

Fife Area Regeneration Health and Wellbeing Study – Literature Review – March 2004

Summary

The Fife Area Regeneration Health and Wellbeing Study is designed to measure the effect of the regeneration process on the health and wellbeing of people in four areas within Fife. As part of this research, a literature review was commissioned from the School of Geography and Geosciences at the University of St Andrews, focussing on research that offered evidence of links between health, wellbeing and contextual factors, and reviews of urban regeneration projects.

The key findings of the literature review are:

- There is substantial evidence to indicate a link between housing and physical health with respect to relationships between dampness and cold and respiratory diseases. Very little evidence is available that considers links between housing and other forms of physical health.
- Links between mental illness (including depression and anxiety), overcrowding and deprived neighbourhoods have also been identified. Mental health has been linked to an individual's physical and social environment.
- The true nature of these relationships including cause/effect mechanisms and the direction of the relationships is unknown. For example, it is unclear whether ill health 'forces' people to live in poor quality housing, or whether poor quality housing causes ill health.
- A few studies have attempted to assess the impact of housing renewal or neighbourhood regeneration on health. Results are inconclusive and point to a need for more research in this area. However, risk of respiratory illnesses has been found to decline with better quality housing and mental health has been suggested to improve following regeneration.
- Regeneration can worsen health and wellbeing status, mainly as a consequence of stress. It has been suggested that giving residents greater control over the direction of the project through increased community participation can reduce this risk, as well as improve levels of social capital and community wellbeing.
- The possibility for influences beyond physical and social environmental factors makes the identification of cause/effect relationships between regeneration and changes to health and wellbeing impossible to confirm. However, statistical analysis of surveys may infer the existence of some relationships. Methods that gather residents' own views of

the health impacts of regeneration may also reveal relationships that are assumed to exist by those most affected by the regeneration. A mixed method approach may be the most ideal, but also most costly, approach.

- There is a need to assess health and wellbeing in 'real time'. Prospective and retrospective studies often inaccurately estimate the extent and degree of risk. This suggests the need for detailed consideration of the timing of evaluation methods.
- Definitions of health and wellbeing are becoming increasingly holistic in response to the widespread acceptance of 'social models' of health. Although health has been defined and measured objectively, such definitions produce rather narrow views of what health is and recognise a limited number of factors that impact on health. Wellbeing is generally considered to be far more subjective and consequently is difficult to 'measure'. Although attempts to measure wellbeing have been made, these rely on good quality data sources. A growing number of studies now use self-reported measures of both wellbeing and health status in order to capture the more holistic nature of the terms.

Regeneration and Health and Wellbeing

The experience of urban regeneration in Fife and elsewhere demonstrates that a successful programme for neighbourhood renewal needs to be long-term in perspective, holistic in scope, involve a partnership of agencies and be firmly committed to community participation.

Defining and Distinguishing between Health and Wellbeing

The concept of health increasingly means more than just the state of the human body as conceptualised in the biomedical model of health. Definitions of health are becoming more holistic in response to the widespread acceptance of 'social models' of health, incorporating the degree of an individual's interaction and social participation, level of self-worth and general satisfaction with everyday life. The World Health Organisation now defines health as 'a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity'.

Such extended definitions of health are hard to distinguish from definitions of wellbeing. However, wellbeing may usefully be differentiated from health in three ways - in scope (as a more holistic term), methodologically (as subjective), and conceptually (as referring to the amount of freedom of access to, or opportunity to choose from, resources). In addition, there is a common perception that individuals should have access to certain resources (such as shelter, health services, education, and employment) beneficial to their welfare. An individual's degree of social belonging is also widely considered to be an important factor.

The context/composition debate - links between geography and health

There is increasing interest in the extent to which the features of an individual's local social and physical environment can impact upon his or her health. A growing body of research recognises that the characteristics of communities or neighbourhoods appear to influence health and wellbeing. It is plausible to suggest that the most direct impacts of regeneration on an individual's health would arise from identifying and improving those aspects of a neighbourhood that might influence health and wellbeing. These include physical features and local environment, physical features of home, work and play spaces, level of services provided, socio-cultural factors, and reputation of area.

Housing and Health

There is a substantial body of work to indicate a link between housing and physical and mental health. Physical health problems associated with poor housing include infections, respiratory diseases and mental health problems such as depression, anxiety and general psychological distress. Both physical and mental health problems have been found to be related to overcrowding, damp, mould, indoor pollutants, infestations, cold and homelessness. For example, overcrowding has been linked to stress among women and an increased risk of respiratory infections and infectious diseases. Dampness has been linked to aches and pains, asthma, nervous illnesses, diarrhoea, headaches and sore throats. Links have also been identified between housing and asthma. Unpopular housing and high-rise flats, dampness, cold, mould and 'difficult-to-let housing' have been linked to mental health problems, such as poor emotional wellbeing, anxiety and depression

It should be noted however that the direction of the relationships between housing and health is unknown - it is unclear whether housing or the neighbourhood influences health, or whether people with poorer health tend to have less choice of accommodation and are offered properties of last resort through council and housing association allocation systems. Some studies, for example, have explored how health status can detrimentally affect an individual's opportunities in the housing market.

That said, given the links between housing and health, attention is turning to the extent to which interventions in housing quality can influence health. On the whole, studies suggest that improvements are observed in self-reported physical and mental health, and in a reduction in symptoms of poor health and less frequent use of health services. However, most studies are retrospective in nature, seldom attempt to control for other variables, are frequently too small and are now ageing. Hence some authors are highly critical of all existing studies, and suggest that only prospective studies that use control groups can offer truly valid results.

Although there is plenty of evidence that housing may affect health, it has been difficult to ascribe changes in health to specific policy interventions. This is partly because health and wellbeing are affected by many social, economic and personal factors which may dominate the effects of any policy initiative.

