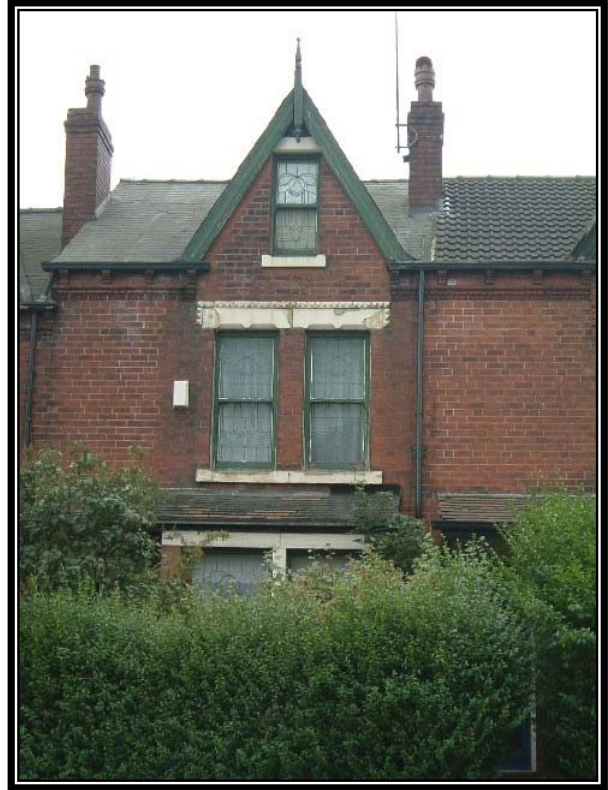


# A Health Impact Assessment of Group Repair in Beeston Hill

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**HIA working group members:**

**Mark Dolman  
Alison Jennett  
Samantha Lowe  
Mark Rutherford  
Janet Smith  
John Swift**

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## **A Health Impact Assessment of the Beeston Hill Group Repair Scheme**

### **1. Executive Summary**

Group Repair schemes are a tool used to secure improvements to the appearance of terraced housing within a wider area of regeneration. The schemes focus on external renovation and repairs of owner-occupied and private sector rented property.

This Health Impact Assessment has shown yet again that housing conditions are a determinant of people's physical and mental health and wellbeing. There is some indication that people feel better about their health when they feel better about their neighbourhoods.

Reduced environmental stress, particularly in terms of reduced fear of crime, appears to reduce mental stress.

Overall, Group Repair is seen to have a positive impact on the health of people living in a scheme area. This is especially important in view of the fact that Group repair schemes tend to be located in some of the worst areas of deprivation where houses are occupied by the most vulnerable members of communities who are already experiencing poor health and long term conditions.

However key informants have repeatedly stated that health is not a consideration when identifying a suitable area for a Group Repair scheme.

Four enhancement options were briefly considered and recommendations are therefore made to the effect that:

- Potential improvements to people's health and wellbeing should be a consideration when identifying a locality for Group Repair work.
- All relevant partners must be engaged to tackle particular health issues in the locality at the same time as repair works are being undertaken.
- Consideration should be given to facilitating additional internal works which could enhance the positive health impacts e.g. tackling thermal efficiency and/or eliminating category 1 hazards.

It appears, from this HIA, that about a third of residents in an area designated for Group Repair, fail to participate in the scheme. It is further recommended that the reasons for non-participation are identified in order to secure additional positive health benefits.

## 2. What is Group Repair?

Group Repair schemes were first used by local authorities as a regeneration tool in the early 1990's. The schemes comprise major external renovation and refurbishment programmes which aim to improve the condition and appearance of whole terraces of housing rather than just individual houses. Aimed at the private sector and offered to both owner occupiers and landlords, the scope of the works includes full renovation of all external elements including new roofs (and insulation), windows, doors, re-pointing and painting of masonry features. Work is also done to boundary walls, gates, railings and front gardens.

By establishing links to wider regeneration initiatives, such as the Beeston Hill Partnership, there is the potential to programme the work of other departments and agencies to coincide with a Group Repair scheme and achieve a greater overall impact e.g. by providing new street lighting, signage and resurfacing roads and footpaths. By working with organisations such as Groundwork there may be the opportunity to landscape public spaces and provide hanging baskets and planters to further improve the amenity of the area.

In Leeds owners are asked to contribute 25% of the reasonable costs of works to their property, although this can be reduced for owner occupiers who can demonstrate financial hardship. Costs per property vary depending upon size and existing condition. The typical cost for a full scheme including fees @ 10.5% would be around £42k, giving the owner a 25% contribution of around £10.5k.

The aim of group repair is to transform the appearance of otherwise run down, and often neglected properties and give relatively deprived areas a 'lift'. This collective approach has been shown to be more effective than the previous 'pepper pot' approach of renovating individual properties.

As such group repair can boost investors' confidence in an area and provide a stimulus to the housing market helping to address issues of low demand. The process itself, which involves widespread community consultation and residents meetings, can help to bring communities together and build community cohesion and social capital. This is illustrated by some of the community projects that derived from Group Repair in Beeston, an illustration of this Added Value can be seen in Appendix 1.

### 3. About Health Impact Assessments (HIA)

#### 3.1. Their Purpose

Based on an e-mail consultation and an international workshop<sup>1</sup> a consensus paper<sup>2</sup> defines HIA as '*a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population*'.

Ideally HIAs should be conducted prospectively, but they can be used retrospectively and concurrently with the policy, programme or project under consideration. A further emphasis within an HIA should be a consideration of the impact of the activity on health inequalities, although this issue continues to be debated. It should be noted that the HIA concept provides a mechanism to assess the health impacts of an activity which may at first be considered to have little or no direct relevance to health.

The function of the HIA therefore is largely twofold:

- to demonstrate to what extent an activity (see below) does or does not produce health benefits, or indeed whether it produces negative health impacts.
- to make recommendations to amend the activity to enhance the positive health outcomes or mitigate adverse impacts.

#### 3.2. The Toolkit Approach

Some phases of the group repair scheme have already been completed, but phase 6 is in progress and other phases will be the subject of future funding bids in the pipeline. As there is the potential to vary future phases in relation to impacts on health, a HIA was deemed appropriate.

There are several approaches to conducting a HIA and there is an increasing amount of literature about the HIA process. Therefore a user friendly 'HIA Toolkit for Public Health Practitioners' has been developed jointly by Leeds CC & Leeds PCT. In the Toolkit the terms 'policies, programmes and projects', usually associated with HIAs have been replaced by the term 'activity/activities'. The Toolkit has been used to conduct the HIA of the group repair scheme. The completed worksheets, which are a fundamental part of the Toolkit, can be found in Appendix 5.

**Screening** considered the aims & operation of the Group Repair and deemed it suitable for an Advanced HIA. **Scoping** identified the populations most likely to be affected by the activity and the stakeholders who would need to be involved or consulted. **Terms of Reference** were drawn up and a Health Impact Statement (HIS) subsequently produced. The **Appraisal** stage and **Recommendations** are described and discussed in subsequent sections of this report.

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<sup>1</sup> Health Impact Assessment: from Theory to Practice. Report on the Leo Kaprio Workshop. Gothenburg: WHO European Centre for Health Policy & Nordic School of Public Health 2001.

<sup>2</sup> Health Impact Assessment: Main Concepts and Suggested Approach. Consensus paper. Brussels: WHO European Centre for Health Policy. <http://www.who.dk/hs/EHCP.index.htm>

## 4. Policy context

### 4.1. Private sector housing priorities

Nationally private sector housing priorities have been identified in a number of documents such as the National Strategy for Neighbourhood Renewal, the 'Communities Plan – Sustainable Communities: Building for the Future' and more recently in 2006 the DCLG discussion paper "From Decent Homes to Sustainable Communities". The key priorities being:

- Addressing decency in private sector housing
- Tackling low demand
- Ensuring vulnerable people in private housing live in a decent home
- Assisting comprehensive & sustainable regeneration
- Fair access to housing and housing services for all

It follows that whilst regional policies will need to address issues that may be unique to the region they should never the less contribute to national priorities which are relevant to all regions, all be it on differing scales.

The West Yorkshire Housing Partnership (WYHP) is a voluntary strategic partnership of local authorities, housing associations and other stakeholders working across Bradford, Calderdale, Kirklees, Leeds and Wakefield (the West Yorkshire sub region). The partnership has a key role in co-ordinating and assessing funding bids for housing regeneration schemes prior to submission to the regional housing board. Obviously for any bids to be successful they will need to demonstrate that they contribute to both national and regional housing objectives and are deliverable.

The partnership has identified 5 key objectives to meet its aim of "working together to contribute to sustainable economic growth and an enhanced quality of life in West Yorkshire by improving the sub-region's housing offer and peoples' access to it":

- building more (and more affordable homes) in response to economic and household growth in the context of urban regeneration.
- to ensure there is a sustainable housing market
- to promote a rich diversity of cultures and contributes to building community cohesion
- to assist vulnerable people to achieve and maintain independent living,
- to improve health and wellbeing through better quality homes and neighbourhoods

Local housing policies whilst influenced by the above also need to contribute to Leeds' wider corporate priorities as part of a holistic approach to delivering the "Vision for Leeds". In this respect 'narrowing the gap' between the poorest and wealthiest parts of Leeds is of particular significance. Beeston Hill was identified as one of the low demand areas in the city that needed to be brought up to the standards of the rest of the city.

City wide plans are translated into action at an area level through the Area Development Plans (ADPs) produced by each of the 10 area committees. This is where the detail in relation to the Housing Investment Program can be found and where specific types of intervention such as Group Repair are detailed.

It is evident that the raison d'être for Group Repair is largely based on achieving economic regeneration and housing market sustainability and these themes are reflected in the subsequent bidding documents to secure funding for this type of intervention.

Whilst there is a recognition that health and wellbeing can be improved by providing better quality homes this does not seem to have been put forward as a key reason for undertaking Group Repair or other housing interventions in many bid documents i.e. it forms part of the supporting cast but isn't a main player.

#### **4.2. The business case for Group Repair in Beeston**

Over the last 40 years the Beeston Hill area has been in sharp decline due to the loss of traditional industries such as foundries, paint manufacturers, engineering works and heavy metal pressing. These were major employers in the area and their closure resulted in high levels of unemployment. For several reasons Beeston hasn't shared the benefits that the renaissance of Leeds as a city, north of the river, has seen. There are several natural and man-made barriers that have unwittingly separated Beeston from the city centre – the river, the canal, railways and M621. It has subsequently proved very difficult to attract the same levels of investment in the area, from the new retail and service industries, which have been achieved elsewhere. This has manifested itself in general neglect accompanied with high incidence of crime and vandalism. The economic downturn in Beeston Hill has resulted in a lack of investment in the private properties in the area with a number of properties becoming derelict and others abandoned. Parts of the area are unattractive and unpopular places to live, and this is reflected by the low property values.

The 2004 Index of Multiple Deprivation depicts an area experiencing some of the most severe levels of deprivation in the country. Of the 27 SOAs that cover the City & Hunslet ward, 6 are in the worst 3% nationally and a further 2 are in the worst 10%. Consequently it is a target area for large scale improvement within the Vision for Leeds 2004-20, the Corporate Plan 2005-8 and the Leeds Regeneration Plan 2005-08.

Prior to the declaration of the renewal area a survey was carried out on behalf of the Council, by Sheffield Hallam's Centre for Regional Economic and Social Research (CRESR), to consult with residents and obtain their views on the priorities for improving the area. They also found out details about existing tenures within the area, and identified sub-areas where people were committed to staying within the area, plus other sub-areas where people indicated greater desire to move away from the area.

The key issues for residents and landlords at that time can be summarised as follows:

- There is a very high degree of residential dissatisfaction with the study area as a whole, although many local residents were satisfied with their own street or part of street.
- Residents are often more positive than other stakeholders about sub-areas which are seen as particularly problematic. This may be linked to residents overall self esteem about where they live and their perceived lack of choice about where they live.

- There is no consensus amongst local residents about where the 'best' or 'worst' parts of the area to be found. Typically residents report their own immediate environment to be better than elsewhere in the study area.
- There is more consensus about the positive and negative aspects of life in the study area as a whole. Residents and stakeholders alike thought that the area was blighted, unclean and plagued by crime and drug use, but that it has good local shops, amenities and transport links.

Based on this research a partnership of Leeds City Council, Re'new, local housing associations, the Housing Corporation and local residents produced a regeneration strategy for Beeston Hill in 2002. The strategy seeks to change the area from high transience due to high levels of dissatisfaction, to a place where a stable population wants to live and where new owner occupiers, in particular, will invest. Targeted investment to the housing stock would take the form of face lift and Group Repair Schemes.

The first improvements were a facelift scheme for Tempest Road which is a busy thorough-fare. Starting here sent out a highly visible message to local people as well as potential outside investors that significant improvements are being implemented and the negative image of the area challenged. The Tempest Road works started in June 2003 and were completed at the end of June 2004.

Subsequent works involved more comprehensive Group Repair programmes to be delivered in several phases. These are designed to continue the theme of challenging the negative image of the area by addressing the external appearance of the properties. However the more substantial nature of the works compared to the face lift scheme, will also secure significant long term improvements to the condition of the housing stock.

The initial budget allocation for Group Repair was £4.8million in 2003 which covered the cost of phases 1 & 2. Further allocations were received as follows; £1.8 million was received in 2006 for phase 3, in November 2007 a further £2.1million was received for phase 4, in July 2008 £1.5m was received for Phase 5 and in July 2009 £1.64m was received for the phase currently in progress, phase 6. Therefore a total of £11.84m has been invested into the area for Group Repair schemes to date.

## 5. Appraisal

Appraisal is centred on developing and implementing a methodology to assess the health impacts of the activity. In this instance a Group Repair Scheme. The application of a HIA in a socio/economic environment is largely a qualitative process as precise-cause effect relationships are difficult to prove. Key elements include a review of existing documented evidence, population and/or community profiling, and understanding the relationship between the activity and relevant health determinants. An important feature is the evidence gathered through consultation with appropriate stakeholders and informants.

Primary stakeholders with regards to the scheme are those people who have agreed to participate and have works carried out to their homes. Other stakeholders would be occupiers of nearby properties not participating in the scheme, council officers and the contractor.

