3, 4, 5, 6, 7, 8, 9, 10 and 11

In addition to stakeholder suggestions about the introduction of green space and open spaces, the Housing Executive is asked to consider improving the natural environment in the redevelopment of the Lower Shankill Estate, including the possibilities for introducing:

- Sustainable drainage systems (SuDS) - ponds, ditches and grassed areas that mimic natural drainage, and reducing surface run-off;
- Green roofs - planting vegetation in special membranes to provide a protective layer of insulation, aiding drainage and increasing wildlife habitat in urban areas;
- Roadside trees - providing shade, reducing glare and the heat island effect, removing air pollutants and providing amenity and habitats for wildlife.

Recommendations from the other appraisals and community planning processes.

In the draft Economic Appraisal, Williamson Consulting recommends the implementation of Option 7.

The report produced by Colin Buchanan Ltd on the outcomes of the community planning process for the renewal of the Lower Shankill recommends the introduction of 70% private sector housing on the estate, with the remaining 30% being social housing. This working recommendation most closely resembles Option 9 in the draft Economic Appraisal, where the proportion of private sector housing would be 74%.



8. Conclusion

Which option is best for Health and Well-being?

Choosing which option is best for health and well-being needs to be considered in the context of:

- Other priorities for the Housing Executive.
- Other proposals affecting the area.
- Changing context in Northern Ireland - increasing house prices, Semple Review on Affordable Housing, Review of Public Administration, devolution and power-sharing, Comprehensive Spending Review.

It also depends on what the Housing Executive wants to do:

- Physical renewal or social and physical renewal.
- Supporting existing social households, potential social householders or the private sector.
- Increasing the availability of social housing or the availability of private sector housing and possibly decreasing the availability of social housing and displacing social housing residents.
- Increasing the degree of mixed tenure or maintaining the current profile of residents.

When selecting the option for implementation on the Lower Shankill estate, decision-makers must address the following:

- Whether the Housing Executive is seeking to undertake physical redevelopment and regeneration of the estate alone or physical redevelopment and regeneration together with social renewal.
- Within this consideration, whether the Housing Executive is seeking to reduce health and other inequalities of existing residents as part of social renewal or whether social renewal is seen in terms of introducing other social groups in private sector housing alone, which could mask health and other inequalities in the community.
- If social renewal is to be targeted at existing residents (rather than simply an influx of new residents), whether the Housing Executive is prepared to include strategies that actively address the health and other inequalities as part of the redevelopment and regeneration of the estate, e.g. the development of a training and skills development programme and the creation of job opportunities for residents.
- Whether the Housing Executive is seeking to increase the availability of social housing or to increase the availability of private housing.
- Within this consideration, whether the Housing Executive is seeking to increase the availability of social housing within the context of mixed-tenure mixed-income communities.
- Within this consideration, whether the Housing Executive is seeking to increase private sector housing at the expense of social housing residents.

Key aspects of the HIA analysis show that:

- Decanting of residents occurs with Options 4-11.
- The capacity to decant residents on site (i.e. on the Lower Shankill estate) if social housing is built first on the Central Open Area before any sub-areas in the estate are demolished is available under Options 4, 5 and 6. The majority of residents can be decanted on site with Option 8, but some social housing households may need to be decanted off site. A larger number of social housing residents may need to be decanted off site with Option 10. There are not enough details about Option 11 to make a statement about what will happen should that option be implemented.
- Thus, there is a need to decant residents off site for Options 8 and 10.
- There may be displacement of some social housing households with Option 7. However, Option 9 does involve displacing from the estate a large number of social households (over 100). Although there are not enough details about Option 11 to make a statement about what will happen, it is unlikely this option will involve displacement of social housing residents.
- An increase in the availability of social housing occurs with Options 3, 4, 5, 6, 8 and 10.
- An increase in private sector housing occurs with Options 5, 7, 9 and 11.
- There is a loss of social housing with Options 2, 7 and 9.
- The introduction of mixed tenure at a greater level than currently exists on the estate occurs with Options 5, 7, 9 and 11.
- There is an improvement in housing conditions with all options but the greatest improvements for social housing residents occurs with Options 3, 4, 5, 6, 7, 8, 10 and 11 because these involve new build for social housing, although some options will affect greater numbers of people than others (e.g. Options 6, 8 and 10).
- There is some environmental improvement with Options 3 and 4, and greater environmental improvements with Options 5 and 6. However, the greatest environmental improvements occur with Options 7, 8,9,10 and 11.

In conclusion:

- It is inadvisable to choose Options 1,2 or 9.
- Options 3,4 or 5 offer very little to existing social households apart from some improvements to environment but do increase social housing availability.
- Options 6,8 and 10 offer improved conditions in housing and environment to existing social households and increase social housing but do not increase mixed tenure.
- Option 7 offers improved conditions in housing and environment to existing social households - there could be some displacement - but it also increases mixed tenure and offers greater improvements in environment that existing residents want; it does not increase availability of social housing.

At the date of publishing both the Economic Appraisal and Health Impact Assessment are still with DSD for consideration.

Options

Option 1

Will not redress causes or effects of multiple deprivation on health.

Option 2

May show some health improvement for some residents but again will not redress causes or effects of multiple deprivation on health.

Option 3

Increases the availability of social housing and will show health improvements for new residents.

Option 4

Involves loss of land to the Mater affecting social cohesion but some health improvements from new housing.

Option 5

Introduces a degree of mixed tenure which may affect social cohesion but may improve the environment.

Option 6

Increases the availability of social housing and will show health improvements for new residents and existing residents - there will be some improvements to the environment.

Option 7

Introduces a greater degree of mixed tenure which may affect social cohesion but there will be considerable improvements to environment.

Option 8

Increases availability of social housing and will show health improvements for new residents and existing residents with considerable improvements to environment.

Option 9

Involves displacement of at least 100 social households with effects on the health of displaced and remaining social tenants - estate becomes predominantly private housing.

Option 10

Increases availability of social housing and will show health improvements for new residents and existing residents with considerable improvements to the environment.

Option 11

Enables all social households to remain on estate and will improve environment and housing conditions for all but it will cause the greatest disruption.



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