

REDUCING REDEVELOPMENT IMPACT ON HEALTH AND WELLBEING

NO MATTER WHO YOU ARE OR HOW YOU WILL BE AFFECTED, THE REDEVELOPMENT OF WATERLOO WILL PRESENT PERSONAL AND COMMUNITY CHALLENGES EXPLAINS ELIZABETH HARRIS.

There will be people living through redevelopment who will not be relocated; some residents who will be temporarily or permanently relocated; and a very large number of new residents to the area. We know that the scale of these changes can have negative impacts on health that can be minimised if they are recognised and addressed.

The poor health of public housing tenants has been well established, with research demonstrating higher rates of infectious disease, chronic illness, mental health disorders, delayed child development, inadequate nutrition and poor oral health, compared to the general population.

This is often seen as resulting from a contest between context and composition. Are these poor health outcomes a result of the poor physical, social and economic environments in which people live that limit their life opportunities (context)? Or is it the composition of the population due to high numbers of people with long term mental illness, drug and alcohol problems, chronic health problems and families experiencing domestic violence that lead to these poor health outcomes (composition)? It is likely to be a combination of both, acting over time, which can leave some families trapped in disadvantage that can become intergenerational. Improving physical conditions are important but if they do not lead to increased opportunities for health through work and education, impacts may be compromised.

The international evidence of improvement of health and wellbeing from redevelopment is mixed and at times conflicting. Some studies such as “Moving to Opportunity” did find improvements in health, but no change in education and employment. A large Scottish study of relocated residents

found that although housing conditions and social cohesion improved, there were no changes to physical and mental health.

An Australian qualitative study of the Minto Renewal Project in south west Sydney found that children and adults who moved into an area of low public housing concentration reported improvements in psychosocial health outcomes. However, uncertainty, delay and ongoing disruption caused by relocation were identified as potential causes of stress, injury and hardship if appropriate services were not in place.

Insights into the health impact can be seen in *The Relocation of Public Housing Tenants in South Western Sydney – A Health Impact Assessment (HIA)* which provided much of the content for this article. Based on a literature review, a demographic and health profile of the Airs Bradbury area, in-depth interviews with employees of health and welfare agencies and residents, they identified six potential health impacts related to: Neighbourhood conditions; Residents response to renewal; Neighbourhood and housing quality; Social networks and community engagement; Access to healthy foods and opportunities for physical activity; and Access to social and health care services.

Analysis of local health data showed significantly higher rates of ill health, chronic disease and behavioural risk factors compared to the NSW average. These patterns of illnesses are often associated with poor living, social and economic factors such as income, education, employment and family type.

Although the health effects of redevelopment have been mixed in Airs Bradbury, all those interviewed acknowledged the process was stressful. This was true in the HIA where many residents reported increased anxiety and stress as a result of delays and

uncertainty of the move. Living in areas with empty housing meant they felt vulnerable to gang violence, vandalism and increased crime. Some residents who had moved to mixed-income communities reported increased access to transport, recreation and supermarkets, and they felt happier and safer. Residents who had been actively involved in the redevelopment and have positive relations with their housing officer seemed more satisfied with the relocation. A personalised approach to relocation is reported to have positive impacts on health and feelings of control.

Improved quality of housing had positive impacts on residents although many reported that the new housing did not meet their requirements for space, size and layout. Noise and dislocation during the redevelopment was also difficult for residents.

In summary the HIA found:

- A personalised approach at all stages of the redevelopment improves satisfaction and outcomes
- Community engagement should be a priority for investment,
- Ensuring uninterrupted access to services is important;
- Environmental and social disruption should be minimised;
- Residents should be rehoused in relation to their needs and preferences; and
- Redesigned neighbourhoods should maximise safety and security and provide opportunities for social interaction.

The HIA makes practical recommendations on how these issues can be addressed. You can see the full HIA at www.swslhd.nsw.gov.au/populationhealth/PH_environments/pdf/RelocationPHTenants.pdf

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