

**A DESK-BASED HEALTH IMPACT
ASSESSMENT OF THE RESIDENTIAL
RELOCATION CORE DOCUMENT FOR
LIVERPOOL**

FINAL

November 2006

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**Debbie Abrahams
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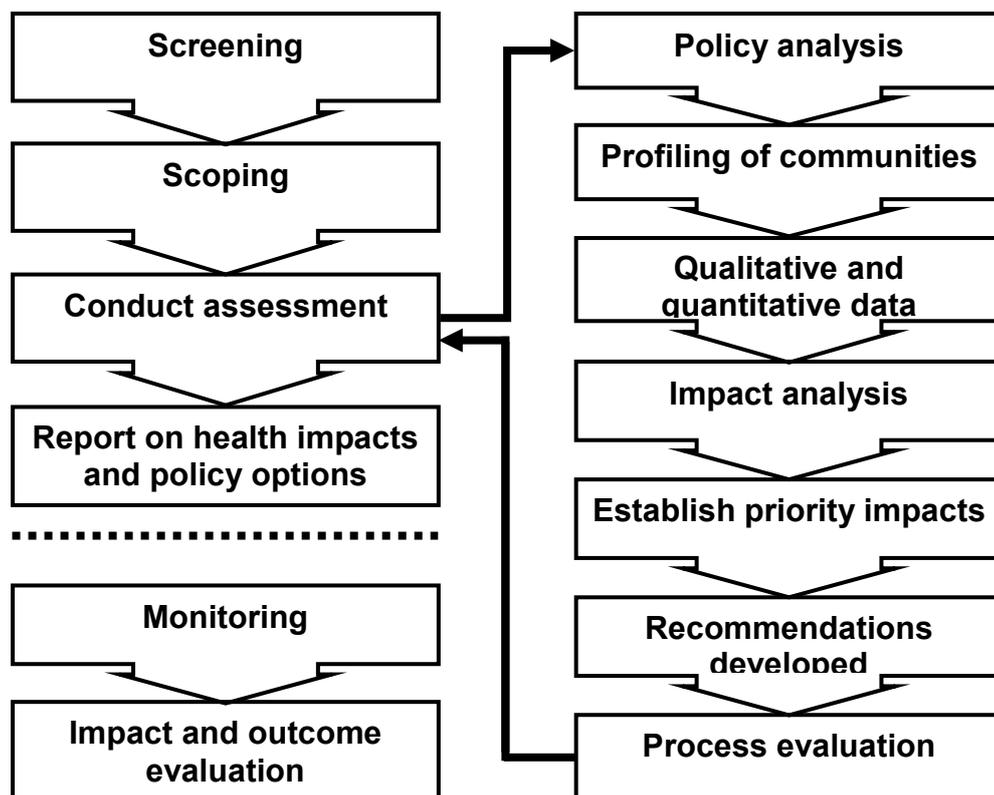
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Introduction

This report describes the potential health effects of residential relocation as described in the Residential Relocation Core Document (RRCD) on the population of Liverpool, as identified from a desk-based health impact assessment. Health Impact Assessment (HIA) is concerned with improving health and reducing health inequalities. HIA can be of different depths and durations; for pragmatic reasons this HIA was undertaken as a desk-based exercise in the first two weeks of June 2006. Although a strategy of this significance would ideally be subject to a more comprehensive assessment (Figure 1), it has been possible to make a number of general points about the RRCD which will hopefully 'add health value' to decisions regarding residential relocation associated with housing clearance, the ultimate purpose of a HIA.

This work was commissioned by Liverpool City Council (LCC).

Figure 1 A generic HIA methodology (Abrahams et al, 2004)



Aim and objectives of the desk-based HIA

To identify and assess the health effects of the draft RRCD produced in ???.

