Progress Report 2011/12



GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit, sponsored by the Scottish Government, Glasgow Housing Association, NHS Health Scotland and NHS Greater Glasgow & Clyde.

Foreword

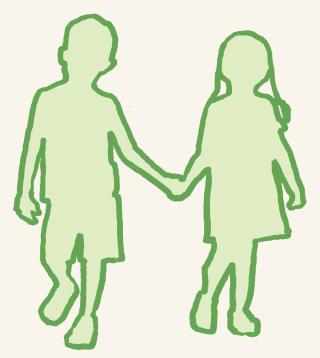
On behalf of the GoWell team and the programme's sponsors, it is my pleasure to welcome you to this progress report.

Now reaching the end of its second phase of activity, GoWell has successfully generated new evidence and insights on a range of issues, including: mixed tenure communities, high-rise living, community engagement and influence, antisocial behaviour, the experience of migrant communities, influences on mental wellbeing, and social regeneration. Most importantly, the direct relevance of the GoWell findings for national and city-level policy and practice has resulted in the programme playing an increasing role in influencing priorities and shaping thinking about the relationships between area-based regeneration and health.

The scale, variety and complexity of the changes taking place in Glasgow not only make them particularly interesting to study, they bring an associated moral imperative to ensure that lessons are learnt as the regeneration programmes proceed, and that the impacts of the investments are assessed. In the current financial context, the importance of this work is more evident than ever.

It has become increasingly clear as the programme has progressed that we need to look at the issues of interest in a range of different ways – going beyond the 'numbers', to obtain a deeper sense of people's experiences, hopes and aspirations. In light of this, GoWell has developed to incorporate a wider range of research and learning methods. During Phase 2 of the programme, a range of qualitative research methods have been deployed to build our understanding of resident and practitioner experiences of community engagement, mixed tenure communities, clearance processes, and transformational regeneration. Insights from these qualitative studies will be the focus of the 2012 GoWell annual event.





It has been the tradition of these progress reports to summarise the programme's activities over the previous year. This report is somewhat different. It includes a synthesis of some of the key findings that have emerged over the years from the GoWell study to-date. We have seen the learning build up over time: sometimes findings are conflictual, sometimes quite surprising. But crucially they demonstrate how things are changing in some of Scotland's poorest, least healthy, and most ethnically diverse communities, what types of change are most strongly associated with better wellbeing and satisfaction, and what the priorities for enhanced attention or investment need to be.

Programmes like GoWell depend not only on hard work and resources, but crucially on the good will, flexibility, trust, commitment and vision of the various players involved. From its outset, GoWell has been sponsored by the Scottish Government, NHS Health Scotland, Glasgow Housing Association, the Glasgow Centre for Population Health, and NHS Greater Glasgow and Clyde. I should like to express my sincere thanks to all of these sponsors, and the Steering Group members more widely, for the support that they give to the programme in so many ways. Many thanks too to all the members of the GoWell team for their unstinting hard work, and to the study participants for being willing to give of their time to tell us about their experiences, their neighbourhoods, and their aspirations.

I hope that you find this report of interest and value to our collective goal of learning how regeneration can bring better health for communities in Scotland.

Dr Andrew Fraser Chair GoWell Steering Group

Introduction

What is GoWell?

GoWell is a research and learning programme, investigating the impacts of investment in housing and neighbourhood regeneration in Glasgow on the health and wellbeing of individuals, families and communities. Established in 2006, and planned as a ten-year programme, the study design allows us to examine a range of neighbourhood, housing and health-related factors before, during and after changes take place.

What do we aim to do?

- To investigate the health and wellbeing impacts of activity associated with the Glasgow housing and regeneration investment programme.
- To understand the processes of change and implementation which contribute to positive and negative health impacts.
- To contribute to community awareness and understanding of health issues and enable community members to take part in the programme.
- To share best practice and knowledge of 'what works' with regeneration practitioners across Scotland on an ongoing basis.

There are 15 communities involved in our study, shown in the map overleaf.



Who's involved?

GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit. It brings together housing, regeneration and health sectors through its sponsorship by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde. Details of the current team, working on the programme on a day-to-day basis across the partnership organisations can be found within the team section of our website.