### 5.1. Population and Housing Stock Profile

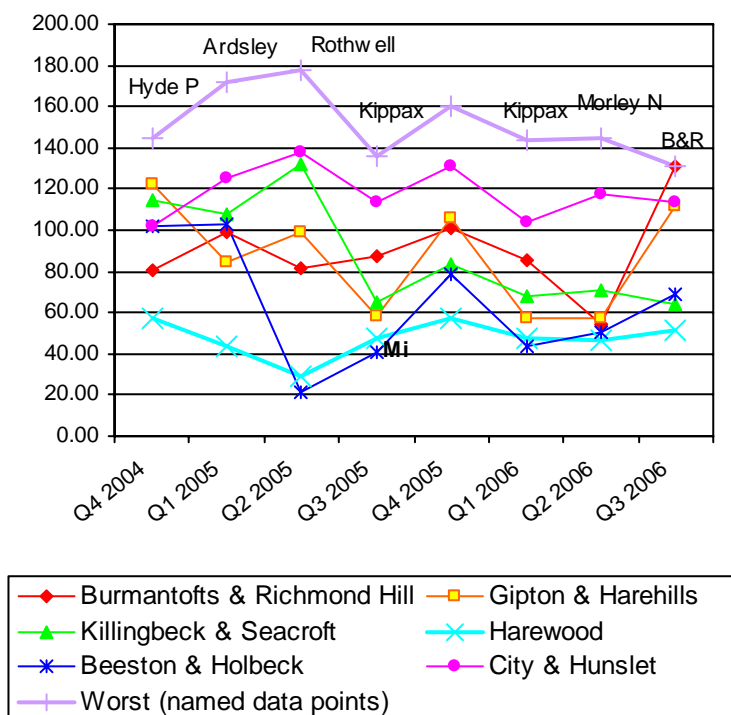
The Beeston Hill Renewal Area falls within the lower level SOA referred to as E375 in the City & Hunslet ward, rather than the Beeston & Holbeck ward which can be confusing when analysing populations. 2001 Census figures record a total of 1553 people living in this SOA with 39% of people being in the age group 0-19 and 9% over 60. The BME population was estimated at 49%. This compares to Leeds as a whole with 26% of the population being in the age group 0-19 and 20% over 60, and a BME population of 10.8%. The profile is therefore significantly different in that there is a much younger population and larger BME population in the area relative to Leeds as a whole. In 2004 it was ranked 162 out of 32,482 lower level SOAs in England in terms of the index of multiple deprivation. Table 1 below offers a comparison between the SOA in which the Group Repair scheme is located and the least deprived SOA in Leeds. As can be seen significant inequalities exist between the least and most affluent areas of Leeds. Clearly any improvements in health that can be secured in deprived areas through Group Repair will contribute to narrowing this gap.

**Table 1. Super Output Area Comparison**

Measure	City & Hunslet E375	Kirk Deighton E699
Leeds IoD ranking	6	476
Health, Deprivation & disability Domain	17	473
Households in receipt of a council administered benefit	46.1%	3.7%
Dwellings burgled	28.6%	6.7%
People with limiting long term illness	17.0%	11.7%
Economically active employees full time	26.25%	47.5%
Permanently sick/disabled	8.3%	1.7%

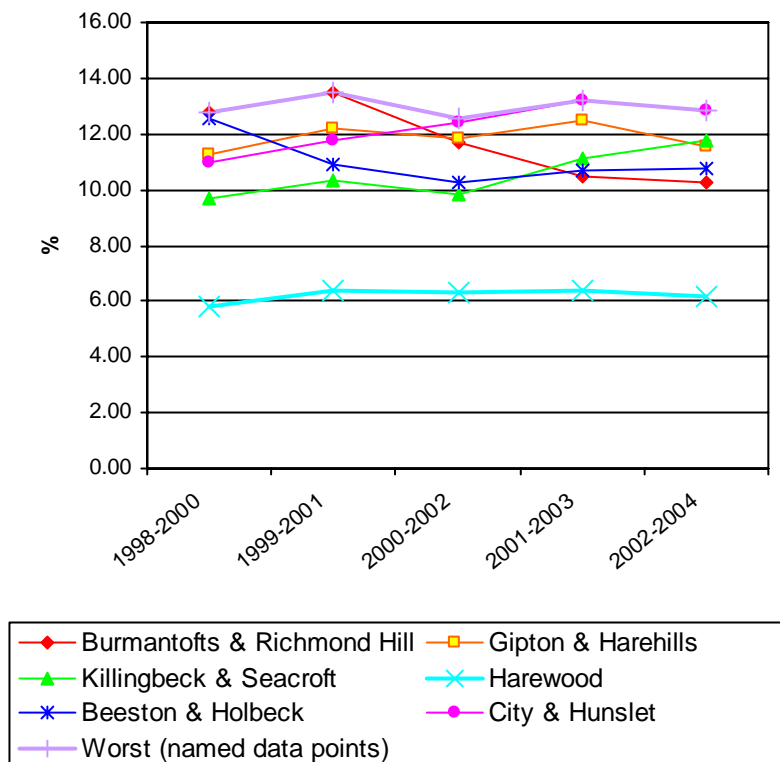
Looking at some specific measures of health we can see that City & Hunslet has some of the worst health problems. In tables 2 & 3 we can see that it is actually the worse ward in terms of coronary heart disease and infant mortality both of which have proven links with deprivation and poor housing.

**Table 2.**  
**CHD Under 75s DAS rates / 100,000**



**Table 3.**  
**Low Birth Weights (3 year rolling average percentage rates)**

Since 2002 City & Hunslet has had the highest rate of low birth weight babies.



### 5.1.i. Scale of Group Repair

The renewal area was formally declared on the 25<sup>th</sup> November 2002 and appendix 1 identifies the area covered which contains approximately 3,000 dwellings occupied by about 13,200\* people. Within a renewal area blocks of properties are targeted for improvement through Group Repair schemes. The schemes referred to here as 'phases' are shown in appendix 2. Phases 1,2,3,4 and 5 have already been completed and work in phase 6 (shaded light green) started in September 2009. There are 72 properties within the phase 6 target area, occupied by about 317 people; Approximately 35 to 40 property owners are expected to participate fully in the scheme, with a further 25 to 35 expected to receive "tying in" works only. Final figures will not be available until the scheme nears completion, in around March 2010.

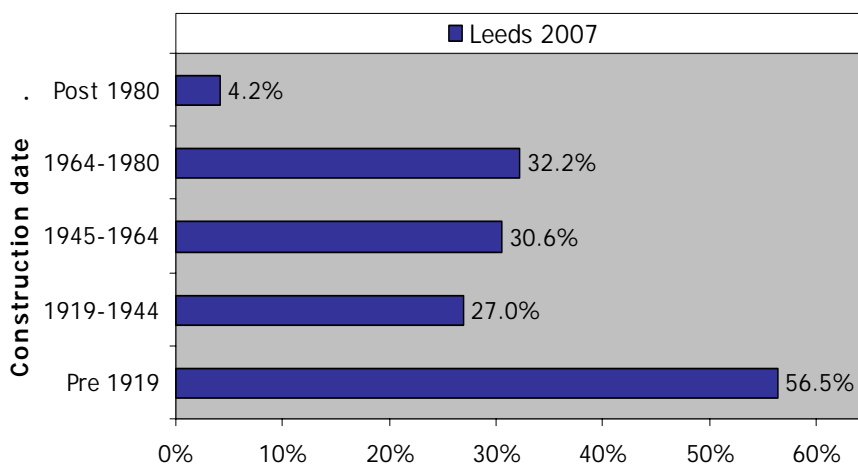
The previously completed phases of the scheme have already improved 265 properties occupied by about 1,166\* people to the full standard and 116 properties occupied by about 510 people have received 'tie in' works.

Properties in these phases were all constructed in the same time period i.e. pre-1919 whilst phase 6 properties are also of the same archetype being through terraces with basements. Most have had dormer conversions to provide an additional bedroom in the attic. They mostly have small yards to the front and larger rear yards opening onto a common access road. Phase 5 properties were mainly "back to back" houses.

### 5.1.ii. Condition of housing stock

Findings from Leeds Stock Condition Survey 2007 show that pre 1919 properties have the highest rate of failure of the decent homes standard and the most category 1 hazards (see tables 4 & 5 below) and consequently housing of this period is in the worst state of repair.

**Table 4. Non decent homes by construction date**



\* based on an average occupancy in previous phases of 4.4 people

The Housing Health and Rating System (HHSRS) can be used to estimate the impact of housing conditions on the health and safety of occupants.

When inspecting a property, surveyors are required to judge whether:-

- conditions in the property are likely to increase the risk of harm occurring
- factors exist that might increase the severity of the harm above the average.

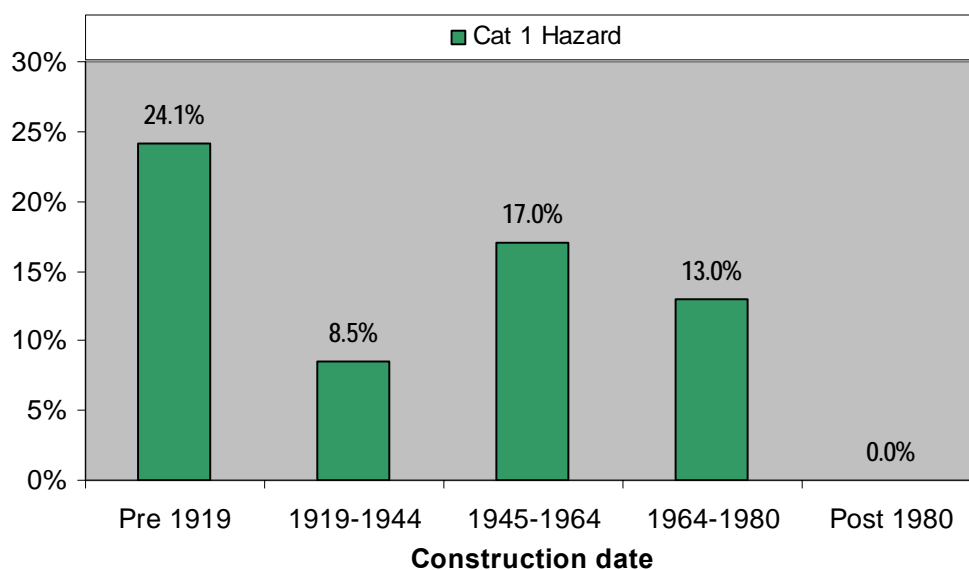
Scores are generated according to the likelihood that a hazard will result in harm being caused. This is generally expressed in terms of 'chance' e.g. 1 in 1000 chance of something happening. Factors that increase risk are also considered. A hazard is something that has the potential to cause harm and is categorised according to the perceived severity of the illness/injury it may cause. Taken together these variables are used to calculate an average score for each identified hazard in a property.

Scores are expressed as bands ranging from A to J. With A-C being the most hazardous and termed Category 1 and D-J less serious referred to as Category 2.

For enforcement purposes a local authority has a duty to deal with Category 1 hazards and the discretion to deal with Category 2 hazards.

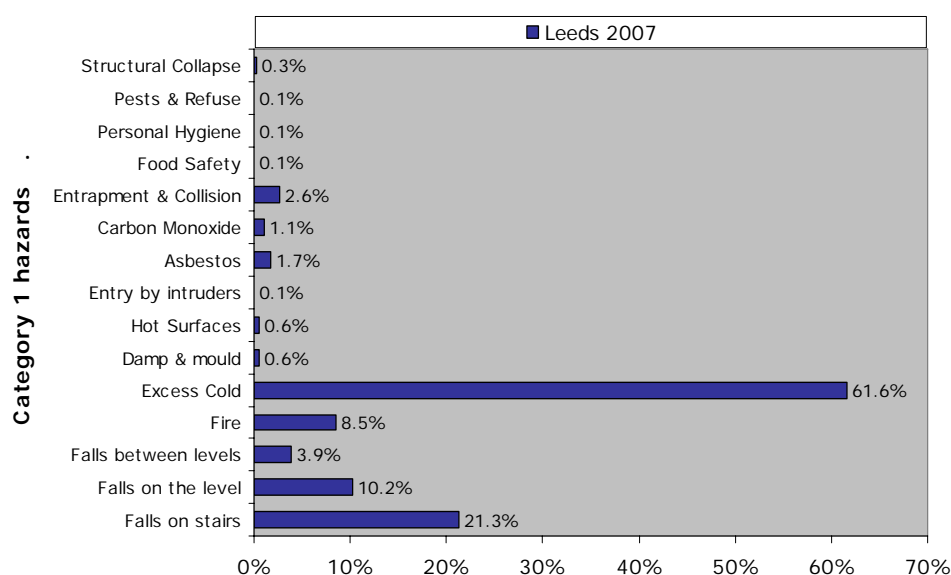
Table 2 below shows the occurrence of category 1 hazards in properties by date of construction. As can be seen pre 1919 properties - which is the period homes in the Group Repair scheme were constructed, have the most category 1 hazards.

**Table 5. Category 1 hazards by construction date**



The most common causes of category 1 hazards are shown in table 6. As can be seen excess cold at 61.6% is clearly the most common hazard. Two others are significant, falls (on the level, between levels and on the stairs) at 35.4% and fire safety at 8.5%. The occurrence of category 1 hazards under the other headings are relatively few and far between. The vast majority of properties that fail the decent homes standard do so under one heading – thermal comfort (62.9%). Clearly improving energy efficiency of properties provides the best value for money in terms of removing category 1 hazards and making homes decent and consequently improving public health.

**Table 6. Category 1 hazards by cause**



As can be seen from table 7, for the property type encountered in phase 4, its base form has a very low SAP rating of 21. This is significant as dwellings with a SAP rating less than 35 are generally viewed as having a Category 1 hazard for excess cold under the housing health and safety rating system. The table also shows the impact various remedial measures can have on improving a dwelling's SAP rating. Interestingly the most significant gain relative to the scope of the work can be achieved by installing loft insulation and a gas water heater, a combination which increases the SAP rating by 29 points from 21 to 50 i.e. from being a category 1 hazard to achieving the average SAP rating for a property in Leeds.

However, a more cost effective option maybe to install a full central heating system which would give a SAP rating of 65 and achieve the decent homes standard for thermal comfort. Running costs would reduce from £1,940 per year for the base house with no measures to £1,311 with loft insulation and multi point gas water heater to £705 for full CH, and loft insulation.

