



## Community health and wellbeing survey: baseline findings 2006

Summary April 2007

[www.gowellonline.com](http://www.gowellonline.com)



**GoWell**  
The Glasgow Centre for Population Health  
Level 6 | 39 St Vincent Place  
Glasgow G1 2ER  
Telephone: 0141 221 9439  
Email: [Yvonne.christley@drs.glasgow.gov.uk](mailto:Yvonne.christley@drs.glasgow.gov.uk)

[www.gowellonline.com](http://www.gowellonline.com)

# Contents

- 01 Introduction
- 02 Households
- 10 Housing
- 14 Neighbourhoods
- 18 Communities
- 24 Empowerment
- 26 Health
- 34 GoWell study areas
- 36 The GoWell Team

**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 Communities Scotland, Glasgow Housing Association, NHS Health Scotland and NHS Greater Glasgow & Clyde.**

# Introduction

This report presents initial findings from the GoWell Community Health and Wellbeing Survey 2006. The aim of the survey was to provide a baseline picture of social conditions in our study areas, thus allowing us to assess the 'gap' in both circumstances and performance to be narrowed by future regeneration and other public policy interventions, as well as to establish benchmarks against which to measure future change.

The survey was conducted in May-July 2006 by BMG Research, a survey firm employed for the task. A total of 6,016 randomly selected adults were interviewed across the 14 GoWell sites. The study areas themselves are identified and briefly described at the end of this report. They represent a mixture of areas undergoing different sorts of change process, from major transformation to incremental improvements.

A technical report from BMG describing the conduct of the survey is available from the study team. Working papers describing our selection of study areas and the construction of the survey questionnaire are available on the GoWell web-site: [www.gowellonline.com](http://www.gowellonline.com)

In this initial report we have focused on studying the survey findings along three dimensions:

- Study site (14 of these)
- Type of regeneration area (5 types)
- Ethnic/citizenship group (5 groups)

There are many other dimensions along which we could examine the findings, such as gender or household type, and we shall endeavour to do much of this in the near future.

The data presented here have been weighted to take account of differences between the profile of respondents and the study area populations.

We have not tested all the findings presented here for statistical significance, although we expect most differences to be significant given the large sample sizes involved. To some extent the variation between areas may be explained by differences in their population compositions, and this is something we shall explore when we examine relationships between neighbourhood and community conditions and aspects of health and wellbeing. This initial report merely identifies issues that need further investigation.

The survey tells us what people feel about their housing, neighbourhoods and communities, and how they describe their health. As such it is not an impartial or objective assessment of these things, though there are opportunities for us to assess some aspects independently, such as environmental quality, and to gauge what GoWell respondents say against what people have said in other surveys along similar lines. These are all things we shall endeavour to do in the months ahead and they will help us to understand the implications of these initial findings. Nonetheless, the survey findings presented here are of interest in their own right as they represent the 'voice' of residents subject to processes of change mounted in their own as well as the public's interest.





# Households

- The GoWell study population disproportionately consists of families, with particularly high numbers of single parent families and large families. The study areas have below national average numbers of single people, couples and pensioner households.
- Families dominate the transformation areas, where there are very few pensioner households.
- In four large regeneration areas (Red Road, Scotstoun multi-storey flats, Shawbridge and Sighthill) two in five or more respondents were asylum seekers, refugees or black and minority ethnic residents. These groups predominantly lived in family households, much more so than white respondents.
- Economic activity is low in all study areas, but especially in peripheral estates and transformation areas. In the latter areas, only 15% of the working age respondents reported being in employment, and only one in five GoWell households contains anyone in employment. In peripheral estates and areas surrounding multi-storey flats, half of all households are working households, the highest rates found in the study.
- In the large regeneration areas, refugees and black and minority ethnic households are more likely to be working than white Scottish households.
- Around two thirds of households are partly or wholly dependent on state benefits or pensions for their income. In only four study areas were more than a third of households getting their income mainly from earnings or private sources.
- Around a fifth of households have occasional or frequent difficulty paying bills or meeting their costs. Affordability problems are lowest in peripheral estates and highest in transformation and local regeneration areas, where 40-50% of households have some difficulty paying rent and fuel bills.

In examining household structures, we have adopted the definition of households used in the Scottish Household Survey for comparison purposes. Thus, households are defined as follows:

**Single Adult:** one adult of non-pensionable age, and no children.

**Small Adult:** two adults of non-pensionable age and no children.

**Large Adult:** three or more adults and no children.

**Single Parent:** one adult of any age and one or more children.

**Small Family:** two adults of any age and one or two children.

**Large Family:** two adults of any age and three or more children, or three or more adults of any age and one or more children.

**Single Pensioner:** one adult of pensionable age and no children.

**Older Smaller:** two adults of pensionable age and no children, or one adult of non-pensionable age and one of pensionable age and no children.

Adult refers to someone aged 16 or over. Children are aged under 16.

Pensionable age is 60 for women and 65 for men.

## Household types

Participants in the GoWell study are overwhelmingly families and adult households. As *Figure 1* shows, families are twice as common in GoWell study areas as in Scotland as a whole<sup>1</sup>, including nearly three times the national rate of single parents. There are also more large adult households in GoWell and fewer single people and couples (below retirement age). In the GoWell study areas, pensioner households are less common than in Scotland, particularly single pensioners.

When we look at family structures by type of study area, we see that there is a clear divide between transformation, local regeneration and peripheral estates, which have a majority of family households; and areas surrounding multi-storey flats and housing improvement areas, which have a majority of adult and pensioner households. A quarter of households in the housing improvement areas are pensioners, higher than anywhere else. Transformation areas have very few pensioners and three in five households are families in these areas, including a quarter of households being large families (three or more children) in Red Road, Scotstoun multi-storey flats and Shawbridge. Over one in five (23%) households in Red Road and in Sighthill are single parent families, nearly four times the national rate. (See *Figure 2*)

<sup>1</sup> Scotland's People 2005, table 3.2.

Figure 1 – Household types, GoWell (2006) and Scotland (2005)

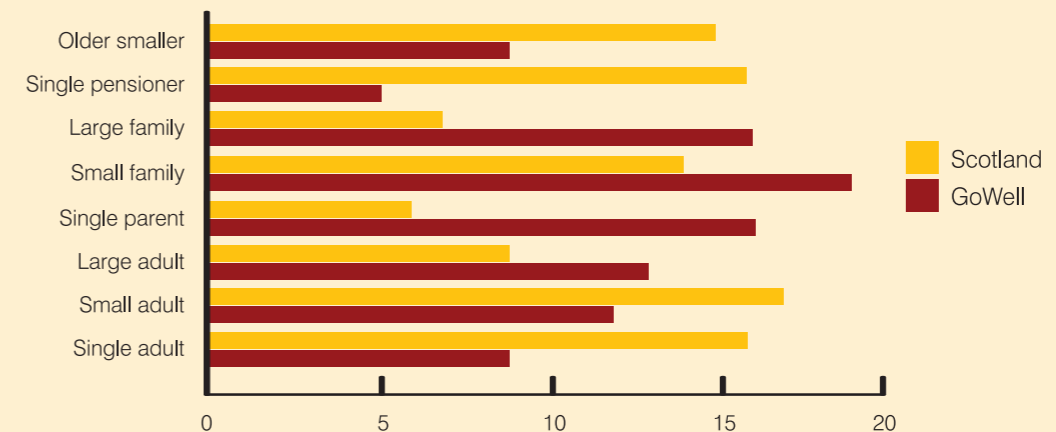
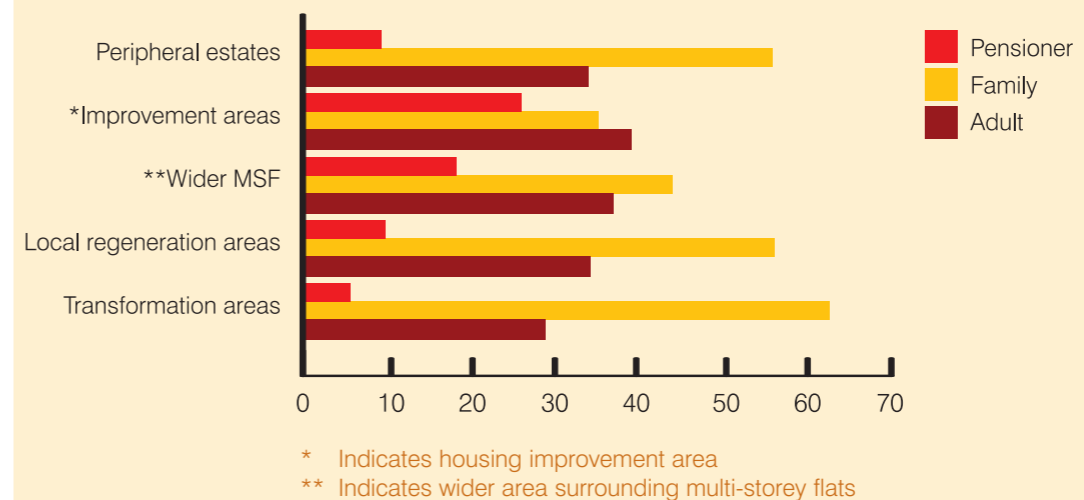


Figure 2 – Household type by type of area



## Households (continued)

### Ethnicity

In order to establish people's identity, we asked respondents to report both their ethnicity and their citizenship status. From these two questions a five fold classification was constructed, which is used in the remainder of this report. *Figure 3* shows the distribution of the weighted sample by these ethnicity/citizenship classes<sup>2</sup>. The GoWell study population is very different to the Scottish adult population, which is 98% white<sup>3</sup>, since one in six GoWell participants is non-white: 10% are asylum seekers, 4% are refugees, and 2% are black and minority ethnic respondents<sup>4</sup>.

The breakdown of ethnic groups within each study area is shown in *Figure 4*. Four study areas contain the majority of non-whites: Red Road, Scotstoun multi-storey flats, Shawbridge and Sighthill contain nine out of ten asylum seekers and refugees in the sample, and six out of ten black and minority ethnic respondents<sup>5</sup>.

Household structures vary markedly between white and non-white households in the four main areas of non-white residence. A little over one in ten white households are pensioners, with the remainder split between family households and adult households. In contrast, there are no pensioner non-white households in these areas and the majority of non-white households, including the vast majority of asylum seekers and refugees, are families with dependent children. Around 30% of asylum seeker and refugee households are large families (with three or more children), compared with one in ten white households. A significant proportion of asylum seeker households (25%) are single parent families, a higher figure than found among white Scottish households in these areas (20% single parent). (See *Figure 5*)



<sup>2</sup> Respondents were only placed in the 'other white' and 'black and minority ethnic' classes if they were not asylum seekers and refugees. In fact, ten percent of the refugees and asylum seekers are also 'other white'.  
<sup>3</sup> Scotland's People 2005, table 3.6.  
<sup>4</sup> Asylum seekers are those people who described their situation as 'applied for asylum and awaiting initial decision' or 'appealing a refused asylum application'; refugees are those who have 'indefinite leave to remain' or 'exceptional leave to remain'.  
<sup>5</sup> For further analyses of findings by ethnicity in this report, we have used the sample from these four areas, in order to compare ethnic groups in similar circumstances.