Our findings

We are now over six years into our programme of research and learning. New evidence and insights have emerged on a range of issues, generating better understanding of the relationships between housing, neighbourhood quality, community life, wellbeing and



health. A key element of GoWell is to ensure that these findings are shared, discussed and considered with our study communities, policy-makers and practitioners so that they are translated into useful and practical information and recommendations for policy and practice.

Timeline

Our study comprises a number of different research and learning components; some of which will run throughout our life-span; some repeated at different intervals; while others are short-term in nature. The timeline diagram overleaf shows these different components and the stage we have reached within this.

This report

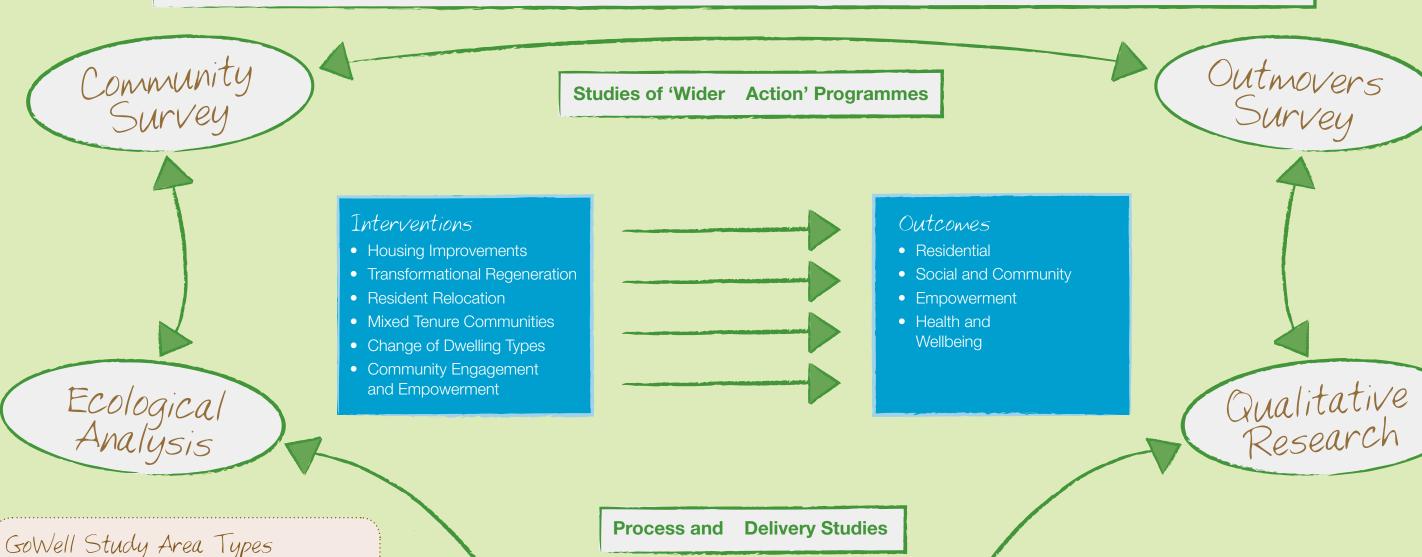
Our management and sponsorship arrangements mean that GoWell is planned and funded in phases. As we approach the end of Phase 2 of GoWell, which runs from January 2009 to end-March 2012, the centre section of this report summarises the key findings that have emerged during this Phase. This is followed by a brief forward look at the research we have planned for Phase 3. More detailed information on both Phase 2 and Phase 3 of GoWell can be found in our Phase 2 Interim Progress Report and GoWell Phase 3 Proposal. These documents are available from our website.

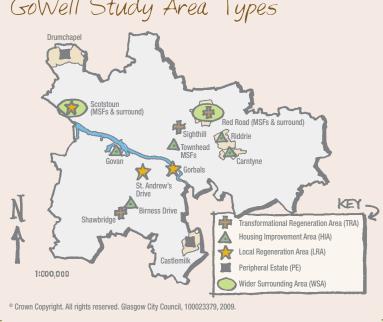
Further information

In addition to presentations and discussion seminars we hold with our stakeholders, we report our findings through a variety of outputs including newsletters, findings reports, briefing papers, journal articles and our website. All of these, and further background and contextual information on the programme, can be accessed by visiting the GoWell website at www.gowellonline.com or by contacting Jennie Coyle at jennie.coyle@drs.glasgow.gov.uk or on +44 (0)141 287 6268.

