

# Place and Wellbeing: Resources Theme

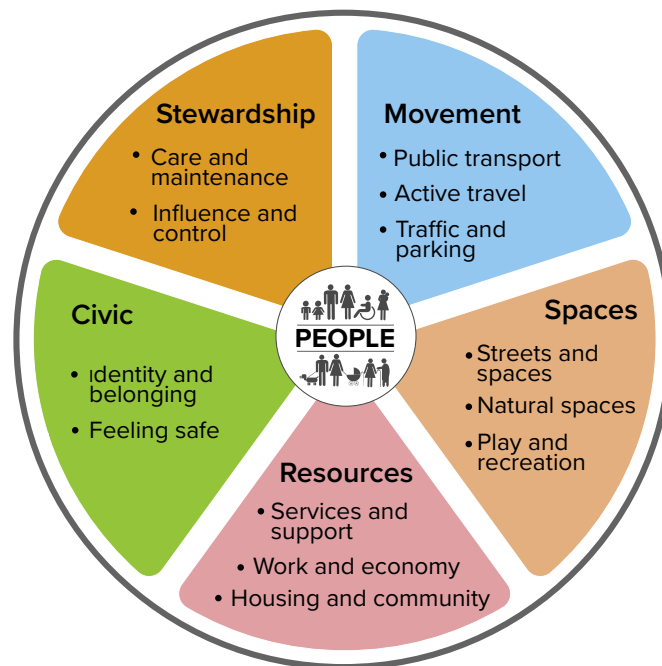
## Evidence informed links from resources to health



# About this report

This briefing covers the Resources theme within the Place and Wellbeing Outcomes. It draws on evidence to set out the ways in which aspects of resources – including services and support, work and economy and housing and community – impact on health and health inequalities.

## Place and Wellbeing Outcomes



The principles of equality, net-zero emissions and sustainability underpin all of these themes, and all themes should be embedded in policy and action

## Purpose

This briefing is aimed at policymakers and decision-makers in the economy and housing sector (including housing associations); planners and managers at all levels in local authorities and health boards; other community planning partners including health and social care partnerships; third sector organisations and community groups.



## Place and wellbeing: resources and public health

The places we live, work, play and age have an important role in determining our health and wellbeing and enabling communities to thrive.

### Resources and population and individual health

It is essential for good health and wellbeing that people have access to:

- services and support;
- work or volunteering opportunities; and
- housing.

People require local affordable and accessible high-quality facilities, including indoor and outdoor spaces, services, and support from communities to fulfil basic needs and to thrive and enjoy healthy independent lives. These services and support should be based on what communities say they need.

Employment (if it is 'fair'<sup>1</sup> work) and volunteering bring health benefits such as an increase in social connections, improvements in wellbeing and a reduction in stress. Well paid, secure work with sufficient hours can increase people's income, which can increase access to material resources.

Physical factors of the home, such as dampness, thermal comfort (not too cold or hot), noise, light, ventilation, infestations, physical hazards, overcrowding, adaptable to changing circumstances and energy efficiency, can impact on health and wellbeing. The insecurity of a home, type of tenure, affordability of housing and fuel poverty can also negatively affect health, for example by increasing stress and anxiety.

<sup>1</sup> 'Fair' work principles are voice, opportunity, security, fulfilment and respect.

Not everyone has access to services and support, fair work and housing. Older people, disabled people, people from ethnic minority groups and people on low incomes, who often rely on these resources, are sometimes unable to access them locally.

## Place and Wellbeing Outcomes: Resources theme

It is important that, to improve population and individual health, the outcomes within the Resources theme are met in conjunction with the other themes of the Place and Wellbeing Outcomes. This should be done in a way that takes account of the needs of different populations and geographies to ensure equitable outcomes for all.

### Resources Theme Outcome

#### Services and support

Everyone has access to:

- health enhancing, accessible, affordable and well-maintained services, facilities and amenities. These are informed by community engagement, responsive to the needs and priorities of all local people.
- a range of spaces and opportunities for communities to meet indoors and outdoors.
- information and resources necessary for an included life in a range of digital and non-digital formats.

