

Synthesis of Research Findings

2006-2009



April 2010

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



Synthesis of Research Findings **2006-2009**

Introduction

GoWell is a complex, multi-faceted programme that seeks to examine the processes and impacts of neighbourhood regeneration across a range of outcomes and using a variety of research methods.



The programme commenced in 2006, and since then the team has completed and reported on:

- Two large cross-sectional surveys of the GoWell study areas;
- Focus group discussions following each survey wave, to explore particular issues in more depth;
- A programme of qualitative research into issues of governance, participation and empowerment;
- Reviews of the historical and policy contexts for regeneration in Glasgow;
- Profiles of the study areas and their health, in relation to Glasgow and Scotland as a whole;
- A series of community-based ('nested') studies of specific interventions and policy priorities, including mixed tenure neighbourhoods, youth diversionary projects and environmental employability programmes.

One of the ways in which GoWell is distinct from many other research programmes is in its commitment to close working with its sponsor organisations, local communities, and policy and practice communities more generally. From the outset, priority has been placed on disseminating our findings, discussing their implications with our many stakeholders, and using the research to inform plans and ways of working. These processes have in turn informed our research priorities and approaches, and have helped to ensure the ongoing relevance of GoWell as contexts change and new priorities

emerge. The key challenge is to enable the rich data emerging from our research processes to be translated into meaningful insights – and thereafter recommendations for policy and practice – through being brought together with the experience of local residents and those working to improve the circumstances of the deprived communities. We recognise that such insights need to be built up from across the different programme components, and over time.

There are 15 GoWell communities, grouped into five 'intervention area types'. Most of our analysis takes place at the level of an area type (and these are defined at the start of each section of this report), but sometimes we will focus on a particular area or on Glasgow as a whole. Our job is primarily to understand the patterns and trends that emerge as the regeneration processes are implemented in different parts of the city, rather than to study any particular area in detail.

The purpose of this report is to bring together findings that have emerged from our analyses to date, over the past three years. The report is in three parts, and looks in turn at issues of Housing and Neighbourhoods; Communities; and Health and Human Capital. Each part draws on various components of GoWell and thereby paints a richer picture than can be seen from the separate findings reports presented to date. We hope that it is a picture that will cause people to reflect and will also stimulate action.

Synthesis of Research Findings **2006-2009**

0.1 Housing and Neighbourhoods

One of the main areas of interest for GoWell is to explore how the environments in which people live affect their quality of life and health and wellbeing. In this, we are examining the role of housing and of the surrounding neighbourhood.



TRAs	Transformational Regeneration Areas
LRAs	Local Regeneration Areas
WSAs	Wider Surrounding Areas
HIAs	Health Improvement Areas
PEs	Peripheral Estates

HOUSING

The GoWell study areas are atypical in housing terms for two reasons. First, in three of the types of study area (Transformational Regeneration Areas (TRAs), Local Regeneration Areas (LRAs) and the Peripheral Estates (PEs)), the vast majority of the accommodation (80% to 95%) is social housing. In addition, in the regeneration areas (TRAs and LRAs) around 80% of the housing stock is in the form of high-rise flats.

Housing Improvements

Social landlords in the city are currently investing in their housing stock to bring it up to the Scottish Housing Quality Standard (SHQS) by 2015. This also affects home owners whose houses were previously in the social sector, as they often have works carried out to their homes under the same contracts. Overall, we found that over a third (36%) of GoWell respondents had had improvement works done to their homes between 2006¹ and 2008², with the highest numbers being in the Wider Surrounding Areas (WSAs) and the Housing Improvement Areas (HIAs), where this effort is most concentrated. In areas where the housing is possibly due for demolition in the future (mainly the regeneration areas), the most common improvement works were new secure front doors and locks, whereas in other places the most common works were new kitchens and bathrooms, new heating systems and double glazing.

The impacts of these works were also evident in the survey responses. The numbers of people who said they were 'very satisfied' with their homes increased significantly between 2006 and 2008 in all types of study area, and stood at a third or more of respondents in the three non-regeneration area types in 2008 (and half this amount in the regeneration areas).

By 2008, around 80-90% of people in non-regeneration areas derived a range of psychosocial benefits from their home (such as enjoying feelings of privacy, retreat and status), and in the WSAs in particular, there were marked increases since 2006. In the regeneration areas in 2008, only around 60% of people derived these psychosocial benefits from the home, but there were significant increases since 2006 in the numbers deriving feelings of safety and retreat at home, due we suspect to the addition of secure doors and locks.

Thus, we can begin to see that housing improvement works are having an impact on people's quality of life, and in fact 90% of those involved said they were satisfied with the improvement works. We explored these issues further in a set of focus groups with residents in HIAs and WSAs. The positive impacts came from both the process and the outcomes of improvements. People said they were consulted about what was to be done, and felt they got works that were needed; they were kept informed about when and how works were to be carried out; and they were given stylistic options for internal

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fixtures and fittings. The main impacts of the works were that people's homes were now "comfortable, warmer, quieter, less damp and more secure". This was said to make people feel "proud, happy...more relaxed in their homes" and with "an increased sense of responsibility for their homes" so that they "care more for them".

Our aim now is to examine these general findings at the individual level through further analysis of the GoWell Wave 2 data, so that we can find out what specific types of works had particular impacts upon people in terms of psychosocial benefits and mental wellbeing. We will also look to see if there is any added impact upon individuals and communities from having a large number of homes improved in an area.

High-Rise Flats

One of the dilemmas facing housing providers in several of our study areas, and indeed throughout the city, is whether to improve or demolish high-rise flats. On the one hand, some people like living in high flats with views over the city and secure door entry and concierge services. On the other hand, some blocks are both technically and financially difficult to keep warm, dry and in good repair. When provided in large numbers high-rise blocks can provide a 'harsh' environment to live in, susceptible to anti-social behaviour, and contributing to the stigmatisation of communities. The future of high-rise blocks will be decided in different ways in different situations, and so

in GoWell we are following the fate and the performance of high-rise flats as residential environments in the city.

We are pursuing this work by undertaking detailed analysis of responses given in our surveys by people who live in high-rise flats compared to those given by people living in other types of dwelling. For example, looking at both the Wave 1 (2006)¹ and the Wave 2 (2008)² data, we find that there is a clear gradient in terms of the attainment of psychosocial benefits from the home, with houses offering occupants the most benefits and high-rise flats the least. At Wave 3, we will be able to return to this issue to look at some of the high-rise blocks that have been comprehensively improved in the meantime. What our analysis so far tells us though is that even improved high-rise blocks will have to be managed and maintained better than they were in the past to have any chance of performing as well as other flats and houses as residential environments for people.

NEIGHBOURHOODS

The neighbourhoods in which people live can be considered as physical, social and service environments. What those neighbourhoods contain, their quality and the atmosphere they help create, may affect how people behave (for example whether they choose to do very much in their local area), how they interact with others (how frequently, where, to do what), and how they feel about themselves (for example, whether they feel they are doing well in

life and are positive about their futures, or conversely feeling 'stuck' in a place they don't want to be).

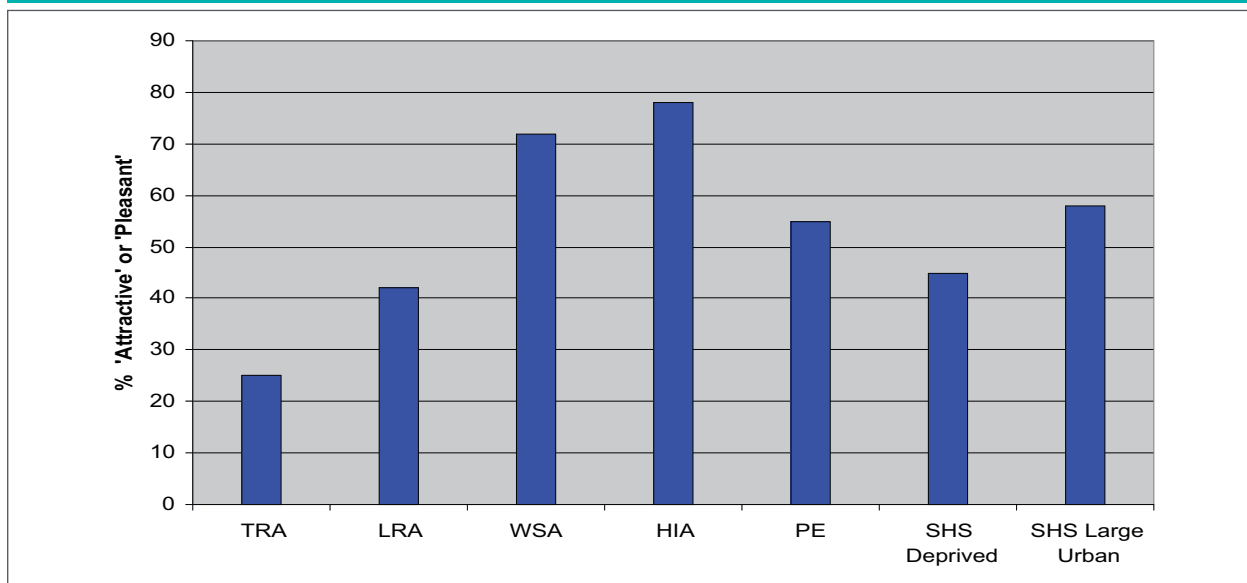
Quality of Environment

We found that residents' ratings of their neighbourhood environments had improved in many places over the period 2006 to 2008². This was true nearly everywhere for the ratings of shops, parks and open spaces, children's play areas, and for a quiet and peaceful environment. The biggest improvements in quality of buildings and environments were reported in the WSAs and HIAs, and we believe this is mainly a result of widespread fabric improvements to housing properties.

As Figure 1 below shows, this places three of the five GoWell area types at or above the average rating of neighbourhood environments for large urban areas and the most deprived areas in Scotland (albeit that the question asked in the Scottish Household Survey (2007-8)³ was slightly different to the GoWell question). However, the regeneration areas in the study, especially the Transformational Regeneration Areas (TRAs), have some way to go to reach these national norms in terms of neighbourhood environmental quality.

To take this issue further, in the GoWell data analysis group (GoWag) we have been looking to see whether the neighbourhood

Figure 1: GoWell Wave 2 (2008) 'Attractive Environment' compared with Scottish Household Survey (2007-8) findings³



Notes: Figure compares those in the GoWell (2008) survey who rated the attractiveness of their neighbourhood environment as 'fairly good' or 'very good', with those in the Scottish Household Survey (2007-8) who said the 'pleasant environment' was one of the things they particularly liked about their neighbourhood.

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environment is associated with mental wellbeing; in other words, could it be important that public actions are raising people's ratings of their local environmental quality? Our initial findings are that indeed people's ratings of the aesthetic quality of their local neighbourhood are associated with their level of positive mental wellbeing, more so than their assessments of anti-social behaviour or of local amenities. The strong message for policy-makers and practitioners is that taking action to make buildings, streets, parks and open spaces attractive does matter to residents' wellbeing.

