

# Do spatially targeted initiatives improve health and well-being?

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# | Outline

- Relationship between poverty, place and health
- Policy context: a 'post-regeneration' era?
- Findings from NDC and other ABIs
- Reflections

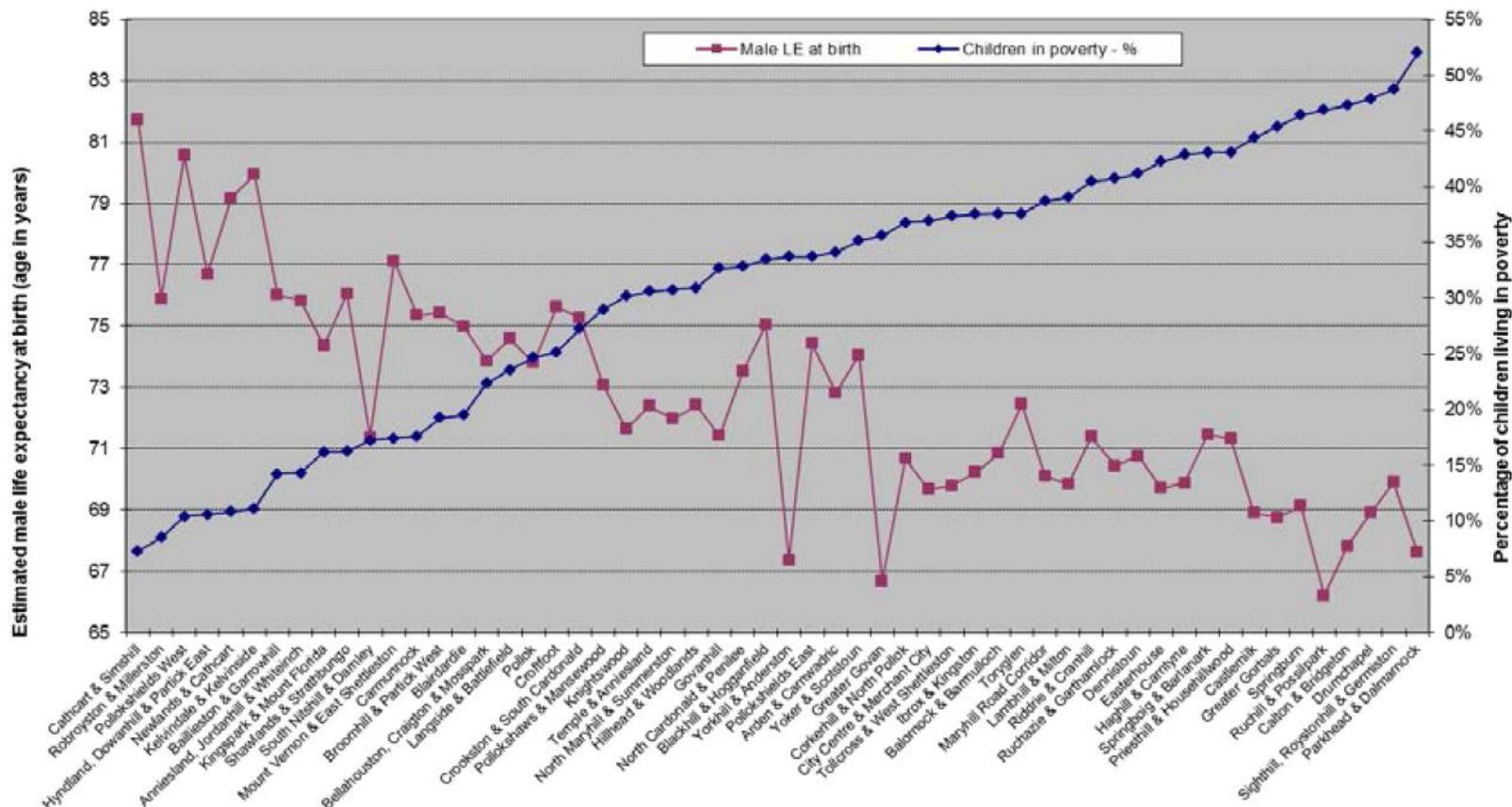
## Poverty, health and place

- Link between poverty and health well-established (e.g. Pantazis *et al*, 2006)
- Poverty can contribute to poor health (diet, housing + environment)...
- ...and poor health can contribute to poverty (loss of income, cost of treatment)
- Poverty and health inequalities have a spatial dimension

