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The Regeneration Challenge in Transformation Areas

Evidence from the
GoWell Baseline Survey 2006



Investigating the Processes and Impacts
of Neighbourhood Change

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, Communities Scotland, NHS Health Scotland and NHS Greater Glasgow & Clyde.



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1. Introduction

This paper uses findings from the GoWell baseline survey of summer 2006 to identify key challenges facing the regeneration of large 'Transformation Areas' in Glasgow. Glasgow Housing Association (GHA), in collaboration with other key partners, including Glasgow City Council (GCC), is planning to invest and transform eight major social housing areas within the city of Glasgow, of which three are included in the GoWell programme of research.

GoWell Aims

Two of the primary aims of GoWell are:

- To describe and understand the changes taking place in communities in Glasgow as a result of housing improvement and community regeneration programmes which vary in terms of their size, scope, dimensions, policy focus, mechanisms and timing.
- To assess the resulting changes that occur in structures, processes and outcomes over a ten year period, at different levels from the individual and household, to the neighbourhood and community, and at the city level.

Within this, there are a number of subsidiary areas of interest:

Housing: To assess the extent to which dwelling standards and the quality of housing management are improved. Does this lead to benefits for residents in terms of enhanced comfort and security, affordability and psychosocial benefits?

Regeneration: How comprehensively are places changed? To measure whether the gap between deprived and other neighbourhoods is narrowed through regeneration activity and in which domains this occurs. What are the perceptions of neighbourhood changes as held by residents and how are individuals affected by processes of regeneration?

Communities: To identify the community outcomes of neighbourhood transformation processes, and in particular to assess whether community sustainability, cohesion and inclusion are achieved through policies of public service improvements, social capital development, housing tenure diversity and multicultural integration.

Governance: To assess the effectiveness of processes of community engagement in regeneration in terms of community development, empowerment and social inclusion.

Health: To assess the nature and extent of gains to health and wellbeing derived by individuals, households and communities from housing improvements, neighbourhood regeneration and community engagement processes.

Study Areas

GoWell is being conducted in 14 study areas across the city of Glasgow. These areas are grouped by type, according to the nature or degree of intervention and investment they are due to receive from public agencies over the next ten years. The area types are as follows:

Table 1: GoWell Study Areas by Type

Study Area Type	Study Areas	Description
Transformation Areas (3)	Red Road Sighthill Shawbridge	Areas targeted for major demolition and rebuilding programmes.
Local Regeneration Areas (3)	Gorbals Riverside Scotstoun multi-storey flats (MSFs) St. Andrews Drive	Areas targeted for investment and limited restructuring.
MSF Surrounds (2)	Wider Red Road Wider Scotstoun	Areas of mixed housing surrounding multi-storey flats in regeneration areas.
Housing Improvement Areas (4)	Carntyne Govan Riddrie Townhead	Areas considered popular and sustainable and due to receive housing investment in fabric and internal fittings.
Peripheral Estates (2)	Castlemilk Drumchapel	Post-war social housing estates undergoing tenure change.

The location of these areas within the city of Glasgow is shown on the map below.

Figure 1: GoWell Study Areas within Glasgow



Survey and Sample

The GoWell baseline survey was conducted by BMG Research in May-July 2007 and comprised an achieved sample of 6,016 respondents, representing a 50% response rate from randomly selected household addresses. The distribution of this sample is given below. The achieved sample was weighted by age, sex, household size and housing tenure to ensure it represented local communities. This was done at a local level within each study area.¹

Table 2: Achieved Sample by Type of Area

Type of Area	Total Achieved Sample
Transformation Areas (3)	1,435
Local Regeneration Areas (3)	736
MSF Surrounds (2)	1,077
Housing Improvement Areas (4)	1,368
Peripheral Estates (2)	1,400

Analyses

In this report, we have analysed findings by type of area, study area, ethnicity and household type.