Figure 3 – GoWell sample by ethnicity/citizenship

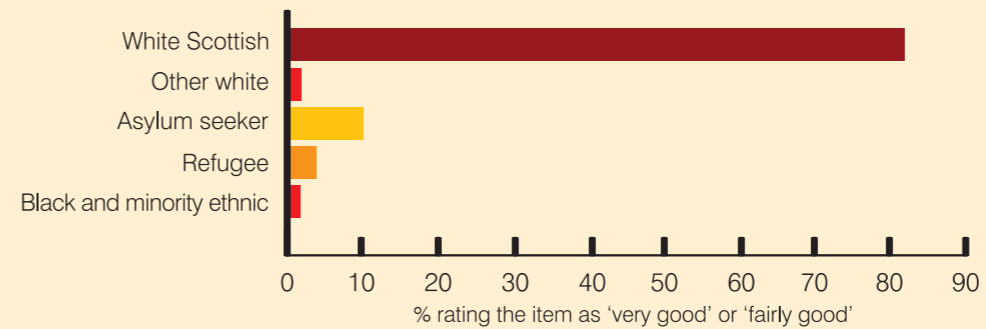


Figure 4 – Ethnicity/citizenship by study area

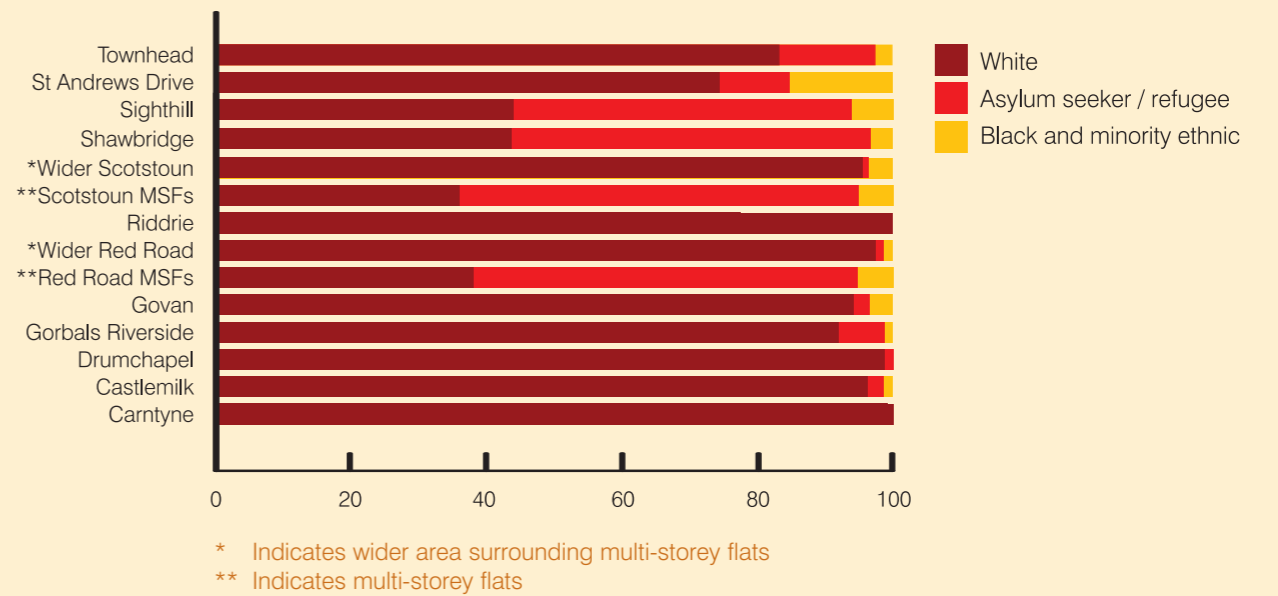
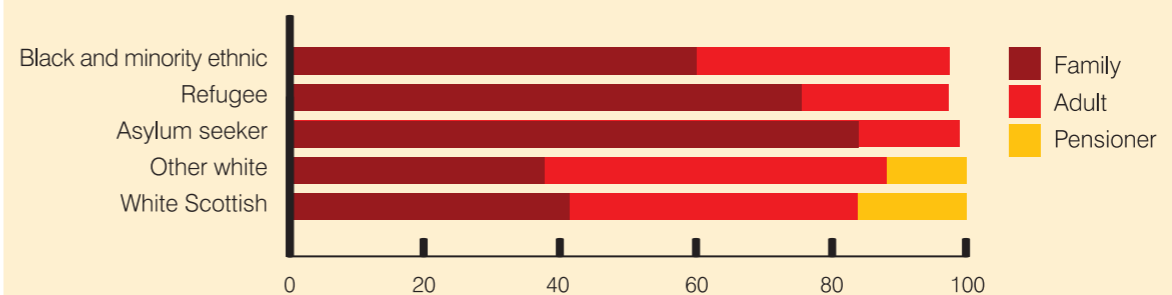


Figure 5 – Household type by ethnicity



## Households (continued)

### Economic activity

Eighty four percent of GoWell respondents were of working age<sup>6</sup>, ranging from 68% in Riddrie to 94% in Red Road. We can examine the rate of economic activity for this group of adults.

Figure 6 shows that the proportion of the GoWell adult population that is economically active is well below the Scottish average in all types of area. In transformation areas and peripheral estates it is 20% below the national rate, with only three in five adults of working age being economically active (ie being in work, seeking work or on a training scheme). In all types of study area, at least three out of ten adults of working age are economically inactive (ie early retired, sick, looking after the home, or in full time education). In only the areas surrounding multi-storey flats and in the housing improvement areas are half the working age adult population found to be actually working<sup>7</sup>, compared with three quarters of the adults in Scotland of working age. In transformation areas, only 15% of the working age population is working, far less than elsewhere.

Economic activity information was collected about all adults in each household, thus enabling us to identify working and non- working households, in addition to pensioner households. Working households are taken to be those where any adult in the household was in full-time or part-time work. Across the entire GoWell sample, two in five households (43%) were working households. This was highest in areas surrounding multi-storey flats and in the peripheral estates, where half of the households were working households. It was lowest in the transformation areas, where only one in five were working households. The two locations with the highest proportion of working households were Castlemilk (56%) and the wider area surrounding the Red Road multi-storey flats (54%). The two locations with the highest number of non-working households were Red Road and Shawbridge, where three quarters of households were non-working. (See Figure 7)

We can also compare the economic status of households by ethnicity within the four large regeneration sites. This reveals that 'other white' households are most likely to be working, at 42%, and asylum seeker households least likely to be working at only 7%. Both refugee and black and minority ethnic households are more likely to be working than white Scottish households, approximately a third compared to a fifth, respectively. (See Figure 8)

<sup>6</sup> In line with labour market statistics, we examine the economic activity rate of the working age population, taken to be 16-64 years for men, and 16-59 years for women.  
<sup>7</sup> i.e. in paid employment, whether part-time or full-time, including self-employment.

Figure 6 – Economic activity by type of area

	% Adults in each area (row %)			
	Working age <sup>1</sup>	Working <sup>2</sup>	Economically active <sup>2</sup>	Economically inactive <sup>2</sup>
Transformation	91	15	60	40
Local regeneration	89	30	71	29
*Wider MSF	80	48	69	31
**Improvement areas	72	50	66	34
Peripheral estate	90	44	59	42
Scotland <sup>3</sup>	n/a	76	80	20

- 1. % of all adults
- 2. % of adults of working age
- 3. Source: Labour Force Survey, reported in *Labour Market Statistics January 2006: Scotland*
- \* Indicates wider area surrounding multi-storey flats
- \*\* Indicates housing improvement areas

Figure 7 – Household economic activity by type of area

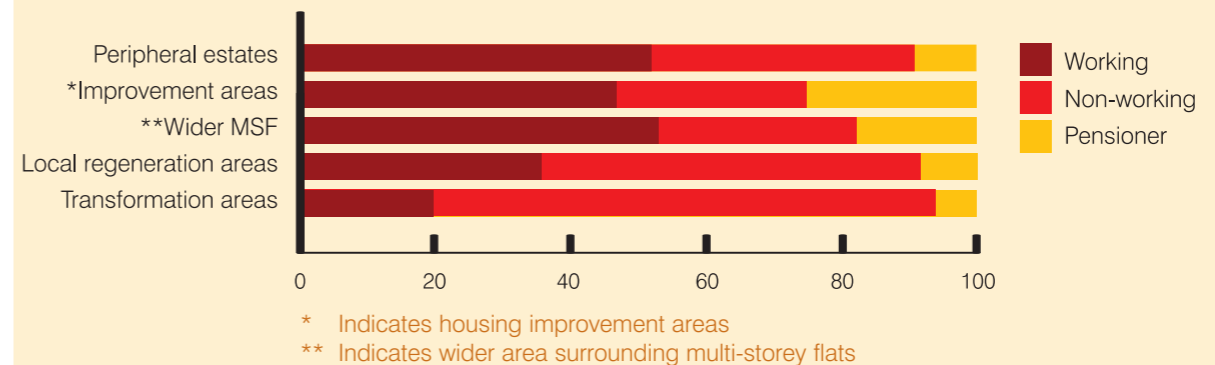
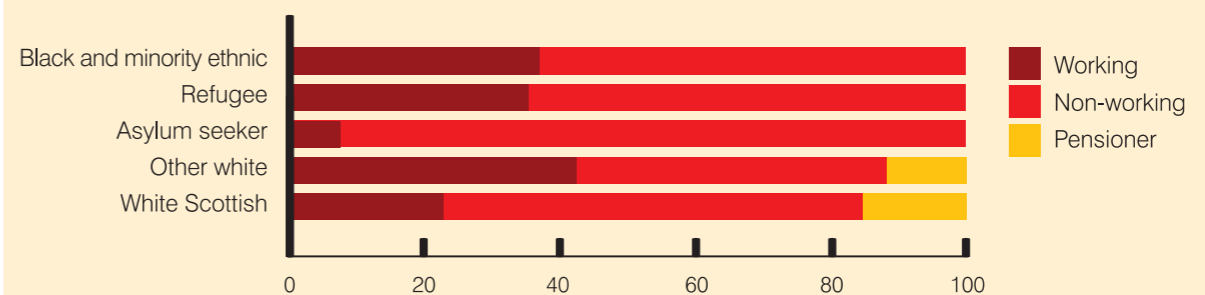


Figure 8 – Household economic activity by ethnicity





## Households (continued)

### Resources

All respondents were asked how they would describe their source of income: 28% reported that their income was mainly from earnings or other private income; 16% would not say, or didn't know. Therefore, depending how we treat the latter group in this analysis, the proportion of households in the study whose income comes wholly or partly from state benefits or pensions (excluding housing benefit and child benefit) may lie between 56% (percentage of all survey respondents) and 67% (percentage of respondents excluding refusals and don't knows)<sup>8</sup>. Three quarters of those with incomes from the state are entirely dependent on state benefits or pensions. In only four study areas did a third or more of respondents say their income was from earnings or private sources: Carntyne (35%), Drumchapel (33%), the area surrounding the Red Road multi-storey flats (37%) and Riddrie (35%).

Six out of ten households receive housing benefit towards their housing costs. Dependence on full housing benefit is particularly high, at around seven out of ten households, in the Scotstoun multi-storey flats, Shawbridge, Red Road and Sighthill.

Only a third of respondents (34%) said they had regular access to a car or van. This is half the national rate (68% of all households in Scotland have access to a car for private use) and also lower than the rate of car access among households in the most deprived quintile of areas in Scotland (44% with car use)<sup>9</sup>. In the large regeneration areas in the GoWell study around 90% of people have no access to a car.

To identify budgeting and income problems, all respondents were asked how often they found it difficult to meet certain bills/costs. *Figure 9* shows that around a fifth of households found it at least sometimes difficult, in each case, to pay the rent/mortgage, repairs and maintenance, fuel bills, and council tax; one in six households sometimes found it difficult to afford food. One in fourteen people had frequent difficulty in the case of each item.

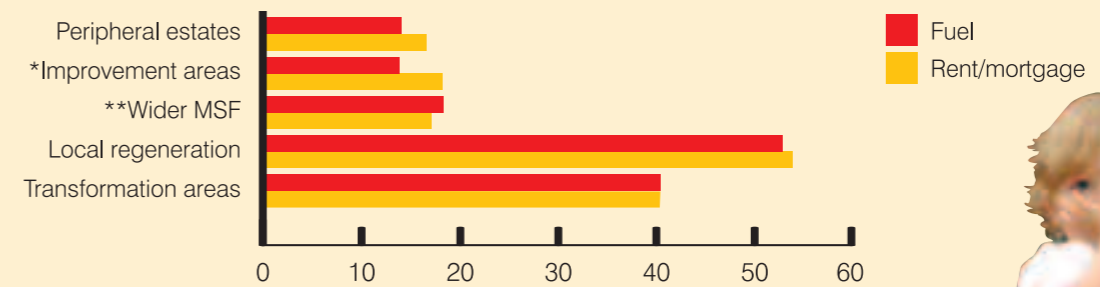
Looking at affordability difficulties by type of area, we see that difficulties are most prevalent in the local regeneration areas, where half the residents have occasional or frequent difficulty paying their rent and fuel bills, and in transformation areas where nearly two in five people have difficulty with these two items. (See *Figure 10*)

Figure 9 – Difficulty in paying household costs

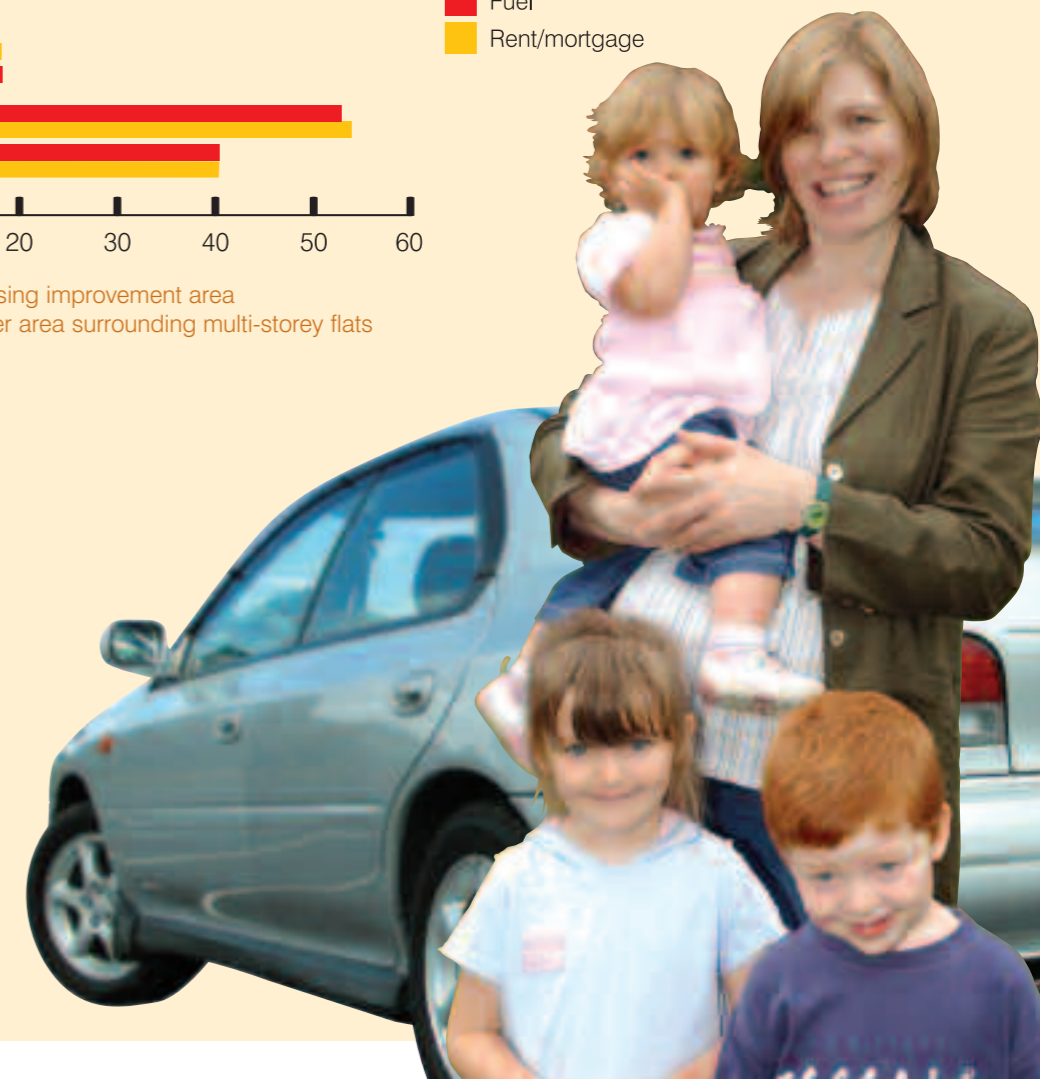
	% of all respondents		
	Frequent	Occasional	Either/total
Rent/mortgage	7	15	22
Repairs/maintenance	7	13	20
Fuel bills	7	14	21
Food	6	10	16
Council tax	7	12	19

Base number includes 'don't knows' and 'not applicables', which range from 4% to 9% across the items.