# Poverty and life expectancy within neighbourhoods

**Estimated male life expectancy at birth (2008-2012) versus child poverty (2011), Glasgow neighbourhoods**

Source: GCPH from data supplied by National Records of Scotland and Her Majesty's Revenue and Customs



Source: Whyte (2016)

## What are spatially targeted initiatives?

- Regeneration = *'policy interventions seeking to achieve some combination of economic, physical, social and environmental improvements in defined geographical areas that have experienced decline'* (Crisp et al., 2014)
- ABIs = *'time limited programmes, designed to address either a particular issue, or combination of problems, impacting on pre-defined urban localities'* (Lawless, 2006).

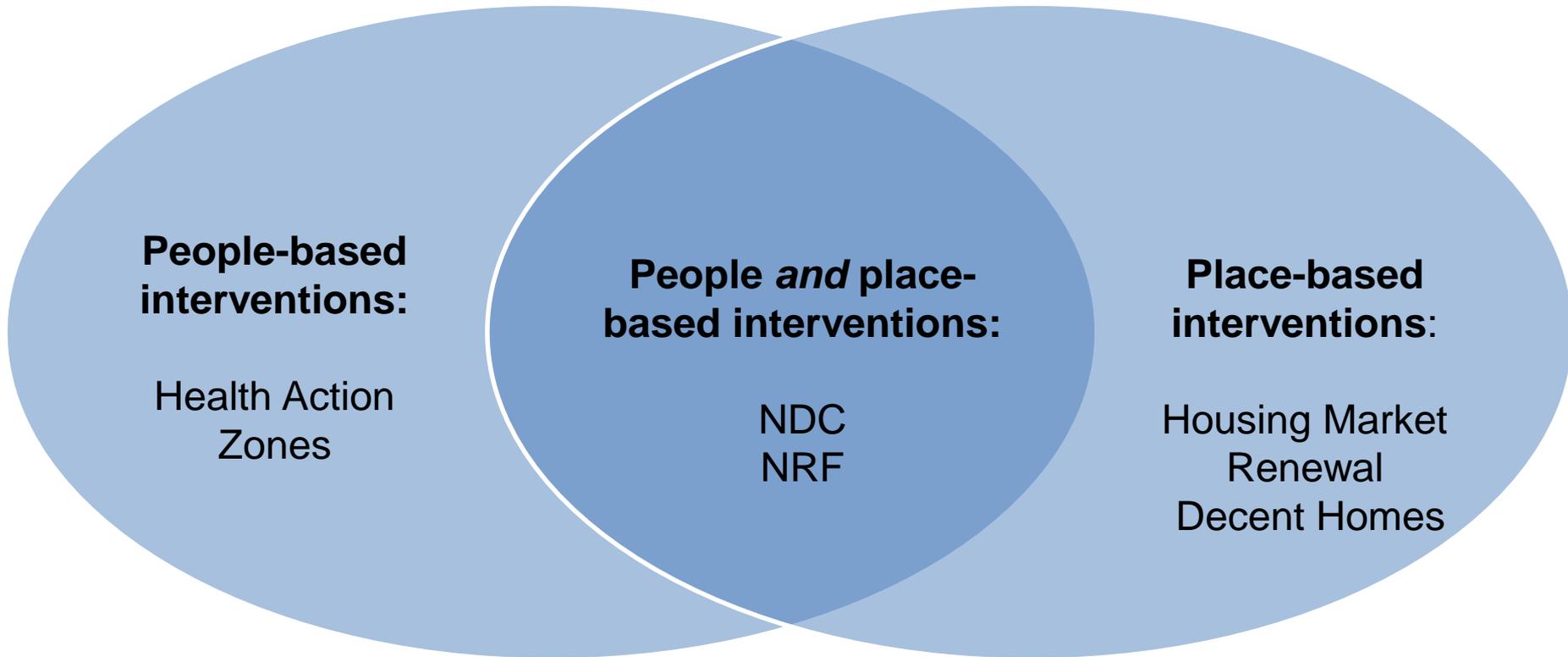
## Why target areas?