In particular,

- ◆ To identify the main impacts of the proposals on key health determinants, e.g., personal income, social support, in qualitative terms
- ◆ To describe the potential impacts of the proposals on the health and well being of the population in broad qualitative terms
- ◆ To describe the potential impacts of the proposals on health services in broad qualitative terms
- ◆ To describe the differential distribution of impacts across the population in Liverpool, e.g. population sub-groups (women, children, BME groups, older people, people with disabilities)
- ◆ To identify priority impacts resulting from the RRCD proposals
- ◆ To make recommendations to Liverpool City Council

Methods

The timescales associated with the formal consultation of the RES were such that a desk-based HIA was undertaken including the following methods:

Policy analysis

Review the RRCD and analyse against the following criteria:

- ◆ Policy development
- ◆ Policy content
- ◆ Policy implementation
- ◆ Health impact analysis in policy planning ('health proofing')

Profiling

Collect and review key statistics for Liverpool, with particular reference to the 'Heartlands' Regeneration area of Liverpool

Literature and document analysis

Search, collect and review data from the literature and other sources, e.g., literature on the effects of residential relocation (voluntary and involuntary), residential relocation programmes and recommended good practice, supporting policy documents such as the City-wide Order of Priorities, Housing Market Renewal (HMR) Delivery Plan

Impact analysis

Identify evidence of impacts from all the data collated and to characterise the potential health impacts from these in terms of health determinants affected and the potential effects on health outcomes and health services.

Limitations of the study

There is a necessary compromise between brevity and rigour in any study and this one is no exception. In particular, the lack of participatory approaches, opportunity to access a broader evidence base, to undertake a more up to date and comprehensive health profile, and to explore modelling the health effects of key scenarios would have added to the rigour of this work.

Policy Analysis

The RRCD is Liverpool City Council's strategy for supporting residents affected by housing clearance programmes. The City Council has led the development of the strategy in partnership with the main housing agencies. The RRCD aims to provide this support by focussing on the following:

Table 1 Contents of the RRCD
CITY-WIDE ORDER OF PRIORITIES
Aim: To provide a mechanism for meeting rehousing needs of residents arising from HMR clearance programmes
<p><i>Key objectives:</i></p> <ul style="list-style-type: none"> ◆ Identify the scale of rehousing supply (through LCC and Registered Social Landlords (RSLs) and demand from residents in the Liverpool HMR area ◆ Define the individual rehousing and relocation needs of potentially displaced residents ◆ Identify the phasing for release of land for redevelopment and resident relocation ◆ Define priorities and processes for the equitable allocation to rehousing/relocation regardless of tenureship
'LIFE' MODEL
Aim: To develop and implement a collaborative approach to housing market restructuring and the comprehensive management of the four zones of Liverpool's HMR 'inner core' area with the City Council, RSLs and other stakeholders.
<p><i>Key objectives:</i></p> <ul style="list-style-type: none"> ◆ Lead - Identify a lead RSL for each of the four zones, including co-ordinating decanting/rehousing ◆ Influence – RSLs with stockholdings in the zone influence what happens in the zone ◆ Follow – RSLs collaborate to deliver the agreed direction ◆ Exit – RSLs agree to exit from areas as part of a rationalisation agenda (ownership/stock transfer and/or management)
COMMUNICATION AND CONSULTATION WITH RESIDENTS
Aim: To consult with residents affected by Compulsory Purchase Orders (CPOs) in Liverpool, providing information and support during the relocation process.
<p><i>Key objectives:</i></p> <ul style="list-style-type: none"> ◆ Engage with residents to define housing demolition/improvement requirements and regeneration needs of the area ◆ Develop/implement a range of mechanisms to maintain communication with communities at neighbourhood levels ◆ Discuss and define individual rehousing needs of all residents affected by CPO or housing improvement with support officers
RELOCATION SUPPORT FOR RESIDENTS
Aim: To provide a range of relocation options for residents affected by CPOs
<p><i>Key objectives:</i></p> <ul style="list-style-type: none"> ◆ Pool and provide social housing units across Liverpool from RSLs and City Council ◆ Purchase (City Council) additional residential units adjacent to clearance areas for rehousing needs ◆ Make available new or refurbished units to displaced families ◆ Provide different tenureship options to displaced families – social rented or purchase ◆ Provide a range of financial products to existing home owners and to potential home owners to facilitate affordable rehousing
'LIVING THROUGH CHANGE' PROGRAMME
Aim: To develop and implement a comprehensive area-based approach to restructuring the housing market, regenerating neighbourhoods and supporting residents
<p><i>Key objectives:</i></p> <ul style="list-style-type: none"> ◆ Support people – retain existing residents, attract new residents, implement anti-crime measures ◆ Manage the environment – implement measures to address environmental decline, eg managing vacant sites, fly-tipping, vandalism, graffiti ◆ Deal with properties – acquire properties, secure/manage voids, demolish blight properties, refurbish some acquired properties, target hardening for properties adjoining

The draft RRCD is a compilation of several City Council strategic documents, e.g., the City-wide Order of Priorities, the 'LIFE' model. It attempts to bring these together to demonstrate a comprehensive, seamless approach to residential relocation. However there are some issues concerning presentation and content that need attention.