Evaluating Interventions in the Neighbourhood Environment

The quality of the environment is a priority issue for housing and regeneration practitioners. In addition to looking at changes in the quality of the environment through our 2006 and 2008 surveys, we have also studied and evaluated two programmes that aim to address specific aspects of the environment in depth: Glasgow City Council's (GCC) and Glasgow Housing Association's (GHA) play areas improvement programme; and the Environmental Employability Programme.

In order to evaluate the impact of the GCC/GHA play areas improvement programme and understand more about how play areas are used, a series of evaluations were conducted, including before and after audits of the physical condition of a sample of play areas,

interviews and focus groups with local housing organisations (LHOs) and residents living near the play areas, and group discussions with children and young people to obtain their views^{4,5}.

Overall, it was concluded that significant improvements have been made to play parks across Glasgow as a result of the improvement programme. These improvements were also reflected in the GoWell 2008 Wave 2 survey findings² which reported significant positive change in the ratings for children's play areas in most areas. The improvements were welcomed by local residents and LHO staff who indicated that play areas are a vital community resource and that the improvements provided more opportunities for play, with increased usage of the existing play areas after refurbishment. Residents also recognised that the refurbished parks provide an opportunity for parents to mix while children play.

Key learning points from the study which should be considered when developing and planning future improvements include the importance of consultation during the planning stages, as satisfaction and community ownership were higher where there had been effective consultation in advance of improvements; the value of incorporating natural landscapes more in the design of play parks; and the finding that play parks would be used more if children and young people felt safer and concerns about the threat of bullying and violence were reduced.

The second 'nested study' is the evaluation of GHA's Environmental Employability, or Community Janitors, Programme. This combined employability and environmental maintenance programme aims to help local unemployed residents into employment through paid training, while at the same time providing an environmental service to GHA's LHOs helping them respond to and manage local maintenance issues and needs.

The evaluation considered outcomes from the commencement of the programme in 2006 to end-March 2008 and the findings were very positive overall^{6,7}. In terms of environmental outcomes, 48,849 tasks were completed including de-littering, sweeping paths, weeding, grass cutting, hedge trimming and uplifting bulky items. LHOs spoke positively about the programme, and felt the community janitors were a valuable asset in addressing environmental problems and in turn improving their relationship with tenants. Tenant awareness of the programme was low overall, but it varied across areas. However, those tenants who had seen the community janitors in their area were very positive about them, with over three-quarters rating their work as either very or fairly good, and over two-thirds agreeing their work had improved the area's appearance.

The evaluation highlights the 'local, responsive and flexible model of service delivery' as a key aspect of the positive environmental outcomes. Mainstream services, in contrast, tend to be carried out by different agencies,

resulting in difficulties in achieving integrated and co-ordinated delivery.

Safety and Anti-Social Behaviour

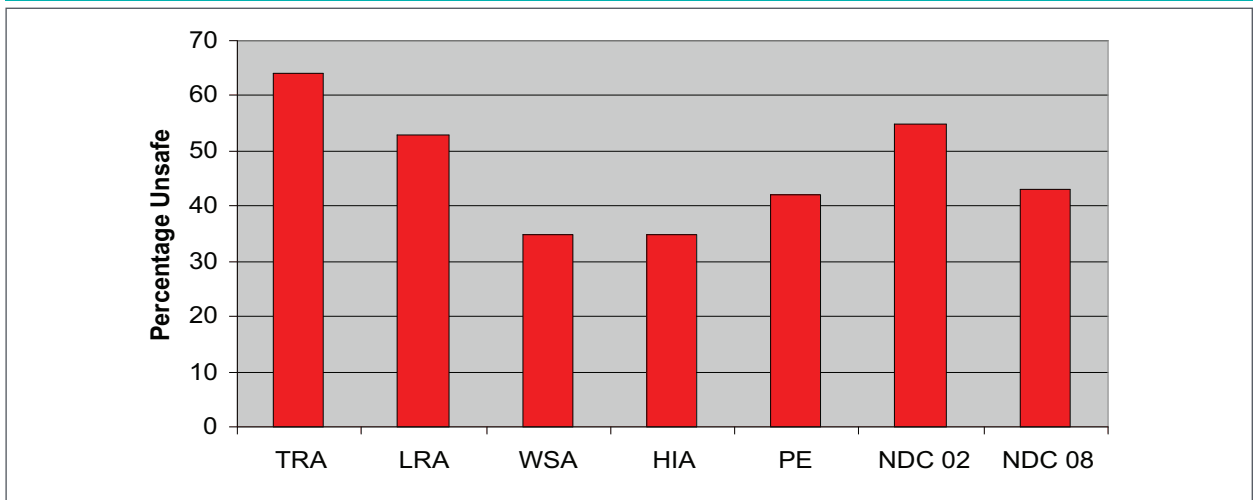
One of the other striking findings from our Wave 2 survey in 2008 was that feelings of safety in the neighbourhood at night-time had dropped since 2006 and the identification of a range of anti-social behaviours in the local area had risen². Feelings of safety dropped in all five types of area in the study, with large increases in the number of people who said they 'never walk alone after dark'.

To put this in context, if we compare our findings with those of the New Deal for Communities (NDC) evaluation (2009)⁸ in England (Figure 2, overleaf), we find that the PEs in GoWell perform similarly to the English regeneration areas in terms of safety after dark, and other types of area (WSAs and HIAs) perform even better. However, the regeneration areas in our study returned figures for 'not safe after dark' akin to those for the NDC areas six years previously, when the NDCs were in their first 'trimester' of intervention. This suggests that we might expect to see improvements in feelings of safety after dark in our regeneration study areas in future, as the NDC evidence indicates that feelings of safety improve as regeneration progresses.

In three of the area types in the GoWell study (TRAs, WSAs and PEs), the mean number of anti-social behaviour problems reported per

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Figure 2: GoWell Wave 2 (2008) Unsafe after Dark compared with NDC (2009) findings⁸



Note: GoWell figures represent the percentage of respondents who said they felt 'a bit unsafe', 'very unsafe' or that they 'never walk alone after dark'. NDC findings are those who said they felt 'a bit unsafe' or 'very unsafe'.

Table 1: GoWell Anti-Social Behaviour Problems compared with Scottish Household Survey Findings for Deprived Areas, 2008

	GoWell Study Area Types					SHS ³ Deprived
	TRAs	LRAs	WSAs	HIAs	PEs	
Vandalism	59	71	44	31	59	39
Intimidation	50	45	31	19	37	28
Drugs	65	61	53	28	56	35
Rowdiness	68	67	53	31	62	41
Nuisance neighbours	42	38	29	14	34	23
Rubbish and litter	55	59	42	29	58	51

Notes: Table shows the percentage of respondents who said the item was either a 'slight problem' or a 'serious problem' (GoWell), or who said it was 'very common' or 'fairly common' (Scottish Household Survey). Scottish Household Survey figures are for the 10% most deprived neighbourhoods in Scotland.

person rose by 10% or more from 2006 to 2008. Table 1, opposite compares the GoWell findings on a number of anti-social behaviour items, with similar evidence from the Scottish Household Survey 2007-8³. Only one of our study area types (HIAs) compares favourably with the most deprived areas across the country. In our regeneration areas and PEs, it appears that people are much more aware of anti-social behaviour problems than in other very deprived areas across Scotland.

We face the task, therefore, of trying to find out why GoWell respondents in some of the most deprived parts of Glasgow have unusually high perceptions of anti-social behaviour problems. Is it due to worse behaviour; inadequate management and supervision of the area; the effects of particularly poor environments (affecting perceptions), particularly in regeneration areas going through deconstruction before renewal; or the vulnerability of the residents?

Identifying Teenagers as a 'Problem'

We have begun to explore anti-social behaviour further by examining perceptions of youth behaviour as problematic. In both GoWell surveys to date, the most commonly cited anti-social behaviour problem was 'teenagers hanging around on the street': in 2008, 54% of all respondents said this was a problem in their neighbourhood; including 23% who said it was a 'serious problem'². What is more, people who said teenagers were a problem, were also more likely to

identify a number of other local problems, such as gangs, rowdiness and problem families. Thus, understanding and being able to address youth-related anti-social behaviour problems is a key to the transformation of these places, fundamental to their social regeneration and future as sustainable communities.

We examined our 2006 data to see in what circumstances people said teenagers were a serious problem⁹. Rather than finding that older people were the ones to have a particular problem with youth, we found that it was more likely to be people who were vulnerable or who had more exposure to young people who say 'teenagers hanging around' is a serious problem: this was people who see their doctor a lot; people who lack social support; those with children themselves; and people who use the neighbourhood a lot. We also found that respondents who had a negative perception of the neighbourhood in general (who were dissatisfied with it, or who thought it had a negative reputation), were also more likely to cite teenagers as a problem. Thus, people's own characteristics, and their general view of an area, may cause them to be more likely to cite anti-social behaviour issues.

But equally, people who rated a number of neighbourhood services and amenities as poor were also more likely to cite youth as a problem, especially if they also reported things such as poor policing, poor schools and poor shops. Hence, youth anti-social behaviour may itself be a product of poor

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services and amenities (providing more opportunities for misbehaviour alongside weaker controls), and/or its reporting may be a reflection of a perception that an area is generally run-down. We have yet to ascertain whether youth-related problems are also a function of the density of young people in an area (i.e. a neighbourhood compositional effect), and whether the actual conduct of anti-social behaviour bears a strong relation to residents' perceptions.

Youth Problems as a Community Issue

To find out more about the position of young people within a community, we commissioned focus groups with parents and, separately, with children and young people in our two peripheral estate study sites to discuss anti-social behaviour by youth.

The discussions revealed that issues about the neighbourhood and the community fed into youth anti-social behaviour. These related to the neighbourhood environment and its management, services and activities for young people, and trust, relationships and culture.

The context for uncaring behaviour was provided by environments with a lot of rubbish, litter and graffiti on the streets and in public space partly as a result of incivility (by adults and youths) and vandalism, but also due to a lack of bins and inadequate clean-up services. Shopping centres which were either run-down (with empty shops etc)

or were poorly supervised spaces, were highlighted as places that both adults and children should avoid, as it was perceived they attracted collections of 'junkies' and knife-carrying youths looking for trouble. Children and young people also identified several other places where they felt unsafe on the estates. Both adults and young people welcomed a greater police presence and greater use of CCTV on the estates to tackle crime and to promote safety, but all agreed that current levels were not enough and both groups called for more people on foot in their areas to make them feel safer.

The discussions also raised questions about activities for young people on the estates. Whilst adults thought there was a reasonable amount for young people to do and cited problems of lack of motivation and negative peer pressure, they also recognised that activities for older youngsters were not so good, that there might be issues of affordability, and that several organised activities had closed down due to withdrawal of funding. Young people themselves were clear that many things were too expensive for them and not enough was free and that many things they might want were not available locally, or that what was provided was not what they wanted. They routinely described their estates as 'boring'. However, they also felt they did not have enough information about what was available to them.