For ethnicity, we have divided respondents into groups defined by race and/or citizenship status. White groups comprise both Scots and non-Scots. The other groups are Asylum Seekers, refugees, and Black and Minority Ethnic British residents. Although our sample was not designed to be a random selection of Asylum Seekers and refugees

from within the study areas, the sample contains sizeable proportions of these resident groups in the three Transformation Areas and in one Local Regeneration Area (Scotstoun MSFs).

In examining household structures, we have used the definition of households adopted in the Scottish Household Survey. This classified households 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

¹Sampling and weighting were carried out within 32 sub-areas within the 14 study areas.

2. Transformation Areas in Context

This chapter seeks to describe the context within which Transformation Areas exist and are to be progressed, as a prelude to looking at the survey findings. It gives an account of how the notion of Transformation Areas came into being; sets out the larger regeneration context within which they sit, including the particular characteristics of the regeneration process and delivery mechanism being proposed; and describes the state of development within the three Transformation Areas of focus at the time of the GoWell survey in June 2006. Lastly, it sets out some of the implications arising from the fact that the three areas in question are being used as part of the National Asylum Support Service (NASS) programme to house Asylum Seekers and refugees within the city of Glasgow.

The Origins Of Transformation Areas

Following the transfer of 80,600 homes from Glasgow City Council (GCC) to the Glasgow Housing Association (GHA) in March 2003, GHA has been engaged in delivering, and planning to deliver in the future, on the promises made to tenants at the time of transfer. One of these commitments was to demolish around 11,000 houses in the first ten years after transfer. But, as noted by GHA's regulator, Communities Scotland, 'Since transfer, GHA has been continuously reviewing the long-term future of some of its stock'² so that the estimated total number of completions has risen to 19,500 units, or 25% of its stock. A second commitment was to build 3,000 new houses within seven years, with this programme being used to support rehousing from demolition activity and 'targeted regeneration'.³

A key main objective is to 'turn GHA's housing portfolio into one that, in ten years' time, is part of a new sustainable housing system in Glasgow'. One of the characteristics of such a 'sustainable housing system' is said to be that the GHA housing stock is 'integrated into successful neighbourhoods, which promote strong

communities and enhance community development'.⁴ In line with this objective, GHA identified that there were 'a limited number of locations in the city each containing a large group of homes that are unsustainable as they stand now',⁵ based on analysis of housing management information such as void rates and turnover patterns. These areas, which came to be known as Regeneration Areas, contained 3,600 homes identified for demolition at an early stage, plus a further 10,000 homes whose future remained to be decided.⁶ Of the total stock with a questionable future, nearly 60% are multi-storey flats.

Thus, the goal of managing and investing in housing assets in a sustainable manner quickly progressed, in some areas, into a broader attempt to create sustainable neighbourhoods through combining GHA housing investment and neighbourhood renewal activities as a starting point. By 2005 this had become clarified through the identification of 18 regeneration projects, called at the time Area Regeneration Projects⁷ and Local Regeneration Projects. The former, were defined as follows:

'Area Regeneration Projects (ARPs) involve a range of complex issues over and above those raised by our planned investment in retained stock. They are defined by their significant and area-based renewal of large estates where GHA homes are the significant majority. The influence of such large scale projects reaches beyond the individual Local Housing Organisations (LHOs) and impacts on neighbouring LHOs as well as other housing providers and agencies.'⁸

² Communities Scotland (2007) Glasgow Housing Association Inspection Report, p.23.

³ GHA Business Plan 2005/6, p.28.

⁴ GHA (2006) Sustainability Strategy, p.9.

⁵ GHA Business Plan 2005/6, p.29.

⁶ GHA Asset Management Position Statement, p.13.

⁷ GHA (2005) Regeneration Projects: Processes and Guidance Notes.

⁸ Op.cit., p. 2.

The following year, the Scottish Executive published its Regeneration Policy Statement, which declared that 'For us, regeneration is about the sustainable transformation of specific places for the better. This transformation has economic, physical, social and environmental aspects' and should produce a range of outcomes:⁹

- Improved business confidence;
- Increased economic activity and employment, and lower unemployment;
- Higher incomes and less reliance on benefits;
- More effective public services;
- Improved educational outcomes and a higher skills base;
- Higher land and housing values;
- Improved community confidence;
- An improved, and better designed, built environment; and,
- An enhanced natural environment, including access to quality green space.'