There was very little background and context of either the RRCD or its constituent strategies, including reference to the information and assistance requirements under the 2002 Regulatory Reform Order. The scope of the RRCD was unclear; it refers to resident relocation due to HMR clearance but also refers to consultation concerning CPO and demolition prior to HMR. Similarly there was a lack of data *summarising* the scale and needs of the residents that will be potentially displaced in Liverpool as a result of the HMR clearance, although the data defining *individual* resident needs are acknowledged. The aims and objectives of the RRCD and constituent strategies varied in their clarity – the summary of the aims and objectives in table 1 involved considerable interpretation of the text and may therefore be inaccurate. Under 'Communication and Consultation with Residents' there was a contradiction in the defined purpose of the consultation referring to this as providing information and support to residents but also for engaging communities in developing joint plans for the area.

The description of interventions and products was also disjointed, e.g., the City-wide Order of Priorities, and did not refer to any evidence supporting their effectiveness; it is acknowledged that this may be contained in the constituent strategies. The 'LIFE' model whilst defining the important collaboration between the City Council, RSLs and other stakeholders did not define the parameters of the lead role of the RSLs, e.g., do they lead relocation for all residents in their responsible zone? Do they co-ordinate the clearance programme in their area? Do they have delegated authority to purchase land on behalf of the Council? Under the 'Relocation Support for Residents' there was no risk assessment concerning the effective and efficient implementation of the strategy and the potential consequences of this (e.g., forced homelessness) although this may be contained elsewhere. Similarly, although reference was made of providing practical support to elderly and vulnerable residents in the moving process, it was not clear who was defined as vulnerable and if this support was available to all residents or just owner occupiers. Other queries were concerned with:

- if the units purchased adjacent to clearance sites by the City Council under the National Affordable Housing Programme are for social rent or purchase;
- where the new or refurbished units acquired (who acquired?) from Housing Corporation funding are located;
- protection of rents for those residents who wish to remain in the rented sector;
- the compensation package for displacement;
- relocation advice for residents in social or private rented accommodation;

- financial assistance for current or potential home owners – what is the role of RSLs other than providing information on options through their home ownership advisory officers?

Health Profile

Introduction

This health profile summarises key statistics for Liverpool with particular reference to the population affected by the New Heartlands Housing Market Renewal in the ‘inner core’ of Liverpool. Data sources used included the Office of National Statistics (ONS), North West Public Health Observatory, various Government and Liverpool City Council departments, and reports, such as ‘Understanding the Drivers for Market Change in the New Heartlands HMRA’ and ‘Renewing the Housing Market in Liverpool’s Inner Core’. The units of analyses were ward and City level, with reference to where this was not the case; it should be noted that the New Heartlands HMRA is not exactly co-terminous with ward boundaries.

Demographic data

Key data on the population for Liverpool and the wards associated with the four zones of Liverpool’s ‘inner core’ – City Centre North, City Centre South, Wavertree and Stanley Park are described below.

Ward	All ages	0-4	5-14	15-64	65+
Anfield	15,503	1,001	1,961	10,119	2,421
Everton	15,138	906	1,887	9,804	2,540
Greenbank	13,960	368	790	10,452	2,801
Kensington & Fairfield	14,201	879	1,749	9,546	2,026
Kirkdale	15,765	889	1,800	11,446	1,831
Picton	15,122	976	1,970	11,138	2,038
Princes Park	15,426	935	2,149	10,176	2,166
Riverside	13,101	853	1,612	8,977	1,859
Tuebrook & Stoneycroft	15,945	857	2,013	10,521	2,554
Wavertree	14,111	708	1,421	10,415	1,567
Liverpool	444,480	23,761	52,238	302,696	65,758

Population projections for Liverpool indicate a slight decline to 2028 to approximately 439,000. This reflects a trend over the 35 years or so associated with the declining manufacture base in the City, where Liverpool lost 154,000 people equating to 66,900 households.