Drugs, gangs and alcohol were said to underlie much of the worst crime and

anti-social behaviour on the estates. Alcohol consumption by young people was said to be getting worse, partly due to low expectations and lack of ambition amongst youth, but also helped by adult complicity. Parents themselves identified inadequate parenting as a problem; parents were said to promote bad behaviours, avoid disciplining children, and fail to instil respect for others in children. Adults thought young people lacked respect for adults and thought themselves to be above the law. Adults tended to avoid contact with youngsters they did not know for fear of unpredictable behaviour fuelled by drink and drugs. Whilst adults said they did not trust youngsters, young people conversely felt that adults expected all young people to behave badly and that there were not good relations between children and adults. Yet adults recognised that they could not improve their estates without help from teenagers – but felt that the young people were currently not bothered. Thus, issues of social relations at a community level between adults and young people are an important underlying factor in estates getting stuck in an anti-social behaviour ‘rut’.

Addressing Youth Issues through Interventions

Meanwhile, housing practitioners and regeneration managers are attempting to tackle the problems that are perceived to exist with young people within communities through wider actions aimed at youth. As part of our theme of work on youth, we

have been studying these projects. Three youth diversionary schemes were evaluated using questionnaires with participants, and interviews with programme co-ordinators and young people^{10,11}. A key finding was that the youth diversionary projects were perceived positively by residents, stakeholders, and participants: especially for the Operation Reclaim (OR) project. Other important impacts of the OR project were the reclaiming of public spaces for use by the community; and the reported improved health, wellbeing and confidence of participants.

There were consistent reports of reductions in crime and gang activity in the OR neighbourhoods, although we cannot determine whether these reductions can be attributed to the youth diversionary projects, and if so, whether they can be sustained. Other initiatives may also have had an impact including CCTV, an increased police presence and environmental improvements linked to regeneration.

The evaluation recommended that changes be made to attract more girls and that the personal and social development content of the projects should be enhanced in order to increase the focus on bringing about sustainable changes to the attitudes, behaviours and expectations of participants. Lastly, in line with our aim to more accurately assess reports of anti-social behaviour, we recommended that in order to monitor the impact of youth diversionary programmes, better and more consistent data on vandalism and anti-social behaviour incidents and

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reports be collected, and property impacts/costs should be recorded by social landlords.

Area Reputations

Both the physical quality of neighbourhoods and reports of crime and anti-social behaviour can feed into negative reputations about areas. Indeed, in the GoWell Wave 2 survey, in four of the five study area types, a majority of people thought their area had a bad reputation across the city². We have begun to consider how this might be an important issue for transformational regeneration, and for the wellbeing of residents.

First, we extended our research approach to include media analysis. We took the Sighthill regeneration area as an example, and examined how it had been portrayed in national newspapers over the last decade¹². Newspaper coverage of the estate had increased since 2001, mainly due to the arrival of asylum seekers into the area and the plans for redeveloping the area. What is more, the majority of the stories (two-thirds) contained negative content that conveyed a bad image of the estate, principally related to three issues: asylum seekers; crime and violence; and the poor environment. Regeneration itself resulted in positive news stories, where the agencies implementing regeneration conveyed a positive vision of the future of the estate, but also many mixed stories which contained negative reports about the impacts of deconstruction on residents and poor communication and

decision-making by those in charge of the process. Our analysis also looked at what generated positive stories about Sighthill (such as the local festival and progress in the local primary school) and suggested that a media strategy linked to a social regeneration agenda might help to shift the balance of coverage of the estate. This is important if a redeveloped Sighthill is to become sustainable in housing demand terms in the future, but the point probably applies to other regeneration areas as well.

We are also conducting analysis of the GoWell Wave 2 data to see whether residents' perceptions of the reputation of their area appear to influence their wellbeing. If someone thinks they live in a place that other people denigrate, does this make the person less positive in their own outlook in general? An interesting issue here is whether people are more affected by what they think people who live in other parts of the city think about the place, or by what they think other local people think. We hope to be able to report on this in the near future, alongside investigations of other aspects of what is called 'relative deprivation' – how people think they are socially positioned compared to others.

Synthesis of Research Findings 2006-2009

0.2 Communities

Within GoWell, we are conducting a lot of research into communities themselves, i.e. the social groups who live within residential neighbourhoods which are subject to renewal and improvement works. Regeneration has a social dimension as much as a physical one, including seeking to impact upon the psychosocial benefits people derive from where they live (such as feelings of attachment, inclusion and empowerment). In some areas there are attempts to re-shape the social composition of communities in income and housing tenure terms and to change for the better how people live their lives and relate to those around them.



- TRAs Transformational Regeneration Areas
- LRAs Local Regeneration Areas
- WSAs Wider Surrounding Areas
- HIAs Health Improvement Areas
- PEs Peripheral Estates

Disadvantaged Communities

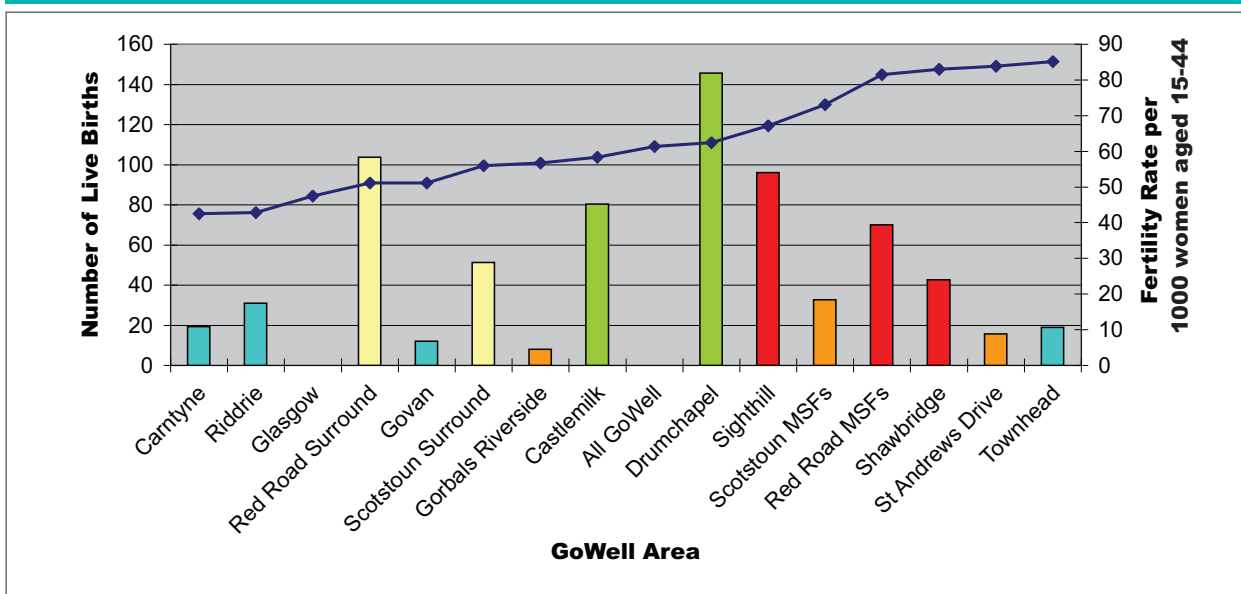
An initial task was to understand the characteristics of our study communities. We did this for the period prior to the start of the GoWell study (2000-2006) as part of our Ecological Team’s work, mostly using health service data on GP registrations and hospital utilisation rates, as well as component data from the Scottish Index of Multiple Deprivation (SIMD).

This analysis revealed several striking facts about the communities in GoWell¹³. Compared with Glasgow and Scotland, GoWell areas contain more children as part of their populations. In addition, the regeneration areas contain relatively few people aged 65 or older – there is a very ‘thin’ grandparent generation in these areas, a group which the Chief Medical Officer

for England has said are important for protecting and promoting the health of children¹⁴. Meanwhile, GoWell’s Housing Improvement Areas (HIAs) and Wider Surrounding Areas (WSAs) contain relatively high numbers of people of retirement age. As a result, whilst the dependency ratio (the proportion of the population comprised of children and of old people) was 44% for Glasgow in 2005, in the case of nine of the GoWell study areas (mainly the regeneration areas plus the HIAs) it ranged from 50 to 70%.

Looking forward, dependency ratios are likely to remain high, since fertility rates (number of live births per 1,000 women aged 15-44 years) are very high in many areas. Figure 3, below, shows that whilst the fertility rate for Glasgow is around 50 per 1000 women aged 15-44 (which is comparable to that for

Figure 3: Fertility Rates in GoWell Study Areas: Annual Average Numbers of Live Births and Fertility Rates (2003-2005)



Scotland as a whole), the GoWell regeneration areas plus Townhead (one of the HIAs) have fertility rates of 70 or more.

These community compositional characteristics have been reflected in the GoWell surveys. In the Wave 1 (2006) survey we found that whilst the ratio of adults aged 25 years or over to young people aged less than 18 years was close to 1.9 or above in WSAs and HIAs, it was below 1.2 in PEs, TRAs and LRAs¹. In the Wave 2 survey (2008) we found that 40% of households in regeneration areas were families (much higher than elsewhere in the study), with just over half being single-parent families². A major factor here is that the regeneration areas are unusual in another important respect, namely that they have been used to house large numbers of asylum seekers and refugees since 2000, as

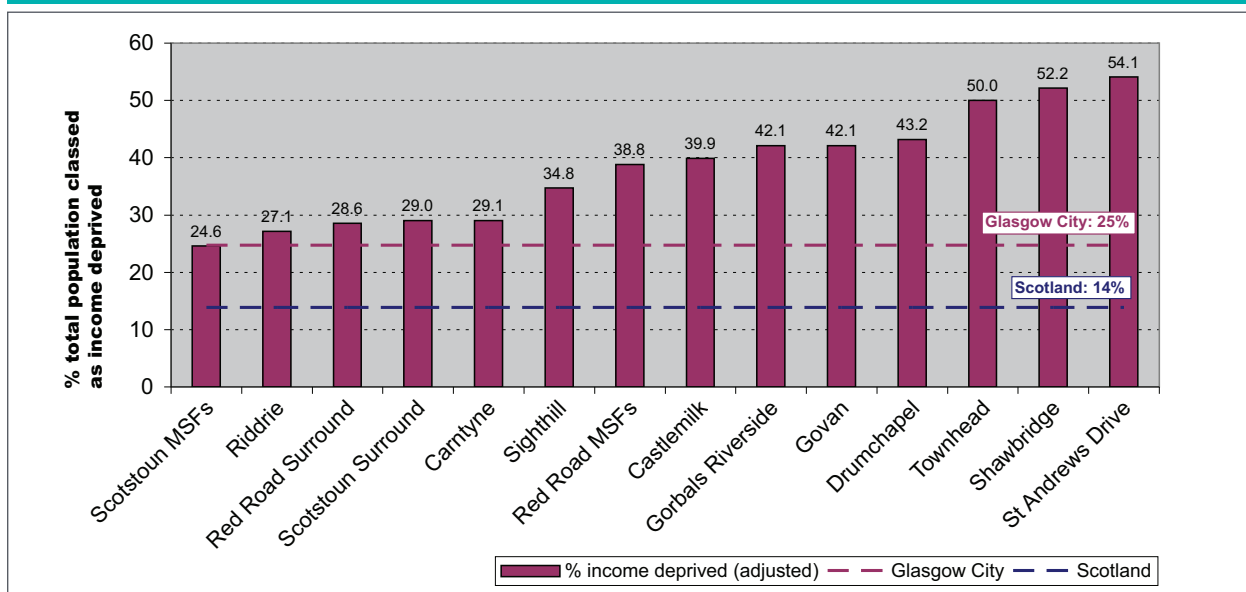
well as other migrant workers. By 2008, we found that two-in-five adults (39%) in the TRAs were non-British citizens, as were one-in-four adults (28%) in LRAs².