Environment and Health

Urban regeneration initiatives are increasingly attempting 'joined-up thinking' to improve social, economic and physical circumstances in deprived areas. There is a growing amount of recent evidence that suggests that an individual's neighbourhood can affect mental health. Some of this impact may be attributed to the physical aspects of environment, such as the aesthetics of properties or layout of housing estates, as well as the effects of neighbourhood crime rates, actual or perceived, on mental health. It is also important to recognise possible links between deprivation and health. Urban regeneration can potentially improve health and wellbeing through physical improvements in housing stock as well as through tackling deprivation.

Frequently, health and wellbeing are influenced by a number of compounding factors. People living in deprived neighbourhoods, for example, may be living in poor housing, which affects their health and wellbeing, but this might also be affected by their household income level, whether they are employed, their social spheres and relationships with family members. This would indicate that true 'cause-effect' relationships are impossible to diagnose. As a consequence, this makes attempts to alleviate the situation difficult to prescribe.

There is a need to appreciate the wider context that can determine health, including social and economic factors. Evaluation of the operation of Single Regeneration Budgets in deprived neighbourhoods revealed the following interfaces to be important:

- Combining physical regeneration with people-related (skills) regeneration
- Forging transport improvements between deprived neighbourhoods and other areas where transport is available
- Providing premises and on-site training for residents most disadvantaged in the labour market
- Providing premises and support to encourage local small businesses and self-employment
- Strengthening the capacity of the community to manage the physical neighbourhood effectively
- Bringing about changes in housing tenure, in particular, private sector house building.

Social Capital and Health

In other studies, it is suggested that it is not the physical environment that has greatest impact on health and wellbeing, but rather the social environment, e.g. social support networks. Recent research that considers the impact of social environments on health increasingly does so within a framework that considers social capital, that is those characteristics that are attributed to a collective dimension in society, not just the individual.

Regeneration Processes and Health

As regeneration increasingly has been understood to impact upon social and material conditions in disadvantaged communities, the process of regeneration itself may affect physical and mental health. Importantly, regeneration may result in negative health effects.

For example, health effects can be negative as a result of demolition of homes, and physical and social changes impacting on community cohesion and social networks. Mental health levels can increase during the regeneration process as a consequence of the stress and uncertainty of relocation, and in the longer term if rent costs rise substantially.

The most significant positive impact of the regeneration process may be found in levels of social or community wellbeing, mainly seen in projects that have a high degree of resident participation. Community-driven participatory strategies offer an innovative and potentially successful way to engage stakeholders in regeneration and conduct effective evaluation of health and wellbeing in the context of regeneration. A community-led project should gain public co-operation to a much greater extent than one driven by external 'experts'. Participatory strategies are currently being promoted at the highest levels of government in Scotland and the UK. Community involvement in the programme of urban renewal is essential, not just in terms of consultation, but in community control over how the evaluation and monitoring process works. The degree of positive health outcomes in regeneration processes therefore may depend as much on the amount of control residents have during the process as on any physical improvements that are made.

Evaluating Regeneration Projects

There is a need to devise a means of 'measuring' the outcomes of regeneration projects, not only in terms of individual health impacts but also

broader neighbourhood change. Due to so many mediating factors that influence health, it may be very difficult to identify cause and effect relationships between health and regeneration. However, by adopting conventional evaluation methods that rely on statistical analysis of large household surveys it may be possible to infer such relationships. Alternatively, the adoption of a constructivist approach to evaluation may offer theoretically guided and empirically informed results that, although unable to prove the existence of causal effects of regeneration on health and wellbeing, may offer confident assumptions.

Conclusion

The evidence base for links between housing and health, the physical and social environment and health, the regeneration process and health is inconclusive. Overall, however, the links between housing and health are increasingly being recognised, and housing improvements can alleviate some of these problems. Housing renewal alone may not be sufficient to improve individual health in the long term and there may be only limited health gain from area based regeneration projects. This may be because of broader structural factors, such as economic inequalities in society or the numerous mediating factors which can affect health, including smoking and drinking behaviour, exercise, genetics and family history. On the whole, however, regeneration projects appear to improve the wellbeing of individuals, and housing renewal in particular appears to reduce the risks of housing related illnesses such as

respiratory infections. Some evidence suggests that the degree of resident participation in the regeneration process may also improve health, though this is generally tentative. Although much of the evidence base discusses physical health impacts, it is clear that mental health is also influenced considerably by housing quality, and social and environmental factors.

About the Study

The Fife Area Regeneration Health and Wellbeing Study is a two stage research project to measure the effect of the regeneration process on the health and wellbeing of people in Abbeyview, Lochgelly, Dysart and Methil/Buckhaven. The School of Geography and Geosciences at the University of St Andrews was commissioned to review the literature to support the planning of the research into and implementation of the four regeneration initiatives within Fife. The research team comprised Professor Robin Flowerdew, Professor Paul Boyle, Andrew Clark, Dr Joe Doherty, Dr Elspeth Graham and Dr Janine Wiles. The literature review focussed on research that offered evidence of links between health, wellbeing and contextual factors, and reviews of urban regeneration projects. Stage 2, a longitudinal study is at the design stage.

Further Information

This KnowFife Findings is based on a literature review undertaken for a long term study of Regeneration, Health and Wellbeing in Fife, undertaken by the School of Geography and Geosciences, University of St Andrews, 19 September 2003. The main study is now in progress as action research and you can find information about it on www.trackingstudy.co.uk.

For further information and copies of the literature review contact Chris Mitchell, Corporate Research, Fife Council, chris.mitchell@fife.gov.uk or ☎ 08451 555555 ext 441246.

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