**Table 7. Phase 4 Property Type – SAP rating**

PROPERTY TYPE: MID THOUGH TERRACE WITH DORMER – No Basement		
DESCRIPTION OF PROPERTY		
Property has a front and rear elevation and is surrounded by two similar properties. The plan shows that it is 3 storeys with a ground floor living room and kitchen and 2 first floor bedrooms and bathroom and 2 attic bedroom with a dormer constructed in the 1970's. The roof will be of slate with no insulation. The external walls will be 9 inch solid brick walls. There are 4 windows original timber double hung sash with single glazing, a single glazed casement window to the dormer and a single external timber door to the front and rear elevations. The ground floor is solid. There is a gas radiant fire in ground floor living room with electrical sockets providing the heating via portable heater to the other bedrooms. There is no central heating and the hot water is via an electric immersion heater.		
SPECIFICATION	SAP	ESTIMATED ANNUAL RUNNING COST
<b>BASE – No Measures</b>	<b>21</b>	<b>£1,940</b>
Base house plus double glazing	26	£1,704
Base house plus insulation to external walls	28	£1,627
Base house plus insulation to the roof space including the dormer	30	£1,527
Base house plus multipoint gas water heater	35	£1,729
Base house plus central heating (space heating) only with electric immersion for hot water	36	£1,139
Base house plus insulation to the roof space inc. Dormer and to external walls	39	£1,235
<b>Base house plus insulation to the roof space inc. Dormer and multipoint gas water heater.</b>	<b>50</b>	<b>£1,311</b>
Base house plus central heating (space & hot water) with “A” rated combi boiler.	65	£870
Base house plus central heating, double glazing and roof insulation inc. Dormer	74	£653
Base house plus central heating, double glazing, roof insulation inc. Dormer and insulation to external walls	81	£552

The scope of the works offered under Group Repair varies according to whether a homeowner signs up for the full scheme or settles for ‘tying’ in works.

Under the full scheme the following works are offered:

- Chimney/Flue – remedial works to the chimney stack & installation of a flu liner where necessary
- Roofing – full re-roof and loft insulation
- Rainwater & waste – replace gutters, down pipes and soil & vent stacks
- Windows/doors – replace timber, aluminium or single glazed windows with UPVC double glazing (secure by design), clean existing UPVC window frames

- Brickwork – clean with acid wash, re-point, replace damaged bricks as appropriate, replace render where currently present.
- Decoration – paint stone lintels, cills & steps
- Miscellaneous external features – demolish external WC where present, relay/rebuild concrete yard areas and brick walls, and ensure external steps and footpaths are safe and level to prevent falls

Significantly internal improvements - apart from the provision of loft insulation, are largely beyond the scope of Group Repair. As such it has limited direct impact on addressing failures of the decent homes standard or removing category 1 hazards that arise due to poor internal property conditions.

However, vulnerable participants whose properties are in a poor condition internally may qualify for assistance through one of the many alternative schemes that exist to help people in such circumstances. These include Warm Front & Health Through Warmth interventions, Care & Repair home maintenance grants, the 'Handy person' scheme and Home Improvement Assistance loans for works above £2,500. Staff involved with Group Repair are aware of these and other schemes and sign post accordingly.

## **5.2. Housing & Health - a Literature Review**

### **Housing & health – general**

There is a long tradition in the United Kingdom of using housing interventions to meet public health goals<sup>3</sup>. This has occurred explicitly or inadvertently. There is therefore a clear recognition that housing conditions are an important determinant of health. However because of the number of variables which are likely to exist in a given situation, research has struggled to identify direct causal relationships between specific housing conditions and ill health.

Hopton *et al* indicate that there are three approaches to research on housing and health: area-based studies, studies of the internal environment and studies of housing in social context. Underpinning these approaches are three basic concepts i.e.:

- i) that there are direct physical effects of environmental conditions e.g. cold or of pathogens related to poor conditions;
- ii) there are direct consequences for the inhabitants' families and social life, which are in turn a source of stress and strain which could lead to mental ill health or increased susceptibility to physical illness;
- iii) there are indirect health consequences arising from living in poor housing conditions whereby they impact negatively on resources and the capacity to engage in activities which promote health.

#### **5.2.i. Area renewal**

With respect to 'area based studies' they state that these have demonstrated that people living in areas where housing is poor have poorer health. Unfortunately the studies they subsequently cite examine the conditions of individual houses and their

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<sup>3</sup> Paramjit Gill & Gilles de Wildt, (Ed), *Housing & Health – the role of primary care*, Radcliffe Medical Press, 2003. 13.

occupants in an area and do not make any assessment of the health impacts or effects of the area as a whole<sup>4</sup>. This literature review will focus on this aspect of housing renewal and regeneration.

With respect to public health, the Wanless report stated that "every opportunity to generate evidence from current policy and practice needs to be realised"<sup>5</sup>, and pointed to the value of systematic review methods in this regard. Consequently a review of the health impacts of large scale urban regeneration schemes (1980–2004) was undertaken. The question asked "Do urban regeneration programmes improve public health and reduce health inequalities?"<sup>6</sup> The report concluded that "Strong links between socioeconomic circumstances and health are currently used to support large scale investment in national programmes of urban regeneration. Yet the potential for this investment to contribute to a health improvement strategy remains unknown" and "Regeneration programmes may lead to some small positive impacts on health and socioeconomic circumstances, but adverse impacts are also a possibility. Impact evaluations that can be used to inform both public policy and healthy public policy are urgently required".

Large scale regeneration initiatives have the potential to impact health positively to a far greater extent since they are frequently designed to affect other determinants of health e.g. employment, education, community safety, access to services, transport, urban design etc<sup>7</sup>.

No reviews have been identified which assess the health impacts of smaller scale regeneration projects that a local authority may be engaged in e.g. at neighbourhood level. Allen confirmed this view in stating, "Studies of renewal schemes have rarely operated at the micro process level which would allow this assumption (i.e. the expectation that housing improvement will lead to a corresponding change in the health of the community and therefore of individuals) to be tested"<sup>8</sup>

A persistent concern of researchers is that significant changes in health are likely to occur only over a relatively long period; hence measurement is difficult and ascribing causation is therefore problematic. Allen attempted to circumvent this issue by concentrating on the health effects of the renewal process itself, i.e., the impact of building works and relocations usually associated with regeneration activity. He found that in some cases the process itself was stressful and damaging while in others enjoyable and rewarding. This pointed to a complex web of factors but predominant and influential was that of personal control, its degree of importance to the individual and, crucially, its negotiability. Whilst both positive and negative health impacts were identified the interaction with occupants was critical. This perhaps underlines a benefit of conducting an HIA of a particular scheme since the process invites stakeholder involvement.

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<sup>4</sup> See Housing & Health p18 & 38.

<sup>5</sup> Derek Wanless. *Securing good health for the whole population*. London: HM Treasury and Department of Health, HMSO, 2004.

<sup>6</sup> Hilary Thomson, Rowland Atkinson, Mark Petticrew, Ade Kearns, *Do urban regeneration programmes improve public health and reduce health inequalities? A synthesis of the evidence from UK policy and practice (1980–2004)*, *Journal of Epidemiology and Community Health* 2006;60:108-115.

<sup>7</sup> J Hendley, R Barnes, A Hirshfield, A Scott-Samuel, *What is HIA and how can it be applied to regeneration programmes*. Depts of Civic Design & Public Health, University of Liverpool, 2000, 20.

<sup>8</sup> Terry Allen, *Housing Renewal - Doesn't it Make You Sick?* [Housing Studies](#), Volume 15, Issue 3 May 2000, 443 - 461

## 5.2.ii. Social capital & sense of place

In a similar study Blackman et al concluded that neighbourhood renewal had a positive mental health benefit, particularly as a consequence of improved sense of community safety<sup>9</sup>. Community participation, cohesion and social capital are seen as positive health benefits of regeneration by Cave et al<sup>10</sup>.

The concept of social capital refers to the resources available to individuals and groups through social connections and embodies aspects of interpersonal trust and engagement within communities<sup>11</sup>.

Kawachi et al have reviewed the evidence demonstrating an association between social capital and population health outcomes<sup>12</sup>. In one study in Chicago, Kawachi found that higher levels of social capital was associated with lower rates of mortality and deaths from heart disease after adjustments for deprivation were taken into account.

The influence of social capital and the sense of place – how it is valued and perceived- on health are explored more fully in the text edited by Bartley et al, particularly in their chapter which asks “Is there a place for geography in the analysis of health inequalities?”<sup>13</sup>. Interestingly the influences of place on health cited by Macintyre in this text are reflected in the UK government’s indicators of well-being in their white paper on sustainable development and sustainable communities.<sup>14</sup>

A selection of UK sustainable development (SD) indicators relating to well-being:

### SD indicators relating to well-being

Fear of crime  
Perceptions of anti-social behaviour  
Workless households  
Poverty  
Education  
Social justice  
Environmental quality  
Housing conditions  
Satisfaction with local area

### Well-being indicators

Overall life satisfaction  
Satisfaction with aspects of life  
Frequency of positive and negative feelings  
Frequency of positive and negative feelings  
Level of participation in sport  
Life expectancy/general health  
Access to green space  
Level of participation in other activities  
Positive mental health

### Group Repair.

A small scale rapid HIA of a Group Repair scheme, involving 23 houses, was undertaken in Plymouth in 2002<sup>15</sup>. The HIA concluded that it is increasingly justifiable for supporters of Group Repair projects to predict that the health impacts of such projects can:

<sup>9</sup> Tim Blackman, John Harvey, Marty Lawrence and Antonia Simon, *Neighbourhood renewal and health: evidence from a local case study*, Health & Place Volume 7, Issue 2, June 2001, 93-103.

<sup>10</sup> B Cave, S Curtis, M Aviles, A Coutts, *Health Impact Assessments for Regeneration Projects*, Vol II, Selected Evidence Base, East London & City Health Action Zone & London University. Date unknown.

<sup>11</sup> B Cave, P Molyneux, A Coutts, *Healthy Sustainable Communities – What work?* Milton Keynes & South Midlands health & Social care group. 2004. 13.

<sup>12</sup> I Kawachi et al, Reconciling the three accounts of social capital. *International Journal of Epidemiology*, 2004.

<sup>13</sup> K Bartley, D Blane, G Davey Smith, *The Sociology of Health Inequalities*, Blackwell,1998,95.

<sup>14</sup> <http://www.sustainable-development.gov.uk/progress/national/68.htm>

<sup>15</sup> <http://www.apho.org.uk/resource/item.aspx?RID=44790>

- a) improve the overall physical and mental health of residents
- b) particularly improve the health of vulnerable groups (e.g. young children)
- c) increase the positive community feeling in the neighbourhood
- d) provide physical and visible evidence of regeneration and renewal in action

Levels of crime and anti social behaviour can reflect the wellbeing of an area in relation to social cohesion, demand for housing and economic vitality. Many studies demonstrate a strong correlation between deprivation and crime levels. Perceptions of high disorder, as measured by the British Crime Survey (Nicholas & Walker,2004) were found to be more prevalent in council estates and low income areas. A 2006 Home Office report looked at crime and cohesive communities and referred to a number of studies investigating this issue. Hirschfield & Bowers (1997) suggest that levels of crime are significantly lower than expected in areas that are disadvantaged but have high levels of social cohesion. They argue that levels of community cohesion can transcend factors of public disorganisation that have traditionally been seen to be the strongest predictors of becoming a victim of crime.

As far back as 1974 Kasarda and Janowitz developed a model of community attachment. The model predicts that high levels of local integration lead to members of the community sharing the same values and goals. The strongest of these goals is to keep the neighbourhood safe and free from crime. Implicit in this theory is a form of social control which sets norms of behaviour that people must abide by if they want to remain within that community.

### **5.3. New Evidence**

#### **5.3.i. – Stakeholder questionnaire & interviews**

The literature review highlights the difficulties researches have faced in establishing a direct cause-effect relationship between housing and health due to what are described as ‘confounding factors’. Ambrose (1996) concluded that, face-to-face interviews were the only likely way to access “the expression by household members in their own terms of their own housing experience and its relationship to other aspects of life”. As such we have relied heavily on self reporting by questionnaire and the collection of comments and views in relation to personal experiences often expressed in lay terms. The aim of the questionnaire was to build up a picture of how residents feel about themselves and their housing.

Interviewer administered questionnaires were seen as the best way to ensure the questions were interpreted consistently and offer the potential for more information to be ‘teased’ out of the respondent by the interviewer. The latter proved to be the case as the interviewer had a strong rapport with participants in the scheme due to her role as Community Liaison Manager with Frank Haslam Milan, the Building Contractors carrying out the work. This view is also supported when you take into account that the population studied was 70% BME and some quite sensitive questions were asked yet the majority of households we approached were willing to participate.

The questionnaire was designed to measure various self reported health and wellbeing criteria before and after the works had been completed. It aimed to capture information regarding an occupier’s perception of their internal and external housing conditions, perceptions of the neighbourhood, population profile, and the health of the occupiers and in particular how they feel this relates to house condition.

The following data is based on 36 questionnaire responses completed by July 2008 before Group Repair works commenced and 15 responses obtained on completion of Group Repair. The latter questionnaires were undertaken by either postal or telephone surveys.

### 5.3.i.a. General characteristics:

**Table 8. Gender & Age**

	<b>0-9</b>	<b>11-19</b>	<b>20-65</b>	<b>over 65</b>
<b>Group repair</b>	18%	14%	57%	11%
<b>Leeds</b>	12%	13%	60%	15%

**Table 9. Household Ethnicity**

<b>Pakistani</b>	<b>Pakistani/ Kashmiri</b>	<b>English/ British</b>	<b>Indian</b>	<b>Bangladeshi</b>	<b>African</b>	<b>Polish</b>
36%	6%	30%	6%	3%	9%	9%

**Table 10. Length of residence**

<b>&lt; 1year</b>	<b>1-9 years</b>	<b>10-24 years</b>	<b>&gt;25 years</b>
28%	24%	21%	28%

**Table 11. Health conditions**

<b>Asthma</b>	<b>CHD</b>	<b>Stress</b>
15%	12%	14%

The above tables illustrate a predominantly Pakistani population, and whilst over 48% of the population have lived in the area for more than 10 years a significant minority of residents (28%) have been there for less than a year. The age profile is similar to that for the City as a whole. But there is a higher percentage of young children (age 0-10) in the Group Repair population at 18% compared to 12% for the City. The predominance of the stated health conditions is consistent with the known health issues in the area i.e. higher than average (for the city) prevalence of chronic obstructive pulmonary disease – including asthma and emergency asthma hospital admissions, and higher than average prevalence of CHD. Comparators for mental health are unknown.

### 5.3.i.b. Housing conditions:

#### Heating

Inadequate thermal comfort and hazards from excess cold are by far and away the major causes of failures of the decent homes standard and the housing health & safety rating system in Leeds as well as nationally. With continuing increases in energy prices resulting in an ever increasing numbers of people in fuel poverty, adequately heating a home is a real concern given the number of health conditions exacerbated by cold homes.

#### Pre- Group Repair

56% of homes had full central heating, 28% relied on a gas fire to heat their main living room, 1 home was heated using electric storage heaters and 2 homes had no

heating at all in the living room. 28% of homes had no heating to any bedroom whilst 2 homes had gas appliances in the main bedrooms but these had been condemned as unsafe. The amount spent on heating was fairly consistent with 63% spending between £80 and £125 per month. 2 respondents spent £40 per month, not because their homes were any more energy efficient but because they couldn't afford to spend any more. 3 households spent just over £200 per month. Only 16% of households felt their homes were adequately insulated and nearly half said that their properties were difficult to heat and were damp as a result.