Furthermore, many households in GoWell areas are headed by relatively young adults. Using health service population data for our study areas, we found that in 2008, between 50 and 60% of the adults in the GoWell regeneration areas and PEs were aged up to 39 years; this compares with 31% of all adults in Scotland being aged up to 34 years³.

Thus, some of the challenges arising in many of our study areas may stem from the fact that populations and parents are relatively young and there are a lot of children – characteristics which raise potential problems for the exercise of informal social control.

Figure 4: Income deprivation by GoWell Study Area, 2005

Source: Derived from DWP and SIMD data



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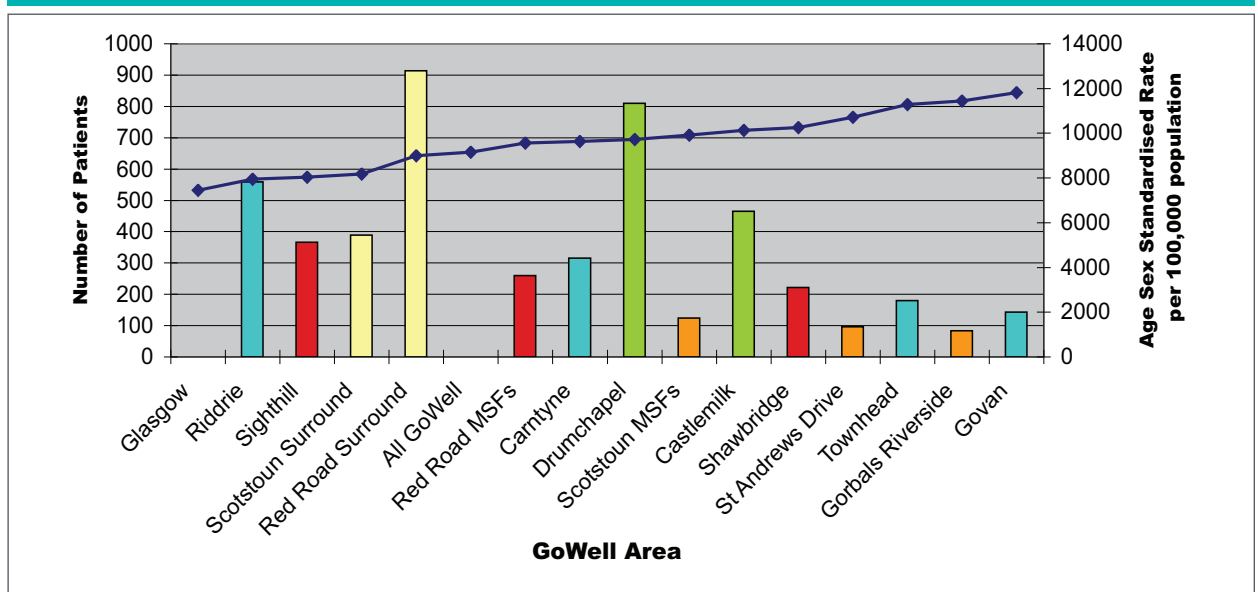
Moreover, in some areas there are a lot of older people, whilst in other areas very few older people reside to help with the upbringing of children.

In addition, our study areas are relatively poor, and this is also a root cause of many current difficulties. Our Ecological Team established the extent to which GoWell areas are deprived by specially calculating income deprivation rates for each area, using data on receipt of income-related benefits and population data from GP registrations, both matched to our study areas through post-codes and census output areas¹⁵. This is the same methodology as used in the SIMD, but calculated at a smaller spatial scale. Figure 4, previous page shows the resulting picture, which is that all but one of the GoWell study areas are more deprived than the Glasgow average, and all fall within

the 15% most deprived areas in Scotland (for which the cut-off point is 25% income deprived). In quite a few of the study areas 40 to 50% of the population are income deprived.

Our analyses of health service data show, in stark detail, some of the outcomes resulting from disadvantage and deprivation, for the GoWell study areas over a five year period. Emergency admissions to hospital indicate how susceptible people are to illness and accidents. Figure 5, below shows that whilst the average rate of emergency admissions for Glasgow's population (standardised by age and sex) is around 7,500 per 100,000 (itself 20% above the Scottish average), all GoWell study areas have higher rates than this, with eight areas having rates of 10,000 – 12,000, and the worst areas having rates nearly twice the Scottish average.

Figure 5: Emergency Hospital Admissions by GoWell Study Area, 2001-2005
Average Annual Number and Rates



If regeneration is about the futures of communities, then it must hope to impact upon how long people live healthier lives. Figure 6, below shows prospective survival rates for 15 year old boys in the first few years of the new century. Across Glasgow, around seven-out-of-ten boys will survive to age 65, 10% less than across Scotland as a whole, but in many GoWell study areas the survival rate is a further 10 to 20% lower. In LRAs, only two-in-five 15 year old boys can expect to reach retirement age if current health trends remain unchanged, a truly shocking statistic and a clear indicator of the 'transformational' challenge faced in many areas.

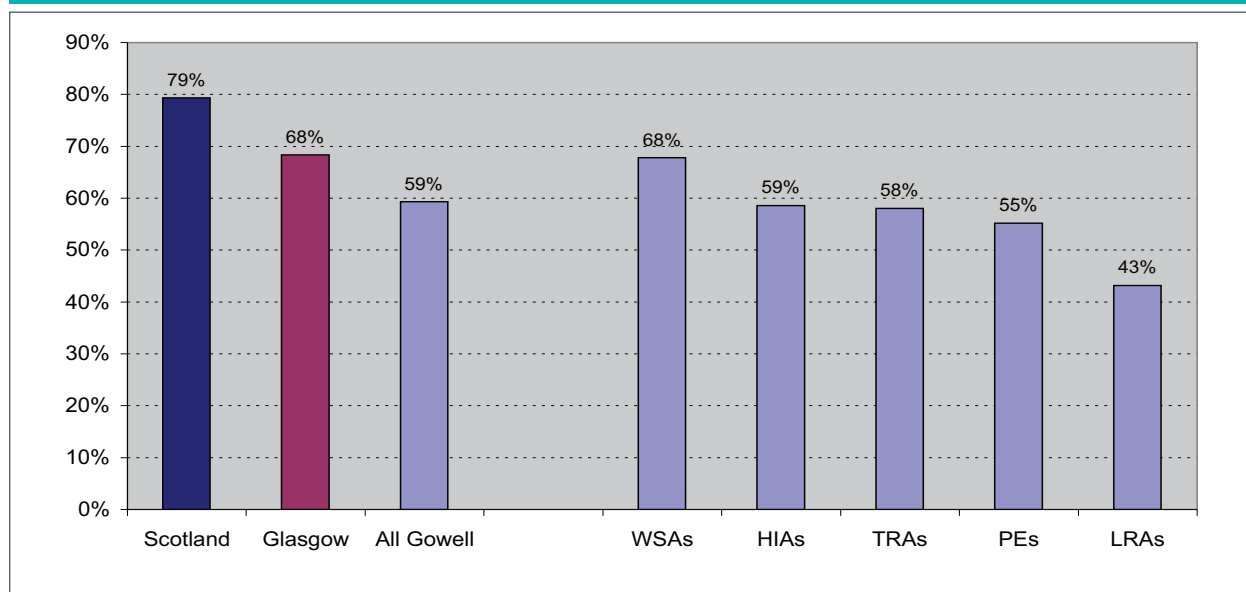
Belonging and Cohesion

Since regeneration is trying to provide places where people want to live in future, an

important issue of interest is what people think about their areas, how they relate to them and whether they can form an attachment to them, in a functional or psychological sense. Since belonging and cohesion are relative concepts, we have sought to establish measures which can be compared to findings for other disadvantaged communities.

In the GoWell Wave 2 (2008)² survey, we asked people a set of questions about their neighbourhood similar to those asked in the 2005 Citizenship Survey (CS) in England and Wales¹⁶, exploring issues of social harmony, enjoyment and belonging. The findings are compared in Table 2, overleaf. We can see that our study areas perform similarly to other deprived areas in terms of social harmony, with a mixed picture in terms of the other two measures. TRAs currently

Figure 6: Male Survival Rates by GoWell Study Area Type, 2002-2005.
 % of 15 year-old boys surviving to 65 by area type, 2001-2005. Source: Calculated from GRO(S) mortality and CHI population data



0.2 Communities

Table 2 Feelings about the Neighbourhood, GoWell compared with Deprived Areas in England and Wales

	GoWell 2008			Citizenship Survey 2005 ¹⁶
	TRAs	PEs	HIAs	Most Deprived ⁱ
People get along well	65	71	70	69
High enjoyment of living in neighbourhood	28	42	55	44
Strong belonging to neighbourhood	20	39	47	33

Notes: *Social harmony*: GoWell respondents who replied “Generally agree” to the statement “this neighbourhood is a place where people from different backgrounds get on well together”. Citizenship Survey respondents who replied “Definitely agree” or “Tend to agree”. *Enjoyment*: GoWell respondents who replied “A great deal” to the statement “I enjoy living here”. Citizenship Survey respondents who replied “definitely” enjoy living in the neighbourhood. *Belonging*: GoWell respondents who replied “A great deal” to the statement “I feel I belong to this neighbourhood”. Citizenship Survey respondents who replied “very strongly” that they felt they belonged to the neighbourhood.

have relatively low levels of belonging and enjoyment, whilst HIAs have relatively high levels of both. However, the national average figure for high enjoyment of living in the neighbourhood is 65% for England, so all GoWell study areas have some way to go to reach that level. PEs perform similarly to other deprived areas on all three measures, maybe even slightly better on feelings of belonging.

As well as asking respondents for their views about living in the neighbourhood, we also wanted to find out how people related to those around them. We asked a series of questions about the community and neighbours, some of which can be compared to findings for regeneration areas in England from the NDC evaluation⁸, as shown in Table 3, opposite.

From Table 3 we can see that people’s sense of inclusion within the community is far higher in the GoWell study areas than in regeneration areas in England. Familiarity with neighbours and views about the attitudes of neighbours in the area are also more positive in the non-regeneration GoWell study areas than in NDC areas. However, in terms of neighbourliness, the GoWell regeneration areas appear to be at a lower point than regeneration areas in England were in the early period of their intervention, so the challenge in terms of generating an active sense of engagement amongst neighbours in Glasgow’s TRAs is a difficult one.

Our Wave 2 survey findings indicated that within regeneration areas, migrants (asylum seekers, refugees and migrant workers) had a lower sense of social inclusion (feeling part of the community) than they had of social harmony (that people from different backgrounds get along well together)¹⁷.