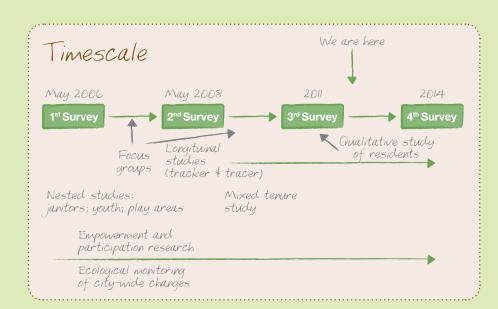
Elements of GoWell

Regeneration of the GoWell communities involves a range of interventions which we are studying through a spectrum of research approaches, specifically looking at the impacts they may have in terms of four key sets of outcomes.





Communication & Dissemination



This section highlights some of the key findings that have emerged during Phase 2 of GoWell. More information on each of these can be found within the outputs listed.

The findings are themed in terms of our four main outcomes of interest: residential change and satisfaction; social and community relations; individual and collective empowerment; and health and wellbeing. Also included are the key findings from our studies of mixed tenure communities.

Residential Change and Satisfaction (housing and neighbourhood)

Responses to our Wave 2 survey, in 2008, indicated that over a third (36%) of respondents had received improvement works to their homes in the past two years. Satisfaction with these improvements was very high, at 90%. New doors and locks were the most common housing improvement in the Regeneration Areas, while elsewhere the most common works were new bathrooms, kitchens and heating systems. (Progress for people and places)

Housing improvement works had indirect effect on the psychosocial benefits that residents gain from the home – these benefits arising through a general sense of improved dwelling quality. Positive perceptions of home security had the decoration and bathrooms had the largest impacts upon feelings of *status*.

Briefing Paper 17: Housing improvements, housing qu and psychosocial benefits from the home; forthcoming article in <u>Housing Studies</u>)

At Wave 2 (2008), tenant satisfaction was higher among Glasgow Housing Association (GHA) tenants than tenants of other Registered Social Landlords (RSLs) within our non-Regeneration study areas. More GHA tenants than RSL tenant were 'very satisfied' both with the housing service they received from their landlord, and with how their landlord kept them informed about things that might affect them.

Those people who moved out of the Regeneration Areas between 2006 and 2009 (our 'Outmovers') made important gains in terms of dwelling quality (including external appearance of the dwelling/building, insulation, heating, and security), perceived neighbourhood quality and neighbourhood satisfaction. Whereas those that remained living in these areas over the same period reported a decline in overall home satisfaction and worse ratings for a number of aspects of home quality. Home satisfaction was highest where Outmovers felt that they had had 'a lot' of choice about the type and size of their new home, and even moreso about the fixtures and fittings within the home.

(Moving out, moving on?; Sticking with it?)

Our qualitative study into the 'lived reality' of staying in an area undergoing major transformation and change, found that although some residents were relatively happy and experienced few problems, in the main, participants reported ongoing and serious

problems with the physical condition of their homes alongside social problems in the area. Many were positive about the prospect of relocation and hopeful for the opportunities this could bring for a better future for them and their family.

(Residents' lived realities of transformational regeneration: phase 1 findings)

Perceptions of safety after dark declined in all types of study area over the period 2006-2008, such that in Regeneration Areas in 2008 only a minority of respondents felt safe after dark. The evaluation of the New Deal for Communities Programme in England suggests that feelings of safety should improve as regeneration progresses further, and it is to be hoped that these findings will be paralleled in Glasgow (Progress for people and places; Synthesis of research

Perceptions of antisocial behaviour problems in the local neighbourhood worsened in all types of study area over the period 2006-2008 and were worse than residents' views in the most deprived areas across Scotland.

(Progress for people and places; Synthesis of research findings 2006-2009)



More positively, ratings of parks and open spaces, and of children's play areas, improve etween 2006-2008 in all types of study area An evaluation of the GHA/GCC Joint Play Area provement Programme reported that both esidents and local housing organisations felt proved play areas had enhanced children's ctivity levels and provided a greater opportunity or adults to mix.

ogress for people and places; GHA/GCC land services t play area improvement programme; evaluation of

n four of our five study area types, youth and leisure services were the lowest rated local amenity in 2008. Respondents in Transformationa generation Areas provided the poorest rating for several amenities, though shops were rated lowest in the Peripheral Estates.

