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Magdalena's main area of expertise is retrofit and preservation of existing built environment, rooted in the research into relationships between buildings and people. She has over a decade of experience working in public and private sector as a Senior Architectural Technologist. She is a PhD candidate at Robert Gordon University (RGU) in Aberdeen, researching health promotion and psycho-social

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Magdalena is a Chartered Architectural Technologist, Knowledge Exchange Coordinator for Chartered Institute of Architectural Technologists (CIAT) Scotland East, promoting learning in the industry with the emphasis on support for women. She is a Director and a Vice-chair of the Scottish Ecological Design Association (SEDA) where she leads the Health and Wellbeing group. She is also a member of Living Futures Institute.

Magdalena co-led research on the Heat and Energy Efficiency Technical Suitability Assessment (HEETSA) for the Scottish

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Jonathan is a Course Leader in Architectural Technology at RGU, since the summer of 2010. Jonathan has responsibility for preparing curriculum changes for the course, preparation for accreditation with PSRB, IQA monitoring processes, alongside mentoring and leading new course team members. PSRB and IQA process systems have both noted the

course and content as exemplary examples of the course nationally and internationally. He has been actively involved in PSRB related activities, e.g. Chair of Accreditation Panels, Chair and panel member for chartered professional interview at Chartered and Fellow levels, alongside being a judge for CIAT student technical awards.

Jonathan has been more involved at School and Faculty levels leading marketing and representing the School across a breath of University wide forums and boards. As part of the role Jonathan sees the continuation of his established research skills through consultancy and larger multi-disciplinary research applications.

Jonathan's PhD was titled "Optimising The Relationship Between Passive Solar Design Of New Housing AndThe Economics Of Construction And Land Value". This research continues his personal

interest in alternative energy, particularly passive solar and whole-house techniques, which reduce the need for non-renewables.

RETROFITTING HOMES FOR GENDER EQUITY AND WELLBEING: A SALUTOGENIC PERSPECTIVE

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ABSTRACT

The relationship between the built environment and human health is increasingly recognised; however, retrofit practice continues to address health primarily through a pathogenic lens, focusing on risks associated with substandard housing conditions. Current retrofit standards prioritise technical performance, often overlooking the unintended social consequences – particularly, the potential to exacerbate existing health inequalities. Furthermore, retrofit policy and delivery remain predominantly carbon-driven, with insufficient attention to how interventions might foster resilience, social cohesion, and wellbeing at the neighbourhood scale.

Psycho-social determinants of health, which shape individual's ability to interpret and cope with their environments, remain underexplored in retrofit assessment and practice. A salutogenic approach to environmental design, grounded in Antonovsky's concept of health promotion, offers a promising alternative –

focusing on long-term health and wellbeing by supporting Sense of Coherence (SOC): meaningfulness, manageability, and comprehensibility in people's everyday settings.

This paper draws attention to gender-specific vulnerabilities, particularly those experienced by women due to socio-economic inequalities as highlighted by UN Women. It argues that these inequalities influence women's priorities in the home, especially regarding safety, autonomy, and control. By employing a phenomenological evaluation of lived experience within a small sample group, the study explores how motivations for retrofit are shaped by these gendered needs. It advocates for neighbourhood-scale, place-based retrofit strategies that incorporate a human-centred, salutogenic framework, recognising wellbeing, inclusion, and life course health as essential to sustainable and equitable retrofit outcomes.

INTRODUCTION

Residential buildings are a major source of carbon emissions in the United Kingdom, with domestic energy use – particularly for heating – accounting for a substantial share of total emissions (CCC, 2023). As a result, housing retrofit – defined as the upgrading of building fabric and heating systems to improve energy efficiency – has emerged as a focus in the UK's decarbonisation strategy. Retrofit is also framed as a means of mitigating fuel poverty and addressing substandard housing conditions (Scottish Government, 2021). However, current retrofit frameworks remain largely carbon-centric,

narrowly focused on quantifiable performance metrics and cost-benefit calculations. This carbon-centric lens frequently overlooks the broader psycho-social, relational, and life-course dimensions of home, particularly how changes in personal circumstances can alter individual's perceptions of home and their sense of wellbeing (Cleland, et al., 2015; Feijten& Mulder, 2005; Plagnol& Scott, 2011).

A significant body of literature has examined the symbolic, emotional, and affective meanings of home (Sixsmith, 1986, Mallett, 2004; Easthope, 2004), yet these findings are rarely integrated into retrofit policy or practice (Baker, et al., 2025; Bolton et al., 2023). The home is not simply a shelter; it is a place embedded with meanings that shift across time and life stages. In the context of domestic retrofit, health is typically treated through a pathogenic paradigm, focusing on how inadequate housing contributes to physical illness and healthcare costs (Garrett et al., 2021; 2023). This approach undervalues the psycho-social dimensions of housing (Marmot, 2010, 2020), such as autonomy, control, safety, emotional security and meaning, which are fundamental to subjective wellbeing (Diener, 1984; Evans, et al., 2003; Doyal & Gough, 1991).