Figure 10 – Difficulty paying rent and fuel by type of area (% respondents)



\* Indicates housing improvement area  
 \*\* Indicates wider area surrounding multi-storey flats



<sup>8</sup> The rate of dependency would be higher still at 72% if we assume the 'don't knows' and higher still at 'won't says' are at least partly dependent on benefits.

<sup>9</sup> Scotland's People 2005, table 6.5.

# Housing

- High residential satisfaction is less common in GoWell study areas than in Scotland as a whole, but residential satisfaction is slightly higher than in regeneration areas in England.
- Asylum seekers and refugees are less likely to express dissatisfaction with their home or neighbourhood than the white population.
- People from black and minority ethnic communities (who are not asylum seekers or refugees) appear less likely than other people to see their home as an indication that they are doing well in life.
- Despite a variety of conditions, most people think their home is 'fine as it is'. In only two of the study areas, St Andrews Drive and Shawbridge, do the majority of residents think their homes need work to improve them.
- Most of the GoWell study areas contain more short-term residents than is usual in Scottish communities. As well as having a lot of people resident for less than two years, the transformation areas also face a situation where many residents (up to 30%) intend to move home in the next year.

## Accommodation

As *Figure 11* shows, the type of accommodation occupied by households differs between the study areas. Transformation and local regeneration areas are dominated by high rise flats and deck access flats, with nine out of ten dwellings being of these types. Peripheral estates and areas surrounding multi-storey flats mostly comprise houses and tenement flats. Housing improvement areas are divided in equal thirds between high-rise and deck access flats, tenement and four in a block flats, and houses.

## Tenure

Over two thirds of the GoWell respondents are renters, and one third owners (including 3% shared owners). This is the exact reverse of the national situation where two thirds of households are owners. In Glasgow, ownership stands at 50% of households, again much higher than in the GoWell sample.

Housing tenure varies between types of study area. Nine out of ten households in the transformation areas rent their homes, as do just over eight out of ten households in the local regeneration areas. Peripheral estates are also dominated by renting. The areas surrounding multi-storey flats and the housing improvement areas are divided equally between owners and renters, with Riddrie coming closest to the national position, having 64% owners. In four areas (Carntyne, Wider Scotstoun, Shawbridge and Townhead) one in twenty people privately rent; and in one area (Govan) one in ten do so. (See *Figure 12*)

## Psychological benefits

Most people get psychological benefits from living in their home. Overall, 63% of respondents agreed that 'My home makes me feel I'm doing well in life'. However, the extent to which people benefit in this way varies greatly: in St Andrews Drive, Sighthill and the Scotstoun multi-storey flats only 40-50% of residents feel they are doing well as a result of where they live, whereas in Carntyne and Riddrie the figure is around 80%. People from black and minority ethnic groups (who are not asylum seekers or refugees) appear to derive these psychological benefits less than the white population (37% compared to 51% in the regeneration areas) but the difference was not statistically significant. Asylum seekers and refugees give similar responses to those given by others.

Figure 11 – Accommodation by type of area

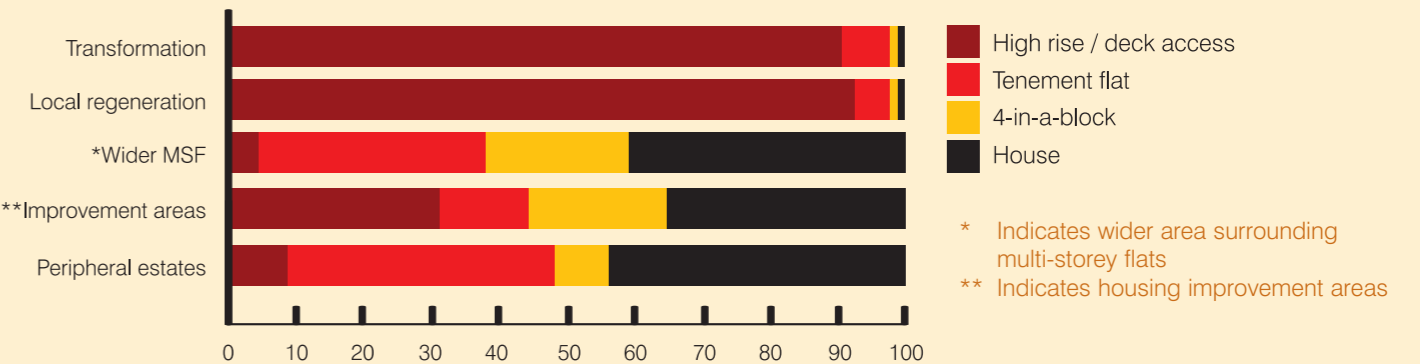
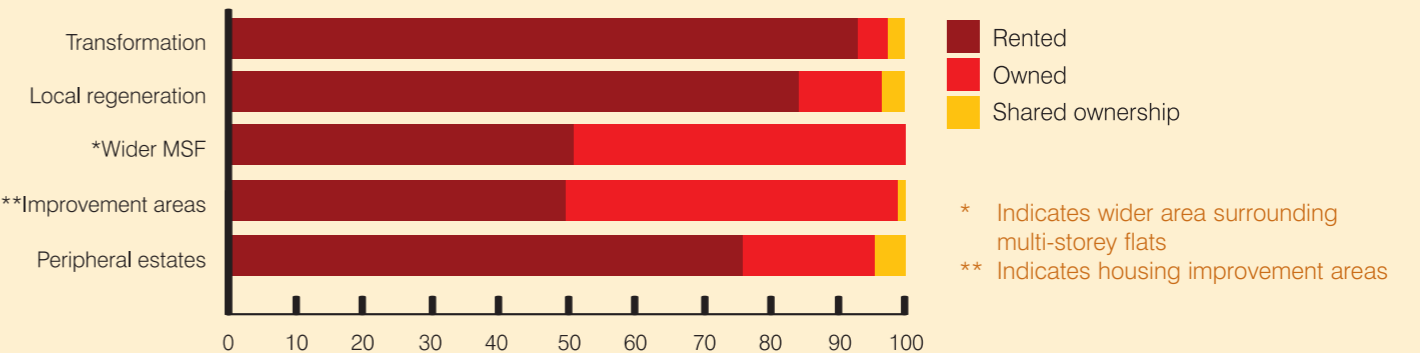


Figure 12 – Housing tenure by type of area



<sup>1</sup> Scotland's People 2005, table 4.8.

# Housing

## Residential satisfaction

High residential satisfaction is less common in the GoWell study areas than across Scotland as a whole, but residential satisfaction compares favourably with regeneration areas in England. One in six GoWell respondents was 'very satisfied' with their neighbourhood as a place to live, compared with half of all adults in Scotland rating their neighbourhood as 'very good' as a place to live, including one in four adults in deprived areas in Scotland<sup>2</sup>. However, more GoWell respondents than residents in New Deal for Community areas in England, were either 'very' or 'fairly' satisfied with their neighbourhood: 78% versus 66%<sup>3</sup>.

Satisfaction with the home tended to be slightly higher than satisfaction with the neighbourhood: the proportion of respondents 'very satisfied' was 20% for the home and 16% for the neighbourhood.

Residential dissatisfaction is not as common as one might expect. Even in the transformation areas and local regeneration areas, only one in five people express dissatisfaction with their home, and fewer people than this express dissatisfaction with their neighbourhood. Whilst these findings can be seen as very positive, they also raise questions about people's expectations and ambitions. Given conditions in these areas, and what people say about specific issues when asked, it is surprising that levels of dissatisfaction are not higher than this. (See Figure 13)

Overall, residential satisfaction was lowest in the Transformation Areas and highest in the Housing Improvement Areas. Residential satisfaction contrasted sharply between Transformation and Local Regeneration Areas, on the one hand, and MSF Surrounding Areas on the other: whilst only 3% of people in the regeneration areas were 'very satisfied' with their neighbourhood, this was true of 22% of people in the surrounding areas.

Despite the major investment planned for many of our study areas, most people considered their home to be 'fine as it is'. Even in the Red Road and Sighthill transformation areas, just over 60% of people gave this response. Only in two areas, Shawbridge and St Andrews Drive, did the majority of people think either that their home needed works to improve it, or that it should be demolished. (See Figure 14)

Hardly anyone, anywhere, thought their home needed to be demolished. These findings are surprising but probably reflect a mixture of influences: habituation to poor conditions; lack of experience of demanding better; the wish to avoid disturbance through works; and affective attachment to the home as it is.

Asylum seekers and refugees are less likely than other groups to express dissatisfaction with their accommodation or neighbourhood. Black and minority ethnic residents in our study areas who are not asylum seekers or refugees tended to have very similar views to the white population. (See Figure 15)

Figure 13 – Residential satisfaction by type of area

	% Respondents in each type of area (row %)			
	Home		Neighbourhood	
	Satisfied	Dissatisfied	Satisfied	Dissatisfied
Transformation	70	21	66	17
Local regeneration	67	21	71	14
*Wider MSF	82	8	81	10
**Improvement areas	87	7	87	6
Peripheral estate	82	10	77	14

\* Indicates wider area surrounding multi-storey flats  
 \*\* Indicates housing improvement areas

## Residential mobility

There is a lot more residential movement in our study areas than is normal across Scotland. In both the transformation areas and the local regeneration areas, over a fifth of people have lived in their present home for less than a year; across Scotland, only 8% of adults have lived in their current residence for under a year.

The national figure for having lived in one's home for up to two years (20% of adults) is exceeded in 12 of our 14 study areas<sup>3</sup>.

Individually, our study areas differ greatly in their experience of residential stability and instability. Both the Red Road multi-storey flats and Shawbridge estates suffer the double disadvantage of having a large proportion of people (over 35%) who have only lived in the area for up to 2 years, plus a high rate of intended mobility – over a quarter of people intending to move home in the next year. Scotstoun and Sighthill also have a large number of recent settlers to the area, but have average or below average rates of intended mobility. (See Figure 16)

<sup>2</sup> Scottish Household Survey 2005  
<sup>3</sup> NDC Household Survey 2004.