- To address the compounding disadvantages of 'area effects'...
- ...but challenged by notion of 'sorting effects'?
- Other rationales come into play:
  - Targeting limited resources
  - Tackling negative features of *areas*
  - Improving effectiveness of services
  - Harnessing local knowledge

## The shift to holistic regeneration

- Area-based regeneration focused on physical + economic renewal in 1980s
- Failure of 'trickle down' led to switch to more holistic approach:
  - City Challenge (1991)
  - Single Regeneration Budget Challenge Fund (1994)
  - New Deal for Communities (1998)
  - Neighbourhood Renewal Fund (2000)

# Different approaches to tackling health inequalities



# Regen spend by activity type (2009/10-2010/11)

Regeneration Activity Type	£m p.a.	% of all annual core regeneration expenditure
<b>People-based interventions</b>		
Community Development (volunteering, community facilities, investment in community organisations, formal participation)	35	0.3
Health (healthy living, smoking cessation, drug and alcohol treatment, teenage pregnancy, supported living)	17	0.1
Education (truancy, classroom assistants, raising aspiration mentors, family learning support)	70	0.6
<b>Total share of budget on 'people-based' interventions</b>	<b>122</b>	<b>1</b>
<b>Place-based interventions</b>		
Housing (New dwelling construction, demolition and new build, improving existing stock)	6460	64
Environmental (Open space/community space/nature reserves, public realm, street and environmental cleanliness)	437	4.4
Crime (neighbourhood wardens, community policing, CCTV, partnership working)	19	0.2
<b>Total share of budget on 'place-based' interventions</b>	<b>6916</b>	<b>68.6</b>

Adapted from Tyler (2013)

## A 'post-regeneration' era?

- Regeneration policy after 2010:
  - End of top-down ABIs (NDC, HMR) + strategies (NSNR)
  - Narrative of failure
  - New structures of sub-regional governance (LEPs, Combined Authorities, metro mayors)
  - Shift in emphasis from capital to revenue spend
  - Big society, localism + 'DIY' regeneration (Neighbourhood Planning, Community Rights)
  - No major programme or national strategy!

# Our research

## 1. National Evaluation of New Deal for Communities

<http://extra.shu.ac.uk/ndc/>

## 2. Regeneration and poverty: policy and practice review

<http://www4.shu.ac.uk/research/cresr/ouexpertise/area-regeneration-and-localisation-evidence-and-policy-review>

## 3. Community led-approaches to reducing poverty in neighbourhoods

<http://www4.shu.ac.uk/research/cresr/ouexpertise/community-led-approaches-tackling-poverty>



