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Review Paper

Regeneration and health: a structured, rapid literature review

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ABSTRACT

Objective: To identify and synthesise what is known about the impacts of regeneration on health, health inequalities and their socio-economic determinants.**Study design:** Rapid, structured literature review.**Methods:** A rapid, structured approach was undertaken to identifying relevant studies involving a search of peer-reviewed literature databases, an Internet search to identify relevant grey literature, and a review of articles citing two key systematic reviews. The identified citations were screened, critically appraised according to the research design and narratively synthesised.**Results:** Of the 1382 identified citations, 46 were screened as relevant to the review and included in the synthesis. Fifteen citations were reviews but most of the evidence identified or included within the reviews was of medium or low quality due to a lack of longitudinal follow-up, low response rates or attrition. The evidence base on the impacts of regeneration is generally not of high quality and is prone to bias. However, it is theorised as being an important means of addressing the socio-economic determinants of health. Housing refurbishment (generally, and for specific improvements) seems likely to lead to small improvements in health, whereas rehousing and mixed-tenure approaches have less clear impacts on health and carry risks of disruption to social networks and higher rents. Changes in the social composition of communities (gentrification) is a common outcome of regeneration and some 'partnership' approaches to regeneration have been shown to have caused difficulties within communities.**Conclusions:** The evidence base for regeneration activities is limited but they have substantial potential to contribute to improving population health. Better quality evidence is available for there being positive health impacts from housing-led regeneration programmes involving refurbishment and specific housing improvements. There is also some evidence of the potential harms of regeneration activities, including social stratification (gentrification and residualisation) and the destabilisation of existing community

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organisations. Broader labour market and housing policy approaches are also likely to be important as a context for understanding impacts. Regeneration programmes require careful design, implementation and evaluation if they are to contribute to improved health and reduced health inequalities.

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Key points

- The socio-economic environment, including the availability, affordability and quality of housing, transport, the physical environment, employment, the social fabric of communities and public services, incorporates important determinants of health and health inequalities.
- Most of the available evidence is drawn from regeneration programmes undertaken against a general policy background which has promoted the sale or transfer of council housing, residualisation of 'social housing', retail property development, employment policy focussed on supply-side interventions and market-led economic policy.
- The available evidence for the impact of regeneration activities is generally not of high quality and so there remains a need for further research. In particular, few studies were identified on employment or community capacity.
- Better quality evidence is available for there being positive health impacts from housing-led regeneration programmes involving refurbishment and specific housing improvements, especially in relation to mental health.
- There is some evidence of potential harms from regeneration programmes including widening inequalities (including gentrification and residualisation), increased rents and the destabilisation of existing networks and community organisations.

Background

Regeneration is a contested term which means different things to different people.^{1,2} The term came to be used in the 1970s as a synonym for previously-used urban policy terms such as 'urban renewal' and 'redevelopment', and in the 1980s became the predominant term to describe a wide range of place-based interventions seeking to address the impacts of economic, social and physical 'degeneration'. Examples from the UK include the Glasgow Eastern Area Renewal Project (1976–1986), the Urban Development Corporations in England in the 1980s, the New Life for Urban Scotland Programme of the late 1980s and 1990s, the Single Regeneration Budget schemes of the 1990s and 2000s in England, the Social Inclusion Partnerships in Scotland which were later incorporated in Community Planning Partnerships and the 'new' Urban

Development Corporations and Urban Regeneration Companies across Britain after 1999.³

The lexicon of regeneration emerged alongside the shift towards more market-orientated economic policies in the UK and across Europe, such that it has most often been used to describe urban policy in the period after 1979. A definition of regeneration which has been used by the UK Government is, '...a holistic process of reversing economic, social and physical decay in areas where it has reached a stage when market forces alone will not suffice'.⁴ In many areas it, therefore, has involved policies aiming to: increase the quantity and quality of employment; improve the availability and quality of housing; improve the physical environment; provide a range of services for communities; and, more intangibly, to achieve 'social regeneration' including building social support, social networks and social institutions.

Given what is known about the social determination of health, and the importance of the differential experience and embodiment of the socio-economic environment in causing health inequalities,⁵ the activities conducted under the heading of 'regeneration' are in principle potentially quite important means of improving health and reducing health inequalities.⁶ In particular, gaining good employment is known to be particularly beneficial for health.⁷

However, it is unclear how successful regeneration activities have been across a range of outcomes^{8,9} including health.¹⁰ Furthermore, historical regeneration and urban policy decisions have been described as important but negative contributory factors in the high mortality rates in Scotland.¹¹

One such problem is of residualisation, where socio-economic diversity within areas is reduced through housing and welfare policies and the application of market forces. The resultant social polarisation of urban areas creates places with concentrated social and economic problems which then become targets for 'regeneration' activities which often means demolition and rehousing, including population dispersal. This creates a pattern of movement of people excluded from society from place to place as social problems become sequentially concentrated and then displaced without dealing with the underlying causes of unemployment, poverty or poor housing.^{12,13}

A substantial research effort is currently underway internationally, and specifically within Scotland, to better understand whether, and under what circumstances, regeneration activities impact on health.^{14–19}

In particular, there is interest in evaluating the health and social impacts of the Clyde Gateway Urban Regeneration Company which is focused on regenerating an area on the boundary between the city of Glasgow and South Lanarkshire (<http://www.clydegateway.com/>). This particular initiative

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