Figure 14 – Views on the home

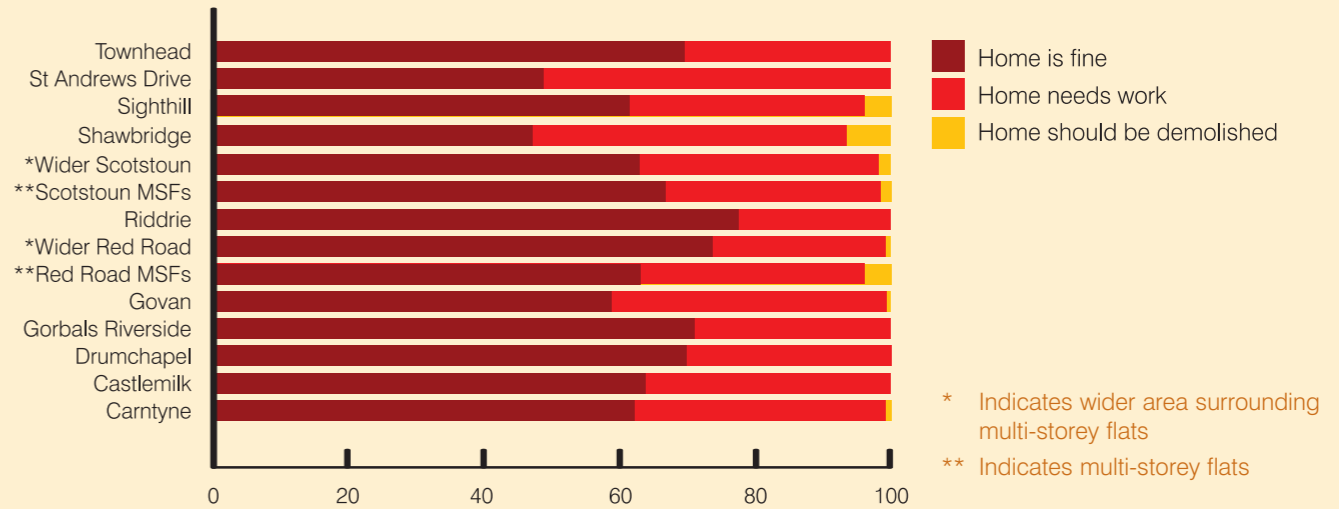
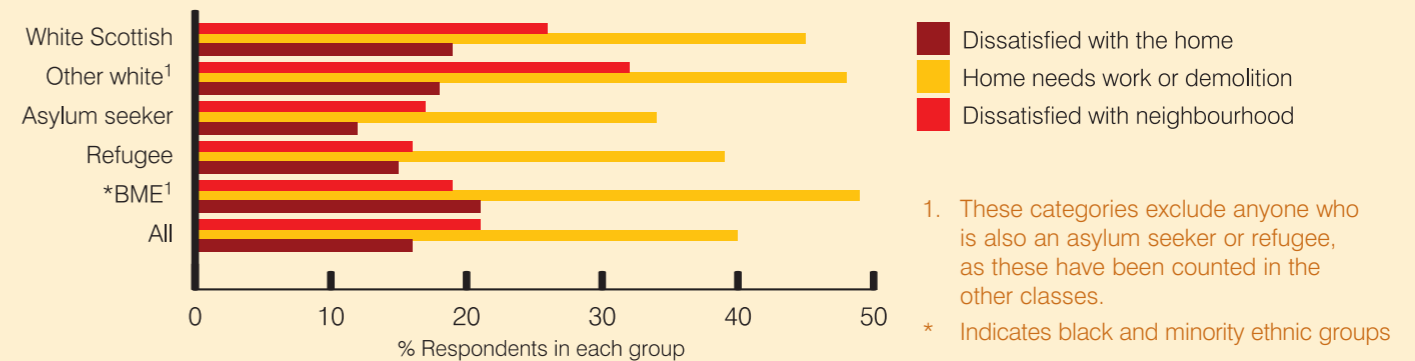
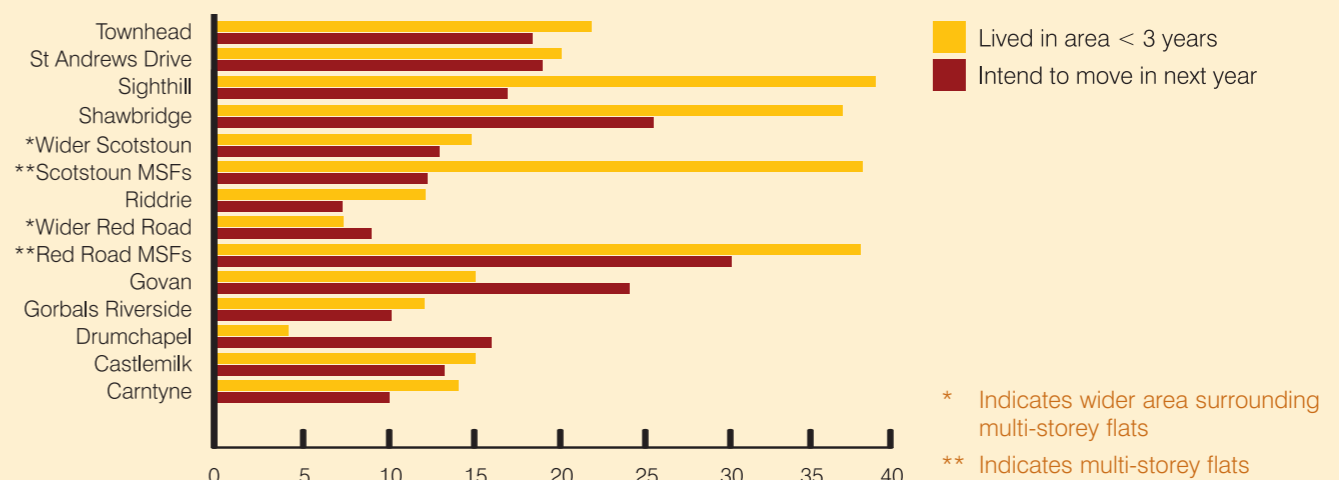


Figure 15 – Residential satisfaction by ethnicity



1. These categories exclude anyone who is also an asylum seeker or refugee, as these have been counted in the other classes.  
 \* Indicates black and minority ethnic groups

Figure 16 – Residential mobility



\* Indicates wider area surrounding multi-storey flats  
 \*\* Indicates multi-storey flats



# Neighbourhoods

- Local environments are rated more negatively by residents than are public services.
- Environments are worst in transformation areas, where only around a third of residents rate parks and open spaces and children's play areas as 'good'.
- Rubbish collection and public transport received very positive ratings from residents. Youth and leisure services got the worst rating.
- Several anti-social behaviour issues are particularly prominent in the study areas. Teenagers hanging around, vandalism, gang activity, drunk and rowdy behaviour and litter are very common, and some of these are perceived as more serious than they are nationally.
- Four study areas appear to suffer more from problems of gang activity and drug dealing: Scotstoun multi-storey flats, Shawbridge, Red Road multi-storey flats and St Andrews Drive.
- Asylum seekers and refugees are, if anything, less likely to cite the existence of serious neighbourhood problems than white people.
- In contrast, black and minority ethnic respondents (who are not asylum seekers or refugees) were far more likely than white Scottish respondents to cite some serious problems in their area, notably people related issues.
- Both transformation areas and peripheral estates appear to have low internal reputations. Most of the GoWell areas are, in the eyes of residents, more likely to suffer poor external reputations than to have good reputations.
- Far fewer people gain psychological benefits from their area than from their home itself. Refugees were less likely than others (white or non-white) to feel they were doing well in life on the basis of where they live.

## Neighbourhood quality

We asked people about their local environment, public services in their local area, and the extent to which they made use of local amenities. In total people were asked to rate the quality of five aspects of their environment and nine local services. They were also asked about their use of ten amenities. From their answers we constructed aggregate and mean scores for these three aspects of the neighbourhood. *Figure 17* shows that both types of regeneration area and peripheral estates score less well than other places on the quality of their environments. On the other hand, all types of place score relatively well with regards to public services. Residents in transformation areas appear to have the highest level of use of local amenities, notwithstanding questions about their quality, whilst people in housing improvement areas make the least use of local amenities.

## Neighbourhood environments

If we look further at what residents in the transformation areas said about their local environment, we see that for all five aspects of the neighbourhood environment, only a minority of people rated the item as 'good'. Children's play areas received the worst rating. The contrast with national norms is revealed by the fact that only 40% of people in transformation areas rated their area as 'good' for being 'quiet and peaceful' and yet 6 out of 10 people in most parts of Scotland cite this aspect of their neighbourhood as the one they particularly like<sup>1</sup>.

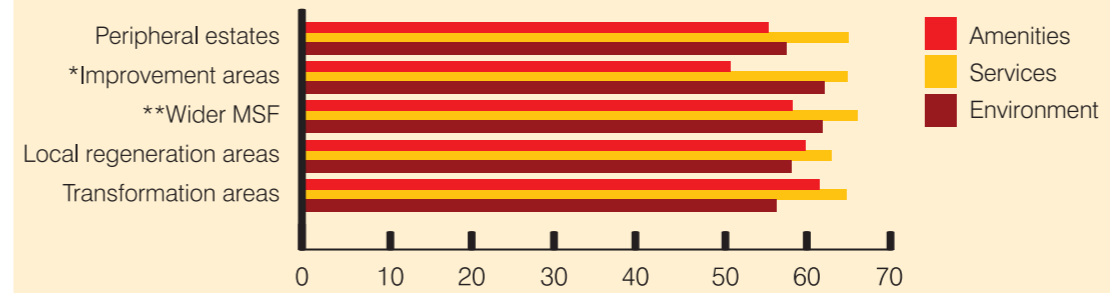
Typically the number of residents in transformation areas who rated an item as 'good' was between two thirds and three quarters the number who did so in housing improvement areas. Overall, Shawbridge and St Andrews Drive received the lowest ratings for the neighbourhood environment of all the study areas. (*See Figure 18*)

## Public services

The most positively rated public services were rubbish collection, public transport, health centres and schools. Notwithstanding the fact that rubbish or litter lying around in local areas is identified as fairly or very common (much more so in Glasgow than anywhere else in the country)<sup>2</sup>, three quarters of the GoWell respondents rated the rubbish collection service as 'fairly good' or 'very good'. This may be a matter of interpretation, with respondents referring only to the collection of domestic rubbish and not street cleansing services in general. Local regeneration areas received the lowest ratings for several services (public transport, rubbish collection and health centres) as did peripheral estates for other items (policing, shops and banking services). (*See Figure 19*)

<sup>1</sup> Scotland's People: Scottish Household Survey 2005, tables 4.29 & 4.30.  
<sup>2</sup> *ibid.*, table 4.40

Figure 17 – Quality of local neighbourhood (Score 0-100)



**Note:**  
 Score of 0 equates to: all aspects of the environment being 'very poor'; all public services being 'very poor'; no use made of local amenities.  
 Score of 100 equates to: all aspects of the environment being 'very good'; all public services being 'very good'; all amenities used 'mostly within local area'.

\* Indicates housing improvement areas  
 \*\* Indicates wider area surrounding multi-storey flats

Figure 18 – Rating of aspects of the local environment in transformation areas

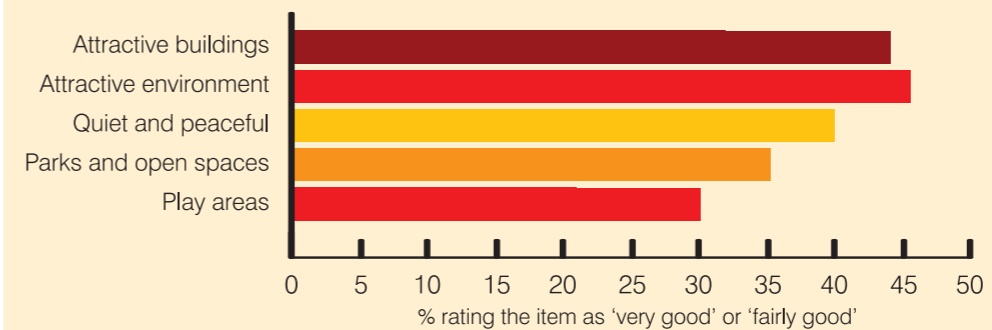
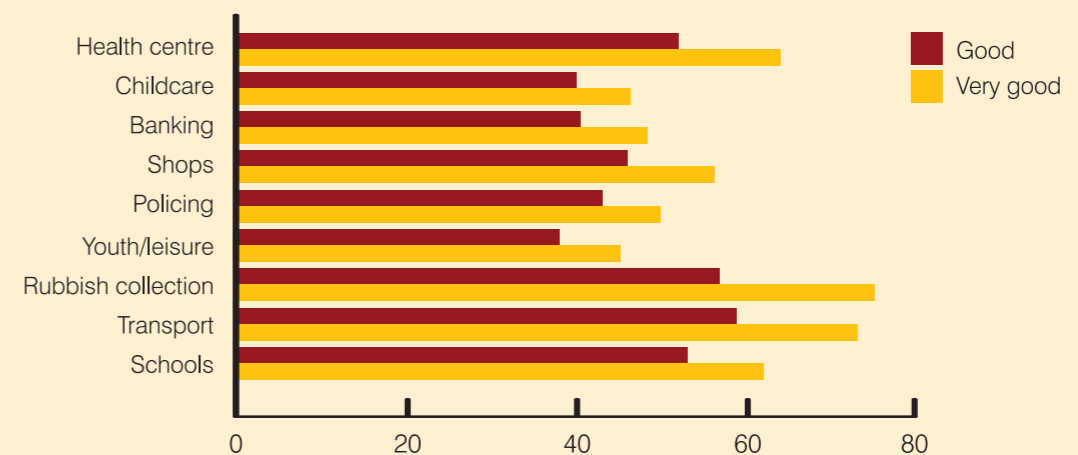


Figure 19 – Rating of public services



## Neighbourhoods (continued)

### Anti-social behaviour

Respondents were asked about 17 potential problems in their local neighbourhood. On average, people identified 4.9 problems each, including 2.8 'serious' problems. By far the greatest number of problems were identified in St Andrews Drive (mean of 11.0 problems), Red Road multi-storey flats (9.5) and Scotstoun multi-storey flats (9.3).

Figure 20 shows that the five most common problems across the study areas, in descending order are: teenagers hanging around; vandalism and graffiti; gang activity; rubbish and litter; and drunken or rowdy behaviour. This is different to the picture across deprived areas in Scotland, where rubbish and litter were the most common problem (although respondents in the national study were given a shorter list of items). The most serious problems in the GoWell study areas are teenagers hanging around (and remember that youth and leisure services was the worst rated public service), drunken and rowdy behaviour, and gang activity.

Some areas seem to suffer the most serious problems much more than others. Gang activity was identified as a serious problem by a quarter of respondents in the Scotstoun multi-storey flats and Shawbridge areas, and by a third or more of people in St Andrews Drive and Red Road multi-storey flats. A similar pattern is evident for drug dealing also, with the same four areas appearing to have more serious problems in the eyes of respondents.

Serious neighbourhood problems were cited least by asylum seekers and refugees, and most often by 'other white (non-Scots)' respondents. However, black and minority ethnic respondents (who are not asylum seekers or refugees) cited some particular serious problems more often than anyone else. These included: rowdy and drunken behaviour in public; teenagers hanging around on the street; gang activity; rubbish and litter lying around; and nuisance neighbours or problem families. Each of these items was cited as a serious problem by 30-45% of respondents from black and minority ethnic groups.

### Neighbourhood status and reputation

Questions about perceptions of their local areas revealed a striking mismatch between residents' own views about their neighbourhoods and how they think other people in the city view their areas. (See Figure 21) Looking first at what people living in the study areas think, respondents thought residents were more likely to be positive and think highly of their areas than to be negative. The difference was not great in the case of transformation areas, however, where only 25% of respondents think local people would have a positive view about their area, and 16% think they would have a negative view. Also, not many respondents in peripheral estates (29%) thought that local people would think highly of their area.