rogress for people and places)

review of the research evidence on the listribution of amenities and retail premises revealed that, looking at Glasgow city as a whol there was no clear pattern of higher alcohol outlet or fast-food outlet densities in areas of nigher deprivation. Further work to examine the provision and quality of amenities at a more local level with be an aspect of the next phase

iefing Paper 10: Glasgow's deprived

sidents' perceptions of the external eputations of their areas worsened over the period 2006-2008. By 2008, in all types of study rea apart from Housing Improvement Areas, the ajority of respondents thought their area had poor reputation among the people of Glasgow. his finding was strongest for respondents from

rogress for people and places)

An analysis and comparison of the media coverage of two our Regeneration Areas, Red Road and Sighthill, showed how such reputations can be maintained through the media. Over a thirteen and a half year period (1998-2011), negative coverage dominated, with half (49%) of the coverage of Sighthill, and 41% of the coverage of Red Road being negative. These negative stories tended to focus on violence and crime; the poor environment on the estates; asylum seekers and refugees; and high-rise living.

(Briefing Paper 7: Area reputation: an examination of newspaper coverage of the Sighthill estate; Briefing Paper 18: Area reputation: an examination of newspaper overage of the Red Road estate; and Briefing Paper 19: Area reputation: comparing newspaper coverage of the Sighthill and Red Road estates)

Using our Wave 1 survey data (from 2006), we compared the residential, social and psychosocial outcomes of people living in highrise flats, with those for people in other types of flats and houses. Most housing outcomes were two-to-three times more likely to be poor for occupants of high-rise flats compared with occupants of houses, and several social outcomes and all of the psychosocial outcomes

were also lower for high-rise occupants. (Briefing Paper 11: The effects of high-rise living within social rented housing areas in Glasgow; "Living the High Life"? Residential, social and psychosocial outcomes for high-rise occupants in a deprived context' in Housing Studies)

Social and Community Relations

Feelings of belonging to the neighbourhood and being part of the community within our study areas in 2008 compared favourably with similar findings for 'New Deal for Communities' regeneration areas in England. However, neighbourliness in the Transformational Regeneration Areas was relatively low. (Synthesis of research findings 2006-09)

In many of our study area types (excluding the Wider Surrounding Areas) levels of perceived informal social control (expecting someone to intervene in a neighbourhood confrontation dropped in the period 2006-2008, and were

England and Wales. Synthesis of research findings 2006-09)

very low relative to national levels for

Progress for people and places)

Levels of available social support (practical, emotional and financial) fell significantly over the period 2006-2008, especially in Regeneration Areas and Peripheral Estates. Notably more people in 2008 said they 'would not ask for help' if needed.

A comparison of the views of migrants in North Glasgow Regeneration Areas, with those of British residents in the same locations, revealed that migrants were less likely to know their neighbours and less likely to have forms of social support available to them. Furthermore. although most migrants felt they lived in socially harmonious communities, only a minority

actually felt part of the community. (Health, wellbeing and social inclusion of migrants in north Glasgow)

Further investigation into the perceptions of rising antisocial behaviour in our study areas found that it was not older people, as often assumed, who were most concerned about this, but younger adults (16-24) and people who were either vulnerable themselves or concerned for their own children.

(Briefing Paper 8: Who says teenagers are a serious problem?)





Focus groups with adults found some evidence

of intolerance of young people among adults but

also an empathy with young people who they

believed had few opportunities because they

lived in deprived neighbourhoods. On the other

hand, focus groups with young people found that

they believed they were the object of conscious

and unconscious stereotyping by adults and as

a result felt they were 'damned if they do and

(Briefing Paper 15: Intolerance and adult perceptions

of antisocial behaviour: focus group evidence from

Paper 16: Young people's experience of intolerance.

disadvantaged neighbourhoods of Glasgow; Briefing

antisocial behaviour and keeping safe in disadvantaged

rough an evaluation of youth diversionary

ojects funded by GHA and LHO/RSL partners,

sidents and stakeholders identified several

nefits arising from these projects, including:

ductions in reports of crime and antisocial

hough findings on their involvement in crime

aluation of Glasgow Housing Association's youth

ersionary programme; Briefing Paper 9: Youth

Most Outmovers from Regeneration Areas who

had 'lost' their previous nearby neighbours in

the process of relocating were indifferent to this

outcome. Furthermore, they reported engaging in

more neighbourly behaviours and having a higher

sense of community than those who remained

living in Regeneration Areas over the period

and antisocial behaviour were mixed.

rsionary programme evaluation)

damned if they don't'.

areas of Glasgow)



By 2008, perceived influence over local decisions A study of community empowerment through had increased across all types of study area. However, it was still the case that only a minority of residents in the Regeneration Areas (around 30%) felt that they had any influence.