Ward	Total	Male %	Female%
Anfield	15,503	48.1	51.9
Everton	15,138	48.3	51.7
Greenbank	13,960	48.2	51.8
Kensington & Fairfield	14,201	48.6	51.4
Kirkdale	15,765	48.8	51.2
Picton	15,122	48.6	51.4

Princes Park	15,426	48.5	51.5
Riverside	13,101	48.6	51.4
Tuebrook & Stoneycroft	15,945	48.5	51.5
Wavertree	14,111	48.7	51.3
Liverpool	444,480	48.4	51.6

Table 4 Ethnicity Profile, 2004

Ward	Total	White British%	BME%
Anfield	15,503	95.5	4.5
Everton	15,138	95.2	4.8
Greenbank	13,960	83.2	16.8
Kensington & Fairfield	14,201	86.7	13.3
Kirkdale	15,765	95.8	4.2
Picton	15,122	77.5	22.5
Princes Park	15,426	62.4	37.6
Riverside	13,101	88.8	11.2
Tuebrook & Stoneycroft	15,945	94.2	5.8
Wavertree	14,111	90.9	9.2
Liverpool	444,480	90.9	8.2

Table 5 Resident population with LLTI, 2004

Ward	Ward%
Anfield	25.5
Everton	31.6
Greenbank	19.1
Kensington & Fairfield	26.8
Kirkdale	31.5
Picton	23.1
Princes Park	25.7
Riverside	27.1
Tuebrook & Stoneycroft	23.6
Wavertree	19.9
Liverpool	24.5

Relocation support should be tailored to meet the needs of the population. For example the support needs of BME will differ from older people. The RSL leading the relocation process in these areas will need to accommodate these needs, e.g., support information, interpretation and translation.

Socioeconomic data

Liverpool had an average score of 1 in the Index of Multiple Deprivation (2004) – the most deprived out of 32,428 Super Output Areas in England and Wales.

Table 6 Worklessness (2004) and Incapacity Benefit Rates (2005)

Ward	Worklessness Rate%	IB Rate%
Anfield	40.1	17.95
Everton	62	23.39
Greenbank	17.8	12.81
Kensington & Fairfield	51.5	22.17
Kirkdale	57	26.77

Picton	42.2	17.3
Princes Park	60.8	25.47
Riverside	50.1	22.67
Tuebrook & Stoneycroft	40.2	22.67
Wavertree	24.2	11.62
Liverpool	33.9	12.81

Trends in economic activity and inactivity of working age people have remained fairly constant over the last 3 years in Liverpool at 66% and 34%, respectively.

Ward	2004/£
Anfield	19,266
Everton	16,537
Greenbank	24,527
Kensington & Fairfield	18,776
Kirkdale	18,232
Picton	17,752
Princes Park	18,641
Riverside	22,789
Tuebrook & Stoneycroft	20,822
Wavertree	25,448
Liverpool	22,511

However, the economy in Liverpool is resurging with significant growth in Gross Value Added (GVA) and employment growth of 13% over the last decade, with 21,000 between 2001 and 2004.

Within the HMRA as a whole, social relationships are very important and this is reflected in a loyalty to the area (Ecotec, 2005).

Housing data

Ward	Total	LCC%	RSL%	PR/O%	Voids%
Anfield	7,574	4	19.5	76.5	7.43
Everton	8,487	23.5	36.8	39.7	6.55
Greenbank	5,827	1.3	17.2	81.5	7.98
Kensington & Fairfield	7,981	5.8	23.5	70.7	10.27
Kirkdale	8,008	30.8	21.8	47.4	6.31
Picton	8,917	5.9	30.1	64.1	12.31
Princes Park	8,989	13.5	53	33.5	9.86
Riverside	8,205	20.5	21.2	58.3	7.79
Tuebrook & Stoneycroft	7,560	5.8	12.4	81.8	6.44
Wavertree	6,405	5	12.3	82.7	5.51
Liverpool	209,053	8.8	21.5	69.7	5.4

The tenure breakdown of the inner core as a whole is estimated at 19% in the private rented sector, more than double the rest of Liverpool outside the core.