ⁱ 10% most deprived areas in England and Wales

Table 3 Sense of Community, GoWell compared with New Deal for Community Areas in England

	GoWell 2008			NDC Evaluation ⁸	
	TRAs	PEs	HIAs	2002	2008
Feel part of the community	52	81	88	35	45
Know many/most neighbours	26	58	46	40	43
Neighbours look out for each other	42	78	81	59	61

Notes: *Part of the community*: GoWell respondents who replied "A great deal" or "A fair amount" to the statement "I feel part of the community". Same for the NDC figure. *Know the neighbours*: GoWell respondents who said they knew "most" or "many" of the people in their neighbourhood. Same for the NDC figure. *Neighbours look out*: GoWell respondents who replied "A great deal" or "A fair amount" to the statement "My neighbourhood is a place where neighbours look out for each other". NDC figure is those who replied "yes" to the same statement.

This might indicate the existence of a passive rather than an active form of community cohesion within deprived and diverse communities, or further that social interactions are more often 'within-group' than 'inter-group'. We had earlier used focus groups to explore some of these inter-group issues further¹⁸.

The focus groups confirmed that inter-group engagement is problematic. On the one hand, migrants wanted to know how to engage with local people beyond the schools and churches which had proved successful means for this so far. On the other hand, local people often assumed that migrants wanted to 'keep themselves to themselves' though language was acknowledged as a barrier and cultural differences were often emphasised by locals¹⁸. Taking community cohesion beyond passive co-existence to real inter-group engagement is therefore a step still to be realised.

Community Empowerment

One of the central themes and objectives of regeneration policy is to empower communities. Community empowerment, however, is a multi-faceted phenomenon involving several things, including: the ability to control what happens in a community on a day-to-day basis; the ability to influence key decisions affecting the area; the ability to influence public services, making them more responsive to local needs and demands; and the ability to be proactive in finding improvements or solutions to local issues. Over time, we have increased our inquiries on empowerment, both through the survey and through qualitative research, and now look at several of the aspects mentioned.

On two of these issues, influencing local decisions and the exercise of informal social control, we can compare the GoWell

0.2 Communities

Table 4 Community Empowerment in GoWell compared with England and Wales

	GoWell 2008			Citizenship Survey 2005 ¹⁶
	TRAs	PEs	HIAs	
Collective efficacy	25	50	55	82
Influence over decisions	29	46	54	39

Notes: *Collective efficacy*: GoWell figure is the percentage of respondents who 'agreed' or 'strongly agreed' that 'It is likely that someone would intervene if a group of youths were harassing someone in the local area. CS figure is the percentage agreeing that it is likely someone would intervene 'if there was a fight in the neighbourhood'. *Influence*: GoWell figure is the percentage of respondents who 'agreed' or 'strongly agreed' with the statement 'On your own, or with others, you can influence decisions affecting your local area'. The CS figure is the percentage who agreed 'that you can influence decisions affecting your local area'.

findings with national figures for England and Wales from the 2005 Citizenship Survey¹⁶. Table 4, above shows that levels of perceived collective efficacy are relatively low by national standards in GoWell study areas, and extremely low in the TRAs. On the other hand, as reported from our Wave 2 survey², perceived community influence over decisions affecting the local area has increased over time in GoWell study areas. In 2006 it lay below the national average, but by 2008 it had risen above the national norm in many areas, though it still remained low in regeneration areas, where arguably it matters most. However, the figure for TRAs in 2008, at 29%, is better than the figure reported for NDC areas, which changed very little from 23% in 2002 to 25% in 2008⁸, so the progress made in regeneration areas in Glasgow (a 10% rise in two years from 2006-8) represents relatively good progress.

In our qualitative research to date we have looked at community empowerment through housing stock transfer and management through Local Housing Organisations (LHOs) and through community engagement in the regeneration process. In relation to the stock transfer of housing to community organisations we developed a three-part model of empowerment comprising: raising awareness; having opportunities to make decisions; and instituting actions¹⁹. We studied nine LHOs across Glasgow and found there to be no automatic relationship between housing ownership and community empowerment, but empowerment was influenced by factors of community context (local challenges and committee composition and behaviour) and organisational context (the size, type and ethos of the LHO matters). Community empowerment through housing depends upon how the LHO relates to wider community agendas through its own organisational development strategy.

We intend to look again at empowerment through LHOs once the decisions about their future ownership and management arrangements have bedded in.

We have also studied the impacts of community engagement processes during the planning and early implementation phase of activity, in our three TRAs²⁰. We identified seven aims of engagement in area regeneration, relating to governance and policy implementation, community level outcomes (such as community capacity building and cohesion) and wellbeing (e.g. personal development for individuals). We explored the impacts of community engagement through interviews with officials, consultants and residents involved in the planning of regeneration. We found engagement to date to have focused mostly on governance objectives relating to the inclusion and legitimacy of decision-making, with little attention given to its potential contribution to community development objectives. Uncertainty about the 'how' and 'when' of regeneration has hindered communication and engagement processes, to the detriment of potential community and wellbeing outcomes.

We will continue to examine the effects of community engagement and empowerment through our survey data, and through a further round of qualitative research with residents not formally involved in any decision-making processes within the study areas.

Mixed Communities

As a means of tackling the range of disadvantages faced by poor communities, to give them a more sustainable future, regeneration planners often seek to create neighbourhoods that mix social rented tenancies with owner occupied homes. This 'mixed tenure' approach is purported to provide wide ranging benefits to residents in terms of psychosocial and physical wellbeing, in particular addressing issues such as better neighbourhood reputation, more support for facilities and services, increased social cohesion and community participation, and role models for work and education.

Several of the GoWell study communities have become more mixed in tenure terms over the past two decades, and others (like the TRAs) are due to become mixed in the future. We have embarked on a programme of work to examine how mixed tenure is delivered, and with what effects, given that this approach has been, and remains, important not only within Glasgow but as a core principle of national housing and regeneration policy.

As a broader contribution to the policy evidence base, we have critically reviewed past reviews and syntheses of mixed-tenure research, and conducted our own systematic review of primary and secondary research on mixed-tenure in the UK. Our review-of-the-reviews²¹ found that if one compares the conclusions from different reviewers, one can ascertain that they concur in finding positive

0.2 Communities

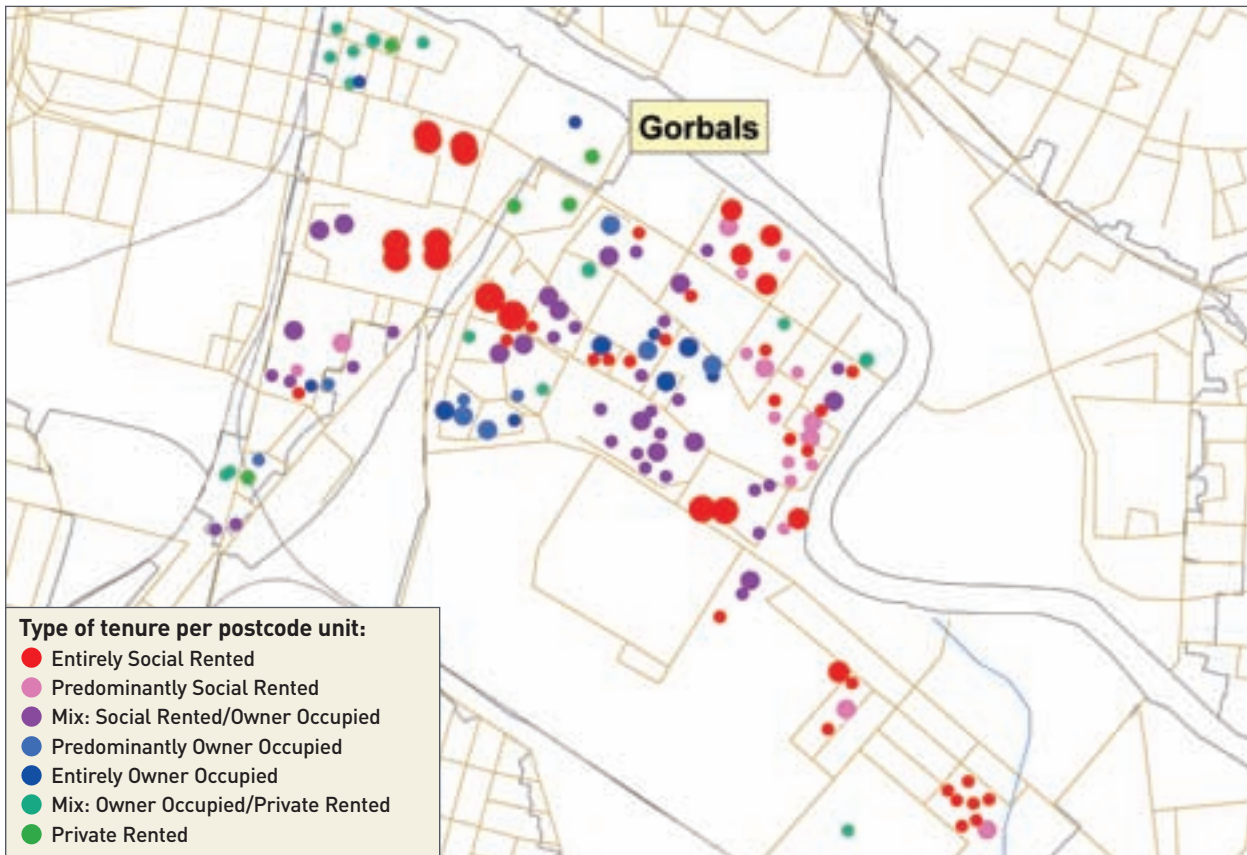
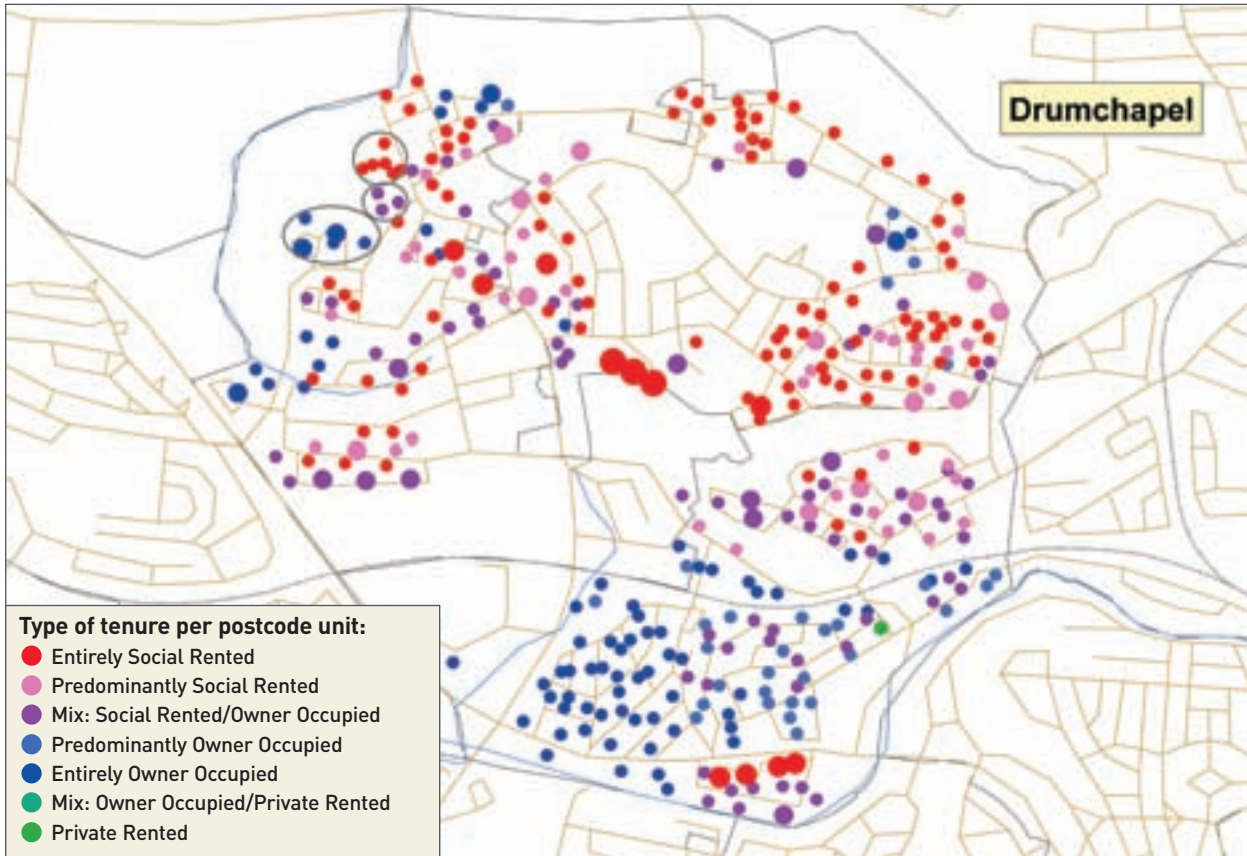
effects from mixed tenure in only two areas: improving the physical environment, and improving the popularity of an area. There are also some areas where reviewers concur that the research base provides no evidence of effects: creating social capital among residents, and creating job opportunities. But there are also many areas where the evidence is very mixed, making it difficult to draw conclusions about the circumstances in which mixed tenure might have effects. Our systematic review of primary studies is ongoing but nearing a conclusion; we hope this will be a significant contribution to the field, since past reviews have not been systematic or sufficiently critical of the evidence for mixed tenure effects.