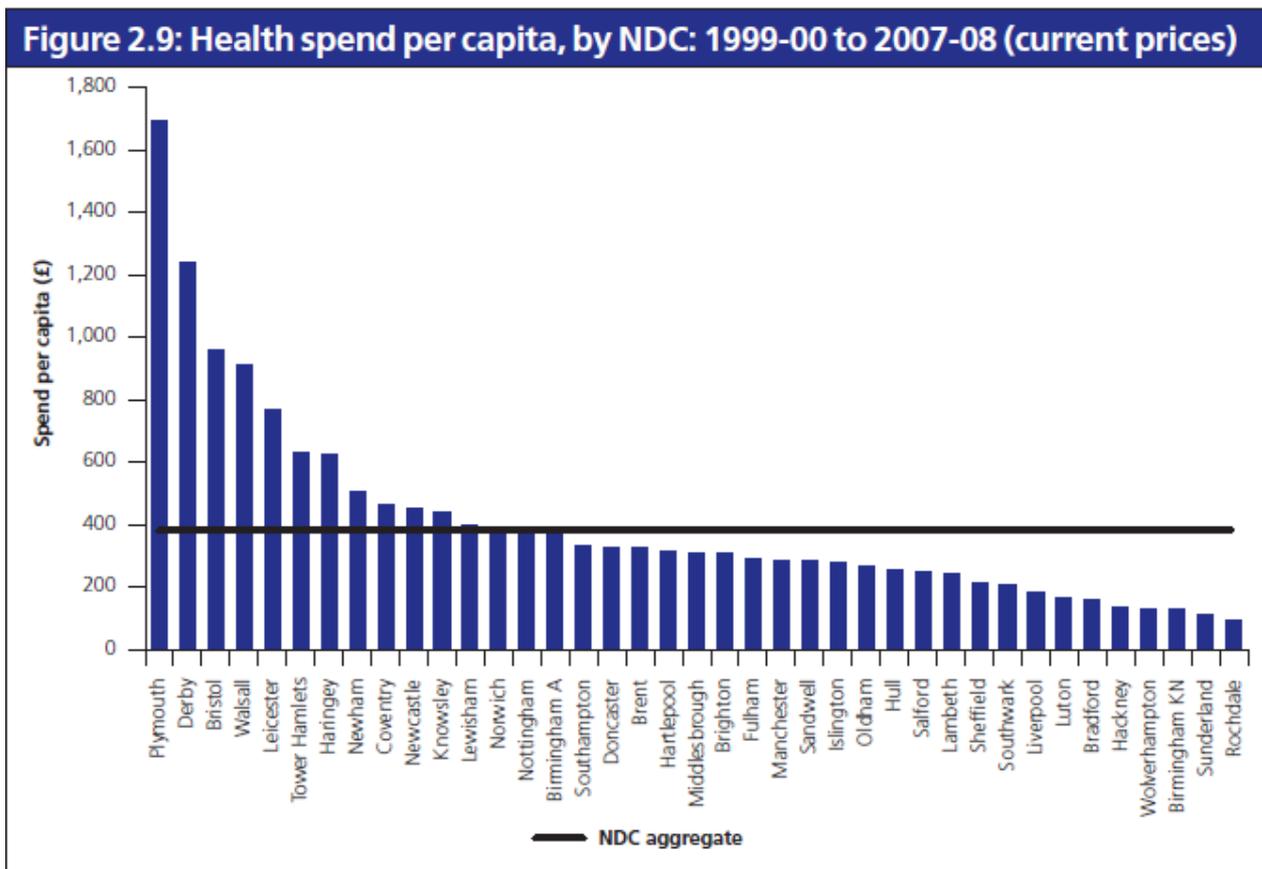
Exploring and explaining change in regeneration schemes: Evidence from the New Deal for Communities Programme  
The New Deal for Communities National Evaluation: Final report – Volume 5



## The NDC approach to tackling health inequalities

- NDC spend = £148m + £72m of leveraged funding (1999-2008)
- Key priorities:
  - new/improved health facilities inc. extra staff
  - promoting healthier lifestyles
  - targeting vulnerable groups

# Spend per capita low



Source: CEA, System K

# NDC - improvements in absolute outcomes

<b>Table 4.1: Health indicators: eight showing greatest change</b>		
	<b>2008</b>	<b>Change 2002-2008</b>
Felt calm and peaceful most/all of the time during past four weeks	54	6
Trust local health services a great deal/a fair amount	81	6
Smoke cigarettes	35	-5
Very/fairly easy to see family doctor/GP (a)	75	4
Feel own health not good	19	-4
Never eat five portions of fruit or vegetables in a day	15	-4
Felt down in the dumps most/all of the time during past four weeks	8	-3
Been a happy person most/all of the time during past four weeks	67	2