Respondents as a whole also thought that negative views about their areas were much more common externally than internally. Overall, about 40% of respondents thought their areas had widespread bad reputations across Glasgow, with fewer than a fifth taking the view that their areas would be thought of positively by others. The contrast in reputations is highlighted by the fact that in most study areas, three-quarters or more of

those people who thought their area had a good local reputation, thought it would nonetheless have a bad external reputation. The only exceptions to this were respondents from Riddrie and the area surrounding the Scotstoun multi-storey flats, where those who thought their own area had a positive reputation were more likely to think that external perceptions would be consistent with this.

### Psychological benefits

Far fewer people gained psychological benefits from their area than from their home itself. Only 43% of respondents thought that 'Living in this neighbourhood makes me feel that I'm doing well in life'. This figure ranged from 58% in housing improvement areas to 28% in transformation areas. Within those study areas with a high proportion of black and minority ethnic residents, respondents from these communities were the most likely to gain psychological benefits from their area, though the numbers were still low (36% agreeing); white Scottish respondents and asylum seekers gave similar responses (30% agreeing); whilst refugees were least likely to feel they were doing well from where they were living (19% agreeing with the statement).

Very few people perceive recent positive change in their areas. Only 9% of the entire GoWell sample thought that their area had got better to live in over the past two years, compared with the slightly higher figure of 14% who thought their area had got worse. Most people perceived no change. In most types of area, twice as many people perceived decline as perceived improvement, with the exception being the peripheral estates, where 15% of respondents saw positive change compared with 14% who saw decline.

Figure 20 – Neighbourhood anti-social behaviour problems<sup>1</sup>

	GoWell		Scotland <sup>2</sup>
	Slight problem	Serious problem	Deprived areas
Vandalism, graffiti etc.	36	15	34
Violence, assaults, muggings	20	8	-
Insults and intimidation in street	19	8	23 <sup>3</sup>
Noisy neighbours; loud parties	14	7	15
Abandoned or burnt out cars	17	6	-
Racial harassment	16	7	-
Drug use or dealing	24	14	29
Drunken and rowdy behaviour	26	17	32
Gang activity	31	16	-
Teenagers hanging around	32	25	-
Nuisance neighbours/families	21	10	11
Dogs roaming, fouling, barking	23	8	-
Rubbish or litter lying around	32	12	43
Vacant/derelict sites/buildings	14	7	-
Sectarian tensions	11	4	-
House break-ins/burglary	11	4	-
Untidy gardens	16	5	-

1. Table shows proportion of all respondents citing the problem.
2. Proportion citing items as 'very' or 'fairly' common in areas in most deprived quintile in Scotland. Source: Scotland's People 2005, table 4.38.
3. Wording in Scottish Household Survey is 'Groups or individuals harassing others'.

Figure 21 – Perceived reputation of neighbourhood by type of area

	Internal reputation <sup>1</sup>		External reputation <sup>2</sup>	
	Good	Bad	Good	Bad
Transformation	25	16	9	42
Local regeneration	35	16	11	38
*Wider MSF	45	12	24	41
**Improvement areas	45	6	26	30
Peripheral estate	29	10	14	43

1. Percentage who agree (good) or disagree (bad) with the statement that 'People who live in this neighbourhood think highly of it'.
2. Percentage who disagree (good) or agree (bad) with the statement that 'Many people in Glasgow think this neighbourhood has a bad reputation'.

\* Indicates wider area surrounding multi-storey flats  
 \*\* Indicates housing improvement areas

# Communities

- Most of the GoWell study communities have reasonably good levels of community cohesion, but not high levels.
- Compared to other areas, GoWell communities perform well in terms of safety and belonging, but less well in terms of social harmony, informal social control and trust/honesty. In a few communities, perceived trust/honesty is very low.
- In the large regeneration areas, asylum seekers are more positive about their communities than other groups, including white Scottish people. Refugees are the least positive about their communities.
- Levels of volunteering and involvement in groups, clubs or organisations are extremely low across all the study areas.
- Most people have regular social contact (daily or weekly) with relatives, friends and neighbours. However, daily contact was low in transformation areas, especially in relation to neighbours.
- Whilst most of the GoWell respondents (seven out of ten) have social support of different kinds available to them, in the regeneration areas over a third of people lack sources of financial and emotional support.
- In the large regeneration areas, white Scots are the group most likely to lack any social support, followed closely by refugees. Black and minority ethnic residents in these areas are the most likely to have sources of support.

Respondents were asked about five aspects of community cohesion, as follows:

**Safety:** How safe they would feel walking alone in their neighbourhood after dark.

**Belonging:** To what extent they feel they belong to their neighbourhood.

**Harmony:** To what extent they agree that their neighbourhood is a place where people from different backgrounds get on well together.

**Social control:** Whether they thought it was likely that someone would intervene if a group of youths were harassing someone in the local area.

**Honesty and trust:** Whether they thought a lost wallet or purse would be returned without anything missing from it.

These questions come from the citizenship survey conducted in England and Wales<sup>1</sup>. *Figure 22* compares the GoWell findings with the national findings in England and Wales. This shows that the GoWell study areas perform well in terms of a sense of safety and belonging, but less well in terms of social harmony, collective efficacy (informal social control) and trust/honesty. On perceptions of safety and belonging, GoWell respondents were as positive as people in the most deprived areas in England and Wales. In contrast, they were less positive about trust/honesty.

We can convert the responses to all five questions into a cohesion score for each area, ranging from 0 (most negative responses given to every question) to 100 (most positive responses given to every question). *Figure 23* shows that the cohesion scores for each area range from 49 out of 100 in St Andrews Drive to 65 out of 100 in the area surrounding Red Road. Overall, transformation areas had the lowest mean cohesion score (53) and the areas surrounding multi-storey flats had the highest mean score (64). None of the study areas had what we would consider to be a high community cohesion score (75 or higher).

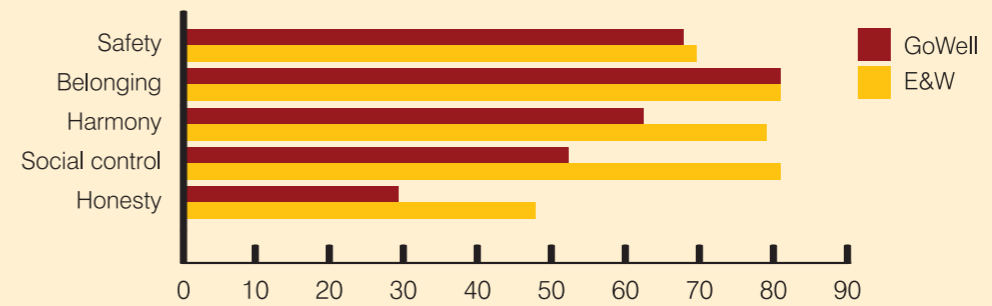
The contrasts between areas are illustrated by the question about honesty and trust. In some areas (Gorbals Riverside, Castlemilk and Wider Red Road) over 40% of respondents agreed that a lost purse would be likely to be returned intact with nothing missing, whereas in other areas (Shawbridge, Govan, Carntyne and Drumchapel) around 20% or fewer people thought so.

The most positive perceptions of their communities were given by asylum seekers (mean cohesion score of 55) and the most negative by refugees (mean score 49)<sup>2</sup>. *Figure 24* shows that two in five black and minority ethnic respondents feel unsafe in their neighbourhood after dark (never walk alone after dark). A similar proportion, two in five, of both minority ethnic group and asylum seeker respondents do not feel a sense of belonging to their neighbourhood. Finally, refugees are the group most likely to feel an absence of social harmony and trust/honesty in their area.

<sup>1</sup> See the 2005 Citizenship Survey topic reports on Community Cohesion and Active Communities.

<sup>2</sup> Note that these findings are only for the four large regeneration areas which contain significant numbers of people from minority ethnic communities.

Figure 22 – Levels of community cohesion



Note: The social control question in the Citizenship Survey was slightly different to the GoWell question in that it asked about intervention 'if there was a fight in the neighbourhood' rather than about youths harassing someone. However, another question about intervention in the case of children spray-painting graffiti also got a response of 79% in the Citizenship Survey, close to that for fighting.

Figure 23 – Community cohesion by study area

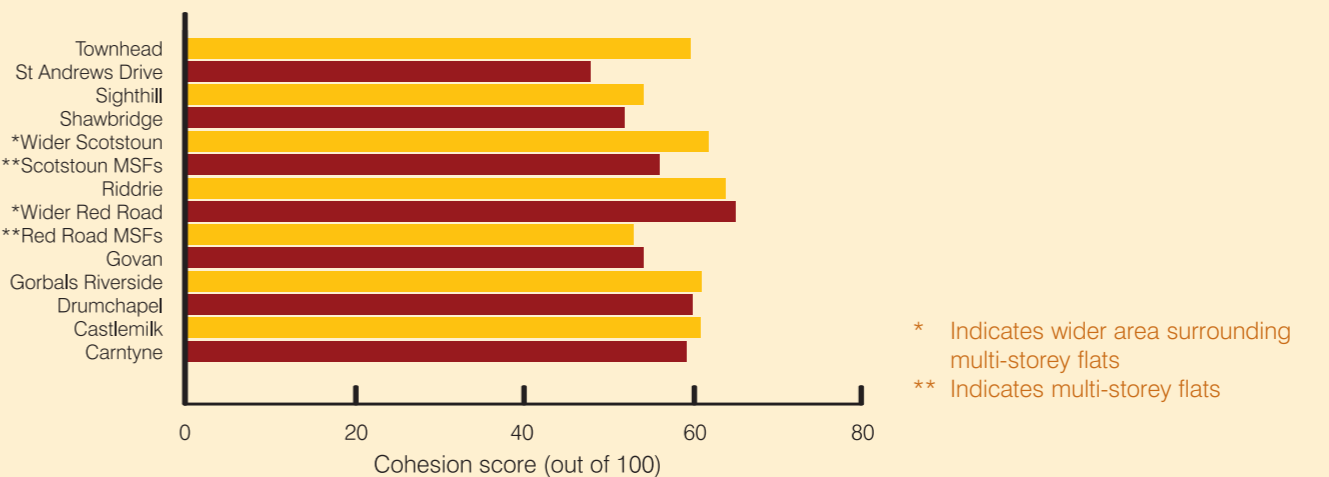


Figure 24 – Absence of sense of community by ethnicity

	% Respondents in each ethnic group (row %)				
	Unsafe/never walk alone	No sense of belonging	Absence of harmony	No informal social control	No honesty or trust
White Scottish	32	27	27	29	33
White Other	34	27	24	33	27
Asylum Seeker	23	40	26	18	22
Refugee	33	30	34	34	41
*BME (not ASR)	43	40	28	27	37

\* Black and minority ethnic groups (who are not asylum seekers or refugees)



## Communities (continued)

### Volunteering and group involvement

Engaging in purposeful activity is part of living a healthy life. Involvement in groups and taking part in voluntary work are two ways in which people can find meaningful things to do which can also be satisfying.

We asked respondents whether anyone in their household (including themselves) 'does any voluntary work' or 'work as an unpaid carer'. Only 1% of households contain anyone doing either of these things. This is an extremely low rate of participation. In England and Wales, by comparison, 37% of adults had engaged in informal volunteering over the past year, defined as 'unpaid help given to other people, not through a group, club or organisation, for a friend, neighbour, or someone else not a relative'. This included 9% of people who had provided personal care for someone sick or frail<sup>3</sup>. It may be that our question, by using the word 'work' implied a regular arrangement rather than casual help, but nevertheless, the rates of volunteering reported in GoWell seem to be well below national averages.

Similarly, only 3% of GoWell respondents had 'taken part in, supported or helped any groups, clubs or organisations' in the past year. This could include social clubs and sports clubs as well as organisations with a wider societal purpose of some sort. In comparison, 20% of adults in Scotland give up time in a year to help as an organiser or volunteer for a charity, club, campaign or organisation, though this has been declining in the past five years<sup>4</sup>; and 44% of adults in England and Wales had

given unpaid help to groups, clubs or organisations in the past year<sup>5</sup>. Thus, again, participation by GoWell respondents is extremely low: across Scotland, even among low income groups, more than one in ten people are volunteers<sup>6</sup>.

Volunteering and group involvements were slightly higher than the GoWell average in some study areas. For example, 6% of households in Carntyne contained someone doing unpaid caring work; 6% of respondents in Shawbridge and 7% in St Andrews Drive had participated in a group, club or organisation in the past year.

### Social networks

We asked people how often they met, spoke to on the phone, or wrote to relatives, friends and neighbours. As *Figure 25* shows, the vast majority of people have regular contact with other people outside their immediate household. Around a third of people have contact with each of the groups – relatives, friends and neighbours – on most days; around half have contact with each group once a week or more; and a tenth of people have monthly contact with each group. Overall, only 1 per cent of people in the GoWell areas have no contact with anyone or very irregular contact (less than once a month).

Combining the level of contact within each group, we see from *Figure 26* that the frequency of contact (with anyone) was highest in the areas surrounding multi-storey flats and lowest in the transformation areas. Daily contact with relatives and neighbours was highest in the areas surrounding multi-storeys (38% and 35% of respondents, respectively, reported this level of contact in these areas); whereas daily contact with friends was highest in peripheral estates (44%). In the transformation areas, daily contact with neighbours was particularly low, with only 17% of respondents in these areas reporting this level of contact.

Within the large regeneration areas, white Scottish people have the highest levels of social contact; refugees and black and minority ethnic respondents the lowest. Indeed, only one in ten people from these two groups have daily contact with neighbours and only one in five have daily contact with friends. Moreover, only one in seven residents from black and minority ethnic communities have daily contact with relatives – half the rate for asylum seekers and white Scots. (See *Figure 27*)

<sup>3</sup> 2005 Citizenship Survey Topic Report on Active Communities, figures 1 and 2.  
<sup>4</sup> Scottish Household Survey 2005, Scotland's People, tables 7.1 and 7.6.