In addition to reviewing the existing evidence, we are also conducting our own primary research of mixed tenure delivery and effects on three social housing estates in Glasgow: Castlemilk, Drumchapel and Gorbals. This has comprised three elements. First, we have used Glasgow City Council council tax register data to map housing tenure by postcode in each estate. This was done in order to see how well integrated the tenures were 'on the ground': in other words, what had policy delivered in practice in terms of tenure mixing? The results for two of the estates can be seen in Figure 7, opposite. This shows that in Drumchapel there is more owner occupation to the south and west of the estate than to the east; and that as well as mixed tenure areas in the west, there are also segments of entirely owner occupied housing built on the

western edge. In the redeveloped area of the Gorbals, there are fewer entirely social rented areas, the estate being more characterised by mixed tenure areas. Some predominantly owner occupied areas sit very close to social rented and mixed tenure areas.

Having produced maps of the housing tenure configuration as it now stands on each estate, we proceeded to conduct in-depth interviews with practitioners and policy-makers who have been involved in the estates' development over the years, to find out what they considered to be the barriers and opportunities to delivering mixed tenure in these areas, to help explain the patterns we have found. We also sought to find out what they, as practitioners, expected the impacts of mixed tenure to be on the estates. Finally, we have conducted in-depth interviews with families living in social rented housing and owner occupied housing in a variety of locations on the three estates. We used our post-code housing tenure maps to locate our potential interviewees. Our aim was to find out what residents with children think about the quality of their environments and social life on the estates, and to what extent their views vary according to the degree of proximity of the two housing tenures in different parts of the estate. We hope the findings from this research will provide an original contribution to the evidence base about mixed tenure, as well as informing policy-makers in Glasgow about the outcomes of mixed tenure as progressed across the city over the last two decades.

Figure 7: Housing Tenure by Postcode on Two Estates, 2008
DRUMCHAPEL and GORBALS



Synthesis of Research Findings 2006-2009

0.3 Health and Human Capital

Health and wellbeing have become important objectives for housing and regeneration policies in Scotland and the UK. Within GoWell we are monitoring changes in physical health, health behaviours and mental health and wellbeing across our study communities and within the context of the city of Glasgow.



- TRAs** Transformational Regeneration Areas
- LRAs** Local Regeneration Areas
- WSAs** Wider Surrounding Areas
- HIAs** Health Improvement Areas
- PEs** Peripheral Estates

A CAPITALS FRAMEWORK

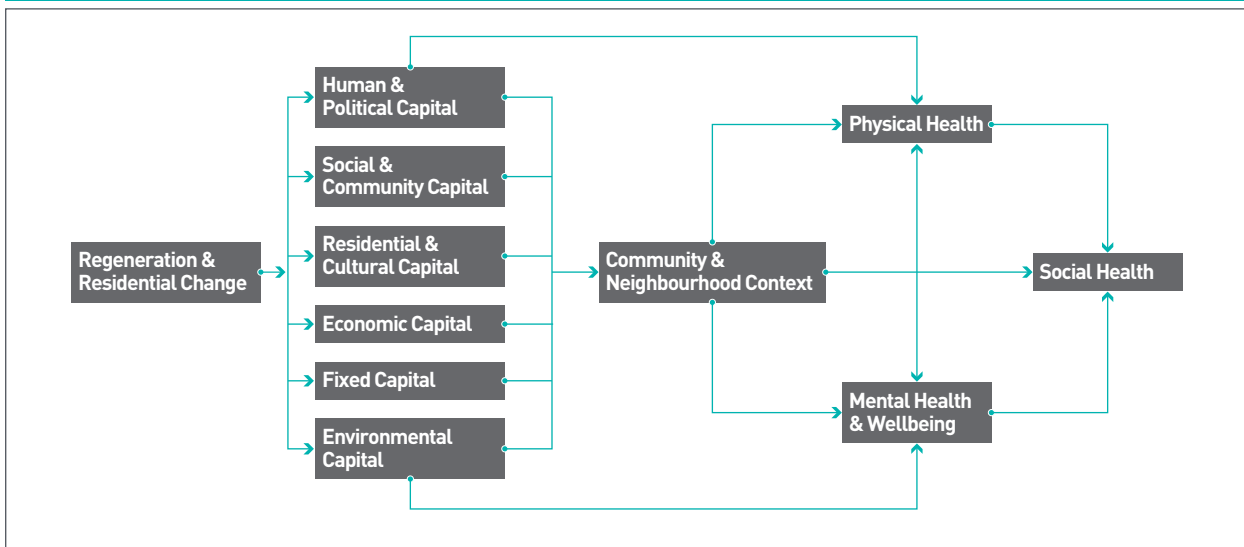
In order to organise our thoughts about how housing and regeneration policies might impact upon health, we developed a Capitals Framework, that identifies six 'capitals' upon which policy interventions may act to change the residential, neighbourhood and community contexts within which people live and operate in the domestic sphere²². The framework is shown in Figure 8, below, with brief explanations of each capital given after

the figure. We are using this framework as a tool for organising our data analysis and the identification of areas where intervention has more or less impact, with consequences for health and wellbeing.

HEALTH INEQUALITIES

We begin by looking at rates of mortality from the 'big three' killers across our study area types (coronary heart disease, cancer and stroke) using our ecological data¹³. In the following three figures, the bars

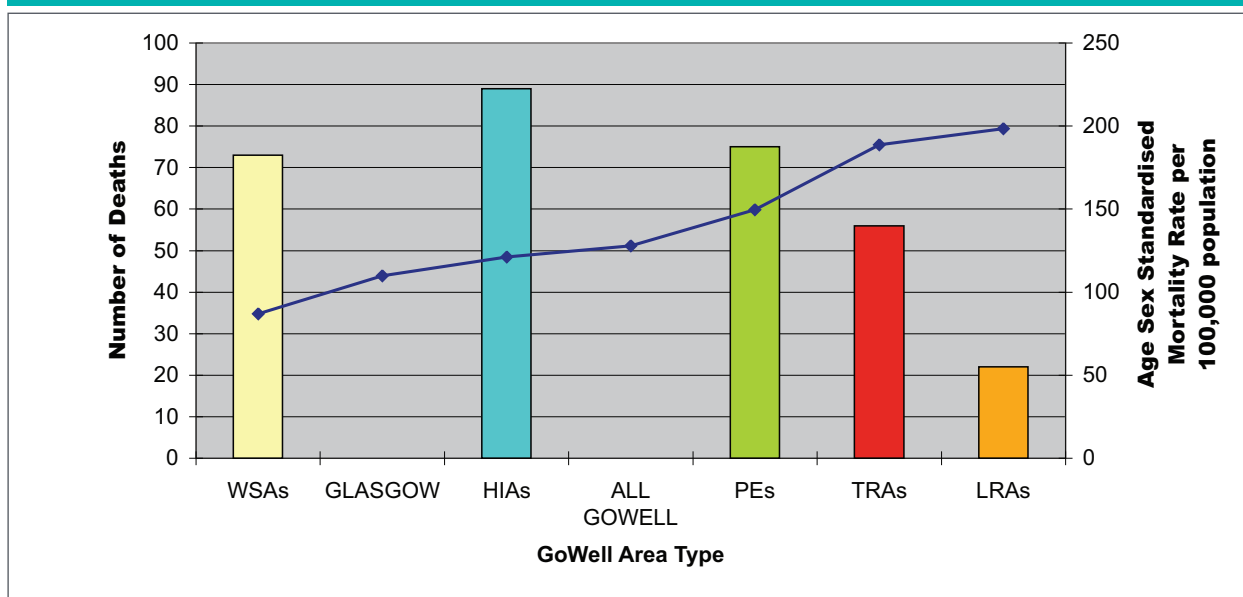
Figure 8: Regeneration and Health: A Capitals Framework



- Human and Political Capital:** capabilities of individuals; access to decision-making and sense of empowerment.
- Social and Community Capital:** social networks and social support between individuals; trust and reciprocity; community organisations and their networks.
- Residential and Cultural Capital:** psychosocial benefits of the home and neighbourhood; status; area reputation.
- Economic Capital:** individual and collective assets; incomes; employment.
- Fixed Capital:** the amenities and services of an area.
- Environmental Capital:** the quality and aesthetics of the local built and natural environment.

Synthesis of Research Findings 2006-2009
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Figure 9: Mortality from Coronary Heart Disease in under 75's by GoWell Study Area Types Numbers (5 year totals) and Rates (2001-2005)



represent the absolute numbers, and the line shows age and sex standardised rates. Figure 9, above shows that death rates from coronary heart disease were twice as high in regeneration areas as they were in the surrounding areas at the start of the GoWell study.

A different picture exists for cancer deaths however, with the age and sex standardised mortality rates being highest in Peripheral Estates (PEs) and Local Regeneration Areas (LRAs), but lowest in the Transformational Regeneration Areas (TRAs) (Figure 10, opposite). PEs and LRAs have the highest mortality rates from lung cancers in particular, with Drumchapel having the highest rate at around 190 per 100,000, compared with a rate half this level in two of the TRAs, Red Road and Sighthill.

As in the case of heart disease, deaths from strokes are also lowest in the areas surrounding high-rise estates. However, in a different pattern from that seen for heart disease and cancer, Housing Improvement Areas (HIAs) have the highest mortality rates from strokes, one-and-a-half times the city rate (Figure 11, opposite).