There is also a more mobile population with 'churn movers' and this impacting on the neighbourhood stability (CURS, 2005).

There has been an average appreciation of property prices across Liverpool over the last 4 years ranging from 12-350%, however this has very much varied by property and area. Riverside is the exception to this with property prices for semi-detached houses having depreciated by over 25%.

Community safety data

Associated with the younger more mobile age groups in some parts of the inner core is a concentration of violent and drug-related crimes. There has been a significant reduction in the rate of burglaries in the inner core since 1999, however robbery rates have slightly increased. The impact on perceptions of the area is disproportionately affected by crime rates.

Ward	All crime	Burglary	Robbery	Vehicle
Anfield	2,394	20.1	3.3	22.5
Everton	3,734	24.7	4	25.6
Greenbank	1,986	48.4	3.6	21.4
Kensington & Fairfield	2,957	42.6	5.5	18.6
Kirkdale	3,231	17	3.8	40.9
Picton	2,723	37.4	5.8	15.9
Princes Park	3,009	45.3	10.7	22.4
Riverside	6,367	22.3	7.5	52.3
Tuebrook & Stoneycroft	2,772	23	2.7	23.8
Wavertree	1,460	23.4	2.1	18.1
Liverpool	77,369	25.5	3.4	24.2

Health data

There are significant health inequalities between Liverpool and the rest of England and Wales, as demonstrated in Tables 10 and 11.

Area	Males (years)		Females (years)	
	1991-1993	2001-2003	1991-1993	2001-2003
Liverpool	70.9	72.7	77	77.7
England and Wales	73.6	76.1	79.1	80.7

Illness	SMR
All causes	127
Cancers	132
Coronary Heart Disease	125
Lung Cancer	198
Chronic Liver Disease	203
Stroke	108
United Kingdom	100

In addition there are inequalities within Liverpool reflected in self-reported health status and those with Limiting Long Term Illness. Health service usage also varies with an average length of stay in hospital ranging from 7.7 days in North Liverpool to 8.5 days in South Liverpool.

Evidence from the Literature and other Documents

Introduction

The effects of residential relocation on a population vary by population subgroup. They also depend on the process adopted, particularly whether it is a forced relocation or a voluntary move. There is evidence of displacement of populations associated with housing clearance and the associated effects on the psychosocial well being of the displaced populations, as well as the social capital of the area. There is also evidence of the negative effects of housing renewal and relocation on household income, and the associated impacts on diet and health.

Effects of relocation and the process of moving

Moving house is considered to be a health damaging life-event (Hooper & Ineichen, 1979 in Douglas et al, 2003). This is particularly so when there is a perceived lack of control in the decision to move, e.g., if there is limited opportunity to negotiate with the landlord or housing authority (Allen, 2000 in Douglas et al, 2003). Housing relocation has been associated with loss of social networks (Fried, 1966 in Douglas et al, 2003) and social aspirations (Yuchtman & Spiro, 1979 in Douglas et al, 2003) that may counteract satisfaction with improved housing conditions.

The Chartered Institute of Housing (2005) indicated the importance of well planned demolition programmes to avoid the mistakes of the 1950s with relocation processes that provide appropriate financial packages, access to information and advice for residents, and sensitive support around their rehousing options.

Evidence indicates an individual context and meaning for housing and where we live with an associated range of possible effects resulting from moving and relocation.

Forced relocation

Evidence indicates that when there is a lack of control around moving house the health effects are more adverse. Recent evidence from the Netherlands (Kleinhans, 2003) showed that even when relocation was forced outside their neighbourhoods due to the clearance and upgrading of social rented housing, residents were able to improve their housing situation if their priority rights in the housing market were preserved; movers who did not have this protection reported a decline in their position. The need for effective relocation

processes including good communication was emphasised to reduce the effects of stress on residents. Another study in the USA, showed that involuntary moving may effect future formal social integration in the new location for both men and women; residential mobility was also said to have a profound effect on the mental health of women (Butler et al, 1973).