<sup>5</sup> 2005 Citizenship Survey Topic Report on Active Communities, figures 3 & 4. The Citizenship Survey presented people with a list of groups, most of which were 'to benefit others or the environment' but also included 'sports/exercise' and 'hobbies/recreation/arts/social clubs'.

<sup>6</sup> 13% of people with annual incomes of £6,000 – £10,000 volunteer, Scotland's People 2005, table 7.3.

Figure 25 – Frequency of social contact

	% Respondents (row %)			
	Daily	Weekly	Monthly	Less often/never
Relatives	34	47	13	7
Friends	36	50	10	4
Neighbours	28	50	13	9

Figure 26 – Level of daily contact with other people by type of area

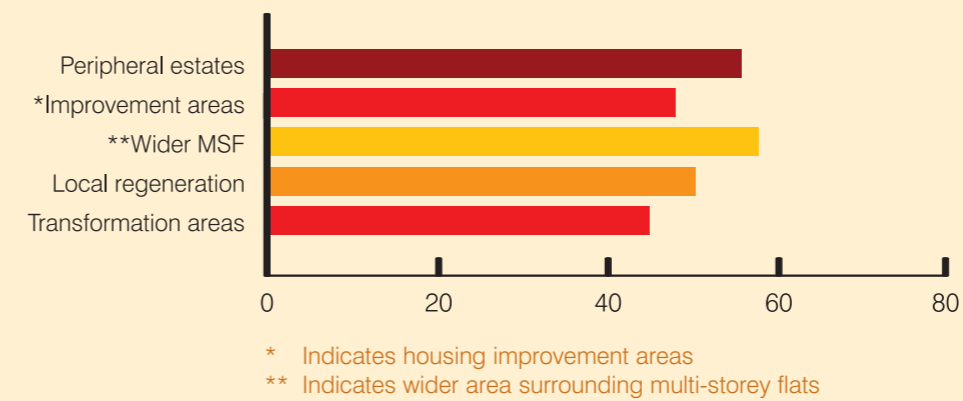


Figure 27 – Daily social contact by ethnicity

	% Respondents with contact on most days (row %)		
	Relatives	Friends	Neighbours
White Scottish	31	37	21
White other	22	33	22
Asylum seeker	26	29	17
Refugee	22	22	10
Black and minority ethnic	14	21	10

## Communities (continued)

### Social support

Having social support helps people live their lives with less stress, enabling them to avoid problems or to resolve difficulties more easily than they would without anyone to help them. GoWell respondents were asked about three types of social support:

**Practical:** Whether they had anyone (outside their own home) who could go to the shops for them if they were unwell.

**Financial:** Whether they had anyone who could lend them money for a few days.

**Emotional:** Whether they had someone to give them advice and support in a crisis.

Figure 28 shows that most people have at least someone outside their immediate household to turn to for each type of help, with practical support being slightly the more widely available type of assistance. Seven out of ten people (68%) have all three forms of social support available to them should they need it, but a fifth of people (18%) have none of the three forms of external social support available, either because they would not ask anyone, they don't feel able, or they don't know anyone to ask. A further 12% of people only have one of the three types of support.

A comparison of people of different ethnic origins living in regeneration areas reveals that white Scottish people had the lowest levels of social support, with 26% having none of the forms of support available. They were closely followed by refugees, among whom 25% reported having no support. A high proportion of white Scots in these areas (40%) had no source of financial support available, whilst a third of asylum seekers and refugees had no financial or emotional support available outside the household. Black and minority ethnic respondents had the highest levels of social support, with three quarters having all three forms of support available.

The extent of lack of social support varies between the types of study area. Figure 29 shows that at least a quarter of people in the regeneration areas (transformation and local) lack practical support whilst over a third of people in these areas lack financial and emotional support. Social support in general seems to be most widely available in peripheral estates.

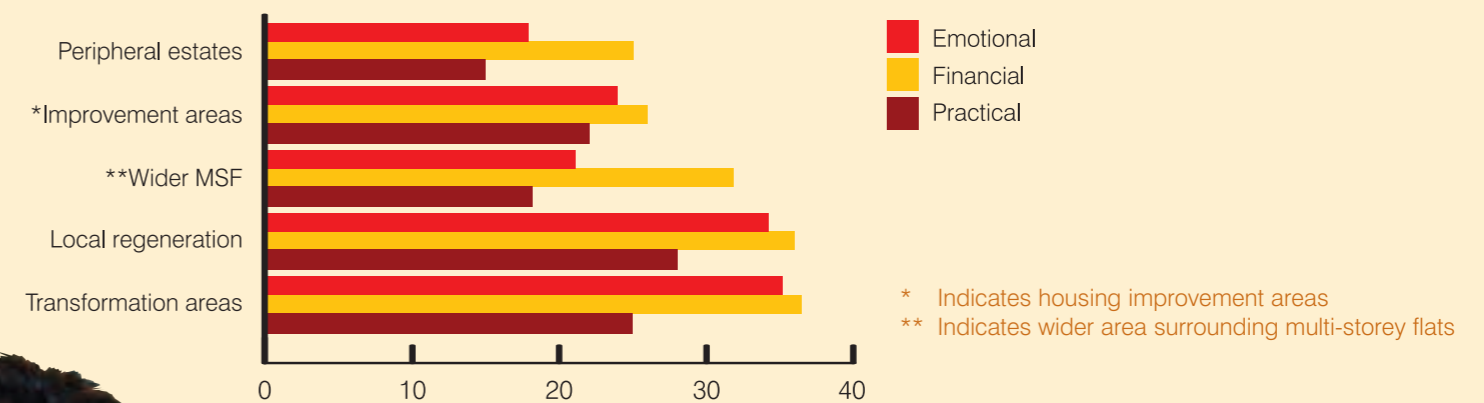


Figure 28 – Level of social support available

	% Respondents with each type of support (row %)		
	Someone <sup>1</sup>	Several people <sup>2</sup>	No-one <sup>3</sup>
Practical	59	21	20
Financial	51	19	30
Emotional	53	22	25

1. Answered 'One or two' people they could ask for help.
2. Answered 'More than two' people.
3. Answered 'None' or 'Would not ask' or 'Don't know'.

Figure 29 – Lack of social support by type of area





# Empowerment

- Most people feel in control of their home and are kept well informed about things by their landlord or factor.
- Around 30% of renters have a low sense of empowerment in relation to decision-making and 7% have a high sense of empowerment.
- In regeneration areas (both transformation and local) only a minority of people think that their landlord or factor is willing to take account of residents' views when making decisions.
- Across all types of area, few people feel able to influence decisions that affect their local area (whether these are made locally or not). In transformation areas, where the biggest decisions affecting the local area will be made, people's sense of empowerment is very low.
- In the large regeneration areas, asylum seekers, refugees and black and minority ethnic respondents exhibited a sense of empowerment slightly lower than that of white Scots.

Respondents were asked the following four questions about the levels of control and influence they feel they have:

How satisfied they were with:

- the way their landlord or factor keeps them informed about things that might affect them; and
- the willingness of their landlord or factor to take account of residents' views when making decisions.

And how much they agree that:

- on their own or with others they can influence decisions affecting their local area; and
- they feel in control of their home.

In declining sense of empowerment, the results showed that:

- four fifths of people felt in control of their home;
- two thirds were satisfied that they were kept informed by their landlord/factor;
- half were satisfied that residents' views were taken into account by their landlord/factor;
- only three out of ten people thought they could influence decisions affecting their local area.

Figure 30 shows that sense of empowerment is highest in the areas surrounding multi-storey flats and lowest in the local regeneration areas. In both the transformation areas and the local regeneration areas, only a fifth of people thought that they could influence decisions affecting the local area, yet these are precisely the areas where major decisions are being made about the area's future.

In the large regeneration areas, the non-white groups feel slightly less empowered than white residents in relation to housing and landlords/factors, though the differences are small. However, in relation to broader issues, only one in six white Scottish and refugee respondents feel able to have any influence over local decisions in these areas.

Figure 30 – Sense of empowerment by type of area and ethnicity

	% Respondents in each area/ethnicity group (row %)			
	Satisfied with being kept informed	Satisfied residents views are taken into account	Agree can influence local decisions	Feel in control of own home
<b>Area Type:</b>				
Transformation	57	42	19	71
Local regeneration	54	34	23	64
*Wider MSF	75	61	37	80
**Improvement areas	70	54	33	88
Peripheral estate	60	52	27	85
<b>Ethnicity:</b>				
White Scottish	60	43	16	73
White other	58	42	30	76
Asylum seeker	57	41	23	68
Refugee	47	39	17	69
Black and minority ethnic	53	39	23	68
All	66	50	29	80

\* Indicates wider area surrounding multi-storey flats

\*\* Indicates housing improvement areas





# Health

- Overall, GoWell respondents have a relatively positive view of their health. The proportion of people in the study who rate their health as 'fair' or 'poor' (ie less than good) is less than half the proportion of people living in deprived areas nationally who do so.
- Asylum seekers, refugees, and respondents from black and minority ethnic communities generally rate their health as being better than white Scottish people do.
- The reported prevalence of long-standing illness is relatively low, with around a quarter of households containing someone with a long-term illness. The prevalence is higher in peripheral estates and housing improvement areas than in the other types of study area.
- Only around a fifth of respondents report seeing their GP at or above the national rate of use. Reported use of doctors is higher in Drumchapel than in the other GoWell areas, with a fifth of Drumchapel respondents seeing their GP more than 6 times per year.
- The psychological wellbeing of adults varied between study areas. In four areas (Carntyne, Drumchapel, Shawbridge and St Andrews Drive) over 20% of respondents had spoken to a GP about being anxious or depressed or about a mental, nervous or emotional problem (including stress) in the past year. White Scottish people were more likely to have seen a doctor about their psychological health than were respondents from other ethnic groups.
- Asthma and eczema were the most commonly reported health conditions among children. Asthma was reported among more families in St Andrews Drive than elsewhere, whilst eczema was reported most often among families in Drumchapel. Overall, both conditions were more common in peripheral estates than in other types of area. There was more variation between areas in the prevalence of asthma than eczema.
- Smoking rates are high right across the study areas, and in three areas (Drumchapel, Gorbals Riverside and Govan) half or more adults smoke. Four in ten smokers never intend to give up and only one in ten intends to give up in the next six months.
- GoWell respondents are more likely to report healthy eating habits than the national population, with two in five people from the GoWell survey reporting eating five portions of fruit and vegetables a day.
- Consumption of fast food meals was highest in Shawbridge, Townhead and Govan, and among black and minority ethnic respondents. Black and minority ethnic respondents were also most likely to report eating five portions of fruit and vegetables a day.
- Fewer GoWell respondents report low levels of physical activity than do people across Scotland. Physical activity rates are highest in peripheral estates and lowest in the transformation and local regeneration areas.

## Self-rated health

Most people in the study felt they were in good health: 59% said their health was 'excellent' or 'very good' and 24% said it was 'good'. The proportion of people who rated their health as 'fair' or 'poor' was 17%, and this did not vary much between the types of study area.

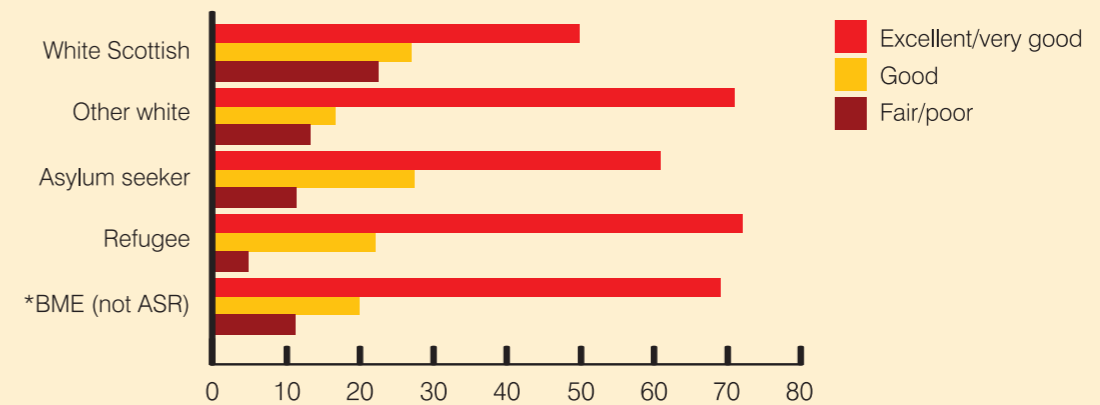
Overall, GoWell respondents appear to have a relatively positive view of their health. Whereas only 17% of our study respondents rated their health as 'fair' or 'poor', in a recent survey of adults across Greater Glasgow, 40% of respondents from the 15% most deprived data-zones rated their health as 'fair' or 'poor'<sup>1</sup>. A similar picture emerges if we compare our results to the most recent Scottish Health Survey, in which 40% of men and 43% of women in the most deprived quintile of areas rated their health as 'fair', 'bad' or 'very bad'<sup>2</sup>, again more than twice the proportion of respondents in GoWell who rated their health as less than good.

As *Figure 31* shows, comparisons across the different ethnic groups in large regeneration areas indicate that white Scottish people rate their health more negatively than other groups and refugees have the best self-rated health. Twice as many white Scots as any of the other ethnic groups rate their health as only fair or poor.

<sup>1</sup> Greater Glasgow Health and Well-Being Survey 2005, table 2.3. Although this survey used a four-point scale rather than the five-point scale as used in GoWell, it did use the same two negative response categories of 'fair' or 'poor'.

