Refurbishment & Demolition of Housing

Health & Wellbeing: Factsheet
The decision to demolish or refurbish housing has major impacts on residents and the wider community.

Regeneration projects broadly aim to improve living and economic conditions, but the means to achieve this and the distribution of costs and benefits are often highly contentious.

This fact sheet explores the impacts of demolition and refurbishment on residents and communities from a health and wellbeing perspective.

What is wellbeing and how is it measured?

Wellbeing is a broad topic. In the housing sector, it includes aspects of physical and mental health related to homes, the wider neighbourhood and other social and economic factors. Although there are more and more data on health and housing, the relationships between neighbourhoods and wellbeing can be difficult to measure because so many aspects are interconnected and because wellbeing may mean different things to different people at different times in their lives. Also, the health and wellbeing impacts might only become apparent after many years.

The measurement challenges may explain why there are limited studies looking at the impact of demolition and refurbishment on health and wellbeing.

A number of frameworks are in place to explore wellbeing in the built environment and cover aspects including the natural environment; built environment; activities; local economy; community; lifestyle; people.

Who publishes studies of wellbeing?

Community organisations, health practitioners and local authorities have an interest in understanding health and wellbeing and often work with health, architecture, planning and social science researchers to study wellbeing in neighbourhoods.

How are health and wellbeing used in decision-making?

Until recently there has not be enough information about the impacts on health and wellbeing of specific projects – including demolition and refurbishment – for communities and local authorities to use it in their decision-making. General principles and good practice can be applied, for example, the decent homes standard or other planning requirements that are intended to make the environment healthy or safe, for example, reducing speed limits for vehicles near schools or controlling air pollution.

Refurbishment: what happens to health and wellbeing

- Some studies have shown increased levels of social harmony after a refurbishment process which may positively affect wellbeing and health, particularly mental health.
- BRE trust findings show the NHS could make savings of £56 million a year if poor quality housing was improved.
- There are very few reports of adverse health impacts associated with refurbishment, (this is in stark comparison to reports on demolition).
- Warmth and energy efficiency positively improve physical and mental health.
- Refurbishment improves respiratory health.
- Local jobs can be created as a result of refurbishment which in turn can improve economically deprived areas.

Demolition: what happens to health and wellbeing

- Lack of control and involvement in the decision making process has been found to have negative effects on mental health.
- Demolition has been found to have particularly negative impacts on the elderly.
- Announcement of demolition can have detrimental impacts on reported health.
- Demolition and relocation have been linked to an increase in self reported stress, anxiety and depression.
- There is some evidence of improved mental health after demolition and relocation but so far these studies are few and far between and depend very much on the specific context (eg conditions before and after, the engagement process and when and what health indicators were studies).

Indicators adapted from Whitehead and Dahlgren's wellbeing framework (1991)
Typical methods to record and compare the impacts of demolition and refurbishment on health and wellbeing

Most reports use qualitative methods to support understanding in this field. This includes interviews with residents and relevant stakeholders and questionnaires. The number of visits to GPs after announcement of demolition was also used in one study.

Gaps in the evidence

Many reports emphasise the lack of research in this area, particularly for studies looking at longer term impacts. It is also difficult to evaluate the evidence since some research covers regeneration projects that included refurbishment, demolition and relocation, other research looks at populations that were relocated but not groups that stayed behind and vice versa.

Resident empowerment and involvement

There is a need for improved community engagement in housing regeneration projects. Limited communication and resident involvement in housing changes has been linked to poor mental health. Examples of this process have been demonstrated by a number of case studies including the Glasgow Go Well Project.

Health inequalities

Housing interventions can potentially reduce health inequalities. The evidence is not as useful or as strong as it could be because reporting is not consistently measuring the same set of impacts or comparing the different impacts achieved by different interventions. This is important for future studies into the impact on housing improvements.

Where can I find out more?

This factsheet is one of a series produced by University College London. Other factsheets in the series are:

1  Embodied Carbon
2  Lifespans & Decisions
High Rise Hope, London: regeneration and social life 2010-12

The Edward Woods Estate in Shepherd’s Bush had an energy retrofit in 2010-12. Energy costs and social conditions were measured before and during the project. The improvements were also found to affect community pride, feelings of safety, relationships with other residents, energy bills and fuel poverty. The work took two years but residents were able to tolerate the disruptions and once the scaffolding came down there was widespread agreement that the appearance of the estate had been improved. The positive experiences of residents recorded by researchers also came from a history of investing in and taking care of the estate.

Go Well, Glasgow: regeneration and health 2006-8

This study found that the relationships between regeneration and health are very complex. Housing improvements on their own are probably beneficial but the effects of being relocated or left behind following demolition were hard to disentangle. What this study did find was that: “Many of the factors that residents considered to have important health consequences were not directly linked to the physical condition of their homes – although homes considered too small, damp and costly to heat were perceived to have adverse health consequences in terms of mental wellbeing, childhood asthma and related illnesses.” Instead it was “social relationships and support structures within and beyond the local neighbourhood” that were seen as important and need to be better understood case by case for weighing up the costs and benefits of regeneration.

Fusion 21, Merseyside: regeneration and jobs

Fusion 21 are a procurement consortium based in the Wirral, Merseyside. They provide training and skills to the local community in retrofitting buildings. For example, their work to roll out the Decent Homes Standard with the Helena Partnership since 2002 generated 119 jobs.

“The impacts on health and wellbeing of refurbishment and demolition are complex and need to be evaluated on a case by case basis.”