### Post – Group Repair

67% of homes reported to have full central heating with the remaining 23% relying on gas fires in the living room and bedrooms for whole house heating. 92% of households felt their homes were adequately insulated. Central heating isn't installed as part of group repair. However it maybe that as a result of signposting some occupiers were found to qualify for system installations through Warm Front or Health Through Warmth etc or that people were happier and settled in their homes and felt more inclined to invest in central heating themselves.

### 5.3.i.c. Structure

**Table 12. Satisfaction with internal structure**

Group repair	very good	good	satisfactory	poor	very poor
Pre-	11%	36%	11%	22%	19%
Post	29%	25%	25%	11%	9%

### Pre-Group Repair

41% of households rated the internal structure of their property as poor or very poor. Expressions of dissatisfaction were largely around damp plasterwork attributed to poor heating and leaking roofs & guttering.

### Post Group Repair

After group repair the number of households rating their property as poor or very poor had fallen by 21% to 20%. As with heating systems it may be that signposting enabled some occupiers to access other home improvement assistance to address internal issues or that people were motivated to invest in internal improvements to complement the Group repair works.

**Table 13. Satisfaction with external structure**

Group repair	very good	good	satisfactory	poor	very poor
Pre-	0%	9%	23%	51%	17%
Post	42%	8%	50%	0%	0%

### Pre-Group Repair

Household dissatisfaction with the external fabric of the property was much greater with 68% rating it as poor or very poor. The reasons given were that their properties needed new windows, roofs, guttering, doors and re-pointing. This is not surprising as Group Repair is targeted at areas of properties in poor external condition whose occupants are financially vulnerable

### Post Group Repair

As might be expected there was a real improvement in how people rated the external condition of their homes. Previously 68% felt it was poor or very poor but afterwards

no households judged this to be the case, and 42% felt the external condition was very good compared to none prior to group repair.

### 5.3.i.d. Crime & grime

**Table 14. Safety with respect to crime and grime**

<b>Group repair</b>	<b>very safe</b>	<b>safe</b>	<b>satisfactory</b>	<b>unsafe</b>	<b>dangerous</b>
<b>Pre-</b>	6%	31%	19%	44%	0%
<b>Post</b>	17%	50%	25%	8%	0%

#### **Pre-group repair**

Residents were asked an open question regarding the improvements they would most like to see to the immediate environment around their home as a result of Group Repair. The following in no particular priority were the most common: improve street lighting, remove refuse from the back streets, traffic calming measures and alley gating. Interestingly these concerns were very much in line with peoples' expectations of the improvements Group Repair would deliver.

Participants were also asked to rate how safe they felt in their homes regarding exposure to crime and anti-social behaviour. 44% said they felt unsafe living in the neighbourhood and attributed this to gatherings of 'youths' and ASB in the back streets. They were concerned that doors and windows especially to the rear of the properties weren't sufficiently robust to withstand attempts at illegal entry. Some residents felt that alley gating and extra police patrols would deter criminal behaviour/activity in the area and help them feel more secure.

#### **Post Group Repair**

It is interesting that people generally feel safer in their homes and surrounding neighbourhood following group repair with the % of people feeling unsafe falling from 44% to 8%. Significantly 60% of respondents felt this was as a result of the uplifting effects of Group Repair on the area. However 35% still felt there were problems with accumulations of refuse. This was attributed to fly tipping and issues with wheelie bins not being emptied on time.

Overall though, a substantial majority of participants (83%) felt that on reflection, Group Repair had made the area a better place to live.

### 5.3.i.e. Health

**Table 15. Perceptions of wellbeing following group repair**

<b>Positive</b>	<b>Negative</b>	<b>No impact</b>
50%	8%	42%

Whilst housing is recognised as a health determinant this isn't a direct cause-effect relationship and many confounding factors make it difficult to quantify the impact different housing conditions can have on health. As such it's not realistic to expect to be able to measure and specify tangible health benefits that may have accrued from Group Repair, particularly in such a short time period. As such it's not surprising that people's perception of their physical health appears to have changed little over the course of this study.

However it's worth noting that group repair does seem to have had a positive impact on people's perception of their wellbeing with 50% of respondents saying that group repair had a positive effect. Whilst 42% felt it had no impact and 8% felt its impact was negative. The latter seems to be attributed to the stress/hassle of caused by certain aspects of the process particularly in terms of addressing 'snagging' works.

### 5.3.ii. Interviews with key informants

Key informants with respect to Group Repair in general and the Beeston Hill schemes in particular were deemed to be regional policy makers, local housing practitioners and local community representatives. In order to obtain their views, semi structured interviews were carried out and recorded by members of the working group. Comments from the transcripts are noted in the tables below. Full transcripts can be found in Appendix 4.

<b>What do you consider to be the main objectives of group repair?</b>
<p>To improve housing stock as part of an overall regeneration plan</p> <p>It's a place shaping role, Improving the way an area looks and feels. It tends to be part of wider activity in regeneration of an area. Its expensive... it does take an awful long time to work through a particularly bad area.</p> <p><b>Primary purpose is the physical improvement of the housing stock</b></p> <p>There are clearly personal benefits for individual householders but my interest is mainly around street scene and uplift and wider regeneration benefits.</p> <p>It's about raising the impression it gives to the wider area</p> <p>Group repair only looks at external improvements to houses so I think our main emphasis is actually on making whole streets look in good condition, less threatening to people who have to pass through Beeston.</p> <p>To improve structure, thermal efficiency, reduce CO2 output</p> <p>Improve health, improve confidence and improve the community</p> <p>To improve streets of properties in a deprived part of Leeds</p> <p>All of our work is external, we don't do internal works. It isn't just cosmetic, when we renew the roof for instance we insulate up to the current building requirements. Every aspect of the house that we touch we look at in terms of prolonging its life.</p> <p>We have resistance sometimes, people say I've got no mortgage on this property yet you are asking me to now take out a mortgage to be able to pay back the loan.</p> <p>To improve the area where we live in.</p> <p>What this group repair's done for us actually has improved our heating</p>

<b>Are there any particular characteristics that you would associate with an area considered ideal for group repair?</b>
<p>They are priority areas identified by the LA for interventions in relation to regeneration. It tends to be in the more deprived areas where you've got issues of poor housing, pre-1919, back 2 backs, less affluent, low demand, poor environment, crime, low educational attainment, all those factors leading to places being of low demand its location, location, location and we need to make this a more desirable location.</p> <p>It's benefits are around wider issues, its got to sit in the context of a wider regeneration scheme. So there's a lot of work going on out with group repair in terms of other activity in Beeston Hill and I think that is crucial really.</p> <p>Local authorities generally choose some of the worst areas, not only in terms of worst housing conditions but the people living in them tend to be the most vulnerable. That can mean a high proportion of ethnic minority groups in the area, quite a number of privately rented properties so maybe not looked after so well and generally speaking a high incidence of poverty. With group repair you have</p>

to decide which the worst streets are, what sort of impact doing that small area would have on the larger area.... People will think “that looks nice, why don’t we do something to our house?”  
There is (has to be) a strategic plan behind it.

**House condition is well documented as a determinant of health. Do you think that group repair is likely to improve the health of occupiers?**

You’re improving the thermal efficiency of the property, making it warmer, reducing the stress of fuel poverty as you haven’t got the issue of making a choice between do I put food on the table or an extra quid in the gas meter. You’ve got things like improving community safety by making properties more secure, e.g. taking out overgrown hedges. Sheffield study 1:15 ratio - for every £100 invested in community safety there is a £1,500 saving to the health service.

I don’t think it’s such an obvious link as say internal repairs. I would have thought in terms of people’s mental health or in issues to do with stress, worry about how they can improve the look of their house, it might create a general sense of confidence and well being. I imagine that it might be a stressful process as well and be difficult to cope with. But in the long term I should imagine it will have a positive benefit.

... anything that will make the house dryer and warmer would have health benefit. But I’m not sure that group repair necessarily provides that outcome. .. there may be things you can do on a lesser scale which will have a far greater health benefits

**Group Repair is not about health it relates to the improvement of the area. . It may have knock on effects, but it’s not about health it’s about the housing market.**

**Do you think that good mental health is as important as good physical health?**

There’s evidence which shows that house conditions and the condition of the environment affect people’s mental health. So I’m sure that it is as important

Definitely, for an ethnic minority, English is a second language and people can’t express their views. They used to say we can’t afford to improve our houses but the council’s help has made a difference, they are feeling much happier. It’s reducing energy bills, so they’re feeling much better and taking pride in their houses as well.

Yes, it’s more important than physical health which is easier to solve. e.g. if you break an arm by falling down stairs its fairly easy to fix it, if someone is stressed or anxious it’s more intangible to deal with. Could be lots of different factors – worries about crime, paying fuel bills, noise disturbance, high density living, lack of green space, drugs, ASB. Mental health probably costs a lot more in terms of family relationships, impact on kids, lost working days, loss of wellbeing and quality of life...

I do, the majority of residents in Beeston get 100% grant for the works, usually because they are on benefits. Disability and incapacity being the biggest, or they are low waged. A significant number are because of mental ill health. People felt that they were forgotten in Beeston. You wouldn’t have ventured there 10 years ago. Graffiti was everywhere; there was the perception of lots of muggings and burglaries. People on low incomes, have no choice about where they live. This sense of isolation, that nobody’s interested in us and of being stuck in a rut, I don’t have the economic power to be able to choose alternative housing in a better area.

**Should improving the health of the target population be a major objective of group repair? If yes, what are the key health issues?**

Yes. The main objective of group repair is to improve the housing stock but indirectly by doing that you’re also improving health. They go hand in hand. Its not the primary objective bit it must be a consideration

Should be in there – yes. But don’t know to be honest on that. It’s a useful indicator – you’d

want to see that, but is it a driver to what we're doing? Probably it isn't

I think it should be a major objective within our strategy but I don't think you achieve that through group repair. We are very aware of the link between housing and health, poor housing affecting everything from length of life to quality of life, infant mortality, poor housing affects virtually every health condition you could name.

**How much value do you attach to qualitative evidence when assessing the success of a scheme in meeting it's objectives?**

As you progress you gather customer satisfaction information, are we delivering what our partners envisaged, are we providing value for money. It's difficult we're trying to move towards measuring outcomes as opposed to outputs. Hopefully peoples' perception is that as a result of group repair their life is better.

. It will be very physically driven indicators

we do it on a very small scale.... But not doing in a consistent fashion at the moment.

**Is there any scope to extend group repair to secure more internal repairs/improvements to a home e.g . to reduce falls in the home?**

There's scope in that the schemes are undertaken under the auspices of the RRO which allows LAs the freedom to decide what is offered. However there maybe better ways of providing a particular intervention e.g. whilst we could in theory install heating systems through group repair, a scheme already exists to facilitate this with its own bespoke funding stream i.e. Warmfront. In addition participants often have to pay a percentage of the overall cost. Any cost increase could reduce participation as people might not be able to afford higher contributions. We signpost people to other resources and try and increase uptake. Addressing HH&SRS defects is not a primary aim of group repair it's about regenerating a street's appearance rather than improving the internals, which most people won't see.

I'd really like to see some work with the storage of wheelie bins.

It would make a lot of sense to bring in another scheme at the same time.

There's always scope. But the problem you then have is that group repair is disruptive enough for people

Then you have this conflict of group repair being more about the area. What you're talking about is much more about the individual. When talking to individuals there's always the opportunity to talk about loans for other improvements to the house.

All local authorities do it differently

**Do you think group repair in Beeston has been a success?**

Yes, very much so. Its changed the community, made a statement of intent for partners, in the sense that we said we were going to do it and we've done it Its given owner occupiers and private landlords the confidence to invest in properties. Its improved the street scene, the area is considered a better place to live Its been the one thing that's gone on year in year out that displays a commitment to improve the area.

It's stimulated other work in the area e.g. the demolition of xxx Street, the work on the shops and the enveloping there, the work in the park...I think its been a great success.

For those who take the time to visit the parts of Beeston where we have been working they can see that we have improved houses. People who see it would like some of that for themselves, We are constantly being approached by people asking us when are we going on to the next street. We have achieved what we set out to do, to improve the physical buildings and surrounding environment.

Yes, I work with different organisations in this area and get feedback from different residents as well, it has made a difference. I live here 7 days a week, 12 months a year and if you go 10 years back this area was neglected and there was nothing happening. People were moving out and tenants were moving back in and landlords were taking over and they weren't looking after the houses. Now people are coming back into the area living and looking after their houses more efficiently.

**Are there other works that should be offered as part of Group Repair?**

At the moment the works we offer are right in terms of regenerating the external environment. One of the big issues is the thermal efficiency of the walls. The solid brick walls are hard to treat. It's the only major area of work that needs developing, we recognise that current solutions are expensive, time consuming and cause a lot of disturbance to the occupier. The thing with group repair is that the participants don't have to take up all the issues that we offer them. There are minimums that people sign up for to maximise the impact in terms of improvements to external appearance. There is a balance between cost and the resources available. We know that the biggest health risk associated with poor housing stems from exposure to excess cold – should we be sacrificing some external works to help address this. I'm not sure we can, it's a debate that needs to be had. I'm not convinced group repair is the most appropriate way of dealing with it whilst other mechanisms exist.

I think we should do more work on the external environment we could probably do partnership work with highways and street lighting for instance. We could get involved in landscaping green areas more. I think we could do more work internally. There are group repair schemes in other parts of the country that do internal works as well as external works.