#### Work and economy

Everyone benefits equally from a local economy that provides:

- essential goods and services produced or procured locally.
- good quality paid and unpaid work.
- access to assets such as wealth and capital and the resources that enable people to participate in the economy such as good health and education.

#### Housing and community

Everyone has access to:

- a home that is affordable, energy efficient, high quality, and provides access to private outdoor space.
- a variety of housing types, sizes and tenancies to meet the needs of the community and of a sufficient density to sustain existing or future local facilities, services and amenities.
- a home that is designed and built to meet need and demand, is adaptable to changing needs and includes accessible/ wheelchair standard housing.
- new homes that are located and designed to provide high levels of climate resilience and use sustainable materials and construction methods.
- homes that are designed to promote community cohesion.

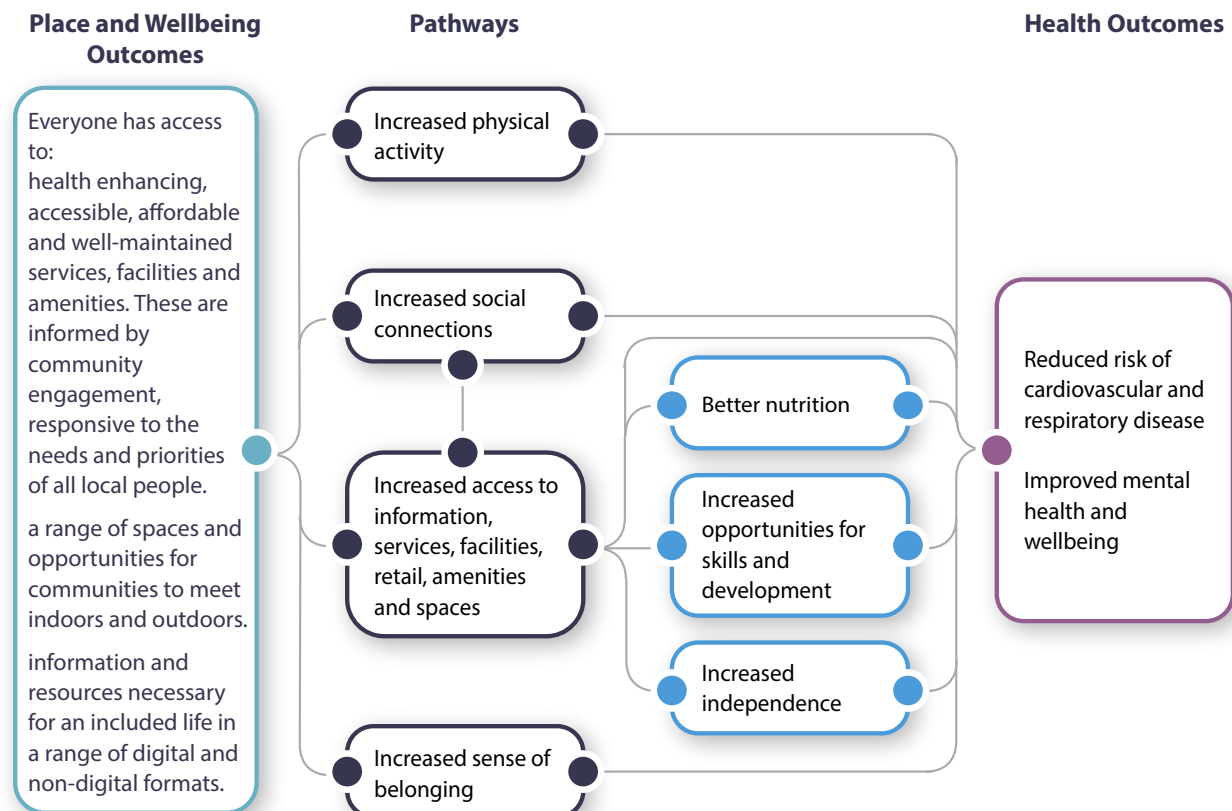
Post Office & Store

Community Hall

How can resources help us achieve better and more equitable health for all?