GHA's Regeneration Committee responded to this new approach in December 2006 by adopting a 'new strategic area regeneration programme' which aimed to take forward the 'transformational regeneration of a number of neighbourhoods',¹⁰ now reduced from eleven ARPs to eight Transformation Areas, namely: Gallowgate; East Govan/Ibrox; Laurieston; Maryhill; Red Road; North Torglen; Sighthill; Shawbridge; together containing over 10,000 GHA social housing dwellings. The rationale for selecting these projects as a special category rests upon a number of considerations, including the fact that the likely scale of demolition in the areas would require that special development studies and planning exercises be undertaken in each case;¹¹ the scale and complexity of the projects also pointed to the need for special arrangements to be made for their delivery (see below).¹²

Thus, the new approach sought to treat the eight projects as a single programme, and to acknowledge that strategic partnership working with other agencies would be required to deliver them. The benefits of treating the projects as a regeneration programme, rather than simply a series of projects, were several, including progressing all the projects simultaneously, providing the potential to cross-subsidise projects, allowing the strategic planning of social and economic developments across the projects, and providing scope for efficiency gain in the procurement of private sector inputs.¹³

In addition to the eight transformation projects, GHA identified a further seven special projects which require multi-dimensional intervention on a smaller scale. Together, these regeneration projects cover communities with a total population of 35,000 or 6% of the city's population. Of the 41 data zones covering the eight Transformation Areas, 39 are in the bottom 15% on the Scottish Index of Multiple Deprivation (SIMD) and 23 are in the bottom 5%.

The Regeneration Context and Process

The City Context

The task of transforming eight sizeable neighbourhoods within the city is closely related to the wider regeneration of the Glasgow urban area in at least two main ways. First, the stated primary aim of the city's Local Housing Strategy is the regeneration of Glasgow. The GHA investment programme is identified as one of four key drivers of regeneration in the city, whilst the eight Transformation Areas 'form a major part of the overall regeneration plans for the city'. With a total of about 9,000 new build dwellings to be provided in the eight areas, including a significant proportion of GHA's own new build programme of 2,800 units, this is equivalent to around a quarter of the total private sector new build programme in the city over the period 2006 - 2013. Along with the four New Neighbourhoods being progressed by GCC, the Transformation Areas represent the major attempt to reshape housing in significant parts of the city to provide mixed tenure, sustainable neighbourhoods.

⁹ Scottish Executive (2006) *People and Place*, p.8.

¹⁰ GHA Internal Paper: *People and Communities: Transformational Regeneration Areas – A Discussion Paper*.

