

health regeneration keypoints

King's Fund

Tales from two cities –

what can we learn about housing, health and regeneration?

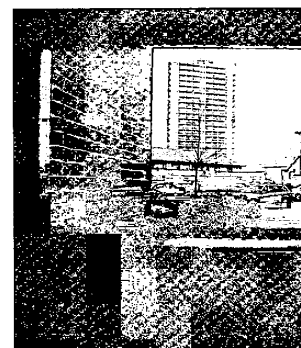
This paper was commissioned by the King's Fund and draws on recent research carried out in **London**, on the Central Stepney Single Regeneration Budget (SRB) regeneration^{1,2} and the Holly Street CEI (Comprehensive Estates Initiative) in Hackney,³ and in **Brighton**, the Benchmarking Project for the East Brighton New Deal for Communities (NDC)⁴ and the Consultation Project carried out in relation to the Brighton and Hove SRB5 bid.⁵

Summary

For several decades urban renewal policy has depended heavily on area-based initiatives (ABIs). The SRB programme, the mid-1990s version of the genre, embodied some objectives additional to physical renewal. There was a new concern with training, education, health and crime issues.⁶ The initiative brought together around 20 existing urban improvement programmes from the various sponsor government departments, including City Challenge, the Urban Programme, Estate Action and Housing Action Trusts (all under the then Department of the Environment); Business Start-Up Schemes, Inner City Compacts and TEC Challenge (all under the Department for Education and Employment); Ethnic Minority Business Initiative and Safer Cities (Home Office); Regional Enterprise Grants (Department for Trade and Industry); and various grants for education support and training (also DfEE).

This paper presents a résumé of two evaluative projects carried out on the Central Stepney SRB – the **Health Gain Project 1996–2000** and the **Household Costs Project 2000–2001**. On the basis of the findings, and following reflection on the Hackney and Brighton work, it calls for a rethink of some of the key principles underlying current Government strategies for urban renewal. These principles include:

- the heavy reliance on special projects
- the emphasis given to the area-based approach
- the implicit duty laid on residents to participate in the solution of problems that are deeply structural and require stronger central policy solutions
- the poor development of cross-sectoral approaches
- the lack of career incentives for inter-agency working
- the persistence of hierarchical mindsets in regeneration activities
- the search for 'outcomes'
- the reliance on small-area statistics to measure them.



Intentions of the SRB programme

The objectives of the SRB programme are to:

- enhance the employment prospects, education and skills of local people, particularly the young and those at a disadvantage, and to promote equality of opportunity
- encourage sustainable economic growth and wealth creation by improving the competitiveness of the local economy, including business support
- improve housing through physical improvements, greater choice and better management and maintenance
- promote initiatives that benefit ethnic minorities
- tackle crime and improve community safety
- protect and improve the environment and infrastructure, and promote good design
- enhance the quality of life of local people, including their health and cultural and sports opportunities.

Findings from the Stepney SRB 1995–2001

PLUS – better health

The Health Gain Project 1995–2000 was commissioned by Tower Hamlets Borough as part of the evaluation of the Central Stepney Round 1 SRB. Under the SRB most households were re-housed from very poor and overcrowded local authority flats to new Registered Social Landlord (housing association) properties. About 70 per cent of residents are of Bangladeshi extraction. The regeneration process has been managed by the Stepney Housing and Development Agency (SHADA).

The 'before' survey of 107 households was carried out in 1996 and the 'after' survey of 50 of these in 2000 (seasonally matched). The work was carried out by bilingual pairs of interviewers and several repeat visits were made to all households. Self-reported illness episodes and illness days for all household members were recorded, together with the nature of the illness, its duration and the action taken. Opinions were also collected at both dates about quality-of-life issues such as crime and fear of crime, satisfaction with the

housing and with key services such as schools and health services. In 1996 a comparator study, using identical methodology on an unmatched sample, was carried out on an area of recently improved housing in Paddington.