<sup>2</sup> Scottish Health Survey 2003, table 6.9

Figure 31 – Self-rated health by ethnicity



\* Indicates black and minority ethnic (not asylum seekers or refugees)



## Health (continued)

### Long-standing illness

We asked respondents whether they, or anyone else in their household, had any long-standing illness, disability or infirmity. Reports of long-standing illness are relatively low: 16% of respondents have a long-term illness, and 23% of households contain at least one person with a long-term illness. These figures compare with 40% of men and 42% of women across Scotland (51% in the most deprived quintile of areas) having a long-term illness<sup>3</sup>. The Scottish Household Survey reports 34% of households containing at least one person with a long-standing limiting illness, health problem or disability<sup>4</sup>: one and a half times the level reported in the GoWell survey.

The prevalence of long term illness varied widely between study areas, with over a third of households in Carntyne (38%) and Drumchapel (37%) having one or more people in the house with a long-standing illness – over three times the level in places like Red Road and Sighthill (approximately 13%). In general, rates of long-standing illness were higher in housing improvement areas and peripheral estates, at around 30%, than in the other GoWell areas. (See Figure 32)

### GP visits

Most people in the study (61%) see their doctor about their own health no more than once or twice a year. A quarter had not gone to the doctor at all in the past year. A fifth of respondents report seeing their doctor five or more times in the year (8% 'five or six' times and 12% 'seven or more' times). The national average rates of GP consultation are 5 times per year for men and 7 times per year for women<sup>5</sup>, and only a fifth of GoWell respondents reported seeing their doctor that frequently.

There are half a dozen study areas where GP use is relatively high in the context of the GoWell rates, with above average numbers of people seeing their doctor more than 6 times in the past year. These include Drumchapel (20%), Carntyne (15%), Govan (14%), Riddrie and the area surrounding the Red Road (13%), and Sighthill (12%). In every other study area, fewer than one in ten people saw their doctor this often.

### Psychological health

The psychological wellbeing of respondents varies greatly between study areas. Overall, 6% of respondents said that they had a psychological or emotional condition which lasted a year or more, but the level was slightly higher at 8% in Castlemilk and Drumchapel, and at 9% in Shawbridge.

As shown in Figure 33, levels of contact with a GP for mental health reasons also varied across the study areas, being highest in Shawbridge, Drumchapel, St Andrews Drive and Carntyne. In each of these locations, over a fifth of people had spoken to a GP about being anxious or depressed or about a mental, nervous or emotional problem (including stress) in the past year, compared with an average of 17% across the entire GoWell sample.

White Scottish people were more likely to have consulted a GP for mental health reasons than were respondents from other ethnic groups. In the four large regeneration areas, 19% of white Scots had seen a GP in the past year about anxiety, nerves, depression or an emotional problem, compared with 11-13% of asylum seekers, refugees and respondents from black and minority ethnic communities.

### Child health

We sought to identify the number of children who had any of ten medical conditions<sup>6</sup>. The two most common conditions in children were asthma and eczema, present in 13% and 8% of households with children aged 16 or under, respectively.

Asthma was present in 29% of families in St Andrews Drive and 18% of families in Drumchapel. Eczema was most common in Drumchapel (14% of families) as well as in Carntyne (12%). Figure 34 shows that both asthma and eczema were most common in peripheral estates, but the rank ordering of area types differs apart from this. There is more variation in the prevalence of asthma than of eczema.

<sup>3</sup> Scottish Health Survey 2003, tables 6.3 and 6.9

<sup>4</sup> Scotland's People 2005, table 6.88.

<sup>5</sup> Scottish Health Survey 2003, table 6.21. An important caveat here is that the Scottish Health Survey asked people how many times they had seen their GP in the past fortnight and then estimated a mean annual rate from that, using the total sample (not just those who had consulted recently).

<sup>6</sup> Defined as children who had seen a doctor or been treated for a condition in the past year.

Figure 32 – Percentage of households with at least one member with a long-standing illness

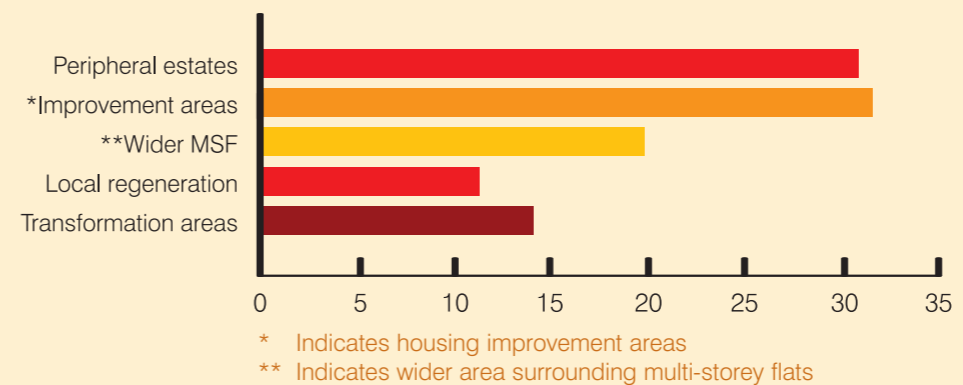


Figure 33 – Respondents who had spoken to their GP in the past year about being anxious or depressed or about a mental, nervous or emotional condition

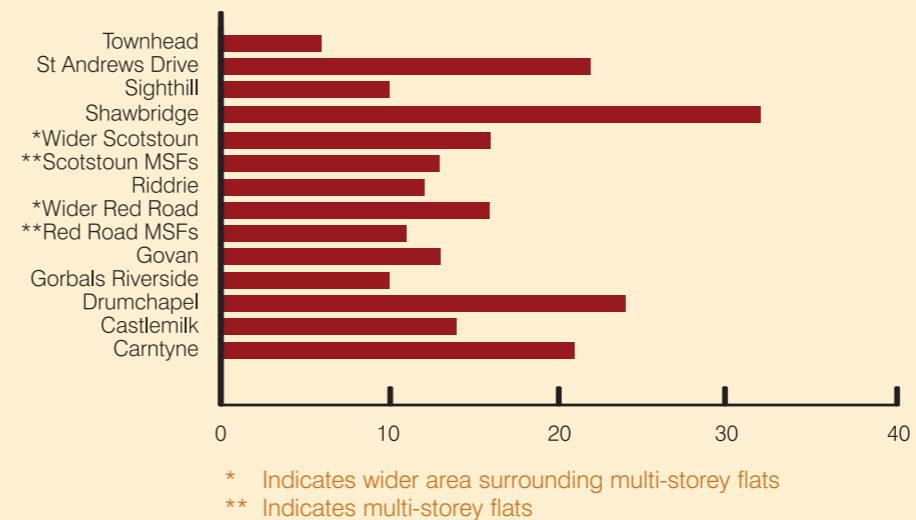
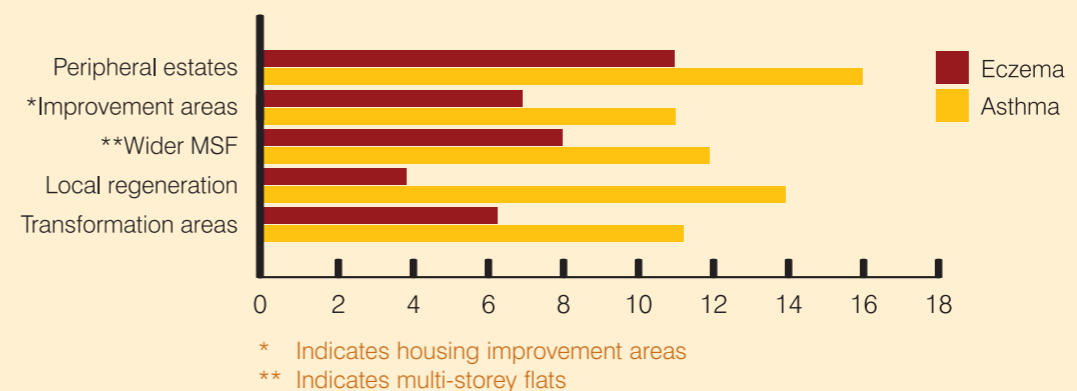


Figure 34 – Prevalence of childhood illnesses (% of families with children)





## Health (continued)

### Smoking

Smoking rates are high right across the GoWell study areas, with over 30% of respondents being a current smoker in all but one study area (Sighthill). Rates of smoking were particularly high in Drumchapel (55% smokers), Gorbals Riverside (53%) and Govan (50%). These rates compare to about 26% of men and women being smokers in Scotland as a whole<sup>7</sup>.

Only one in ten smokers in the study had an immediate intention of giving up (within the next 6 months), whereas four in ten had no intention of ever giving up. Not contemplating giving up smoking was most common among smokers in the wider Scotstoun area (58%), Castlemilk (53%) and the Scotstoun multi-storey flats (50%).

### Eating

Two in five people (42%) report eating five portions of fruit and vegetables on average each day<sup>8</sup>. This appears to be an overly positive reporting of eating habits. The Scottish Health Survey reports that only around a fifth of men and women across the country eat the recommended number of fruit and vegetable portions per day, and half as many (about 10%) do so in the most deprived areas<sup>9</sup>. Thus GoWell respondents appear to be quite atypical, or are over-reporting their eating of fruit and vegetables by a factor of 2-4 times.

Fruit and vegetable consumption was highest in Riddrie (55% eating five or more portions a day). It was lowest in Townhead (26%), and wider Scotstoun (27%). (see Figure 35)

Overall, nearly a quarter (23%) of respondents reported that at least twice in the past week their main meal of the day had come from a takeaway or fast food seller. This was at its highest in Shawbridge (41%), Townhead (38%) and Govan (30%), and lowest in Red Road, Riddrie and Gorbals Riverside (all 17%).

In the large regeneration areas, white Scots are the least likely group to eat five portions of fruit and vegetables a day (32% report doing so), whilst respondents from black and minority ethnic communities do so the most often (46% report doing so). Black and minority ethnic respondents were, on the other hand, the most likely to eat two or more main meals a week from a takeaway or fast food outlet (32% did so): refugees were far less likely to do so (20%).

### Physical activity

We asked respondents on how many days in a typical week they did 30 minutes of moderate physical exercise and how often they did 20 minutes of vigorous exercise<sup>10</sup>. We can use the results to make some comparisons with national figures. The Scottish Health Survey classifies activity as follows: 30 minutes of moderate

or vigorous activity on at least 5 days a week is defined as 'high', on 1-4 days per week as 'medium', and on less than one day per week as 'low'. The high activity threshold corresponds to the minimum activity level required for general health benefits.

On the basis of moderate exercise alone, 27% of GoWell respondents meet the 'high' activity threshold; on the basis of vigorous exercise alone, 6% meet the required level; and if we combine the two types of exercise together, 48% come into the 'high' category<sup>11</sup>. The latter figure exceeds the reported national rates of high physical activity of 42% of men and 30% of women reaching the recommended levels of activity<sup>12</sup>.

If we look at low activity rates (see Figure 36), on both our moderate exercise measure and our combined moderate and vigorous exercise measure, inactivity rates reported by the GoWell sample are low compared to the Scottish national rate<sup>13</sup>. Only in relation to vigorous exercise are inactivity rates high in the GoWell sample, at four in ten men and five in ten women being inactive. In other words, GoWell respondents are not generally more inactive than people in Scotland, taking account of moderate activity, but are more inactive when it comes to taking vigorous exercise.

<sup>7</sup> Scotland's People: Results from the Scottish Household Survey 2005, table 6.78.

<sup>8</sup> Respondents were asked in turn about their average daily consumption of fruit and vegetables (including salad but not potatoes). We have combined their answers to produce the five-a-day measure.

<sup>9</sup> Scottish Health Survey 2003, tables 3.1 and 3.5. Note that the national survey asks people specifically about their consumption in the last 24 hours, dealing separately with vegetables, salads, pulses, fruit and dried fruit, and vegetables and fruit in composites. In GoWell people were only asked about consumption of fruit and vegetables separately, and on average, not the last 24 hours.

<sup>10</sup> Physical activity included brisk walking, housework, physical work, an exercise workout. The 30/20 minutes did not have to be continuous. Vigorous activity was defined as that which made you sweaty or out of breath.

<sup>11</sup> This assumes that the vigorous and moderate exercise take place on different days, something of which we cannot be certain. Also, note that our definition of vigorous activity was 20 minutes and the Scottish Health Survey used a length of 30 minutes. Of course, many of the GoWell respondents who report doing at least 20 minutes vigorous exercise, may well in fact do 30 minutes or more.

<sup>12</sup> Scottish Health Survey 2003, table 4.4.

<sup>13</sup> Based on Scottish Health Survey definition of low activity as being fewer than 30 minutes of moderate or vigorous activity a week.