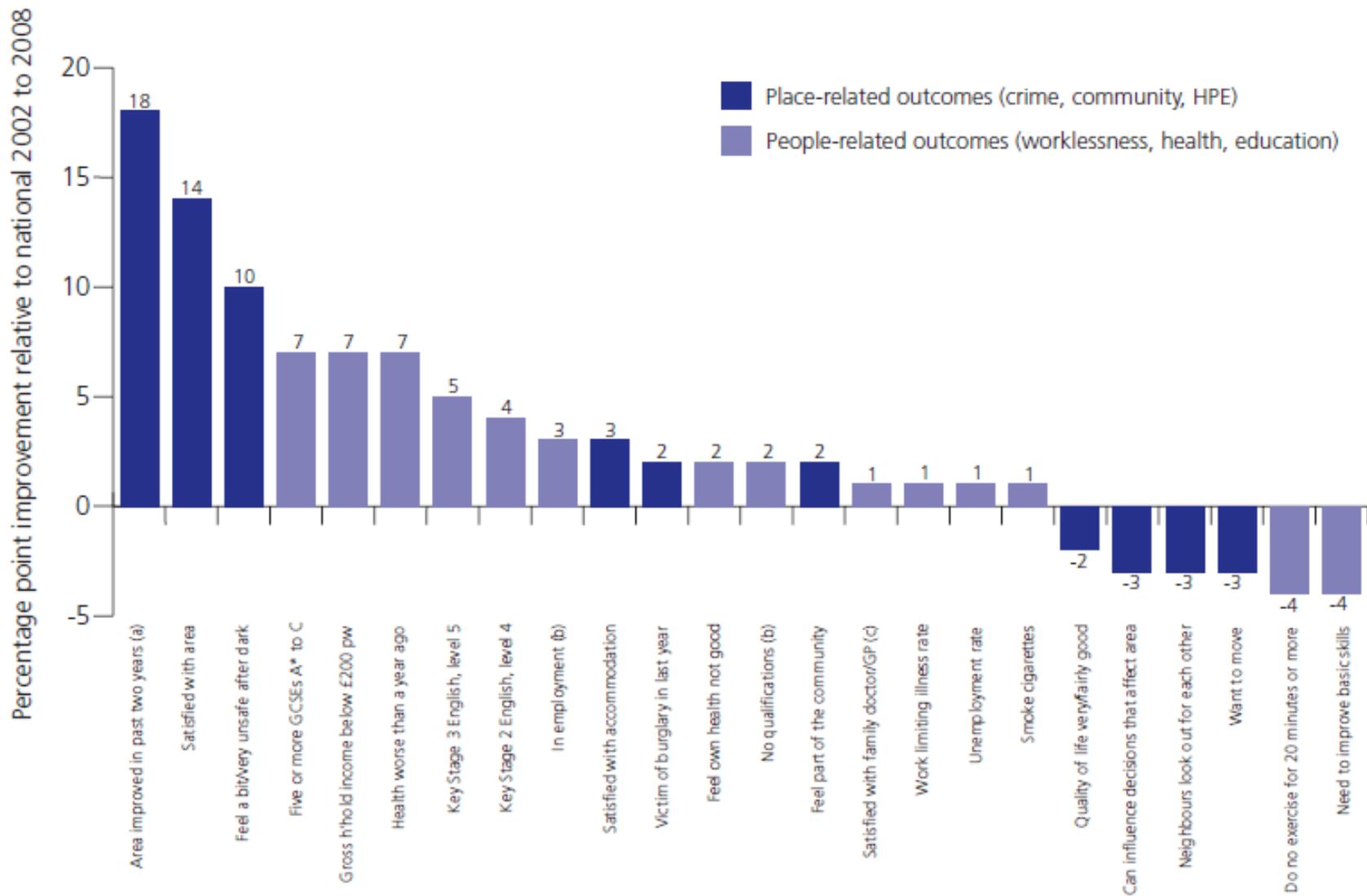
Source: Ipsos MORI NDC Household Survey 2002-2008