In addition, a round of interviews was carried out in Stepney on both dates, with over 50 front-line staff and managers of non-housing services such as health, education and policing. One intention was to assess whether the health benefits observed *within* the SRB area had beneficial 'spread-over' health effects in the surrounding areas.

Key findings:^{1,7,8}

- **the incidence of illness days fell to one seventh following re-housing**
- the 1996 Stepney/Paddington comparison showed a similar differential
- residents reported improvements in relation to crime and the fear of crime, children's progress at school, quality of service provision and other issues
- there was a strengthened loyalty to the area and a more positive view of community life on the estates
- there was **no detectable evidence of positive 'spread effects' outside the SRB area**, either in official data or front-line workers' caseload experience
- comparison of a range of service costs in 1996 showed that because of the lower call on services the annual costs per household incurred in the Paddington area were one seventh of those in Stepney for health care and one fifth of those in Stepney for policing
- some re-housed households in Stepney reported that they found it difficult to cope with higher household costs in the shape of rents, water costs and Council Tax.

As a consequence of the last finding, a further study was commissioned by SHADA/Tower Hamlets to assess the extent of these higher household costs effects.



- **Un-incentivised exhortations to 'join-up'** – many of those engaged in regeneration programmes, stressed and bombarded with change, are additionally exhorted to work in a more 'joined-up' way and to improve 'inter-agency working'. This is no easy task. But the exhortations rarely carry additional resources, nor are they formalised by inclusion in job descriptions or, more important, built into performance indicators and other reward systems. Until there is such tangible recognition and reward, the result is likely to be more stress and internalised guilt rather than better inter-agency working.
- **Unsound measurement procedures** – the dependence on small-area indicators for measuring improvement carries the obvious risk that the 'improvement' may derive partly, or even largely, from population replacement and the exporting of 'low score' households into other parts of the urban system (as in the heavily gentrified Isle of Dogs wards of Tower Hamlets). In any case, too many indicators currently specified are of dubious value⁴ and too few of them derive from those best placed to measure improvement – local residents. The only foolproof way to measure improvements in residents' quality of life is to track a sample of year 1 residents through the regeneration process to see how things change for them.
- **Misplaced belief in 'outcomes'** – human affairs do not have 'outcomes' because history is (so far) a continuous process. One can measure, more or less, the extent of change at certain selected points in time but change is, by definition, unending. An 'outcome' is an artificial and ahistorical construct that relates more to the need to tick boxes than to assess the extent to which matters have improved, and have the capacity to go on improving, for residents.

Constructive ways forward

Taken one by one, the SRB objectives are admirable and earlier parts of this paper demonstrated how beneficial the effects have been in one of the areas selected. But the findings from Stepney and elsewhere suggest that health and other inequalities would be countered more effectively if certain steps were taken. These include:

The limitations of ABIs need to be spelled out.

Numerous studies have shown that inequalities occur almost everywhere. ABIs are very effective in redressing some of the obvious design and construction shortcomings of a number of 1960s and 1970s developments. But, taken in isolation, their scale and coverage is insufficient to reduce health and other inequalities at a national level, and they carry their own internal costs.

A 'whole systems' approach needs to be adopted.

We have learned from the Stepney ABI that better housing, under present subsidy arrangements, has produced higher costs for a sample of households. Among the 'knock-on' effects have been deeper benefit dependency, increased debt, more difficult entrance to employment, cutting down on other items such as food, reduced participation in health, cultural and sports opportunities and, as a consequence, possible adverse health effects. All these are perverse in terms of the SRB's stated intentions. The lesson is to think more holistically at the programme planning stage.

The decline in 'mainstream' services needs to be reversed.