Figure 35 – Healthy eating by study area

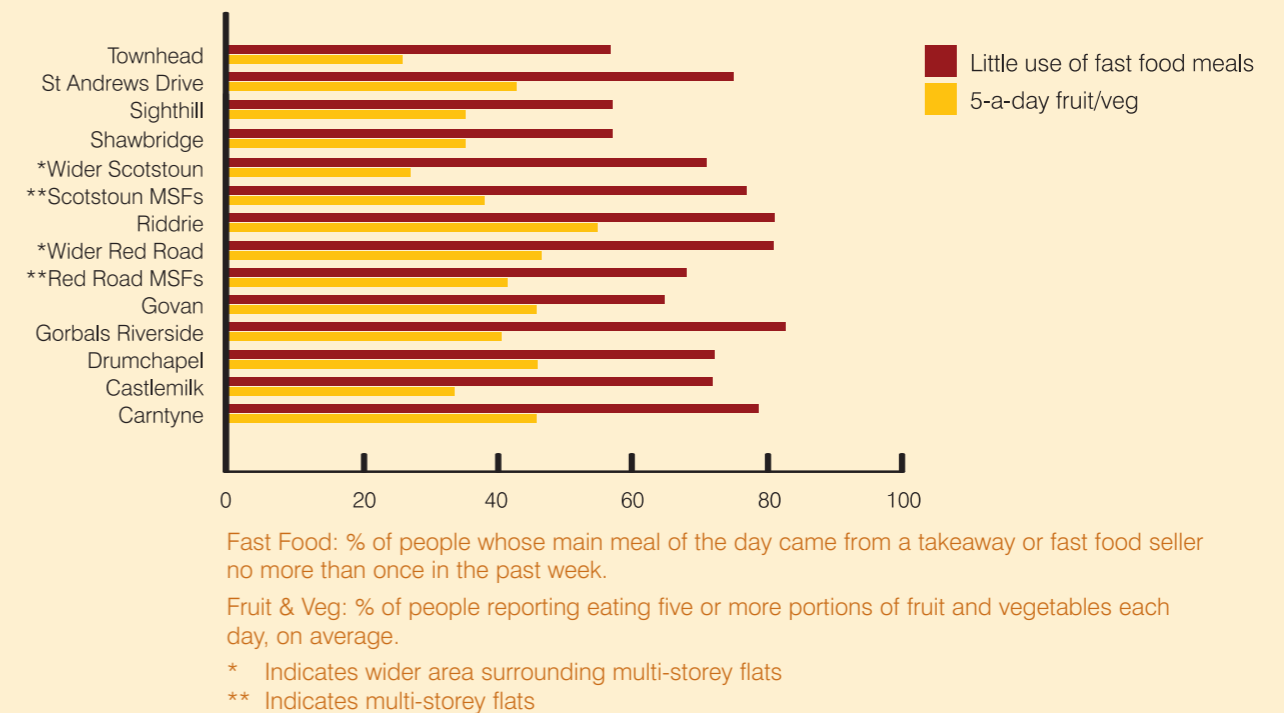


Figure 36 – Levels of physical inactivity (% respondents)

	Men	Women
Scotland (moderate and/or vigorous activity)	30	35
GoWell:		
Moderate exercise	24	23
Vigorous exercise	44	50
Combined measure	19	17

Physical inactivity = 'low' activity as defined in the Scottish Health Survey



## Health (continued)

We can examine high activity rates by type of study area, as shown in *Figure 37*. Note that the rates of 'high' activity found among men and women in the most deprived quintile of areas in Scotland are 35% of men and 26% of women reaching the recommended levels of activity<sup>14</sup>. On moderate activity alone, only men in peripheral estates and women in non-regeneration areas (surrounding multi-storey flats, housing improvement areas and peripheral estates) match their peer group national performance. On our combined measure of moderate plus vigorous activity, men and women in all types of area apart from transformation areas comfortably exceed the national rates of high activity for people in deprived areas.

Walking is a valuable form of exercise which is low-cost and widely accessible. We asked respondents how often in a typical week they went for a walk around their neighbourhood. This could be for a particular purpose, such as shopping, or just for exercise or leisure. Levels of walking around the neighbourhood will reflect the quality of the area as well as characteristics of the individuals concerned. Overall, 16% of respondents never walk around their neighbourhood, but this figure is more than doubled among respondents from Gorbals Riverside and the Scotstoun multi-storey flats, at 36% and 40% respectively. Asylum seekers were most likely to report walking around their neighbourhood on most days (52%). In contrast, a fifth (21%) of white Scottish people in large regeneration areas never walk around their neighbourhood.

*Figure 38* shows that use of the neighbourhood for walking is most common in peripheral estates and housing improvement areas and least common in local regeneration areas, where about a third of people never walk around their neighbourhood.



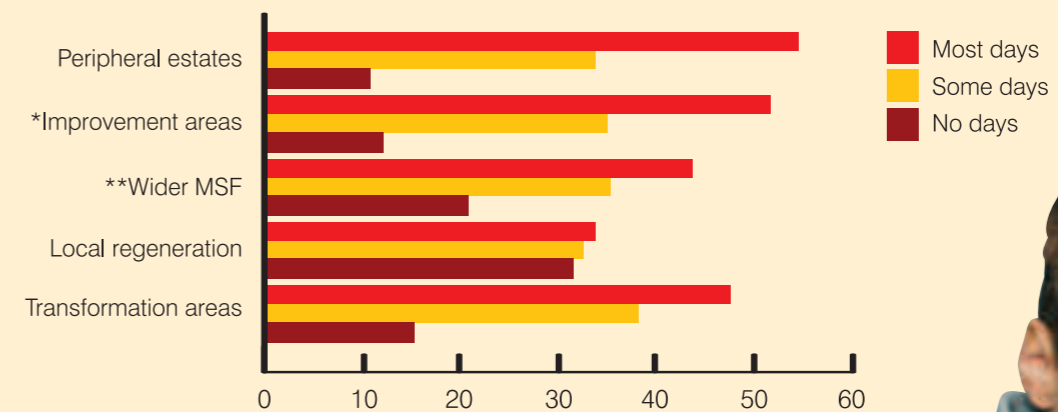
<sup>14</sup> Scottish Health Survey 2003, table 4.8.

**Figure 37 – High physical activity rates by type of area**

	% Respondents in each type of area (row %)		
	Moderate activity	Vigorous activity	Both together
<b>Men</b>			
Transformation areas	12	8	38
Local regeneration	10	10	42
*Wider MSF	27	7	52
**Improvement areas	28	8	54
Peripheral estates	35	6	53
<b>Women</b>			
Transformation areas	11	5	28
Local regeneration	17	5	36
*Wider MSF	32	7	53
**Improvement areas	26	5	46
Peripheral estates	43	2	59

\* Indicates wider areas surrounding multi-storey flats  
 \*\* Indicates housing improvement areas

**Figure 38 – Walking around the neighbourhood by type of area**



\* Indicates housing improvement areas  
 \*\* Indicates wider areas surrounding multi-storey flats





# GoWell study areas

GoWell is structured to study five types of area in Glasgow, each type representing a different form and timing of policy intervention. Each type of area, and the special study sites within these, are described below.

## 01: Major transformation areas:

places where major investment is planned over the next 5-10 years, and where change will involve a substantial amount of demolition and rebuilding over a long period of time, as well as significant disruption for the residents.

### Red Road\*:

A mass housing estate consisting mostly of multi-storey flats and some tenements built in the 1960s, located in the north of the city. Population: 3,700

### Shawbridge\*:

A mass housing estate consisting of high and low-rise flats built in the 1960s, located on the south-side of the city. Population: 2,400

### Sighthill\*:

A post-war mass housing estate located north-east of the city centre, consisting of high-rise flats, tenements and deck access flats. Population: 6,100

## 02: Local regeneration areas:

places where a more limited amount and range of restructuring is planned, and on a much smaller scale than in transformation areas. GHA calls these areas 'Special Projects'.

### Scotstoun multi-storey flats\*:

Two clusters of post-war multi-storey flats (Kingsway Court and Pleas Street) in the west of the city. Population: 2,000

### Gorbals Riverside:

A small housing estate on the south side of the city located next to the River Clyde on the edge of the Gorbals. It consists of four multi-storey blocks and some deck access properties. Population: 750.

### St Andrews Drive:

A small estate of modern deck access flats, 'mini-multi' blocks, tenements, and terraced houses, located on the south side of the city. Population: 900.

## 03: Wider areas surrounding multi-storey flats:

places of mixed housing types surrounding areas of high rise flats subject to transformation plans. The surrounding areas may be used for decanting purposes from the core investment sites or may be affected in other ways by adjacent transformation processes.

### Wider Red Road:

This study area comprises several neighbourhoods surrounding Red Road, including Balornock (old and new), Barmulloch, and Petershill. The area consists of 1930s and 1950s cottage flats, semi-detached houses and some late twentieth century housing. Population: 10,100

### Wider Scotstoun:

This area, which includes part of Yoker as well as Scotstoun, consists of pre-war tenements as well as 1930s and 1950s cottage flats and semi-detached houses. It surrounds the two clusters of multi-storey flats subject to transformation plans. Population: 4,600.

## 04: Housing investment areas:

places which are considered to be popular and functioning successfully, but where significant improvements are required to dwellings, both internally and externally.

### Riddrie:

A community to the north east of the city centre exemplifying inter-war social housing in Glasgow. It consists of 1930s four-in-a-block flats and semi-detached or terraced cottages, many of which have been transferred to private ownership following the right-to-buy policy of the 1980s. Population: 5,100

### Carntyne:

This area borders Riddrie and (with respect to the GoWell area boundaries) has a comparable housing and tenure mix to its neighbour. The GoWell area surrounds, but does not include, some non-traditional housing that is the subject of a separate GHA investment strategy. Population: 2,900

### Govan:

Our study area focuses on two clusters of houses on either side of a shopping centre that provides a focal point for this south side area. One cluster consists of tenements, whilst the other is made up of concrete houses and apartments. Both represent different types of post-war socially rented housing. Population: 1,200

### Townhead multi-storey flats:

Two distinct clusters of post-war high rises on the northern rim of the city centre. Population: 1,500

## 05: Peripheral estates:

large-scale housing estates on the city boundary where incremental changes are taking place, particularly in terms of housing. These estates were originally entirely socially rented but as a result of the Right to Buy and private developments in recent years, there is now a significant element of owner occupied housing as well as rented.

### Castlemilk:

The study area comprises the eastern half of Castlemilk which has undergone significant change over the past 10-15 years as part of the earlier

New Life for Urban Scotland initiative. Many relatively modern terraced and semi-detached houses now exist amongst the older post-war tenements. The area is situated on Glasgow's south-east periphery. Population: 5,600

### Drumchapel:

Planned in the early 1950s, Drumchapel was the last of Glasgow's three peripheral estates to be built. It is situated at the north west corner of the city and contains amongst its numerous green spaces a mixture of post-war tenements, a few multi-storeys and some late twentieth century semi-detached houses -including some private sector "new-builds", of which more are planned as part of one of the city's 'New Neighbourhoods'. The study area consists of most of the estate, apart from some neighbourhoods in the south. Population: 10,100

\* The study areas of Red Road, Shawbridge, Sighthill and Scotstoun multi-storey flats are also referred to as the 'four large regeneration areas' when we are studying the main locations of asylum seeker and refugee settlement.





# The GoWell team



**Professor Phil Hanlon**, GoWell Principal Investigator, the University of Glasgow. Phil is Professor of Public Health at the University of Glasgow. He has held roles in adult medicine and general practice and as Director of Health Promotion with Greater Glasgow Health Board. He has also undertaken a secondment to establish the Public Health Institute of Scotland.

**Professor Ade Kearns**, GoWell Principal Investigator, the University of Glasgow. Ade is Professor of Urban Studies at the University of Glasgow. He has held roles as a housing analyst and Research Fellow. Ade was Co-Director of the ESRC Centre for Neighbourhood Research which conducted policy-related research and research reviews relevant to processes of neighbourhood change, sustainable communities and community cohesion.

**Professor Mark Petticrew**, GoWell Principal Investigator. Mark is Associate Director of the Medical Research Council Social and Public Health Sciences Unit, based at the University of Glasgow. He has held roles at the NHS Centre for Reviews and Dissemination at the University of York, at the Office of Population Censuses and Surveys in London, and at the London School of Hygiene and Tropical Medicine.

**Dr Carol Tannahill**, GoWell Principal Investigator, the Glasgow Centre for Population Health. Carol is Director of the Glasgow Centre for Population Health. She has held roles as Director of Health Promotion at Greater Glasgow Health Board and as a senior adviser in health development in the Public Health Institute of Scotland. Carol also has acted as a Consultant/Temporary Adviser to the World Health Organisation Centre for Urban Health.

## GoWell core programme team:

**Sheila Beck** is a public health advisor with NHS Health Scotland. She works part-time on the ecological monitoring component of the GoWell programme.

**Dr Alison Burlison** is a senior information analyst with the Information Services of NHS Scotland. She works part-time providing information analysis skills on the ecological monitoring component of the GoWell programme.

**Yvonne Christley** is the communications manager for the GoWell programme. She works full time on the communications and involvement component of the GoWell programme.

**Fiona Crawford** is a public health programme manager with the Glasgow Centre for Population Health. She works part-time on the ecological monitoring component of the GoWell programme.

**Dr Matt Egan** is a research associate at the Medical Research Council Social and Public Health Sciences Unit in Glasgow. He works full-time on the community health and wellbeing survey component of the GoWell programme.

**Dr Elisabeth Fenwick** is a health economist in Public Health and Health Policy at the University of Glasgow and at the Medical Research Council Social & Public Health Sciences Unit in Glasgow. She works part-time on the economic evaluation component of the GoWell programme.

**Louise Lawson** is a research fellow in the Department of Urban Studies at the University of Glasgow. She works full-time on the governance, empowerment and participation component of the GoWell programme.

**Rebecca Lenagh-Snow** is the programme administrator for GoWell. She works part-time providing administrative support to the GoWell team.

**Dr Phil Mason** is a statistician in the Department of Urban Studies at the University of Glasgow. He works full-time providing statistical analysis skills to the GoWell programme.

**Hilary Thomson** is a senior scientific officer at the Medical Research Council Social & Public Health Sciences Unit in Glasgow. She works part-time on the neighbourhood audit component of the GoWell programme.

**David Walsh** is a public health programme manager with the Glasgow Centre for Population Health. He works part-time on the ecological monitoring component of the GoWell programme.

# Notes

# Notes

# Notes