The following section describes how each of the outcomes within the resources theme can contribute to improved health and/or reduce health harms. It also demonstrates the potential impact on health inequalities if the needs of different populations are not considered when developing and delivering policy.

## Services and support



People need to be able to access local information and affordable facilities and services to fulfil their basic needs and enjoy healthy independent lives. Information should be prepared and available in digital and non-digital formats. The facilities and services, which people should be able to access include shops, places to socialise, educational facilities, community centres, health and social care, and community groups. For example, making low-cost healthier foods more accessible locally could encourage people to eat a healthy balanced diet.

There is evidence to suggest that having access to local facilities, services and communities can help people to socially interact and build social networks, which are important for health and wellbeing. For example, if people can easily walk to facilities then they may interact with community members on the way to the facilities and increase their social interactions. A facility such as a community hall can provide a place to come together and undertake collective activities. Local services and support can also provide people with a sense of belonging and help them feel like they are part of a community, which is beneficial for health and wellbeing.

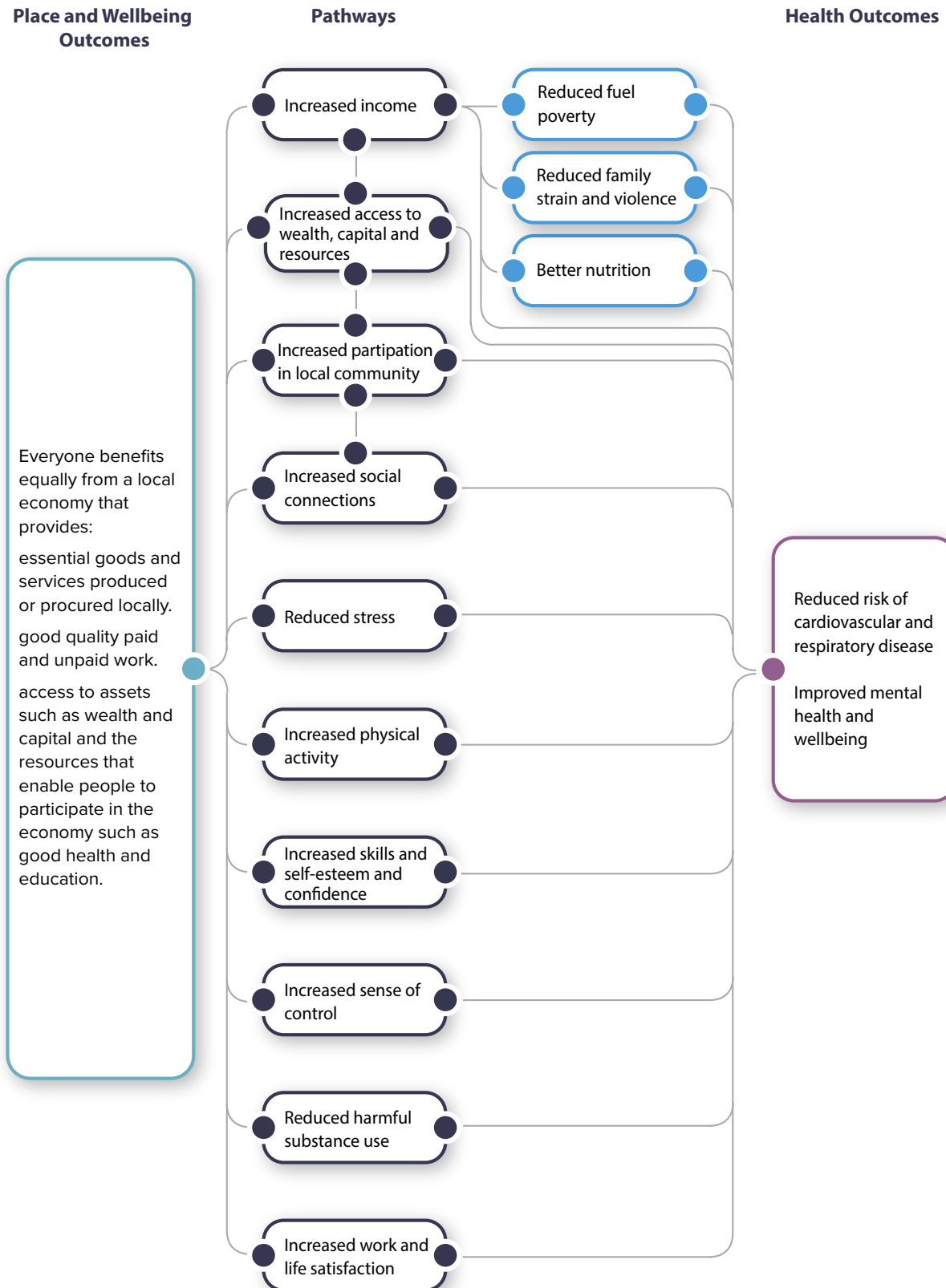
If facilities are not accessible locally, a reduction in social networks can lead to social isolation and loneliness, which can negatively impact on health and wellbeing. This is especially pertinent for older or disabled people who may have physical and financial barriers to moving around and often need the facilities to be available locally.