We need get some more facilities for the Youth. There are different projects going on but no partnership with the community .The council could get all groups to work together

**Are there any issues that still concern you about the neighbourhood?**

if we could just do something internally as well, that would be brilliant,

Crime and drugs that's the biggest issue in this area... and private landlords

## **6. Assessment of Potential Impacts**

### **6.1 Probable health impacts of current schemes**

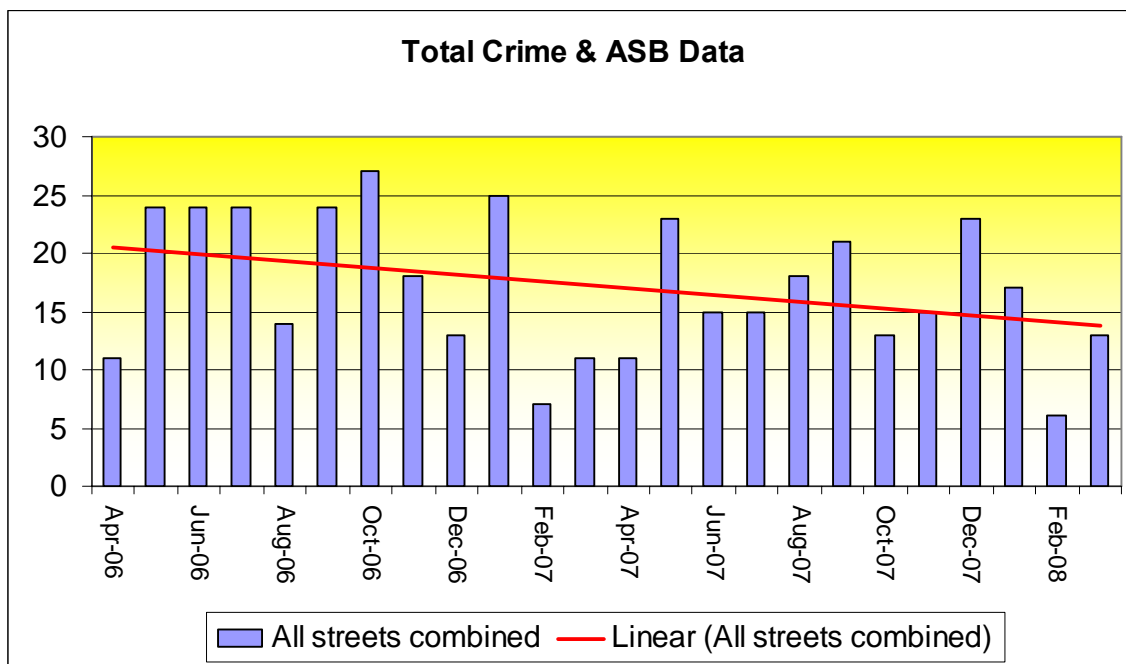
The literature examined suggests there is a probability of positive health gains to be achieved by area renewal. This is in addition to the health benefits of improving individual homes. The health benefits are likely to be improved mental health and sense of well-being associated with a reduced fear of crime and the fact that the area itself is seen to be valued.

Worksheet 3a shows that the scope of works offered under Group Repair in all probability does have a positive health benefit by contributing to reducing the three most common category 1 hazards i.e. excess cold, fire and falls. However whilst Group Repair does make a significant contribution to improving energy efficiency through the installation of loft insulation and double glazing it doesn't make any improvements to the efficiency of existing heating systems. Although it does provide the opportunity to identify and signpost vulnerable occupiers who may qualify for other forms of assistance such as Care & Repair Grants, excess winter fuel payments, Home Improvement Assistance and Health Through Warmth interventions.

Other category 1 hazards that are addressed (at least in part) by Group Repair include "entry by intruders" (high security entrance doors and new windows fitted), "asbestos" (all homes are tested for any asbestos present prior to work commencing), "carbon monoxide" (any gas fires that are disconnected have flues tested prior to reconnection: where appropriate gas fires are fitted); fire e.g. firewalls are built into roof voids between neighbouring terraced properties in cases where these are absent) and entrapment and collision e.g. sash windows with broken chords can be replaced with new double glazed units. Falls arising from external defects are likely to be reduced as grab rails can be fitted, steps repaired and uneven yards/footpaths resurfaced. The renovation works should also create improvements in relation to "damp & mould", "structural collapse" and "pests and refuse" e.g. roof voids and sometimes rooms are cleared of refuse prior to work commencing. These works again are likely to have a positive impact on the mental and physical health of the residents participating in the scheme.

As we have previously seen in the literature review and from some of the responses to the questionnaires, Group Repair does promote social cohesion and enhance the sense of community spirit and are therefore likely to have positive mental health and wellbeing impacts. With this in mind it's worth comparing the crime statistics for the area before and after Group Repair as shown in Table 16.

**Table 16. Crime Statistics**



**Incidents per month**

As we can see the average number of incidents reported per month has fallen from 21 in April 2006 to 13 in March 2008 a drop of 38%. Whilst it’s very difficult to estimate the degree to which group repair has contributed to this reduction it’s reasonable to believe that it could well have been a significant contributory factor.

By comparing the IoMD figures for 2004 and 2007 as shown in Table 17, we can see a significant improvement in the overall wellbeing of the area.

**Table 17. Comparison of IoMD Figures**

Category	2004	Change	2007
Index of MD	162	▲ 474	636
Income	199	▲ 434	633
Health	1290	▲ 342	1632
Crime & Disorder	3395	▲ 3140	6535
Living Environment	71	▲ 239	310

This improvement does coincide with the instigation of the Group Repair programme in this SOA. Phase 1 started in July 2004 and was completed in March 2005 and Phase 2 started in July 2006 and was completed in March 2007. Phases 3 & 4 were also approved during this period which will have boosted optimism and confidence in the area and perhaps encouraged people who were looking to move out of the area to remain whilst making the area more attractive to people who might not previously have considered relocating to Beeston – particularly first time buyers.

## **6.2. Impacts of Options**

An objective of an HIA is to not only identify possible positive and or negative impacts of an activity but also to consider how an activity may be enhanced to reduce negative health impacts and provide additional positive health impacts.

Four options are considered whereby Group Repair schemes could be enhanced to maximise health gains:

- ❖ Encourage greater participation by partners to target particular health issues in the area of regeneration,
- ❖ Ensure, in all properties in the given area, that all category 1 hazards are eliminated
- ❖ Ensure that all properties in the given area have central heating and full insulation
- ❖ Ensure all properties in the area achieve full decency standard.

The likely impacts of these alternatives are shown on the HIA-SYNTH sheet in Appendix 5.

## **6.3. Probable negative health impacts**

Stress arising from the prospect of the works being carried out or the actual works themselves has been identified as having a possible negative health impact.

Approximately a third of properties in a Group Repair Scheme area appear not to participate in the scheme. Inevitably the residents of these properties will not benefit from the probable positive health impacts of the scheme and could possibly be adversely affected.

There is currently insufficient evidence to determine the reasons for non participation and the long term effects this may have. There is anecdotal evidence from field staff to suggest that there are 3 main reasons for non take up of the offer of full scheme works;

1. The house is already well maintained so that essential most of the work offered has already been done.
2. Owners are unable to afford their contribution to the cost of the work
3. Owners do not wish to be tied to the 5 year grant condition period.

Further research should be done to explore reasons for non participation.

## 7. Conclusions

The results from the questionnaires demonstrate significant improvements in how people view the condition of their properties following Group Repair. There was also a perception amongst participants that the area is a better and safer place to live which was supported by crime and ASB data. Particularly encouraging from a HIA perspective is that 50% of respondents reported that group repair had a positive effect on their health because they felt better about the area and their homes.

Evidence from the interviews supports the view that group repair is one piece in a wider regeneration picture. Its primary purpose is to improve the appearance of neglected private sector housing stock. It complements other initiatives in an overall regeneration package and on its own could neither be successful or sustainable in achieving this aim. Improving housing quality is a key part of regeneration and the focus of Group Repair but the holistic nature of regeneration is clearly demonstrated in the business case for the Beeston Hill & Holbeck Housing PFI scheme. Which acknowledges the need for:

- Improvements to ALMO & RSL stock, with selective demolition where the stock is beyond redemption,
- Selective clearance of obsolete private sector housing
- Public realm and environmental improvements in the form of green spaces, play facilities, traffic calming measures, highways and street lighting improvements.
- Shop front grants to stimulate commercial investment,
- Cleaning and graffiti removal to improve the amenity of the area.
- A clamp down on environmental crime including littering and fly tipping and on crime itself through increased policed presence, burglary reduction initiatives and the presence of neighbourhood patrollers.
- Provision of new educational and health care facilities to enhance life chances.
- Improved road and pedestrian links with other localities and the city centre.

We can conclude that improving public health is not a primary regeneration objective but is seen as a natural consequence of it. Successful regeneration schemes will undoubtedly act on a number of health determinants –particularly house condition - which should in the long term bring improvements to the health and wellbeing of the local population.

Set against the number one priority of regeneration this incidental consideration of health is understandable. But the positive impact Group Repair can have on public health and in particular mental well being is, as this study shows, significant and valuable. Its impact could also be enhanced by publicising these health gains and using them to acquire additional funding e.g. from health orientated funding streams.

Additionally, if there was a requirement to specifically consider public health in funding bids for group repair, more might be achieved. It would encourage bidders to think about the health profile of the local population in relation to the hazard profile of the stock and schemes could be tailored to address particular hazards of concern e.g. fire safety. To facilitate this bidders would need the flexibility to include more internal works within schemes. This would need to be done in partnership with agencies such as Warmfront and Care & Repair to ensure the works added value rather than replicate what's already available.

In the 2007 comprehensive spending review the government published 198 National Indicators (NIs) linked to a number of departmental strategic objectives (DSOs). Unfortunately none of the new indicators directly relate to the condition of the existing private sector housing stock. However this might encourage people, looking to justify the reason for housing regeneration programmes, to identify other NIs that programmes could contribute to indirectly through the accepted notion of housing being a determinant of health. e.g. the following are all NIs that whilst being the responsibility of the Department of Health, council activities can contribute to:

NI 119 Self-reported measure of peoples' overall health and wellbeing

NI 120 All age all cause mortality rate

NI 121 Mortality rate from all circulatory diseases at ages under 75

NI 137 Healthy life expectancy at age 65

By promoting the contribution improvements to housing can make to health and consequently the above NIs the argument for housing interventions can be made more compelling. The challenge is to evidence and measure how a housing regeneration activity such as Group Repair can contribute to these indicators. In this way their value can be enhanced and support for such schemes more readily won.


It is against this background that the value of Health Impact Assessments can be seen.

## 8. Recommendations

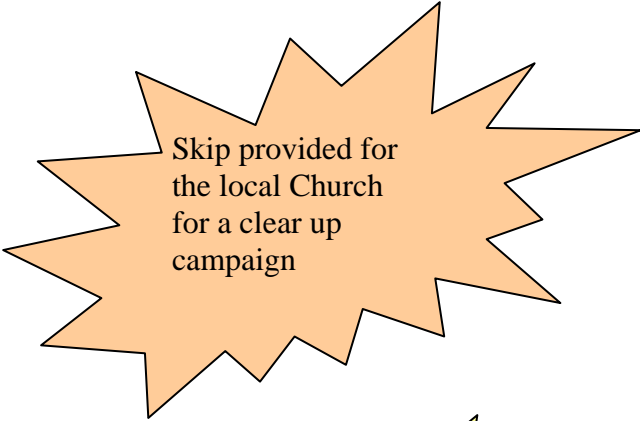
- **Group Repair has been shown to have a significant positive impact on well being and people's perceptions of health. The scheme as currently practiced has clear benefits for participants and people in the neighbourhoods. As such further Group Repair schemes should be encouraged particularly in those super output areas with the highest levels of deprivation.**
- **The Group Repair process provides access to homes occupied by hard to reach communities with relatively high numbers of vulnerable people. As such opportunities to work in partnership with the PCT to address specific health issues pertinent to that locality e.g. asthma, infant mortality, smoking cessation, should be explored. (see Option 1)**
- **Other 'Health' partners (e.g. from the voluntary and community sector) should be key participants from the inception of schemes.**
- **Consider what gaps exist in home improvement initiatives between those occupiers who qualify for Group Repair assistance and other sign-posted interventions and those marginal households in designated scheme areas that don't. There should be a particular focus towards improvements in relation to the three most common hazards i.e. excess cold, falls and fire safety. (see Option 2)**
- **Investigate the reasons why people living in areas designated for Group Repair action decide not to take part, particularly if they are vulnerable.**
- **Gains in physical and mental health from improvements in warmth, safety and security can significantly reduce NHS treatment costs. These gains should be publicised and used to bid for additional funding from health orientated funding streams that might not traditionally be used to support housing interventions.**
- **Advertise the health benefits to potential future participants of Group Repair.**
- **Encourage policy makers and budget holders to promote and support funding bids for Group Repair that have a health and well being focus.**
- **Maintain efforts to deal with refuse and fly-tipping issues in the Group Repair locality and consider whether instigating alley gating schemes in association with Group Repair would be beneficial.**
- **Consider the political, legislative and financial implications of adopting Options 3 & 4 in the light of potential positive health gains.**
- **Consider repeating the questionnaire after a further 12 months to get a better idea of the long term health effects of Group Repair.**



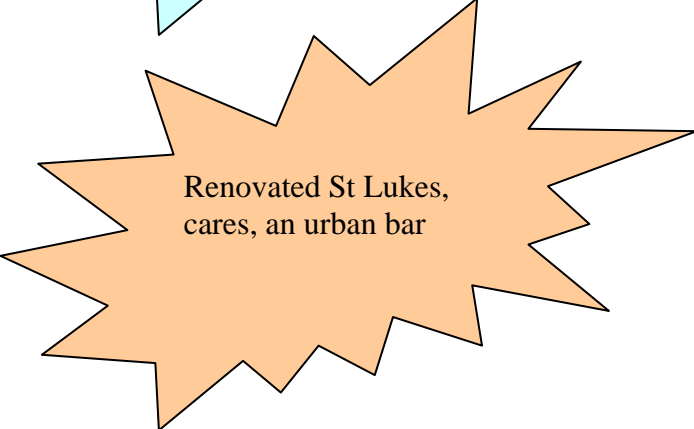
**Appendix 1 – Added Value**



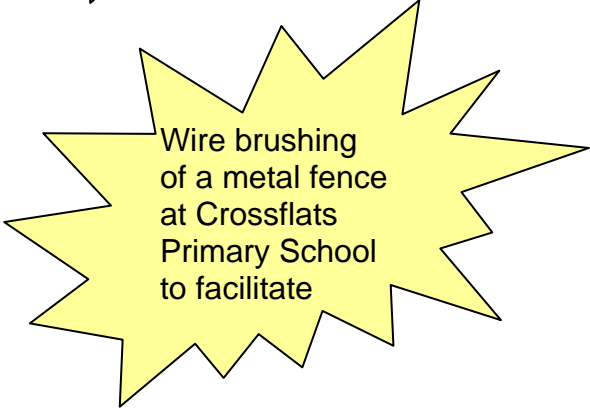
Installation of a disabled toilet at the Shree Hindu Temple by FHM



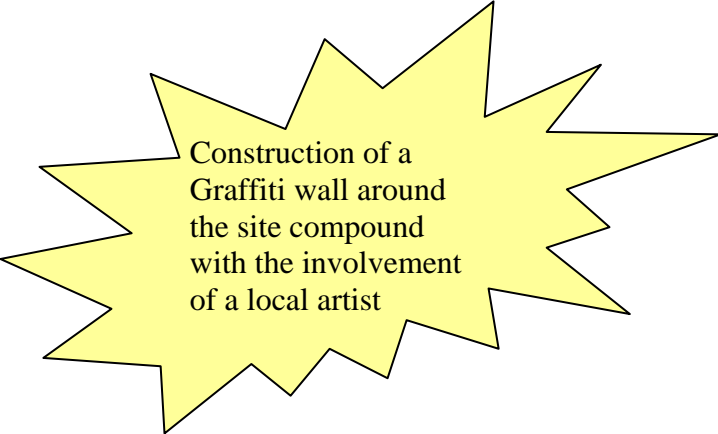
Skip provided for the local Church for a clear up campaign