Base: All; (a) All seen GP in last year

Bold: Change significant at the 0.05 level (Z test)

# Did NDCs areas narrow the gap with England?

Figure 3.2: NDC improvement relative to national benchmarks: 2002 to 2008



# The SF36 mental health score

## Ipsos MORI Question QHE5:

These questions are about how you feel and how things have been with you during the past four weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past four weeks.

## Five components included within SF36 mental health score:

- A Have you been a very nervous person
- B Have you felt so down in the dumps that nothing could cheer you up
- C Have you felt calm and peaceful
- D Have you felt downhearted and low
- E Have you been a happy person

## Responses:

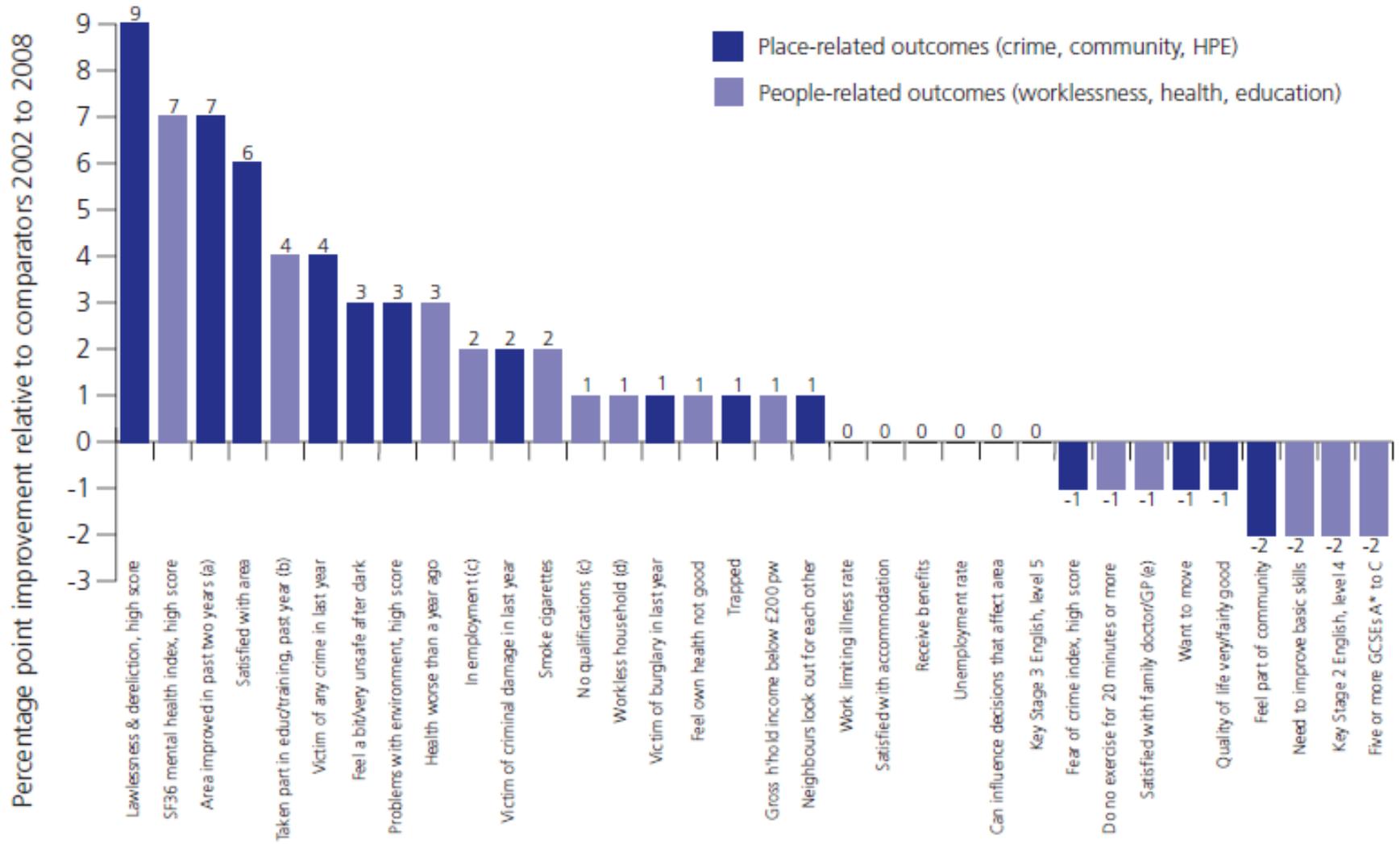
- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