Older people

Residential mobility of older people has been identified with various adverse health effects. In the USA one study has shown a short term increase in limitations in 'Active Daily Living' measures particularly if there were subjective health reasons for the move. However in the long term these limitations are normalised with those of non-movers. This has implications for health and social service providers (Chen & Wilmouth, 2004). Another US study showed a relationship between depressive mood symptoms and residential relocation (Fonda & Herzog, 2001). Eviction from residential care homes as a result of home closure or change of ownership was found to seriously damage the physical and mental health of elderly residents in one British study (Scourfield, 2004). A large Swedish study showed that although in general residential relocation did not have any significant effects on mortality or health service consumption of older people, the death rates for those who were moved temporarily or permanently due to urban renewal was higher than non-movers and for those who moved for other reasons (Danermark et al, undated). A qualitative study involving older women in the US has suggested that a 'relocation transition style' of residents can be identified using the Schumacher and Meleis nursing model of transitions which could help identify individual risk factors for relocation (Rossen & Knafi, 2003).

People on low-income

Tenant based rental subsidies for families on low income in the USA have shown a range of outcomes, including moves from high to low poverty areas, reductions in welfare receipts, improvements in educational outcomes and health status (Johnson et al, 2002); there is review level evidence that rental vouchers can also improve household safety (Anderson et al, 2002, 2003 in NICE, 2005). However voucher schemes may have an effect on housing supply and demand levels (Kennedy, 1988 in Douglas et al, 2003). The effect of market forces on an unregulated housing market has had a profound effect on housing inequalities in Estonia. Here the main mechanism for residential relocation and differentiation is defined as the ability to pay with poor people concentrated in poor housing of all categories (Ruoppila, 2005).

Adolescents

There is some evidence from the USA that frequent residential relocation of adolescents is associated with an increased risk of attempted suicide; adolescents with 2 or more moves in the past 5 years showed a dose-response relationship. This did not change substantially with sex, age, ethnicity, family income or structure (Sommer et al, 2004).

Black and minority ethnic communities

The Audit Commission's report on the progress towards race equality has highlighted some difficulties in improved outcomes for Black and Minority Ethnic communities through public services (AC, 2004). In addition

implications under the 2002 Race Relations Act and the need to undertake Equality Impact Assessments on service policies such as housing allocation have been made (Cohen, 2005).

Displacement effects

Some area and housing regeneration can lead to displacement of original residents (Walker & Bradshaw, 1999 in Douglas et al, 2003) and a change in the population dynamics of the neighbourhood with the associated breakdown of social networks and support systems; the importance of these relationships for psychosocial well being is well documented. In addition, these relationships contribute significantly to the assessed quality of an area. In one study in Yorkshire, Green et al (2005) suggest that social capital – trust, reciprocity and safety – accounts for 23% neighbourhood well being, compared with 13% each for environmental and fixed capital elements. Prior to regeneration of an area, they suggest that aspirational movers (people who can afford to move to a 'better area') move out; as regeneration proceeds 'churn movers' (residents with few resources) move out to similar deprived, less desirable areas primarily due to income. As an area regenerates 'regeneration in-movers' (residents with increasing household income) move into the area. This change in the population dynamic of the area affects those 'regeneration in-movers' and the 'stayers' with a positive impact on the neighbourhood prosperity and human capital, but a reduction in social capital.

Other socioeconomic effects

Demolition and clearance activity associated with area renewal has increased significantly since the RRO and 86% of authorities anticipate it will increase further (Groves & Sankey, 2005). Housing clearance by the application of conventional CPOs was identified by 28% of authorities and negotiation by 20.5% with the majority preferring negotiation with CPO powers held in reserve.

A range of relocation grant or loan packages are available arising from CPO of properties. Loans can be interest free (Calderdale), means tested loan (Cardiff). The Chartered Institute of Housing's submission (2005) to the Office of the Deputy Prime Minister inquiry into Pathfinders reported the impact of insufficient financial compensation on owner occupiers during demolition programmes. In the North Staffordshire Pathfinder, owners whose houses were rescheduled for demolition were only entitled to relocation compensation if they moved to sustainable areas; these areas had higher property prices. For many this meant leaving family and community connections and not having sufficient resources to buy a replacement property. The report indicated that these effects are exacerbated even further for older people, the economically inactive and people on low income who are considered high risk for mortgages.