There is a need to reframe retrofit through a human-centred lens, one that treats wellbeing as a primary outcome rather than a secondary benefit. The National Health Service's (NHS) growing emphasis on ageing in place, post-hospital recovery within a familiar setting, and the creation of safe and supportive home environments points to a reconceptualization of housing as an enabler of preventative health strategies (Public Health Scotland, 2021; Scottish Government, 2021). Within this framework, the quality of

retrofit must extend beyond thermal efficiency and encompass factors such as adaptability, usability, and the ability to support long-term psycho-social wellbeing.

The notion of health-promoting environments draws on theories such as Gibson's (1979) concept of environmental affordances, which explores how individuals perceive and interact with their surroundings in relation to their capabilities. This resonates with Antonovsky's (1987) theory of salutogenesis, which emphasises the development of a sense of coherence (SOC) as a means of enhancing resilience and coping capacity. SOC is underpinned by three core components: manageability (the perception of autonomy and control), comprehensibility (the ability to understand one's environment), and meaningfulness (a sense of purpose and belonging).

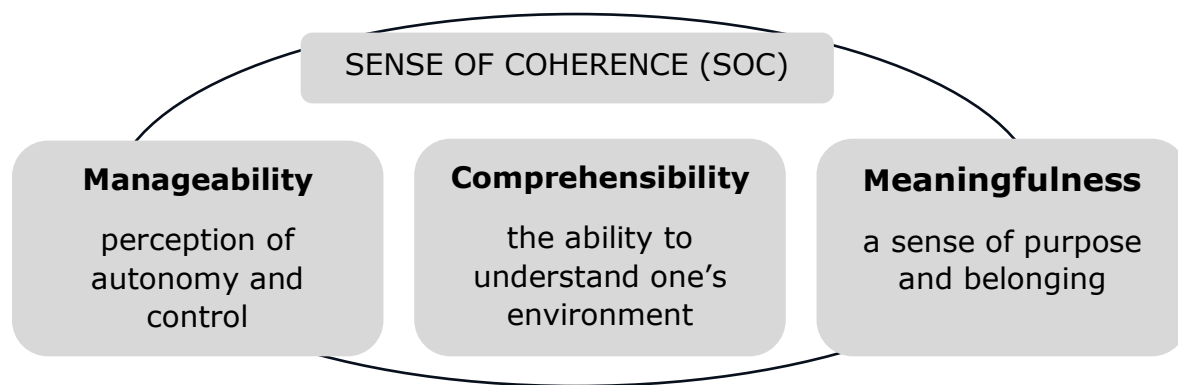


Fig. 01 – Components of the sense of coherence (SOC) – by authors.

GENDER, HOUSING, AND THE STRUCTURE OF INEQUALITY

Gendered dimensions of housing, while currently underexplored in retrofit literature, are crucial to understanding how homes are

experienced, especially in times of transition or instability. Women are more likely to bear the burden of unpaid care, manage domestic responsibilities, and reside in lower-quality housing – particularly as single parents, older adults, or informal workers (Shelter Scotland, 2024; UN Women, 2020). These roles frequently restrict economic independence, reduce pension entitlements, and increase the risk of housing insecurity in later life (Santos Silva & Klasen, 2021; Brett & Macfarlane, 2022). Depression, anxiety, and chronic stress are more prevalent among women, often exacerbated by caregiving responsibilities, economic instability, and insufficient social support (Kessler, 1993; Paykel, 1991; WHO, 2023). Importantly, these psycho-social stressors not only affect immediate wellbeing but also increase the long-term risk of conditions such as dementia (Luo, et al., 2023; Mielke, 2018; Stuart, et al., 2020). Additionally, life events resulting in a requirement of cognitive adaptation can be as significant as socio-economic stressors. (Alder, 1995).

Understanding how women perceive, interact with, and make decisions about their home environments is therefore essential to the development of equitable retrofit strategies. Salutogenic theory, rooted in medical sociology, offers a framework foregrounding the importance of emotional security, autonomy, and belonging as determinants of health (Antonovsky, 1979; 1987; Eriksson & Lindström, 2006).

METHODOLOGY

This paper presents findings from the first phase of a wider doctoral study, employing Interpretative Phenomenological Analysis (IPA) to explore how a small sample of women in rural North East Scotland

experienced their homes in light of changing life circumstances. IPA is rooted in phenomenology and idiographic philosophy, focusing on how individuals make sense of their lived experiences (Smith, et al., 2009).