## Contribution towards composite score

Components A, B & D	Components C & E
1	5
2	4
3	3
4	2
5	1

# Improvements relative to comparator areas

Figure 3.3: NDC areas improvement relative to comparator areas: 2002 to 2008



## Longitudinal change

- Longitudinal analysis (2002-06) shows that improved mental health scores associated with improvements in:
  - Fear of crime or being a victim of crime
  - Satisfaction with accommodation
  - Satisfaction with area
  - Social relations
  - Vertical trust
  - Employment status (not into work - in work)
  - General health
- Mutually beneficial links across outcomes around crime, the environment, trust in local agencies, social relations, and mental health

## Putting NDC into context

- Targeting health inequalities through a dedicated programme (**Health Action Zones**) had limited impact
- But place-based regeneration schemes often report positive impacts on health and well-being:
  - **Decent Homes** = lower incidence of cardiovascular and respiratory complaints; a reduction in falls and accidents requiring medical attention, and fewer GP visits and hospital admissions ; improved satisfaction with home and neighbourhood + enhanced well-being amongst tenants
  - **Housing Market Renewal Pathfinders** = improved living conditions, enhanced health and higher feelings of safety due to better security and reduced incidence of crime

## But regen doesn't always improve H&WB...



How SAD Does THIS House LOOK.  
The life and soul DENIED out of it.  
its A SITHAM in good Community Split  
APART And not many old folk made  
THE JOURNEY  
GOD LOVE THEM ALL



This is my old home. I lived with  
my husband, and family, in this house  
for 47 years, we had very happy  
times, there, sadly we had to leave  
in Nov. 2006. Due to demolition,  
we left a lot of memories there.

## Can communities fill the gap?

- Evidence that community-led activities have beneficial impacts on health and well-being:
  - Volunteering in disadvantaged n'hoods enhances well-being, social interaction and perceptions of area (e.g. Hickman et al., 2015)
  - Food banks improve well-being for users with mental health issues through social interaction (Garthwaite *et al.* , 2015)
  - Social groups to tackle report increased confidence + well-being → work or education (Parsfield, et al., 2015)
  - Volunteers in Empty Homes Community Grants programme see increase in self-esteem (Mullins and Sacranie, 2014)
- But evidence base poor, activities undermined by Austerity + difficult to achieve scale

## Final reflections and implications

- Spatially targeted initiatives have not dramatically reduced health inequalities..
- ..but still can improve aspects of health and well-being esp. mental health in relative terms
- Limited evidence that *dedicated* health initiatives work best..
- ..but associations between MH + place-based improvements suggest value of *holistic* interventions
- Policy developments a concern given that:
  - Devolution has seen a *loss* of focus on disadvantaged n'hoods
  - DIY regeneration + community-led activities unlikely to fill gaps
- Engaging communities could redress democratic deficit of devolution + remind policymakers of needs + priorities
- 'Inclusive growth' agenda may provide strategic focus