Another relocation option offered by 7% of authorities (92% of northern authorities) was a 'homeswap' scheme which enables households in clearance areas to move to more secure properties (Groves & Sankey, 2005). It has been successful in preserving indigenous communities, combating some of the potential negative social effects previously identified. 'Deed swap' is a variation on this that is being explored by Hull and other authorities and involves a deed swap for a council property. 61% of authorities anticipating an

increase in clearance were working in partnership with RSLs although the responsibilities of RSLs varied in these. Other initiatives to assist in the relocation process included Property Advisers (Rochdale) or Relocation/Homemover officers (The Wirral); this also includes financial and technical advice. Some authorities are providing specific support for older and vulnerable people (Sandwell, Stoke). Other innovative approaches for clearance/relocation:

- Newcastle has developed a package of measures to support effective relocation;
- Manchester has partnered with RSLs to provide intensive neighbourhood management during redevelopment;
- Hyndburn is developing community-owned companies – rather than sell off the land it is partnering with a developer and RSL to ensure influence in the nature and design of the site.

There have been developments in the grant and loan packages that are available for private sector renewal under the 2002 RRO and 2004 Housing Act provisions. Because of local flexibilities the type of products, the emphasis on grants or loans and the use of private finance has varied across the country (Groves & Sankey, 2005). There has been a sharp drop in the grants available to residents for repair works since 2001. Although commercial high street lenders have been reluctant to engage with private sector renewal programmes four approaches have been successfully used to provide loans and private finance. 29% of local authorities are providing loans from existing grant funding which help to recycle these resources. The terms and conditions of these varies significantly (interest free to modest interest rates, e.g., Bank of England base lending rates) as does the loan amount available (£2,500 to £30,000) and the purpose of the loan (repair/improvement to relocation). 22% of local authorities are working in partnership with 'not-for-profit' intermediaries such as Home Improvement Trust, Wessex Reinvestment Trust and ART Homes to provide loan products for home owners. These also have variable terms and conditions, loan amounts and uses. ART Homes has secured private wholesale funding for repayment and interest-only loans and is in the process of negotiating private finance for equity-release loans. The final two approaches involve negotiating arrangements for private sector loan finance with lenders (Redcar and Cleveland with Darlington Building Society and community-based organisations to provide additional sources of finance (Derby City Council with Derby Loans Group).

It will be essential that the relocation packages, in particular, the new financial products are evaluated; early indications are that these are not always appropriate and can have adverse social effects and induce financial hardship.

Two studies on rehousing and area regeneration provide evidence of the unintended negative impacts of increased rents. One study reported increase in standardised mortality rates in the rehoused residents attributed the doubling in rents which in turn affected their ability to provide an adequate diet (McGonigle & Kirby, 1936 in Douglas et al 2003). More recently a study in Stepney showed an average 14.8% increase in rents for new houses with some residents reporting cutting back on essential items such as food

(Ambrose, 2000 in Douglas et al 2003). The use of rental vouchers and their impacts have been reported above.

Other effects

There is some empirical evidence from one study in the USA that households who relocate from one neighbourhood type to another can change their travel behaviour (Krizek, 2003). Travel behaviour could be predicted as a function of neighbourhood accessibility, taking into account other factors such as life cycle changes and workplace accessibility. This has significant implications for reducing vehicle miles travelled and reducing traffic-related air pollutants.

Health Impact Analysis

Introduction

The potential impacts of the draft residential relocation core document (RRCD) strategy on the health of Liverpool residents are categorised as follows:

- Relocation
- Displacement
- Household income
- Neighbourhood sustainability

Relocation

The aims of the RRCD are to relocate and support residents affected by housing clearance. Evidence indicates that moving house is a health damaging event, particularly where this is a forced relocation; lack of control is a key health determinant inducing stress-related symptoms. However the negative health effects of relocation can be ameliorated by the relocation process adopted, e.g., good communication and support mechanisms.