The sample included four women:

1. A working mother preparing to relocate due to perceived misalignment between her home and evolving family needs.
2. A working mother and social housing tenant transitioning into homeownership.
3. An elderly woman who recently moved into the community, prioritising home that can be upgraded to meet her long-term needs.
4. An elderly woman who had raised her family in the same home and remained for reasons of familiarity and stability.

These narratives form the foundation for a broader mixed-methods inquiry. Subsequent stages of the research will involve a quantitative survey to capture wider patterns and validate emerging themes. Together, these stages aim to inform retrofit strategies that are socially responsive, gender-aware, and grounded in lived realities across the life course.

LIFE EVENTS, HEALTH, AND THE MEANING OF HOME

The women's reflections revealed that their homes were not static backdrops, but active participants in their life trajectories. For each, the home was seen as a site of care, work, parenting, recovery, and identity. Decisions about moving or upgrading were rarely based

solely on cost or energy savings; rather, they were driven by life events, transitions such as loss, illness, ageing, family or employment changes. These transitions triggered emotional reassessments of what the home provided: was it manageable, comprehensible and meaningful?

Interview responses demonstrated how disruptions in life circumstance often led to a misalignment between the affordances (Gibson, 1979 Golembiewski, 2023) within the home environment and the occupant's evolving needs. Homes that were once adequate became sources of stress when they failed to support safety, independence, or family routines. These experiences were mapped with Maslow's (1943) hierarchy of needs in the context of housing, where safety and security as well as love and belonging were identified by the participants as fundamental to long term health and wellbeing. Homes were evaluated by the interviewed women through an affective lens that acknowledged social and relational dimensions of their domestic settings (Lefebvre, 1991; Somerville, 1997). Responses, as highlighted in the table below, revealed deeply personal experiences of control, acceptance, connection and helplessness where physical constraints within the home were perceived as barriers that shaped behaviours, impacted health, and affected overall wellbeing.

Phenomena associated with occupant needs and sense of coherence (SOC) within domestic setting	
Phenomenon of control	Relative to manageability and comprehensibility – individual's ability to

	understand their circumstances, identify sources of support, navigate available resources, and feel empowered to act. Sense of personal agency, self-efficacy, and motivation. In the context of housing, the ability to make autonomous decisions, feel safe, and understand how to navigate one's environment and circumstances.
Phenomenon of acceptance	Relative to manageability and comprehensibility – individual's negotiated adaptation, adjusting behaviours and expectations in response to housing limitations they could not control, often due to financial or spatial constraints. Coping strategies were reported to be shaped by necessity rather than choice.
Phenomenon of connection	Relative to meaningfulness - social and emotional dimensions of housing, such as relationships formed within the home, the significance of memories (e.g., raising children), and a sense of belonging to the community. Also, home's placement within its wider spatial context, including natural elements (trees, garden, parks), proximity to the street, architectural character, and opportunities for personalisation.
Phenomenon of helplessness	Relative to manageability and comprehensibility but also meaningfulness – perception of housing limitations causing

	distress and uncertainty. Participants described feeling overwhelmed, unsure of how to address issues, and unsupported in navigating solutions. This often led to feelings of shame, frustration, and being 'stuck' in inadequate housing, where the lack of clear guidance or effective assistance undermined sense of control, dignity, and emotional connection to the home.
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Fig. 02. Results of IPA analysis of lived experience of home and associated needs – by authors

In several cases, the emotional labour required to 'make do' with poor layouts, draughty and cold rooms, or inadequate bathrooms, was evident to be detrimental to occupant's mental wellbeing and sense of control. In some cases, women accommodated these limitations by adjusting their behaviours, negotiating a balance between what one participant called their 'needs and wants'.

SOCIAL CONNECTEDNESS AND COPING STRATEGIES

The women's sense of wellbeing was also closely tied to social connectedness within their neighbourhoods. Relationships with neighbours, proximity to services, and access to trusted help were critical in shaping their experience of home. Studies confirm that perceived social connectedness is a key determinant of mental health and life satisfaction (Zavaleta, Samuel & Mills, 2017; Creaven et al., 2018). This was particularly salient for grandmothers and mothers who were the primary caregivers, limited by inadequate

childcare provision or who relied on informal networks to manage work-life balance and care duties. The importance of community cohesion and effect on health resilience despite structural challenges resonate with findings of Vaandrager and Kennedy (2022).