(Progress for people and places)

nere was a positive association betwee erceived community influence over loca chanisms but also through social

Satisfaction with levels of tenant influence increased significantly in all types of study area between 2006 and 2008, suggesting that landlords had improved their consultation and involvement processes.

(Progress for people and places)

A qualitative study of residents' experiences and perceptions of the regeneration planning process in three of our study areas undergoing major regeneration, found that community engagement had made contributions to some of its identified aims. Weaknesses were identified, however, in relation to community empowerment beyond regeneration, including in terms of community cohesion and effective implementation. There is a necessity to maintain community engagement throughout the regeneration process, between planning and implementation, in order to ensure that any benefits are sustained.

(Community engagement in regeneration: are we getting the point?' in <u>Journal of Housing and the</u> Built Environment)

Local Housing Organisation (LHO) management committees showed a variety of types and degrees of empowerment achieved through this mechanism. These variations were explained in terms of three factors: the community context (including the residential conditions in the area, the stability of the community, and the calibre and experience of the available committee members); the organisational context (including the size, ethos and capabilities of the LHO and RSL involved); and the networks and relationships that the community and the LHO/ RSL possessed. It was concluded that Second Stage Transfer was not, in and of itself, capable of delivering uniform levels of empowerment across communities.

(Community empowerment in the context of the Glasgow housing stock transfer in <u>Urban Studies</u>)

d decision-making processes in one of etner sufficient attention is given to ensuri illiulity organisations follow defilocration vesses of confinitionly engagement and ning process and reporting) and th les (in timing, process and reporting) and the ere should be more independent advice and



Health and Wellbeing

Between 2006 and 2008, the number of respondents reporting long-term health conditions fell by approximately 7%. However, the mean number of conditions experienced by those with long-term health problems increase so, co-morbidity seemed to be on the rise among our study populations.

Over the same period, two long-term health conditions related to mental health increased significantly in prevalence among our respondents who remained living in the regeneration areas – stress, anxiety and depression increased by 10%; and migraines frequent headaches increased by 3%.

Rates of physical inactivity were very high in 2008. Two-thirds of our respondents had not done any moderate or vigorous physical activity (for more than ten minutes) in the past week. National rates of physical inactivity (over a four week period) were approximately half this level. Those more likely to report physical inactivity included: those born in the UK; adults aged over 40; adults under retirement age living alone; and those who were unemployed, long-term

(Progress for people and places)

Through examining what factors influenced regular local walking, we found that being a user of amenities such as parks and play areas, general shops and fast-food outlets; living in an area with fewer high-rise flats; having a strong sense of community in terms of safety, belonging, social harmony and expected informal social control; and perceiving that one's neighbourhood has a good external reputation, all had a positive effect on levels of walking.

(Briefing Paper 14: Putting a spring in Glasgow's step: neighbourhood walking in deprived areas; Neighbourhood walking and regeneration in deprived communities in Health & Place)

The prevalence of smoking among our study populations dropped slightly over the period 2006-2008, but at 40% was still much higher than national figures - which indicate that a quarter of Scottish adults are smokers. Two in five (44%) of the smokers in our study said they would never guit smoking.

(Progress for people and places)

An unexpectedly high proportion of respondents at Wave 2 reported eating five portions of fruit and vegetables in the past 24 hours. At 55%, this was more than double the equivalent Scottish Health Survey figure, and higher than the rate reported for Greater Glasgow in an NHS survey (38%). The number of people who ate their main meal from a fast-food outlet at least once in the past week fell between 2006 and 2008, from 47% to 43%. Our review of the wider evidence suggests that these patterns of diet are unlikely to be explained by the local food retail environment in our study areas, though we are currently examining influences upon eating habits in more depth.

> Progress for people and places; Briefing Paper 10: lasgow's deprived neighbourhood environments and ealth behaviours - what do we know?)