There is some evidence to suggest that the RRCD has processes in place to minimise the adverse health effects of the relocation process, e.g., the communication and consultation process and the one to one support of home ownership advisory officers. This is important if residents are not in favour of moving; the shift in status from a forced to a voluntary mover will reduce potentially negative health effects. However there was a lack of clarity in some aspects of the support available and how universal this was which needs to be addressed (see Policy Analysis). In particular there needs to be explicit support for all residents, regardless of tenure, and support tailored for the needs of different population sub-groups, i.e., older people, young people, BME groups, people on low income (see Evidence from the Literature).

Housing allocation priorities associated with the relocation process need to be equitable, open and transparent; there is evidence from the literature indicating deterioration in living conditions when there is a change in residents' priority rights in the housing market as a result of relocation. The allocation priorities and processes of rehousing associated with housing clearance in Liverpool need to be defined.

There is evidence of an assessment of the relocation needs of residents, however it was not clear how comprehensive this was, e.g., 80%, 90% of the affected population? This needs to be urgently assessed. There is a potential that the negative health effects of forced relocation could be exacerbated. In addition the needs assessment protocol should include health-related questions to identify any health risk factors, e.g., any existing conditions that could be affected by relocation (mental health problems, heart disease), frequency of moving, that may need specific support before, during and after the move. This is particularly important in view of the particularly poor health in Liverpool.

Displacement

The RRCD is seeking to minimise displacement of indigenous communities by purchasing properties adjacent to clearance areas ('buffer zones') and relocating residents here. Displacement affects the population dynamics of a neighbourhood, with an associated breakdown of social networks and systems, key determinants for psychosocial well being, and physical health in the longer term. However, it was unclear from the document whether housing supply in buffer zones meets the relocation demands.

Evidence suggests that as an area regenerates and 'regeneration in-movers' move into an area neighbourhood prosperity and human capital increases but social capital is not restored.

Household income

The RRCD define a range of financial products to support home owners relocating into more expensive new or refurbished homes as a result of the clearance. This is a very new development in housing policy development nationally; however there is some evidence indicating inappropriate compensation and financial support to home owners in other Pathfinder areas, which had a significant impact on household income (see Evidence from the Literature). There is evidence of the impact on diet and health resulting from a decrease in household income available (more income spent on rent or mortgages reduced income for food). There may also be longer-term and variable impacts on household income as a result of the shift from grants to loans, e.g., loan terms and conditions, including variable interest rates, the impact on the equity available from property for social care needs in later life (ultimately this will also affect social care budgets).

Details concerning the relocation packages were unclear, e.g., are grants means tested? The potential health impacts of increased household expenditure on relocation loan payments for low income households would be negative and arguably unfair; however it is recognised that there is a balance between fair compensation for residents and absent property owners.

It will be essential that the effects of these new financial packages are monitored and evaluated.

Neighbourhood sustainability

The RRCD's comprehensive area-based approaches will help to protect neighbourhood sustainability, preventing a potential decline in the area during clearance, both in terms of the physical and social environment. There is evidence that without this multifaceted approach there is a risk of additional outward migration and further degradation of the area, preventing the regeneration of the area.

Recommendations

1. RRCD document content and presentation
 - Add to and amend the RRCD's content as described earlier (see Policy Analysis)
 - Edit the RRCD for consistency and coherence
 - Add authors, date, bibliography, list of terms and abbreviations
2. Management of relocation
 - Define open, transparent and equitable housing allocation systems and processes
3. Support for residents
 - Define a relocation needs assessment protocol, including health input on health-risk measures
 - Define a relocation needs plan including health and support needs, and duration (before, during, after)
 - Define specific packages of support for different population groups, e.g., older people, BME groups, people on low income, young people
 - Summarise all residents relocation plans, identify gaps and risks
 - Prepare document templates with notification of address changes for GPs, social services, schools etc
4. Communication and engagement
 - Inform staff and partners of HMR developments and support for residents – enabling an advocacy and informant role
 - Maintain and support community neighbourhood forums to allow full engagement in clearance programme
 - Explore community engagement approaches during renewal, e.g., UCAN centres in Bolton, Housing for Healthier Hearts in Bradford
5. Monitoring and evaluation
 - Evaluate the impacts of using different financial packages with different population sub-groups
 - Evaluate the impacts of relocation on health and well being of all residents

Bibliography

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