We can already see that there are health inequalities across our study areas, but also between our study areas and the city as a whole, with most mortality rates in the GoWell study areas being above the city average. The rank ordering of the study area types varies according to the cause of death being considered: the TRAs for example perform better on cancer mortality than on heart disease mortality; meanwhile, the PEs perform worst on mortality from cancers, especially lung cancer.

Figure 10: Mortality from Cancers in under 75's by GoWell Study Area Types Numbers (5 year totals) and Rates (2001-2005)

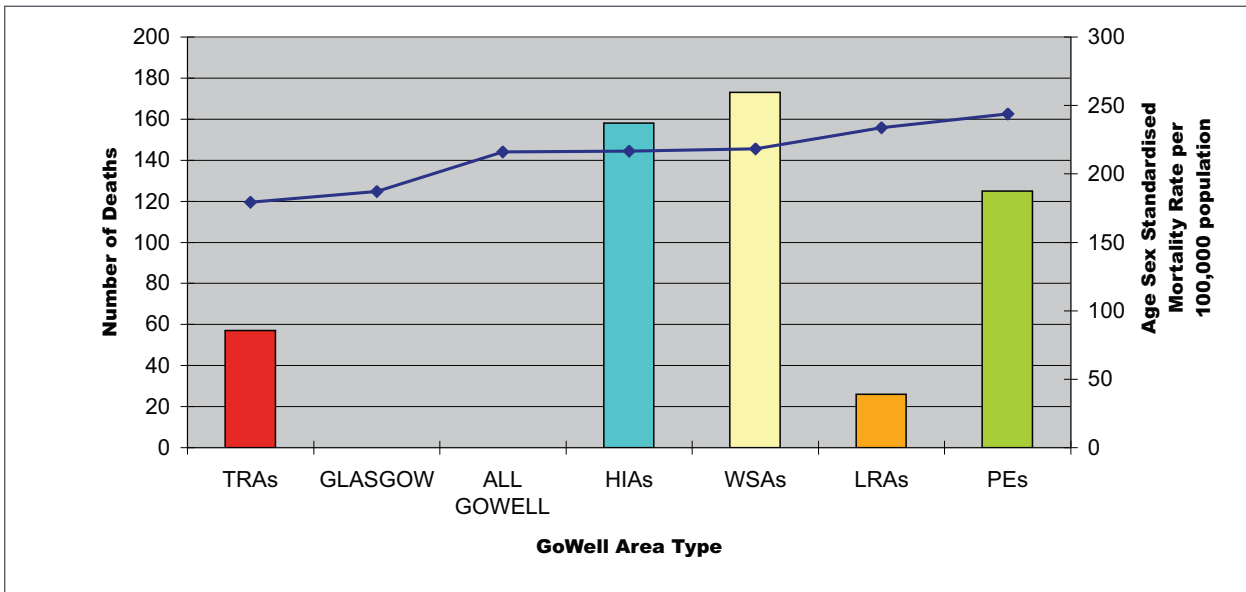
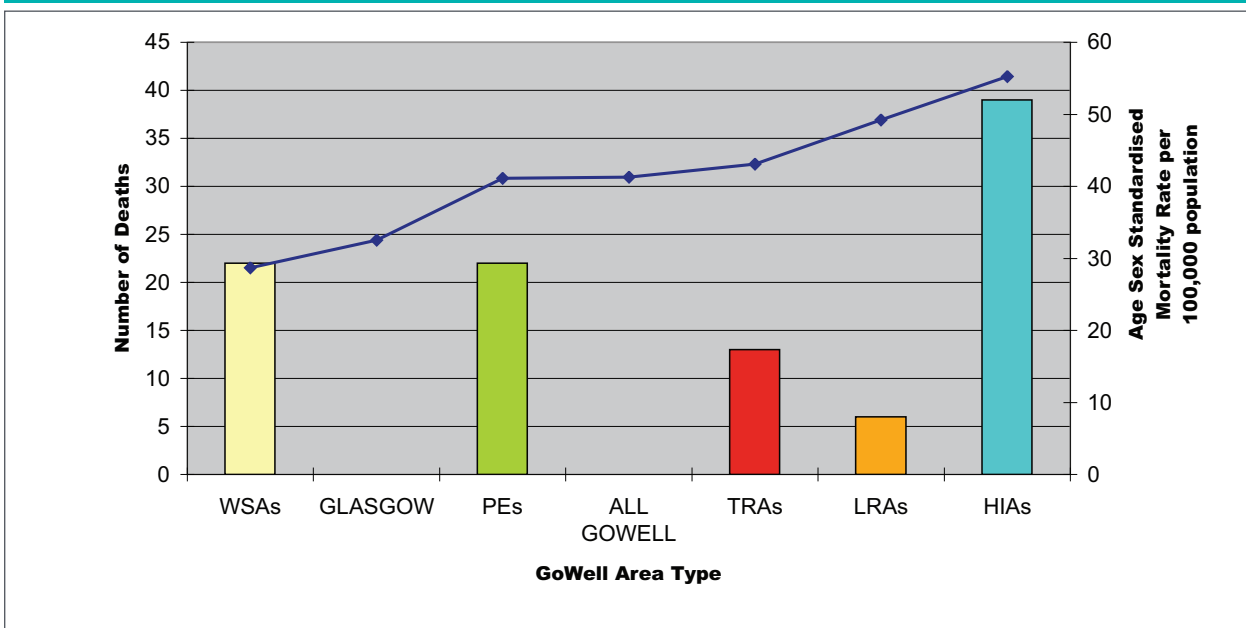


Figure 11: Mortality from Strokes and Cerebral Haemorrhages in under 75's by GoWell Study Area Types Numbers (5 year totals) and Rates (2001-2005)



0.3 Health and Human Capital

These differences between area types are not a reflection of the different demographic compositions of the areas (as these have been taken into account in the analysis, through age and sex standardisation), so may be a consequence of differences between area types in environmental, occupational, social and behavioural risk factors now and in the past.

Healthy Migrants?

The population composition within many of our study areas is affected by the presence of migrants. All six regeneration areas in the study have significant numbers of asylum seeker, refugee and other migrant residents (e.g. migrant workers; students), and the other nine study areas have small numbers present. Such migrants, should they choose to remain living in these areas, may represent a relatively healthy source of human capital for the future.

We considered this issue by examining the health of migrant groups in the GoWell Wave 2 survey, looking at migrants residing in regeneration areas in the north of the city¹⁷. Generally, after adjusting for differences in age, sex and household type, we found migrant groups to be healthier than British people living in the same regeneration areas, and in some respects also healthier than British people living in other areas within the study.

For example, the relative risk of an asylum seeker having less-than-good self-rated health was two-thirds lower than for British respondents in the 2008 survey², and the relative risk of an asylum seeker reporting one of several stress-related symptoms (such as sleeplessness, palpitations, chest pains; and headaches) was 60% lower than for British respondents. On the other hand, asylum seekers had significantly poorer scores on a measure of positive mental wellbeing (see below) than local British people, though refugees scored much better than both groups, perhaps reflecting the removal of uncertainty about their right to remain in the country.

We are conducting more analysis to see whether the health or social integration of migrants is affected by the length of their stay in this country: in particular, do outcomes for migrants improve over time? We shall also be examining the health of migrants in future GoWell surveys to see if their relative health advantage is maintained as they 'settle' into living in Scotland.

HEALTH BEHAVIOURS

One might expect many health behaviours to be worse in deprived communities due to a combination of poverty and lack of purposeful activity for many people. Housing and regeneration activity can help provide health-promoting environments for residents, with more opportunities for healthy behaviours. However physical and

service-related interventions will probably not be enough, and behavioural change programmes may also be required as part of a holistic public policy approach to regeneration.

In GoWell, we are monitoring the health behaviours of residents through the reports they give us in our surveys. This is not an easy thing to do, as people tend to under-report unhealthy behaviours and over-estimate healthy behaviours. To this end, although a few questions remained, we changed some of our questioning in the GoWell Wave 2 (2008)² survey from those asked in Wave 1 (2006)¹ to get more accurate accounts of health-related behaviours over the past 24 hours (eating) and the past week (physical activity and drinking). This means we cannot accurately measure changes over time in health behaviours until we conduct the Wave 3 survey in 2011.

Drinking and Diet

Although alcohol consumption is a problem of increasing public policy concern in Scotland, we found a large number of people in our study areas saying that they did not drink (44% in 2008)², a figure similar to rates of abstinence over the past week reported for the most deprived parts of the country in the Scottish Health Survey (2008)²³. Poverty is one possible explanation for high rates of non-drinking, though we found rates of abstinence lowest among those with jobs. Another

explanation for abstinence, at least in the regeneration areas, is the presence of migrants, who are less likely to drink alcohol than British citizens. Among those who do drink alcohol, levels of consumption were highest among the unemployed and long-term sick, which may compound problems of preparedness for work or other purposeful activity.

In relation to diet, our Wave 2 (2008) findings are relatively positive. Responses to one question asked at both survey waves, indicated that there was a small reduction in the number of people who had eaten their main meal of the day from a fast-food outlet at least once in the past week (from 47% in 2006 to 43% in 2008)². On the basis of going through a check-list with people about what they had eaten in the last 24 hours, we also found a high number of respondents (55%) reporting that they had eaten five portions of fruit and vegetables. This figure is over twice the national rate, leading us to be sceptical as to its accuracy. Once again, the unhealthiest behaviours existed among the unemployed and single people: one-in-ten single adults under retirement age living alone, and one-in-seven unemployed people reported eating no fruit or vegetables in the previous 24 hours².

Smoking

So far, we have found a small reduction in rates of smoking, from 44% of all respondents in 2006 to 40% in 2008 –

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similar to the rate reported for the most deprived areas in the country by the Scottish Health Survey (2008)²³. However only one-in-ten current smokers in 2008 had an immediate intention to try to quit smoking (in the next six months), and two-in-five were clear that they do not intend to give up smoking at any time. The impact of smoking was seen earlier in high rates of lung cancer mortality, especially in Peripheral Estates, where we found the highest rates of smoking in our Wave 1 (2006) survey.

Physical Activity

We have asked respondents in our surveys about three types of physical activity: walking; moderate activity (including light housework and sports or leisure activities done at a regular pace); and vigorous activity (heavy work or fast sports). The Scottish Government's recommended level of physical activity is for individuals to accumulate 30 minutes of moderate activity at least five days per week²⁴.

In the GoWell Wave 2 (2008) survey, we found that two-thirds of respondents had not done any moderate activity (lasting at least 10 minutes) in the past week. Further, one-in-four adults had not walked for at least 10 minutes in the past week. These rates of inactivity are very high by national standards: the Scottish Household Survey³ reported that 37% of adults in the most deprived areas in Scotland had been physically inactive over a four week period.

People in the GoWell survey who were more likely to be physically inactive were: renters; those born in the UK; those living alone; those in flats; and the unemployed and long-term sick. Thus, there is a big public policy challenge across our study areas to encourage or enable more people to be physically active as a route to better mental wellbeing, improved physical fitness, and as a means of avoiding later illness.