There is evidence that the quality of the wider neighbourhood and perceptions of safety can also impact on the ability to access facilities, services and communities. For example, older people or disabled people may not leave their home to access the services because the area feels neglected or unsafe.

### Inequalities in services and support

- Poor availability and/or access to facilities and services such as health care, childcare and broadband can be common in areas of deprivation and remote and rural areas.
- Accessibility can be exacerbated by limited transport options and not everyone has access to the same transport options. For example, not being able to access a car and/or the lack of affordable, suitable (for example for people with physical disabilities), safe and reliable public transport (for further information on transport see [Place and Wellbeing Outcome: Movement briefing](#)).
- There is evidence to suggest that people on low incomes living in more deprived areas may have less accessibility to good-quality shops or restaurants selling affordable, healthy foods.
- A reduction in social networks is likely to affect certain groups of the population more – such as the very old and disabled people – who are in greatest need of the services and may require additional support to access these services. They may also lack social support networks.

## Work and Economy



There is evidence that 'fair' work/employment is beneficial for physical and mental health and wellbeing through:

- increases in income and access to resources;
- reduction in stress;
- increase in social connections; and
- skills development.

Low-quality work and unemployment are associated with poor physical and mental health outcomes such as stress and the risk of musculoskeletal issues and exposure to occupational hazards. There is evidence to suggest that the longer a person spends in low-quality work the worse the health outcomes.

An inadequate income can make it more difficult to access material resources and feel in control of decisions which impact on day-to-day activities, which can impact negatively on health and wellbeing. Individuals can also experience a loss of social connections or a sense of structure and purpose if they are not in 'fair' work.

Unemployment can lead to reduced income and potentially poverty, which can be damaging to health. The harms and risks are increased the longer the period of unemployment, for example there is evidence of a higher mortality risk for people who have been long-term unemployed.