Renovated St Lukes, cares, an urban bar




Wire brushing of a metal fence at Crossflats Primary School to facilitate




Construction of a Graffiti wall around the site compound with the involvement of a local artist



Poster colouring competition organised for school children



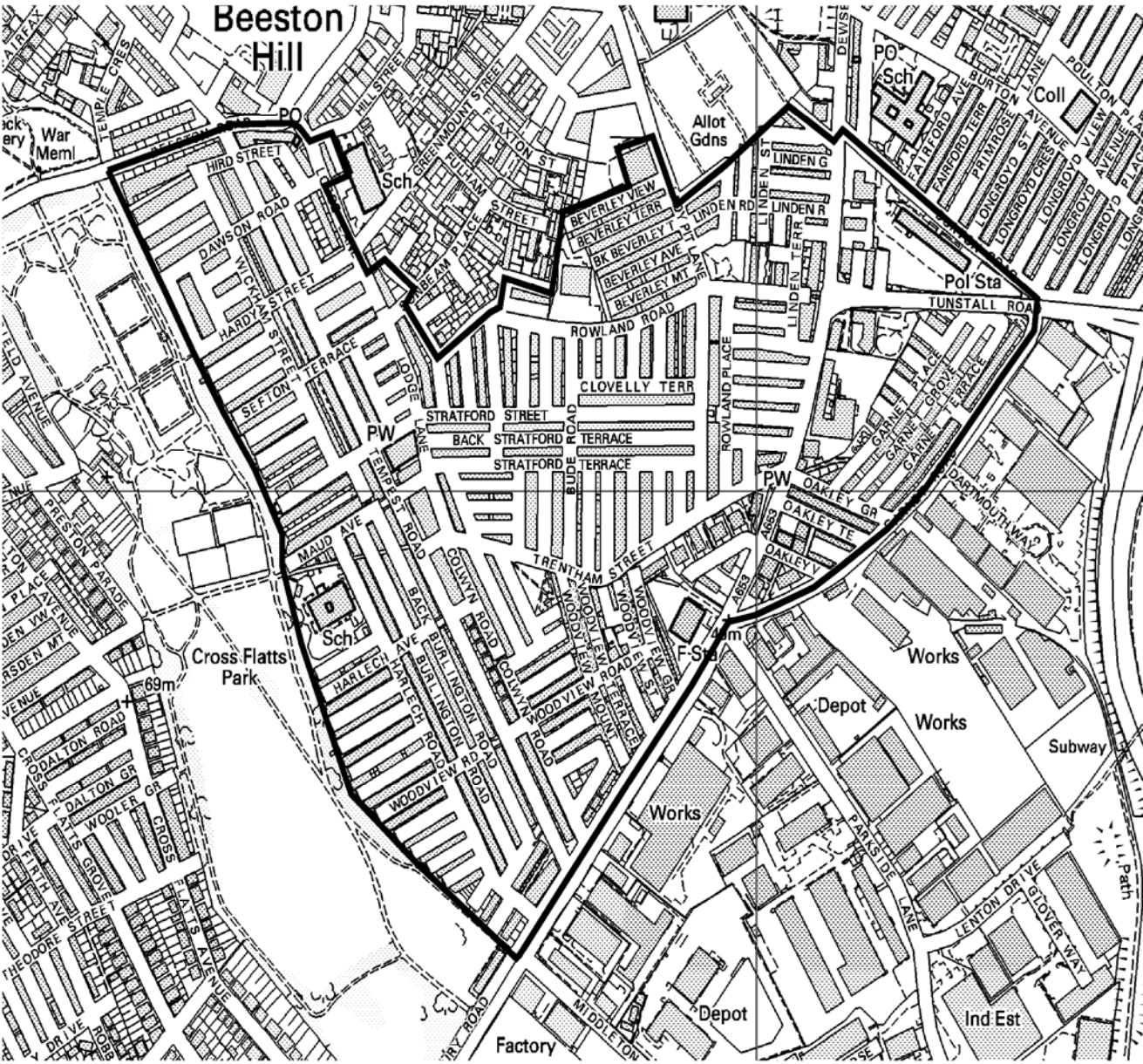
Health & Safety talks to school children



Decorated a residents living room as a welcome home surprise from sheltered accommodation



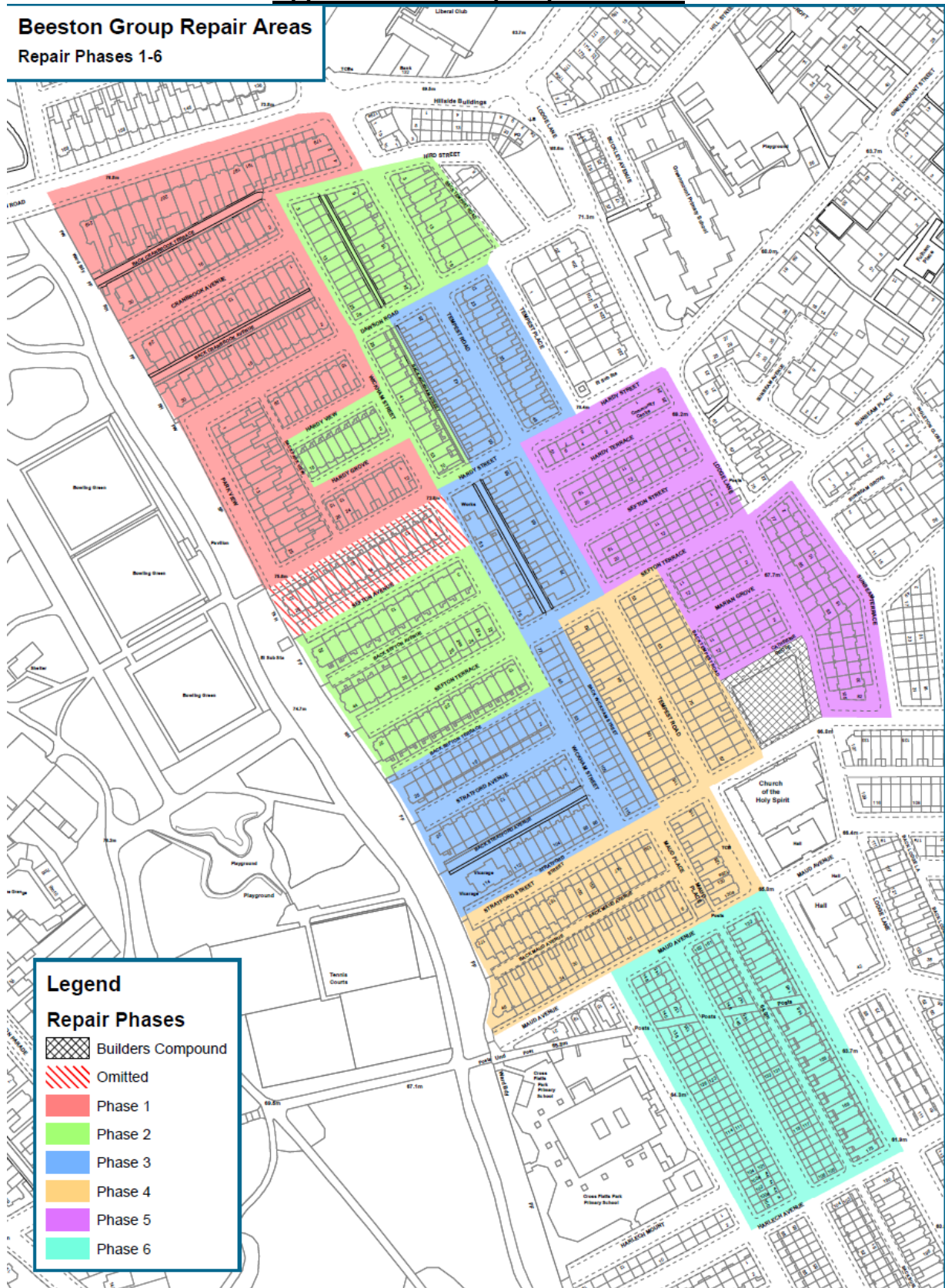
**Appendix 2 - Beeston Hill Renewal Area Boundary**





## Appendix 3 - Group Repair Phases

### Beeston Group Repair Areas Repair Phases 1-6



PRODUCED BY NEIGHBOURHOOD SERVICES, LEEDS CITY COUNCIL

This map is based upon the Ordnance Survey's Digital Data with the permission of the Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office  
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## **Appendix 4 - transcripts of key informants' interviews**

### **A. What do you consider to be the main objectives of group repair?**

“To improve the individual houses in what is seen as a deprived part of Leeds, but not just individual properties but streets of properties. Group repair only looks at external improvements to houses so I think our main emphasis is actually really on making whole streets look in good condition, less threatening to people who have to pass through Beeston on the way to work or on the way home or whatever, but also it is looking at people's homes generally and improving them. Improving them in terms of not just looking good but most of the work we carry out must be carried out to a standard, a 30 year life time maintenance free property.

All of our work is external work, some people could argue that that's cosmetic but it isn't just cosmetic because when we renew the roof for instance we insulate up to the current building requirements. When we replace windows we are often replacing single glazed windows with recycled because we are also trying to be more green as well but with recycled double glazing, and that again is all about trying to maintain whatever heat is being used in the property, in the property and not losing it through the external walls. Same with the doors we do, everything that we do, every aspect of the house that we touch we look at in terms of prolonging its life and making the house air tight but not excluding ventilation as well because that's an issue.

But the limitations are that we don't do internal works. So we don't tackle internal walls with crumbling plaster, we don't touch the electrics or the plumbing, we don't look at the bathroom and the kitchen and under group repair offer any assistance in improving those areas of work and that's why we then link into Home Improvement Assistance and we look at getting those works done for those individual households but that's on a loan basis it's not grant aided. We have resistance sometimes because people are saying you know I've got no mortgage on this property yet you are asking me to now take out a mortgage to be able to pay back the loan.

### **D. Do you think that good mental health is as important as good physical health? – explain**

I do, we do have a situation where the vast majority of residents in Beeston are in receipt of 100% grant for the works and that is usually because they either are on benefits, disability benefits, disability living allowance being a big one, and incapacity being the next biggest or they are low waged. People did feel that they were forgotten about in Beeston, its only ten years that you wouldn't have ventured into Beeston because there was graffiti everywhere, there was the perception that there was a lot of muggings and burglaries and people did feel that they had been forgotten about and also because we tend to have people in this area who are of low income they have no choice about where they live. Well they have less choice about where they live in Leeds and we do have a significant number of people who are on benefits because of mental ill health and seeing this area the way that it was only a few years ago I think it impacted on their mental health greatly. This sense of isolation, this sense of nobody's interested in us anymore and also their perception of being stuck in a rut, I don't have the economic power to be able to choose alternative housing in a better area in Leeds. As part of group repair we have tried to put across the fact that we want to improve the external environment as well, not just the individual houses - and people's perceptions of the area that they live in. So we do try and say to them the external doors that we are putting on are high security and there is no need for the

external grills. But again if somebody says, no I want my grill leaving on, then its left on. But the whole idea again is for those people who live in the area and for those who pass through it, to not see it as a high crime area. Its only a couple years ago that we've seen fewer and fewer boarded up properties in Beeston. There was a time when you could drive through Beeston and every third house was boarded up or tin sheeted, people just did not want to live here, they didn't want to move here. In terms of the private rented sector as well you were getting landlords who really weren't interested in the actual fabric of the property that they owned as long as they were getting people in and receiving housing benefit. But now there has been a huge turnaround in that for whatever reason people are interested in maintaining the property and improving the property.

#### **H. Do you think group repair in Beeston has been a success?**

Yes or No and –reasons

For the very reasons I mentioned before. For those people who take the time to visit the parts of Beeston where we have been working they can see that we have improved houses. People who see it would like some of that for themselves, we are constantly being approached by people asking us when are we going on to the next street. We have achieved what we set out to do, which was to improve the physical building for people and surrounding environment.

#### **I. Are there any other works you think should be offered as part of Group Repair?**

I think we should do more work on the external environment we could probably do partnership work with highways and street lighting for instance. Highways in terms of we don't look at areas that are communal land and we could get involved in landscaping green areas more. We have also tended to be asked for works like brick walls and paved yards and it's mainly the residents and the landlords want it because there is little maintenance. But we are actually losing quite a lot of green area in Beeston in my opinion and I think that is a shame and I am sure some of the residents... you can see some of them they've got flower baskets. They are involved in Beeston in Bloom but with each street we are moving on to we are removing more and more greenery. And in terms of the previous question of mental health and stuff I think its so important to people and you could say but hold on a minute we've just got Cross Flatts Park, I think its called on the doorstep. But it seems to be a congregating area for young people in Beeston, that's where they hang out and there is also a perception therefore from other more mature residents in the area that that's not a place for them, that's where the young people go. I think we could do a lot more of that. I think we can find bits of land at the end of the street that we are working on and we could plant trees and we could plant shrubs.

There is quite a big issue of litter in the back streets of Beeston and we know that it's some residents who are just choosing to leave black bin liners out on the day that the bins are supposed to be emptied. During the night foxes and cats and dogs have ripped them open. On some streets we know which one of the residents it is who goes out on a weekly basis and clears it into one heap again. There is also a little bit of a protect myself and what everybody else does is their business. So if there is mess outside the neighbour's garden or two doors down it's not their problem. Yet they're having to live in a back street that's got quite a lot of litter in it. We do get quite a lot of dumping – sofas in other people's gardens. They wake up and there's a sofa in the back yard. I think doing something that I know exists in other parts of the city whereby Leeds City Council say once a month, once every 3 weeks whatever we will

be delivering skips at the end of this street, this street and this street and if people know that that's available I'm sure they wouldn't just go and offload their rubbish into somebody else's back yard.

I do think there are streets where street lighting could be improved a bit more. We do hear particularly Asian women in the area who go out on a morning to take the children to school and at the end of the day bring them home and with the dark nights coming earlier and earlier they are having to walk through streets that could do with a bit more street lighting.

I think we could do more work internally. There are group repair schemes in other parts of the country that do internal works as well as external works. My understanding is that the exterior work is still means tested, the internal works are given completely free of charge.

We could offer cavity wall insulation for those who do have cavity walls. We do have a significant number that have solid brick walls but for those where we've got cavities, we're giving them upgraded roofing insulation, why don't we just give them cavity wall insulation as well. I think that for those families who then don't want to have central heating at least we're trying our best to keep inside the property whatever heat is being generated.