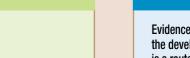
tween 2006 and 2008, there was an increase crease was large (over 10%). In all types of udy area, there was also an increase in the oportion of people who said they had a long erm psychological or emotional problem. gress for people and places

Looking at influences upon positive mental wellbeing in our Wave 2 data, we found that the appearance of the home, the aesthetic quality of the neighbourhood, being very satisfied with your landlord's services, and perceiving your area had a good internal reputation, were positively associated with mental wellbeing.

(Briefing Paper 12: The contribution of regeneration to mental wellbeing in deprived areas; Exploring the relationships between housing, neighbourhoods and mental wellbeing for residents of deprived areas forthcoming in <u>BMC Public Health</u>).

An examination of perceived relative position and mental wellbeing showed that rating your home as being of relatively good quality compared to others in your locality, and feeling that your neighbourhood contained at least some people on higher incomes than others, were positively associated with mental welling (Psychosocial pathways to mental wellbeing

at the local level: investigating the effects of perceived relative position in a deprived area context - article under review)



Exploration of resident's beliefs around the

have on their health found that many of the

consequences were not directly linked to the

physical condition of their homes - although

homes considered too small, damp and costly

to heat were perceived to have adverse health

consequences in terms of mental wellbeing,

social relationships and support structures

within and beyond the local neighbourhood

including participation within the community;

organisations and professional services (e.g.

health, police, housing, etc); and relocation as

and wellbeing issues.

part of the clearance and new build programme

were considered important for a range of health

(Residents' perspectives of heath and its social contexts)

review of the evidence around migration and

ealth, found that although there is evidence

that migrants from different cultures can exert a

ositive influence on health-related behaviours

in their new resident communities, there is also

into mainstream society and culture can have

legative impacts on migrants own health. In

ddition, while some studies have shown that

elective migration can influence area based

iealth measures and inequalities, an analysis of

widening health inequalities in Glasgow between

1991 and 2011 suggests that factors other than

nigration are the cause of the increasing health

gap. So although the impact of migration on

lealth and inequalities remains debatable, it

ivestment, in explaining any changes in health

igration and health in Glasgow and its relevance

outcomes, behaviours or inequalities.

evidence that subsequent integration of migrants

individual or community support from community

childhood asthma and related illnesses. Rather

factors considered to have important health

impact that their home and neighbourhood can

(Mixed messages about mixed tenure: do reviews tell the real story? in Housing Studies and Mixed evidence on mixed tenure effects: Findings from a systematic review

(Neighbourhood structures and crime: the influence of tenure mix and other factors upon local crime rates in Glasgow, article under review)

Many associations between the housing tenure mix in an area and levels of general, physical and mental health across Scotland level of deprivation in an area. However, rates of hospital admissions for alcohol related conditions and for accidental injuries were for to be associated with tenure mix, even after of deprivation into account.



Evidence is lacking to support the belief that the development of mixed tenure communities is a route to improving outcomes for individuals and communities.

of UK studies, 1995-2009 forthcoming in Housing Studies)

Levels of crime in communities across the city are patterned according to the housing tenure mix of the area concerned. However, when other structural factors are taken into account. far stronger influences upon local crime rates appear to be the level of area deprivation and the number of licensed alcohol outlets in the area. both of which have a positive association with crime rates, i.e. higher area deprivation and higher number of alcohol outlets are associated with higher levels of both personand property-crime.



A study of three mixed tenure (ex-council)

estates in Glasgow found residents generally to

be in favour of their areas being mixed. Having

said that, owner occupiers were less likely

We are often asked how transferable our findings are beyond GoWell areas and indeed Glasgow.

review of our main themes of



Forward 100k 2012-16

The proposed next phase of GoWell (Phase 3) is being planned to run from April 2012 to end-March 2016. Our proposals for this Phase are currently being reviewed by our sponsors. If the plans are approved, we anticipate undertaking the following research activities during this period.

Community Survey



Analysis of our Wave 3 (2011) survey, as well as the construction and analysis of our longitudinal dataset across Waves 1 to 3, will be an early priority. In the second half of Phase 3 we will be busy planning and

conducting our Wave 4 (2014) survey which will involve occupants of more new build dwellings completed in some of our study areas.

Outmovers Survey

Our early efforts will focus on analysing the Wave 3 Outmovers sample, and later in the phase we will prepare and conduct the Wave 4 Outmovers survey. We anticipate the size of this sample will increase as the remaining blocks in our regeneration study areas are cleared.