We examined in more detail the extent to which people in our Wave 1 (2006) survey said that they walked in their local area, and the influences upon this: 29% of respondents said that in a typical week they walked around their neighbourhood at least five days per week²⁵. Walking in the local neighbourhood might feasibly be a form of physical activity that regeneration programmes might expect to have some impact upon. We found that the likelihood of being a regular local walker was increased if someone felt safe in the neighbourhood after dark, felt a strong sense of belonging to the neighbourhood, and made use of local amenities. Higher rates of walking also coincided with being a drinker and regularly eating fast food meals, again probably reflecting increased use of local amenities. The likelihood of being a regular walker was reduced if someone strongly felt their area had a negative reputation across the city. Several of these factors are things that regeneration could aim to improve: through better neighbourhood supervision and management (to impact on safety); through more and

better quality local amenities (to impact on usage rates); and through management of an area’s image and reputation (to impact on people feeling positive about their area).

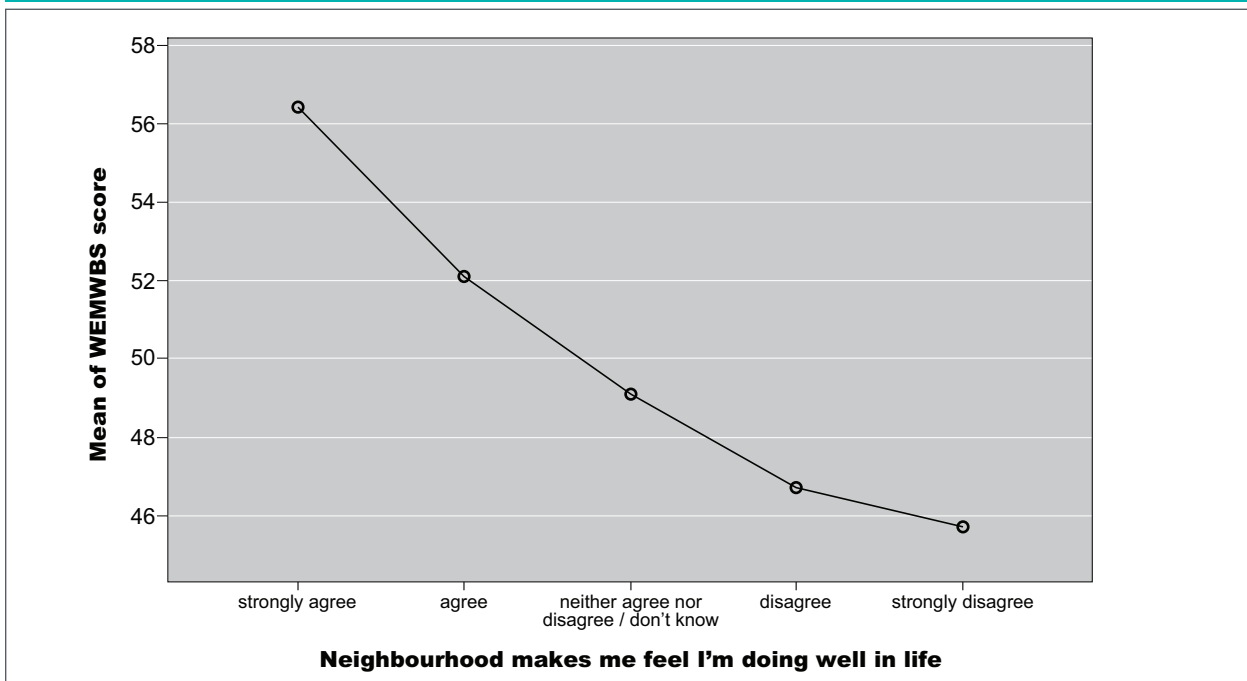
MENTAL WELLBEING

In the GoWell Wave 2 (2008) survey, we included a new outcome measure, the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)²⁶. This consists of 14 questions about subjective happiness and effective psychological functioning and is intended to assess the extent to which people are in a positive frame of mind. Feeling positive is something that improvements to people’s residential circumstances and environments might be expected to have an impact upon. The potential for this is illustrated

by Figure 12, below, which shows (unadjusted for any personal characteristics) how the mean score on the WEMWBS scale decreases notably as people feel less positive about their neighbourhood.

In order to more fully understand how the residential environment might influence people’s psychological outlook, we have been analysing our Wave 2 data to look at the relationships between WEMWBS scores and perceptions of housing and neighbourhoods²⁷, this time controlling for a range of personal characteristics which might also be influencing mental wellbeing (such as age, sex, ethnic group and household structure). Early indications are that the aesthetics of buildings and the local environment are important influences

Figure 12: Positive Mental Wellbeing by Sense of Neighbourhood Progress, 2008



0.3 Health and Human Capital

upon mental wellbeing, more so than negative factors such as perceptions of anti-social behaviour. People are more likely to score highly on WEMWBS if they also rate the attractiveness of their neighbourhood as 'fairly' or 'very good'. Similarly, if people rated the external appearance of their own home as 'fairly' or 'very good' they also reported higher mental wellbeing.

JOBS AND TRAINING

It has been argued that people need worthwhile things to do in order to feel fulfilled. Work, for example, has been identified as the third most important influence upon happiness because 'we need to feel we are contributing to the wider society'²⁸. However, although 'work is vital...it is also important that the work be fulfilling'. People need to be reasonably healthy, motivated and skilled to be able to make such a contribution, but in turn having things to do helps keep people physically, mentally and socially well. Hence, providing and enabling people to have useful activities of various sorts is an important goal for regeneration.

There have been improvements in rates of employment in many of our study areas over the period 2006-2008, more so and consistently for men but also in some areas for women too². By 2008 at least half the working age men were in employment in three of our five study area types (not so the regeneration areas), whereas this was

true of only one study area type in 2006. Employment rates remain much lower for women than for men. Only one of our study areas types, the Wider Surrounding Areas (WSAs) with 68%, came close to the 2008 national employment rate for working age men (73%³); none came close to the national rate of employment for women (65%), the highest being Housing Improvement Areas (HIAs) with 50%.

There has also been a small reduction in the numbers of young adults not in employment, education or training (NEETs), from 34% in 2006 to 29% in 2008. Rates of NEET, like rates of not-working for all adults, are highest in the regeneration areas.

However, these findings still mean that by 2008 around half the working age men in the regeneration areas in the study were economically active but without work, and about a fifth to a third likewise in the other study areas. Furthermore, in the PEs, around a fifth of the men and over a third of the women of working age were economically inactive.

Since regeneration and economic development programmes will aim to get workless people closer to the labour market, and possibly into jobs, we made more enquiries in our Wave 2 (2008) survey about what actions respondents had taken to get work, including searching for a job, applying for a job or being interviewed for a job. We found that one-in-six (17%) of

those of working age not in employment or full-time education had sought work in the past year (i.e. done any of the three things listed)². This included a quarter of the unemployed, a fifth of the temporary sick, and one-in-25 of the long-term sick or disabled. Thus, in 2008, the vast majority of those adults not in work did not do anything about getting a job in a twelve month period. Job-seeking was highest in the regeneration areas however, and lowest in the PEs, indicating the long-term nature of this problem in some of the city's largest, post-war social housing estates.

Attempts to improve human capital through education and training were also assessed in the 2008 survey². One-in-eight adults (12.8%) had taken part in education or training in the past year, the proportion falling steadily with age. Those already in employment were much more likely to participate in education and training (20%) than those unemployed (9%), homemakers (7%) or the long-term sick (4%). Attempts within regeneration programmes to boost participation rates in life-long learning – if conducted locally and collectively – would contribute not only to raising levels of employability, but also to preserving mental wellbeing and contributing to people's sense of community. This is particularly the case since we found fewer than one-in-ten people had taken part in any group, club or organisation for leisure or for any common interest in the past year, which is much lower than rates of associational activity nationally¹⁶.

Conclusion

This report demonstrates the benefits of having a multi-methods study by showing how we can bring together findings from different parts of the GoWell Programme to aid our understanding of the issues.

Our range of methods enables us to do a number of things: build a fuller picture of current social and environmental conditions and how they change over time; place changes in our study areas in the context of wider trends within the city of Glasgow; elaborate on policy intentions and identify limitations and constraints on implementation; achieve fuller understanding of resident experiences of interventions in their communities; and evaluate in detail specific components of regeneration.

Our research to date shows that physical regeneration is proceeding effectively in many study areas, and making contributions to people's quality of life. This can be seen in residents' responses to both housing and neighbourhood environmental improvements, with the former also contributing to the latter. The findings also highlight the importance of housing and neighbourhood aesthetics to people's sense of wellbeing. Uncertainties remain however about the pace of physical renewal in the Transformational Regeneration Areas; the impacts upon residents of any protracted renewal processes; and the relative merits of demolition versus improvement of high-rise blocks in these areas.

The picture with regard to social regeneration is much more variable between study areas. Although there have been general gains in terms of social harmony and to a lesser extent also improvements in rates of employment, several significant challenges remain. In regeneration areas there are weaknesses in relation to residents' lower sense of belonging, narrower extent of neighbourly behaviours, and relatively low sense of collective influence over local decisions. These issues are particularly problematic for regeneration areas where there is high residential instability, extensive social diversity and important choices to be made about the future of the communities.

Across many study areas, there are weaknesses in perceived informal social control and a rising identification of anti-social behaviour problems. There are also widespread problems of worklessness and very low rates of participation in education and training by those people out of work. In relation to health behaviours, the two most obvious issues to be tackled among our study communities are high rates of smoking and low rates of physical activity. We often found that particular problems of health and human capital behaviours were worse among specific groups in specific areas – be it the unemployed, the long-term sick, single adults under retirement age living alone,

or middle-aged women or men – indicating the possible benefit of targeted support programmes, a question that also came up in our earlier research into the theory of change which informs regeneration policy.

When we interviewed policy-makers and practitioners about the aims and expectations for regeneration²⁹, we found that they expressed concern that social regeneration expenditure was insufficient and lagged behind expenditure on physical renewal. Their definition of ‘social regeneration’ included community involvement in development decisions and in decisions about local services, as well as education, life-long learning and training activities. These were seen as means to improve people’s skills, confidence and participation in communities. In addition, we found policy-makers arguing for a more ‘holistic’ version of regeneration that included, in addition to environmental and economic components, a stronger ‘people-focus’, with individualised support programmes to help enable people to achieve ‘greater confidence, higher aspirations and more positive mental health’, and to encourage more people to move towards paid work, voluntary work or community involvement.

This understanding of social regeneration chimes with much of what we have found to be the remaining challenges to be tackled in many of our study areas. However one of the other findings from our policy investigation²⁹ is less encouraging though still valid:

“Almost all respondents agreed with the holistic model of regeneration...but doubted whether there was the capacity for coordinated delivery across all the dimensions. They were not clear who had the training or resources to deliver the wider community action needed on a scale that could really make a difference.”

On the individualised approach to regeneration, the summary of policy-maker and practitioner views was that “There was a lack of confidence that current regeneration activity could deliver this”. In our concern for how change is delivered to and with communities, we shall be looking to see whether a firmer strategy for social regeneration is put in place for many of the communities we are studying, and what the means of co-ordinating and delivering such a programme might be.

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