#### **J. Are there any issues that still concern you about the neighbourhood?**

My main point really is that people want the scheme in this area, they want it to continue for as long as it can. It does in certain circumstances inspire them to tackle some of the internal works as well. Once they see the outside of the house (we go back in a year later to inspect the works) you can see the dramatic change, it spurs them on to do something internally at the properties. People want it I think, once people see what we're doing they see an improvement. I think it improves people's mental wellbeing because they think they are living in a nice house in a nice street, but if we could just do something internally as well, that would be brilliant, that would be great.

#### **A. What do you consider to be the main objectives of group repair?**

To improve the area where we live in, before there were old windows, roofs, draughts were coming in and there were rubbish in gardens and bushes were overgrown. What this group repair's done for us actually has improved our heating, put new windows in for us, got new roof and basically it's rebuilding a new house for us.

#### **D. Do you think that good mental health is as important as good physical health? – explain**

Definitely, specially from an ethnic minority. English is a second language and there is a barrier, people can't express their views. But there are some organisations working in the area and that is being overcome day by day. People used to say we can't afford to improve our houses but the council's help has made a lot of difference, they are feeling much happier and looking after their houses. Also it is reducing their energy bills as well, so by that way they're feeling much better. People taking pride in their houses as well.

If you come at 9 o'clock in the morning you'll see people walking in the park, in groups... and that is picking up – the area becomes safer. It's a sustainable community now, before it wasn't. People stay here longer so they interact with

different communities and that's like building bridges and I think it's going to be the way it's going, I think this area is going to go upwards actually.

#### **H. Do you think group repair in Beeston has been a success?**

Yes or No and –reasons

Yes, because I work with different organisations in this area and I get feedback from different residents as well, it has made a difference. I live here 7 days a week, 12 months a year and before if you go 10 years back this area was neglected and there was nothing happening in this area. People were just moving out and it was all tenants who were moving back in and landlords were taking over and they weren't looking after the houses. Now what improvements, repair, has done is people are coming back into the area living and looking after their houses more efficiently.

#### **I. Are there any other works you think should be offered as part of Group Repair?**

Especially Youth, actually. We need to look after, you know get some more facilities for the Youth. There is a lot of different projects going on but there is no partnership with the community and what the council could do is get all groups together and work together.

*Mr K didn't outline anything specific in terms of additional works, his concerns are more to do with facilities within the community. He feels that the area could do with a large Youth Centre and is concerned about the proposed closure of South Leeds Sports Centre and the effect that will have on the community.*

#### **J. Are there any issues that still concern you about the neighbourhood?**

Crime and drugs that's the biggest issue in this area... and private landlords. We don't see as many properties being boarded up now compared with a few years

- A) "to improve housing stock as part of an overall regeneration plan, it can't stand alone if it is to be successful. To improve structure, thermal efficiency, reduce CO2 output, promoting 'green' refurbishment. the environment in which they are situated. Improve health, improve confidence and improve the community in which we do the work. To be sustainable needs to link in with an overall plan to include education, skills training, improved employment opportunities. Primary purpose of group repair is the physical improvement of the housing stock which is one piece of the regeneration jigsaw. Its got to add value to what everyone else is doing. Its not just about giving a house 30 years life span, improve the street scene by rebuilding boundary walls, linking to highways who will then improve the pavements and street lighting etc. You don't just put a door on you put a high security door on to help address concerns related to community safety."
  
- B) "The chosen areas are priority areas identified by the LA for interventions in relation to regeneration, so it tends to be in the more deprived areas where you've got issues of poor housing, pre-1919, back 2 backs, less affluent, low demand, poor environment, crime, low educational attainment, all those factors leading to places being of low demand its location, location, location and we needed to make this a more desirable location. Group repair can be undertaken for commercial reasons. If you look at Armley, there's a lot of work being done to the town centre through lottery bids, but in order to get to the town centre you've got 2 arterial roads , so what you might do as part of the uplift of the commercial side of things is improve the look of the properties along the streets that a lot of people will be travelling along to reach the town centre, so that when your driving down them people think there is something happening, you uplift the

area you give at that boost because there nothing worse than spending all that money on the town centre but the main routes that people use to access the town centre are lined with poor housing, crap boundary walls etc giving the impression of a poor environment. This can help by visually improving the access to the commercial centre.  
“

- C) “Yes, in a number of ways, your providing people with a better product in that they’re getting a better house so they’re not worrying about dampness, leaking roofs, windows are replaced etc so homes are more wind and weather tight, your improving the thermal efficiency of the property making it warmer reducing the stress of fuel poverty to a degree as you haven’t got the issue of making a choice between do I put food on the table or an extra quid in the gas meter. You’ve then got things like improving community safety by making their properties more secure, making spaces more defensible by taking out overgrown hedges, Sheffield study 1:15 ratio so for every £100 invested in community safety there is a £1,500 saving to the health service. You’ve also got the issue of confidence, the area is deprived, people see local authority and partner investment and see a long term commitment to the area which means more people want to stay because they feel better about the neighbourhood they’re living in.”
- D) Yes, because in a lot of ways physical ill health is easier to solve. Interventions are more straightforward e.g. if you break an arm by falling down the stairs its fairly easy to fix it, if someone is stressed out or anxious it’s a far more intangible condition to deal with. There can be so many different causes of depression that can be complex and difficult to remedy – its less of an exact science. Mental health problems can be accumulations of lost of different factors – worries about crime, paying a fuel bill, noise disturbance, high density living, lack of green space, lack of opportunity, drugs, ASB, gangs of marauding teenagers. It can be difficult to recognise, and for people to accept they have because sufferers can be stigmatised and feel the causes are beyond their control e.g. to resolve the above would require moving to a better area, but this isn’t possible because of cost. Mental health probably costs a lot more in the sense of family relationships, impact on kids, lost working days, loss of wellbeing and quality of life.. So I would say mental health is more important than physical health.
- E) Yes. The main objective of group repair is to improve the housing stock but indirectly by doing that your also improving health. They go hand in hand. Its not the primary objective bit it must be a consideration. The fact that we are undertaking group repair shows that we are keeping promises, often to communities that have been on the receiving end of broken policies. If you feel valued you feel better.
- F) When you first start the primary objective is to get the thing up and running. As you progress you start to gather customer satisfaction information, are we delivering what are partners envisaged we would be delivering, are we providing value for money. Its difficult we’re trying to move towards measuring outcomes as opposed to outputs. Hopefully peoples perception is that as a result of group repair their life is better.
- G) Theres scope in that the schemes are undertaken under the aspices of the RRO which within reason allows LA’s the freedom to decide what is offered under the scheme. However as with anything there maybe better ways of providing a particular intervention than through group repair. e.g. whilst we could in theory install heating systems through group repair a scheme already exists to facilitate this with its own bespoke funding stream i.e. Warmfront. In addition participants often have a contribution to pay which is a percentage of the overall cost. As such any cost increase could reduce partipation in the scheme as people might not be able to afford the higher contributions. What we do is to make sure we sign post people to these other resources and try and increase uptake. Addressing HH&SRS defect is not a primary aim of group

- repair its about regenerating the appearance of a street rather than improving the internals which most people won't see.
- H) Yes, very much so. Its changed the community, made a statement of intent for partners, in the sense that we said we were going to do it and we've done it Its given owner occupiers and private landlords the confidence to invest in properties. Its improved the street scene, the area is considered a better place to live Its been the one thing that's gone on year in year out that displays a commitment to improve the area. We've been able to target poor landlords as part of an overall package to improve the supply and quality of housing in the area. Its stimulated other work in the area e.g. the demolition of Hurd Street, the work on the shops and the enveloping there, theres the work in the park...I think its been a great success.
- I) At the moment the works we offer are right in terms of regenerating the external environment, streetscene etc One of the big issues which is being looked at is the thermal efficiency of the walls. The solid brick walls which are hard to treat in terms of improving thermal efficiency are a big problem. It's the only major area of work that needs developing, we recognise that current solutions are expensive, time consuming and cause a lot of disturbance to the occupier. The thing with group repair is that the participanst don't have to take up all the issues that we offer them. There are minimums that we need people to sign up for to maximise the impact in terms of improvements to external appearance. As with most things there is a balance between cost and the resources available. We know that the biggest health risk associated with poor housing stems from exposure to excess cold – its really important, should we be sacrificing some external works to help address this. For reasons given before I'm not sure we can, it's a debate that needs to be had. I'm not convinced group repair is not the most appropriate way of dealing with it whilst other mechanisms exist.
- J) Yes, it's a job that's probably a quarter done and if we walked way now I don't think what has been achieved would be sustainable. I took my kids round there the other day and they could see the difference between group repair and non group repair areas, but they were still shocked by the make up and appearance of group repair areas particularly the age, type and density of the housing. Life expectancy is still significantly less in Beeston & Holbeck than other parts of Leeds. Yes it has and is impriving dramatically, yes its gone up from being the 130<sup>th</sup> ranked most deprived SOA to the 600 & something, so its improved 500 placs but its still 600 and something out of 34,000. so its at the higher end of poor as opposed to the lower end, theres still a long way to go. It's a vusual high profile thing that people can see happening and encourages them to stay and invest in the area for a period of time and that needs to continue. there are some perceptions that will take a while to change e.g. people still believe crime is excessively high but that is no longer backed up by the figures our work and that of partners to improve and police the area has been effective.

### **What do you consider to be the main objectives of group repair?**

From my point of view there's clearly personal benefits for individual householders but my interest is mainly around street scene and uplift and wider regeneration benefits. Obviously I would want individuals to benefit but for me it's about raising the impression it gives to the wider area. Of having benefits beyond that street or those few houses to the wider area – those are the main things for me.

### **Are there any particular characteristics that you would associate with an area considered ideal for group repair?**

Probably to do with mixed tenure in terms of number of landlords and private home owners - I think that would cut across the piece quite well and help to bring up the standard across those two tenure types.

Clearly areas where there is a need for it in terms of we've got to make sense of the practicals of actually doing it, some external, to guttering, where there's problems of inconsistency, and we've got some poor standards around now. But obviously because its benefits are around wider issues its got to sit in the context of a wider regeneration scheme. Its got to have some benefit elsewhere so there's a lot of work going on out with group repair in terms of other activity in Beeston Hill and I think that is crucial really.

**JDS** – who decides which areas are going to be subject to group repair/

**DR** - ... have a regeneration board in Beeston Hill ... covers most departments and agencies and they inform the decision. Behind that decision are a regular project team which brings together Env. Health, parks and countryside, ..which I chair and the hard detailed proposals go there first. We put recommendations to the board. Then they put recommendations to the executive board of the Council. Via a bit of a mechanism beforehand. We've got some degree of residents involved in all that... also has a linked residents group as well called the Neighbourhoods Renewal Residents Association. All papers go there and minutes go back from the board. So it gives them a chance to look at what we're thinking and have opportunity for some come back. Its quite a thorough process really.

**House condition is well documented as a determinant of health. Do you think that group repair is likely to improve the health of occupiers if so how and to what extent?**

I don't think its such an obvious link as say internal repairs and it's not a clear link in the sense that while the actual increase can have benefits I would have thought in terms of people's mental health or in issues to do with stress, worry about how they can improve the look of their house, it might create a general sense of confidence and well being in .... I imagine also that it might be a stressful process as well and be difficult to cope with but not as much as when installing kitchens and bathrooms. So I imagine in the short term there may be some adverse indications while that work is going on for some people.

But in the long term I should imagine it will have a positive benefit.

**JDS:** Do you consider the impact of mental health when deciding on an area and works to be done?

**DR:** To be honest we won't give it a lot of thought in terms of applying for money to do group repair or as opposed to group repair, demolition and acquisitions. We won't have traditionally focussed on that.

**Do you think that good mental health is as important as good physical health? – explain**

Yes absolutely, is it more important? I don't know – it affects employment and other aspects of life whereas a physical disability may not. Some people manage ok. With a degree of disability or... yes they're both important.

**Should improving the health of the target population be a major objective of group repair? If yes, what are the key health issues?**

I'll say no so I don't have to answer the rest!.....

Should be in there – yes. But don't know to be honest on that. It's a useful indicator – you'd want to see that, but is it a driver to what we're doing? Probably it isn't. Probably should be of more importance than what we give it.

**JDS:** do you involve the health services when you're making decisions about an area at all?

**DR:** Not specifically, only in so far as they sit on the regen board. And they'll be part of making that decision. But in terms of have we considered detailed information about health and would it determine whether we go to one area as opposed to another/ no we haven't done anything like that. It's purely to do with the physical fabric of the building and those housing types.

**JDS:** Could that change in future?

**DR:** I think so, you'd have to weight it and I'm not sure how high we'd weight it.

It should probably be a component in there. If we had some reliable statistics.

.... If you think about it there's probably a lot of proxy measures which you could use – people with poor mental health or physical health are likely to have low income levels as well.

**JDS:** and in one sense your existing decisions are based on say income so inadvertently you may be considering health measures?

**DR:** yes – and if it came to justifying the use of public money on improving people's private homes and where should we do that... it's probably quite an interesting link.

**JDS:** so you're saying that may be health should be a consideration?

**DR:** yes

### **How much value do you attach to qualitative evidence when assessing the success of a scheme in meeting its objectives?**

**JDS:** Do you actually assess a scheme after its completed?

**DR:** I'm sure Mark(Ireland) will

**JDS:** what are your measures of success? No. of houses improved?

**DR:** you'd have to ask Mark. From my point of view its to do with how many have taken part in the scheme, have got up to the standards we wanted when you look at the street scene. It will be very physically driven indicators. How Mark assesses it and reports back to regional housing I'm not sure.

**JDS:** What happens to the properties which aren't improved then? I guess those may be the ones with greatest need?

**DR:** probably.

### **Is there any scope to extend group repair to secure more internal repairs/improvements to a home e.g . to reduce falls in the home?**

Forgot to ask this question! But did ask ...

**JDS:** Is there scope to do other works?

**DR:** Well ... I'd really like to see some work with the storage of wheelie bins.

**JDS:** other works?

**DR:** Don't think so

**JDS:** e.g. Fuel poverty.

**DR:** Yes... Mark has been doing some work round that and it could be a possibility. It would make a lot of sense to bring in another scheme at the same time. Insulation say. Any thing that will help people to save money on their homes is bound to be a positive outcome but whether or not we could have wrapped it up with another scheme I'm not sure.

**JDS:** Who would determine that.. is it done at regional level?

**DR:** I think its done by us. Locally.

**JDS:** so there is scope to include tackling local issues like fuel poverty?

**DR:** I think we probably could do. We could bid for different bits. Region have different parts to the regen programme. And within each bid there's some scope for flexibility.

**DR: HIA of Demolition and acquisition would be beneficial**

**DR: is GR HIA being funded via GR scheme?**

Pre more formal discussion: – costs £30,000-34,000 per dwelling and people have to contribute towards it, alternative would be to say insulate 500 homes... don't know what the figure would be but you could spread the money more thinly and perhaps have better health benefit.