Feedback from the consultations in all the areas researched makes it clear that most of the difficulties for residents stem from the progressive decline in the key mainstream services – education, health, housing, policing, etc – in their areas. This seems to have left a partial vacuum in which all forms of anti-social behaviour have multiplied. The answer to this is not a succession of special ABI-type projects, with perhaps 1–2 per cent of the total authority spend, but a quantum leap in public expenditure and staffing levels to regenerate the quality of the services that have declined.

The scale of poverty-generating processes needs to be fully understood.

Many of the areas selected for ABIs have seen their local economies devastated by the effects of technological change and globalisation. The East End of London lost over 30,000 dock-related jobs in two decades or so. East Brighton lost many thousands of manufacturing jobs in the 1970s and 1980s. Similar scale employment losses have occurred in probably the majority of inner city areas selected for ABI programmes. Local decline on this scale needs to be countered with an equally structural response, particularly in relation to job creation.

2 keypoints

Intentions of the SRB programme

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3 keypoints

MINUS – higher household costs

The Stepney Household Costs Project was begun by the Public Policy Research Unit (PPRU) at Queen Mary University of London, who were subsequently joined by the Health and Social Policy Research Centre (HSPRC) at Brighton University.

A survey of 131 households was carried out (Stage 1), followed by a much more intensive survey of 20 of these households (Stage 2). For the latter survey the fieldwork was carried out by the Limehouse Project, a local advice and information agency with multi-lingual capacity. Their researchers were briefed to act both as researchers and where necessary as advisors. Their task was to collect the necessary detailed information on all aspects of household finances, to check that all appropriate benefits were being claimed and to ensure that all advantageous utilities tariffs were known about. The necessary steps were taken where this was not the case.

Key findings:²

- only a very small percentage of adults were in work and there was a very high level of benefit dependency
- apart from this high benefit dependency, a number of other barriers to entering work were identified such as self-perceived shortcomings in training, etc.
- households now enjoy better space standards and improved housing quality, although some criticisms of standards and management remain
- allowing for standardisation for space, and the effects of local rent inflation, **rents for Stage 2 households have risen by an average of 14.8 per cent**
- most households have moved up the Council Tax banding and **six of the 20 Stage 2 households are now above the Council Tax Benefit cap (B and E)**
- water charges (now metered) have risen by an average of £1.62 per week for the Stage 2 households
- **taking all costs together, the Stage 2 households are facing cost increases averaging nearly 27 per cent (or £22.87 per week)**

- the main feeling of residents is that there was insufficient advance information about cost increases, not that this is too much to pay for the better conditions
- six of the 20 Stage 2 households are **having to economise on food and other spending**; this could well lead to negative health outcomes
- these increased costs have also increased dependency on a number of benefits and complicated the task of moving from benefits to employment.

Lack of impact on national inequalities

One of the explicit aims of ABIs is to help redress national health and other inequalities. But there is ample evidence that these show little sign of diminishing (for a review see 1, section 4). In fact, some measures indicate that inequalities are still increasing.⁹ Other recent work¹⁰ builds upon work from the 1970s and 1980s¹² and uses the Family Resources Survey to make it clear yet again that the majority of poor people do not live in 'poor' areas. The integration of better-off and worse-off is much more fine-grained than that, and the poor are, more or less, everywhere. The inference must be that small area ABIs, whatever else they might achieve, are a blunt instrument for redressing national inequalities.

If current urban regeneration strategies are failing to achieve one of their key objectives, why might this be? The point here is not to question the capabilities and hard work of the many programme workers and residents who are seeking to bring about improvements to areas suffering desperate need, and producing some remarkable local successes. Rather, the point is to encourage a constructive re-think of some of the underlying principles of current regeneration strategy.