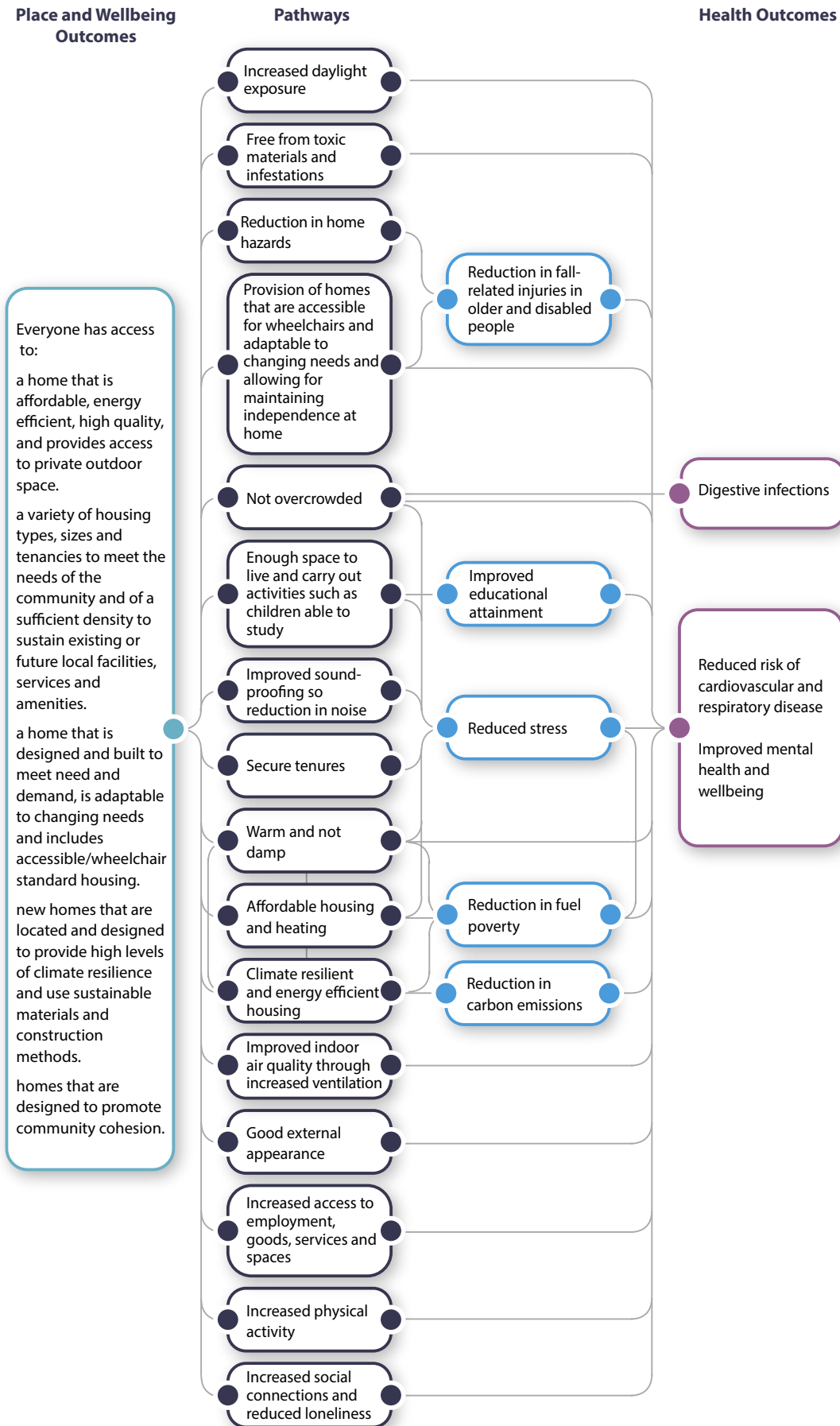
Volunteering has been associated with increased social networks and interactions, self-rating of improved health, mental health, life satisfaction and wellbeing, and decreased depression and mortality.

A lively and vibrant local area can increase footfall which can boost the local economy; this in turn can create work and volunteering opportunities. It can encourage people to visit the area, use it and encourage people to invest in it. There is evidence to suggest that the vibrancy of a local area/place can also help to improve the wellbeing and resilience of a community.

### **Inequalities in work and economy**

- There are certain groups who are more likely to be in low quality work. These include younger adults; those in a lower socio-economic position; people in more routine occupations, for example machine operators; those in lower paid jobs and members of ethnic minority groups.
- Certain groups in the population have lower employment rates such as ethnic minority groups, women, lone parents, carers, and disabled people.
- Those on the lowest incomes and/or in rural areas can be affected by the cost and accessibility of public transport to be able to access employment and training opportunities.
- Lower proportions of those furthest from the labour market were engaged with volunteering. There is evidence to suggest that people on higher incomes, from less deprived areas and not living with a long-term health condition are more likely to volunteer.

# Housing and Community



The way housing impacts health is complex. Physical features of the home, such as dampness, thermal comfort (not too cold or hot), ventilation, noise, light, infestations, physical hazards, overcrowding and energy efficiency, can impact on health and wellbeing.