Qualitative Research

We will conduct the second phase of interviews in our 'Lived Realities' study. Most of the participants in the study, interviewed in their existing home during Phase 2, will move home as part of the clearance process within the first year or so of Phase 3 of GoWell. Allied to this we will conduct a second round of interviews with our sample of young people living in regeneration areas.

We will also pursue further qualitative research around the issues of community engagement and empowerment including looking at how well communities are engaged during the mid-period of implementation, as original timetables and plans for regeneration are altered by events. We are also interested in understanding the extent to which, and by what means, community organisations may help to empower communities.

Ecological Analysis

The ecological analysis during Phase 3 of Gowell will focus on three areas. First, we will examine area inequalities across Glasgow, to establish the extent to which differences in levels of deprivation and health have narrowed, particularly in relation to our study areas. Second, we will link our participants' health records (where permission has been given) to their survey responses. This will be the first time individual health records (linked to survey data) have been used in the UK to examine the impacts of housing investment and regeneration upon health. Third, we will undertake a further neighbourhood audit of our study areas, including a 'walkability' assessment of the environments.

These research components will help advance our knowledge and understanding of our key outcomes of interest. In addition, through a number of collaborations and by making greater use of our own survey data and other data sources, we are interested in developing our research further on the issues of crime, education and health.

Communication and Dissemination

Ensuring our findings are shared and discussed with our study communities, policy-makers and practitioners on an ongoing basis so that they are translated into useful and practical information will continue to be a key focus throughout Phase 3. This will involve not only ongoing use of our existing mechanisms – reports and briefing papers, journal articles, the GoWell website, community newsletters and discussions, presentations at local, national and international interest groups and conferences, and media coverage – but an increased focus on discussion seminars as a way of furthering understanding and interpretation of our findings and encouraging their use in policy and practice terms. Digital engagement with our key stakeholders through the use

of social media is a new priority for us as we move into Phase 3, so look out for us on Twitter and Facebook in the future.



Our outputs and presentations



Below is a list of the publications we produced during Phase 2 of GoWell (from January 2009 to end-March 2012). In addition to these reports, briefing papers and journal articles, we have delivered a large number of presentations and seminars at a local, national and international level. There are too many to list here but full details are provided in our Phase 2 Interim Progress Report. All of these are available to download from the GoWell website or in hard copy from Jennie Coyle.

Reports

Findings Reports:

- Progress for people and places: monitoring change in Glasgow's communities Report and Executive Summary (February 2010)
- Synthesis of research findings 2006-2009 (April 2010)
- Health, wellbeing and social inclusion of migrants in north Glasgow (September 2010)
- Evaluation of Glasgow Housing Association's youth diversionary programme (October 2010)
- The wider relevance of GoWell to other urban areas in Scotland (November 2010)
- Moving out, moving on? Short to medium term outcomes from relocation through regeneration in Glasgow (May 2011)
- Sticking with it? Short to medium term outcomes of remaining in regeneration environments in Glasgow (November 2011)
- Migration and health in Glasgow and its relevance to GoWell (February 2012)
- Residents' perspectives of health and its social contexts. Qualitative findings from three of Glasgow's transformational regeneration areas (February 2012)
- Residents' lived realities of transformational regeneration: phase 1 findings (February 2012)

Progress Reports: • Progress Report 2008/09

- (May 2009)
- Progress Report 2009/10 (April 2010)
- Progress Report 2010/11 (May 2011)
- Progress Report 2011/12 (March 2012)