Re-thinking the principles

- **'Projectitis' and energy absorption** – the problems faced by many poor households derive largely from the decline in quality of key local 'mainstream' services such as housing, health care, education and policing. These problems are well

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understood – certainly by residents. Their treatment by means of a plethora of individual projects with different time-scales, aims and rules, and initiated by different Government departments, carries its own internal costs. The burdens placed on everyone trying to deal with the relentless pace of initiatives, and the new financial control systems they require, are enormous. A mindset of chaotic and mindless busy-ness can ensue, which produces a desperate need for periods of reflection – 'withdrawal with intent to return' in Toynbee's words – which are simply not available under the rush of events. The lack of 'systems' thinking means a loss of energy as effort and money are applied to process rather than to producing change. In short, *there are signs that these programmes can absorb, rather than transmit, regeneration energies.*

- **Persistence with the ABI strategy** – the 'area-based initiative' strategy has been subjected to continual and rigorous criticism since at least the early 1970s (see 1, pp 88–90 for a review). Attention has been drawn to the small size of the ABI spend in relation to the 'mainstream' spend (whose effects are often regressive¹¹), the fact that such programmes assist only a minority of the country's poor,¹² the concentration on 'deprived estates' which implies that problems that are in fact almost ubiquitous occur only in these limited areas,¹³ the misplacement of poverty from people to areas,¹⁴ and the reluctance to accept that only increased and progressively restructured public expenditure will tackle long-term poverty.¹⁵ To these could be added the stereotyping problem, the energy wasted in preparing bids and the frustration of those in similar conditions living just outside the selected areas.
- **The misplacement of responsibility** – the implicit strategy of marginalising widely-occurring problems into small areas carries with it an explicit loading of responsibility onto the current residents of those areas, many of them poor and pre-occupied with just 'getting by'. It has now become very difficult in some areas to recruit residents for yet another round of focus groups. Incentives are being offered under 'home miles' schemes to

induce residents to act as 'good citizens' and get involved in community development activities – an approach that might be viewed as patronising in leafier areas since we all wish to make our own choices in such matters. Local residents may well wish to develop their capacity to complain more effectively about poor service delivery. This is different from being asked to act as foot soldiers, usually unpaid, in the battle to combat the effects of the collapse of local economies.

- **Hierarchical attitudes and 'capacity building'** – there is an easy assumption that it is residents whose 'capacity' needs building. This is allied to the vertical, and virtuous, dualism of 'top-down – bad' versus 'bottom-up – good'. A 90° shift of mindset is required. Everyone – residents, local agencies, consultants, academics – has a roughly equal need to work on their attitudes, presumptions, language and ways of doing business if the imagination necessary to bridge the chasms in understanding is to be released. Furthermore, it is crucial that this work on building communication capacity and establishing common ground takes place *from the point when a bid is envisaged* and not at some later point when funds are already flowing.
- **Cross-sectoral problems, mono-sectoral thinking** – the complex inter-relationships between socio-political housing conditions and health were grasped by Virchow more than a century ago¹⁶ and an attempt was made as long ago as the early 1920s, on the direction of the Health Minister, to quantify one set of costs generated for health budgets by poor housing.¹⁷ Recently, an exploratory matrix of the 'exported costs' that might plausibly be generated by poor housing conditions has been advanced¹⁸ and some estimations made of some of these.⁸ Although some cross-departmental units in Government have recently begun to address these issues, there is as yet nowhere near the research effort required to explore and measure the clearly considerable effects of these 'cross-sectoral' costs and to work towards the more holistic investment strategies that would emerge from such analysis.

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With thanks to our partners in the work:

Housing Corporation (funding)
Limehouse Project
Queen Mary University of London (Public Policy Research Unit)
Stepney Housing and Development Agency (provision of data and funding)

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About the Health and Regeneration Programme

The King's Fund established a Health and Regeneration Programme in late 2000. The Programme is informing and supporting policy and practice on:

- the role of the NHS and local authorities as employers and purchasers of services and goods in the regeneration of the local economy
- the reduction of inequalities in health and health care through regeneration.

For further information about the Health and Regeneration Programme, contact Teresa Edmans, Health and Regeneration Programme Manager at the King's Fund on 020 7307 2675 or e-mail s.loyd@king.ac.uk

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