There is good evidence that damp and cold homes can lead to and exacerbate respiratory conditions, exacerbate existing cardiovascular problems and can have a negative impact on people's mental health. Cold, poorly insulated homes can increase excess deaths during the winter months. The stigma of living in a damp home and the lack of sense of control about being able to do anything about the problem could also affect people's mental wellbeing.

Sometimes if homes are made warmer or thermal efficient this can include stopping air leakage, which can reduce ventilation in the home. Inadequate ventilation can lead to poor indoor air quality, which can negatively impact on health.

There can be risks from overcrowded housing including increased rates of intestinal and respiratory infection. High levels of noise and a lack of space in the home can lead to self-reported feelings of stress.

The affordability of housing including rents/mortgages, the running costs of a home and fuel poverty can negatively affect health in particular mental health and wellbeing through stress and anxiety. Households who cannot afford their housing and/or are in fuel poverty will also have little disposable income to spend on other things such as food and recreation, which can impact negatively on health. Sometimes people in fuel poverty might not heat their homes adequately or may restrict the use of the rooms they use in their homes because they have concerns about expensive heating bills. This can have a negative consequence on health and wellbeing and can affect the ability of children to learn if the children have to study in the same room as the rest of the household.

Insecurity in housing or tenure can lead to stress and anxiety because of instability and the potential for residents to be asked to leave or to be evicted and sometimes resulting in homelessness. Homelessness can have adverse physical and mental health outcomes. There is evidence that being satisfied with your landlord and perceiving that your house had a good external appearance was associated with higher levels of mental wellbeing.

Housing should be located close enough to enable people to access facilities, services and communities and dense neighbourhoods often have amenities in close proximity to housing and more walkable neighbourhoods/cities. These factors not only encourage physical activity, through active travel, social interaction and participation and engagement, but can also provide a sense of belonging to the community. There is evidence that a mix of housing tenure and type can encourage social interactions and sometimes a sense of community, but it can sometimes also lead to social tensions.

## Inequalities associated with housing and community

- Although there can be issues with the lack of suitable and affordable housing for everyone this can be a greater issue in some rural areas.
- Those on a low income, older people, disabled people, people liberated from prison and people with mental health illnesses can sometimes find it difficult to access good-quality affordable housing, which meets their needs.
- Poor accessibility within their home puts disabled people and elderly people at risk of injury, stress and isolation.
- Health consequences of damp and cold homes are increased for certain groups of the population, such as older people and young children.
- People living in deprived areas and/or rural areas or on a low income can experience fuel poverty and may not be able to afford to heat a home.
- Not heating their homes adequately or restricting the use of the rooms they use in their homes can be a particular issue for older people, people with young children and people with disabilities or long-term health conditions because they are the groups that spend the most time in the home and can be more susceptible to the health effects.
- People on low incomes and/or people from ethnic minority groups tend to experience higher rates of overcrowding.



## Conclusion

The evidence in this briefing demonstrates that the influence of resources on health and health inequalities is complex and wide ranging. This briefing was based on evidence from a report, [Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#), where there were limitations, for example the evidence could sometimes only show links between the outcomes and health rather than showing that the outcomes definitively caused the health effect.

High quality services, work and housing are all important for good health. However poor quality and inaccessible resources can be damaging for health and differences in population needs must be considered so that health inequalities are not exacerbated.

It is recommended that a [Place and Wellbeing Assessment](#) or scoping [Health Impact Assessment](#) is carried out as part of the development of national or local policies on resources to ensure that these needs are identified, and actions are put in place to mitigate any negative effect.

## Other sources of information

The evidence detailed in this Place and Wellbeing: Resources Theme briefing document is from the following sources:

- Public Health Scotland. [Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#). Edinburgh: Public Health Scotland; 2022.
- Public Health Scotland. [National Planning Framework 4: Briefing on health and proposed National Developments](#). Edinburgh: Public Health Scotland; 2022
- Public Health Scotland. [Healthy Housing for Scotland: a briefing paper setting out the fundamental link between housing and public health](#). Edinburgh: Public Health Scotland; 2021
- AlWaer H, & Cooper I. [Understanding the 20-Minute Neighbourhood: Making opportunities for people to live well locally](#). University of Dundee. 2024

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Collaborative**

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