Briefing Papers

- Briefing Paper 1: Health, wellbeing and deprivation in Glasgow and the GoWell study areas (January 2009)
- Briefing Paper 3: GoWell findings: asylum seekers and refugees in Glasgow's regeneration areas, 2006-07 (April 2009)
- Briefing Paper 5: How will regeneration activity impact on the health of residents of Glasgow? A GoWell briefing paper on policy and key informant interviews in 2007 (May 2009)
- Briefing Paper 6: Community engagement in the initial planning of regeneration in Glasgow (May 2009)
- Briefing Paper 7: Area reputation: an examination of newspaper coverage of the Sighthill estate (February 2010)
- Briefing Paper 8: Who says teenagers are a serious problem? GoWell's findings on householder perceptions of youth related problems in deprived areas of Glasgow (February 2010)
- Briefing Paper 9: Youth diversionary programme evaluation (September 2010)
- Briefing Paper 10: Glasgow's deprived neighbourhood environments and health behaviours: what do we know? (August 2010)
- Briefing Paper 11: The effects of high-rise living in the social rented sector in Glasgow (April 2011)
- Briefing Paper 12: The contribution of regeneration to mental wellbeing in deprived areas (April 2011)
- Briefing Paper 13: Community empowerment in transformational regeneration and local housing management in Glasgow: meaning, relevance, challenges and policy recommendations (September 2011)
- Briefing Paper 14: Putting a spring in Glasgow's step: neighbourhood walking in deprived areas (April 2011)
- Briefing Paper 15: Intolerance and adult perceptions of antisocial behaviour: focus group evidence from disadvantaged neighbourhoods of Glasgow (July 2011)
- Briefing Paper 16: Young people's experience of intolerance, antisocial behaviour and keeping safe in disadvantaged areas of Glasgow (July 2011)
- Briefing Paper 17: Housing improvements, housing quality and psychosocial benefits from the home (February 2012)
- Briefing Paper 18: Area reputation: an examination of newspaper coverage of the Red Road estate (February 2012)
- Briefing Paper 19: Area reputation: comparing newspaper coverage of the Sighthill and Red Road estates (February 2012)



Articles

Published:

- Kearns A, Tannahill C, Bond L. Regeneration and health: conceptualising the connections. *Journal of Urban Regeneration and Renewal* 2009, 3:1, 56-76
- Kearns A, Lawson L. (De)Constructing a policy "failure": housing stock transfer in Glasgow. Evidence & Policy 2009, 5:4, 449-470
- Lawson L, Kearns A. Community empowerment in the context of the Glasgow housing stock transfer. *Urban Studies* 2010, 47 (7): 1459-1478
- Lawson L, Kearns A. Community engagement in regeneration: are we getting the point? *Journal of Housing and the Built Environment* 2010, 25:1, 19-36
- Beck S, Hanlon P, Tannahill C et al. How will area regeneration impact on health? Learning from the GoWell study. *Public Health* 2010, 124(3): 125-130
- Egan M, Kearns A, Mason P et al. Protocol for a mixed methods study investigating the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of residents: the GoWell Programme. *BMC Medical Research Methodology* 2010,10:14
- Bond L, Kearns A, Sautkina E. Mixed messages about mixed tenure: do reviews tell the real story? *Housing Studies* 2011, 26(1): 69-94

- Mason P, Kearns A, Bond L. Neighbourhood walking and regeneration in deprived communities. *Health & Place* 2011, 17(3): 727-737
- Bond L, Kearns A, Mason P et al. Exploring the relationships between housing, neighbourhoods and mental wellbeing for residents of deprived areas. BMC Public Health 2012,12:48
- Kearns A, Whitley E, Mason P, Bond L. Living the high-life?
 Residential, social and psychosocial outcomes for high-rise occupants in a deprived context. Housing Studies 2012, 27:97-126
- Sautkina E, Bond L, Kearns A. Mixed evidence on mixed tenure effects: Findings from a systematic review of UK studies, 1995-2009. Housing Studies 2012 (In Press)
- Clark J, Kearns A. Housing improvements, housing quality and psychosocial benefits from the home. *Housing Studies* 2012 (In Press)

There are also a number of other articles that are currently being reviewed by various journals. To make sure you receive alerts of these and other new publications, sign-up for the **GoWell Learning Network** by emailing your contact details to Jennie Coyle.

Our accounts



Income 2011/12

Sponsor	Amount
Glasgow Centre for Population Health	£100,000
NHS Health Scotland	£110,838
NHS Greater Glasgow and Clyde	£40,000
Scottish Government	£110,838
Total	£361,676

*Glasgow Housing Association contribute funding of approx £100,000 per annum towards the community health and wellbeing survey and supporting qualitative focus groups. The survey contract is managed directly by GHA so this funding does not appear as 'income' into the GoWell accounts.

Expenditure 2011/12 (from April 2011 to end-January 2012)

Activity	Amount
Research and support staff and associated costs	£156,876
Communications, events and outputs	£21,835
Total	£178,711

^{*}Expenditure figures for February to end-March 2012 not available at time of printing.