... Leeds always requires a contribution

### **What do you consider to be the main objectives of group repair?**

**SH:** From our point of view it's a place shaping role – improving the environment, improving local living conditions and improving the housing stock but in fairly limited areas

**LC:** definitely about place making and more than anything improving the way an area looks and feels. But it does tend to be part of wider activity in regeneration of an area.

**SH:** because its expensive and tend therefore to do a street a year it does take an awful long time to work through a particularly bad area.

### **Are there any particular characteristics that you would associate with an area considered ideal for group repair?**

**SH:** Local authorities generally choose some of the worst areas, not only in terms of worst housing conditions but the people living in them tend to be the most vulnerable. That can mean a high proportion of ethnic minority groups in the area, quite a number of privately rented properties so maybe not looked after so well and generally speaking a high incidence of poverty.

**LC:** That's true for larger areas but with group repair you have to decide which are the worst streets. Have to decide what sort of impact doing that small area would have on the larger area. Hope would be that the improvements of the smaller area will have a positive impact on the wider area. People will think "that looks nice, why don't we do something to our house?"

**SH:** Something we'd like to see is a local authority having a master plan for an area so we can see how group repair fits into the wider plans for regeneration and the longer term plans as well.

That's one of the criteria – that our housing market renewal funding would look at, is a master plan in place or at least funding is available for some of the master plan work so there's that strategic background and it wasn't an arbitrary choice based on it being in so and so's ward or whatever. There is a strategic plan behind it.

### **House condition is well documented as a determinant of health. Do you think that group repair is likely to improve the health of occupiers if so how and to what extent?**

**SH:** We might have slightly different views about this.. My understanding of group repair is that it's the external fabric of the building and we mentioned before as to whether or not that might include insulation – I'm not sure about that. But certainly if it stops the roof leaking, and pointing to stop the house being damp and double glazed windows, that would be of benefit as well, anything that will make the house dryer and warmer would have health benefit. But I'm not sure that group repair necessarily provides that outcome.

**LC:** I think the thing with that is that it's very expensive and what are you benefiting in relation to that expense? So there may be things you can do on a lesser scale which will have a far greater health benefits.

**SH:** The issues of group repair tend to be in external appearance rather than internal liveability.

**LC:** But group repair is not about health it relates to the improvement of the area. Whereas we've got an energy efficiency grant that we give, that's more focussed, its about vulnerable

people whereas group repair is about the area. It may have knock on effects by having the roof being done, double glazing, doors being done to cut down draughts, but its not about health.

**JDS:** Is that a good thing or a bad thing that the focus is actually on the appearance and you're not really thinking in terms of health are you?

**LC:** Group repair is not about health. No one has ever said it's about health. But it could have a knock on effect. It's about improving the whole area, it's about the housing market. It's not about the individual because if you improve an area it improves the value of the houses, and people will say 'yes I want to live here'. This has an effect on the housing market which is probably your main aim.

**SH:** I think there's a tension actually within Government policy because the government wants to improve property conditions particularly for vulnerable people and that was the old PSA target... but also they want to improve energy efficiency and that has an effect on people's health. But they don't make it explicit that the main focus is on energy efficiency which perhaps it should be. So they give a large amount of local discretion. Local authorities like group repair and if you like are used to group repair – they've been planning for 30 years and want to finish it. So you can see why they want to continue working their way through an area. But as Lynne says it's not necessarily for health benefit. And if there are health benefits it's a spin off.

**LC:** Yes – we've got five local authorities and they do a range of different things. Not all of them are doing group repair. Say three may, and they may concentrate on doing the roof, doing the shell, some will replace windows, some roofs and chimneys – anything that might be dangerous on the house which I suppose does help improve health. It's not particularly healthy if your chimney is about to fall!

Wakefield don't do group repair at all. All they do is what they call environmental improvements –like boundary walls and sometimes they might clean up a building. So boundary walls and gates and sometimes putting in trees which improves the environment which could have a knock on effect on health. But again this is not mainly about health it's about the area.

**SH:** Something that some authorities do is something called 'facelift' which is a sort of minimal group repair and it's quite successful in improving the external environment. I'm not so sure about 'facelift' but certainly group repair might have changed but what they used to do was replace single glazed windows but now with changes in building regulations they replace with double glazing and so group repair is contributing to making the house warmer which it wouldn't be doing say five to ten years ago.

Something we've discussed in the Housing Partnership is whether our strategy should say there shouldn't be a focus on group repair because of the expense but the consensus is that we should leave it to local authorities to make their own decision.

**LC** and because of the tightness of the money they are moving further away from group repair. Leeds is the one that uses group repair by far and is likely to continue because being a larger authority it may be able to afford to do it. And as I said, they always ask for a contribution from the householder.

**SH:** And to be fair it's part of their long term strategy.

**LC:** Others do it on a much smaller scale.

### **Do you think that good mental health is as important as good physical health? - explain**

**SH:** I don't know the relative numbers of people who have mental health problems versus people with physical health problems .But I know there's evidence which shows that house conditions affect people's mental health. And the condition of the environment affects people's mental health. So I'm sure that it is as important... and improving the environment generally is something that should be strived for.

**LC:** One of the issues we've got is the funding of targeting large areas of deprivation and that's often to do with worklessness. And getting people into work by improving mental health is an important aspect. So no it's not just physical it's got to be mental health as well.

**SH:** I'm sure that poverty as well affects mental health and people may be poor because they have poor physical health.

**LC:** So anything that improves the area and makes it less deprived is important as far as we are concerned.

### **Should improving the health of the target population be a major objective of group repair?**

**SH:** I think it should be a major objective within our strategy but I don't think you achieve that through group repair.

**LC:** We're looking at improvements in the area, the housing side of it, but we wouldn't accept that group repair is the means to do that (improve health). As a partnership we do – as I've said – on the energy efficiency side, we do have a programme that is focussed on the individual and vulnerable people, targeting those who are eligible for affordable warmth.

### **If (you were considering health) yes, what are the key health issues?**

**SH:** Well we do in the strategy!

We are very aware of the link between housing and health, poor housing affecting everything from length of life to quality of life, infant mortality, poor housing affects virtually every health condition you could name.

**LC:** accidents.... Staircases in back to backs....

**SH:** We did a paper supporting health – not as part of the strategy but underpinning it. It had some interesting figures with particularly Wakefield having some very poor quality of health relating back possibly to its legacy of heavy industry and mining.... So we are very aware of the links between housing and health and the need to improve housing in order to improve health. Its how you do that that's the issue. Another thing is that in terms of strategy for some partners it's easier to see a big scheme - a super duper scheme with loads of money targeting a particular area that had something at the end of it has its attractions rather than say energy efficiency where you can give £50 to umpteen thousands of houses across the sub-region and at the end of it nothing looks different. People's health may perhaps have improved but the external appearance, the place making hasn't happened. So there's another tension there. How you spend your budget and the impact it makes. In terms of appearance or people's lives....

**LC:** and our strategy is very much focussed on improving areas. So it really looks like you've made an impact on it. Other things are perhaps secondary.

**SH:** We've actually been criticized by officials from the government office for pepper potting money around.... That's focussed the partnership on larger, big impact schemes rather than spreading it around.

**JDS:** Do you actually assess a scheme after it's been completed?

**SH:** We haven't, it's something we've talked about

**LC:** Doing an evaluation of what actually has been improved – it's something we would have done definitely if we as a partnership were due to continue. It's something we'd planned. But we are a young partnership and it's a long time before schemes get finished and be in a position to be reviewed. But we're not going to continue we're to become a city region .. so who knows...

Ideally we would have liked to have pushed them into that and have a definite 'this is what we look at' so that each scheme is looked at in a very similar way.

**SH:** in fact the first investment programme we controlled was 2006-2008.... So hasn't been appropriate till now to think about evaluation.

**LC** .....But you're talking about years. Holbeck's been going for many years and will continue for another 15 if not more...

**JDS:** and if you're measuring health effects you need to evaluate about 15 years down the track after an intervention.....

**LC:** ... before it affects the statistics. You could do individual case studies...

### **How much value do you attach to qualitative evidence when assessing the success of a scheme in meeting its objectives?**

**LC** we do it on a very small scale.... But we're not doing it in a consistent fashion at the moment.

**JDS:** have you documented any of that?

**LC:** I have got some case studies but they're more on energy efficiency than anything else. Some of the authorities may have some which we could put forward.

One thing that is said is that once the group repair has been done it gets people to do the inside of the house. The outside looks really nice lets invest in the inside.

The regional loans fund may have some case studies ....

... but that's not group repair , its individual improvement.

**SH:** I wonder if Kirklees have some as they are very keen on energy efficiency side of things

We could ask our partners.

### **Is there any scope to extend group repair to secure more internal repairs/improvements to a home e.g . to reduce falls in the home?**

**SH:** there's always scope.

**JDS:** how could that be brought about?

**SH:** by concentrating on energy efficiency I would have thought, decent homes standard. But the problem you then have is that group repair is disruptive enough for people, asking them to vacate rooms or their homes becomes more complex, particularly when dealing with a variety of tenures.

**LC:**Then you have this conflict of group repair being more about the area. What you're talking about is much more about the individual. When talking to individuals there's always the opportunity to talk about loans for other improvements to the house. And if its to do with insulation, central heating our grants schemes can deal with that and the links can be made for people to the possibilities that are available.

**JDS:** so having the group repair scheme you're providing the opportunity to trigger other improvement schemes?

**SH:** And all local authorities do it differently. I know in Calderdale they are very keen on gas safety and its an issue in the area where they are doing group repair. So they are concentrating on rebuilding chimneys, relining them and checking gas safety linked into them. They've found a number that are extremely unsafe and have probably saved people's lives by preventing carbon monoxide getting into people's property.

**JDS:** So a local authority always has that opportunity to add another element to its group repair scheme?

**SH:** yes

**JDS:** That would be acceptable from a regional point of view?

**SH:** We don't have a view.Perhaps from an audit point of view if we're spending £1m to improve 20 homes in Calderdale but 15 in Leeds they might look and say why the difference.

And the board might say its not particularly cost effective in this area

..... some consultants last year were asked to look at the cost benefits of group repair.  
Unfortunately they didn't have time to tackle that.....

**Are there any other works you think should be offered as part of Group Repair?**

SH; part of a wider question 'should group repair be offered in the first place?' Is there an alternative that would have greater benefits in terms of health outcomes?

LC: We do do other things which are more related to health – have you heard of 'hot spots'?...

Discussed Kirklees' action to insulate every home..

Similar schemes on an area basis in other local authorities and these are more likely to have a health benefit than group repair. And they are much cheaper to do.

**SH:** (explained some work of BRE and their involvement in Beeston – assessing use of some treatment before and after group repair. First lot of measuring to be done in next two months).



## Appendix 5 Completed Toolkit Worksheets



### WORKSHEET 3a

Activity & sub-actions	Affected population	Health determinant(s)	Health issue	Severity Positive or negative +3 to -3	Likelihood Definite Probable Speculative	Comment
<b>Group Repair</b>	Vulnerable – aged & young, BME Low income	Housing/Living conditions & social cohesion		+2	Probable	External repairs, minimal disruption. No relocation necessary.
<b>Roof repair –</b> eliminating damp Secure/repair chimney Additional insulation			Conditions affected by cold & damp – COPD, CHD, CO poisoning, fire safety	+2	Probable	
<b>House wall repairs-</b> Eliminating damp <b>New doors –</b> safety			Conditions affected by cold & damp – COPD, CHD., fire safety stress	+2	Probable	
<b>Replace windows</b> Heat insulation sound insulation appearance			Conditions affected by cold & damp – COPD, CHD. stress	+2	Probable	
<b>Boundary walls &amp; hedges –</b> Safety Appearance			Falls Prevention Safety, Sense of well being	+1	Probable	
<b>Environmental works</b> Appearance Crime & fear of crime			Falls Prevention Safety, Sense of well being	+1	Probable	
<b>Non-participants</b>			Continuing possible poor housing conditions	-1	Probable	Various reasons Usually unknown



## HIA-SYNTH

### Assessment of impacts of activity and potential options

	Group Repair scheme						Option 1		Option 2		Option 3		Option 4	
Scale of impact	Literature review		Key informants		Questionnaires		GR with possible targeted health enhancements		GR & all cat 1 hazards eliminated		GR & max insulation & CH		GR & full decency standard	
Type of Impact	+ve likely	-ve likely	+ve likely	-ve likely	+ve exists/likely	-ve exists/likely	+ve likely	-ve likely	+ve likely	-ve likely	+ve likely	-ve likely	+ve likely	-ve likely
<b>Mental Health:</b>														
❖ Maintenance of Current lifestyle	√		√											
❖ Social cohesion	√		√											
❖ Family contact	√		√											
❖ Harassment/conflict														
❖ Stress/Depression	√		√				√		√		√	√	√	√
❖ Empowerment	√		√											
<b>Lifestyle:</b>														
❖ Alcohol abuse							√							
❖ Drug abuse	√		√				√							
❖ Domestic violence							√							
❖ Smoking							√							
❖ Exercise	√						√							
<b>Environment:</b>														
❖ Pollution/location													√	
❖ Sanitation														
❖ Rats/pest control	√												√	
❖ Accidents	√								√					
❖ Road accidents	√		√				√						√	
❖ Disabled access													√	
❖ Repairs to dwelling	√		√		√				√		√		√	
❖ Standard of accom	√		√		√						√		√	
❖ Fuel poverty	√		√		√						√			
❖ Play space	√													
❖ Crime/fear of crime	√		√		√									
<b>Inequalities:</b>														
❖ Life expectancy	√						√		√		√		√	
❖ Neonatal health	√						√							



	Group Repair scheme						Option 1		Option 2		Option 3		Option 4	
Scale of impact	Literature review		Key informants		Questionnaires		GR with possible targeted health enhancements		GR & all cat 1 hazards eliminated		GR & max insulation & CH		GR & full decency standard	
Type of Impact	+ve likely	-ve likely	+ve likely	-ve likely	+ve exists/likely	-ve exists/likely	+ve likely	-ve likely	+ve likely	-ve likely	+ve likely	-ve likely	+ve likely	-ve likely
<b>Physical health &amp; well-being:</b> ❖ Asthma ❖ Respiratory ill health ❖ Chest pains ❖ CHD ❖ Cancer ❖ arthritis ❖ Disability ❖ Infectious disease ❖ Immunisations ❖ General sense of well being/health status			√						√		√		√	
<b>Access to services:</b> ❖ G.Ps ❖ Health visitor ❖ Health centre ❖ Health care ❖ Health information ❖ A&E ❖ Transport ❖ Schools ❖ Literacy ❖ Food shops (F & V)								√						
<b>Other determinants</b> ❖ Income generation ❖ Educational attainment ❖ Employment prospects ❖ Hope								√			√		√	
	√		√				√				√		√	