A strong SOC was evident when women had access to trusted sources of advice and support. The importance of having knowledgeable, empathetic advisors – especially during home upgrades – was repeatedly emphasised. Participants wanted retrofit guidance that was not abstract or generalised, but relatable and tailored to their particular house, life stage, and budget. One woman highlighted the importance of having someone to help ensure she wasn't being taken advantage of, while another spoke confidently about the guidance she received from a trusted source. But generalised and inadequate advice was also seen as lack of control over own situation, where one woman emphasised the feeling in a very emotional way:

'What I wanted was for someone to come in my house and say: do you know something? have you ever considered doing this? This is where you'll get your biggest benefit from, and just that, I suppose honest conversation [...]. But tailored to my house, not a generalised sort of advice that [...] is based off the South of England.'

The absence of such support led to feelings of helplessness and frustration. Retrofit interventions were perceived not only as physically disruptive but emotionally intrusive, particularly when household dynamics were being overlooked. One participant described an unannounced visit from a social landlord as an intrusion of her home as a safe space for her family, calling it a '*horrible feeling*'. Another expressed that it felt '*like our house isn't our house anymore*', while discussing planning constraints echoing broader concerns around agency, autonomy and the ability to make sense of one's circumstances.

GENDER, EMPLOYMENT, AND HOUSING AS INFRASTRUCTURE FOR CARE

The research also highlighted how housing functions as infrastructure for unpaid care and economic participation. Working mothers in the study used their homes as sites for remote work, managing employment alongside domestic duties. However, inadequate space, poor thermal comfort, and lack of privacy compromised both productivity and wellbeing. This intersects with a broader critique of the care economy, which remains structurally undervalued and disproportionately carried by women (UN Women, 2024).

Brett and Macfarlane (2022) highlight how women in Scotland face barriers to job flexibility, pay gaps, and fragmented employment histories, which cumulatively diminish economic independence. If retrofitted homes can reduce fuel poverty, improve thermal comfort,

and support remote work, they could serve as enablers of gender equity. Conversely, failure to account for gender-specific needs risks reinforcing inequalities.

AGEING, RETROFIT, AND FUNCTIONAL ABILITY

Ageing was discussed with all participants but perhaps a central concern for the older contributors was a wish to remain in their homes long term. Each had taken steps to adapt their environments, installing handrails, walk-in showers, but remained concerned about future limitations (layout, accessibility, thermal comfort: both cold and overheating risks). Given the growing proportion of older women in the population (Scottish Government, 2020) and reliance on informal and local support networks, retrofit strategies must accommodate ageing-in-place priorities, including ethical consideration for people living with dementia. The World Health Organization (2017) has also drawn attention to the gendered burden of dementia: women not only represent the majority of those affected but also provide the bulk of informal care.

WHO's (2015) proposition of 'functional ability' in later life expands the concept of health to include social participation, purpose, and autonomy. In this light, homes should be evaluated not just as safe or accessible but as capable of enabling continued contribution and meaning. Koelen and Eriksson (2022) advocate for a shift from healthy ageing to salutogenic ageing, emphasising that older people's wellbeing is shaped by familiarity, agency, and the capacity

to maintain social ties, where adequate housing can be an enabler of social wellbeing.

CONCLUSION

TOWARDS GENDER-RESPONSIVE RETROFIT

While this study offers valuable exploratory insight, it is limited by its small, purposively selected sample and the subjective nature of qualitative analysis. Broader generalisability will require future quantitative research to validate these findings and strengthen the emerging framework.

The early phase of this study has highlighted the gendered dimensions of housing and retrofit, revealing how women's wellbeing is affected by the interplay of domestic responsibilities, economic constraints, ageing, and housing quality. Current retrofit strategies often fail to consider these lived realities, focusing instead on technical efficiency and energy metrics. Yet, for many women, decisions to move or upgrade are triggered by life events – employment changes, caregiving, health decline – highlighting the importance of responsive, flexible, and emotionally supportive environments.

By applying salutogenic principles to domestic retrofit and neighbourhood regeneration, interventions can be reframed not only to reduce emissions but also to promote health equity. A shift from carbon-focused metrics to human-centred outcomes would support

long-term wellbeing, particularly for women navigating unpaid care, economic hardship, and ageing (Antonovsky, 1987; Eriksson and Lindström, 2006).

Effective retrofit strategies must integrate gender-sensitive design, strengthen social connectedness, and support flexible economic participation. These are critical for promoting autonomy of decisions and fostering a strong sense of coherence (SOC), which contribute to resilience and subjective wellbeing (Vaandrager and Kennedy, 2022; Maslow, 1943; Diener, 1984). Future policy must move beyond technical solutions to embrace human-centric, place-based approaches that address the intersections of health, gender, and the built environment recognising psycho-social dimensions of human health.

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