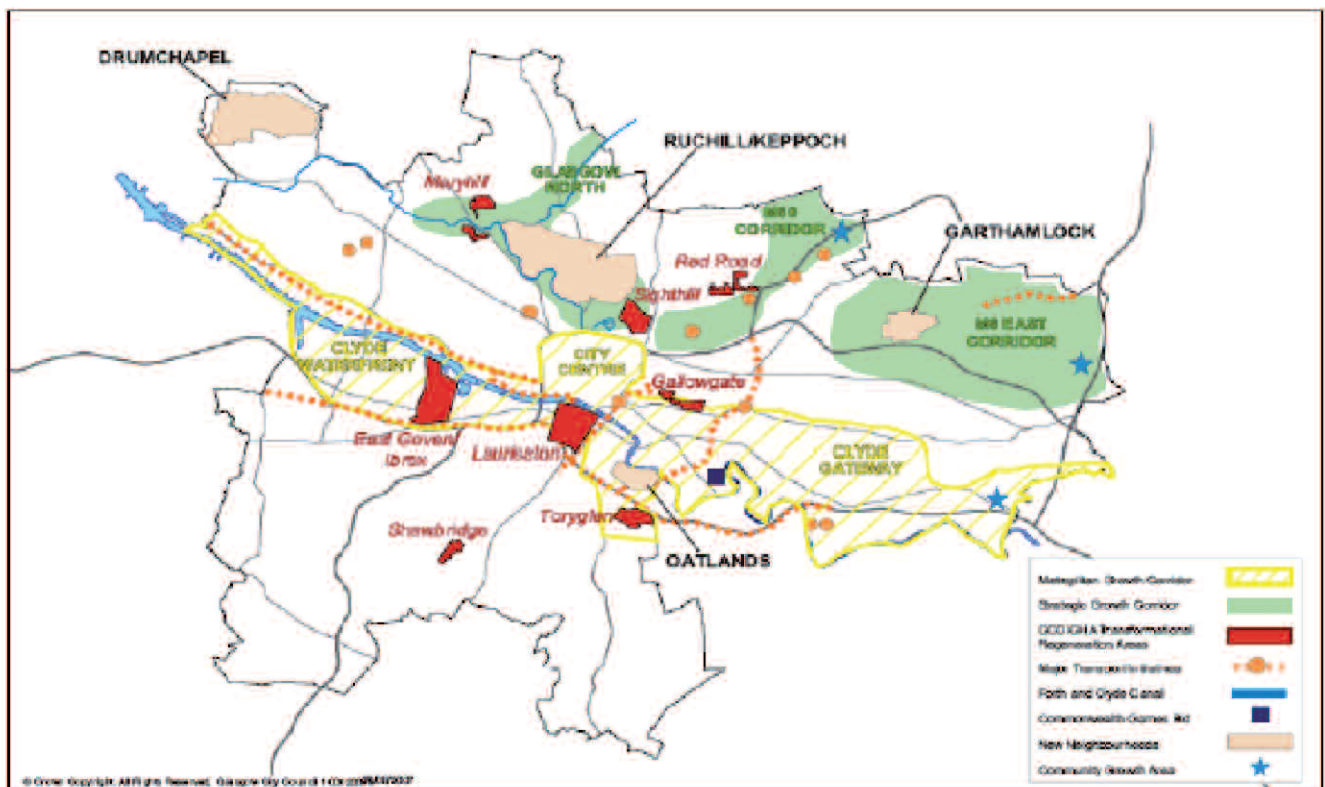
¹¹ Glasgow City Council (2007) *Priority Regeneration Areas: A new Approach to Delivery. Report by Director of Development and Regeneration to the Executive Committee*, p.3.

¹² Glasgow Housing Association (2006) *A Model for a New Strategic Area Regeneration Programme. Report to the Regeneration Committee*.

¹³ *Op.cit.*, p.8

The second way in which the Transformation Areas relate to wider city regeneration is through the challenge of co-ordination. This can be seen from Figure 2, in two parts: four of the Transformation Areas sit within or adjacent to the city's Metropolitan Growth Corridor, especially in the City Centre and Clyde Waterfront locations; and in the North of the city, three of the Transformation Areas are closely aligned with the M80 and Glasgow North Growth Corridors, with additional activity in-- the Ruchill/Keppoch New Neighbourhood and the Forth and Clyde Canal redevelopment. Thus, the success of both the Transformation Areas and of some of the city's main growth areas are interdependent in terms of providing complementary developments which contribute to (rather than detract from) each other's achievements.

Figure 2: Transformation Areas in Regeneration Context within Glasgow¹⁷



¹⁷Source: Glasgow City Council.

The Regeneration Process

There are several distinctive characteristics and elements to the process of the regeneration of the Transformation Areas which are worth noting here.

Partnership: GHA and GCC are clear that transformational regeneration must be a partnership endeavour and not simply a GHA task, given the scope of actions required – not only physical actions (e.g. in terms of infrastructure requirements), but also social and economic development. At a strategic level, the key stakeholders with whom GHA must work are GCC, the Scottish Government, Communities Scotland and other Registered Social Landlords, all of whom have a stake in the future of the transferred social housing stock in Glasgow and in the successful regeneration of the city, as well as important influence over the potential funding and implementation of regeneration. Within the city, the most important partnership is with GCC, with whom GHA has selected the eight areas. Reports by the two organisations concerned indicate that there has been close collaboration in order to progress the regeneration proposals, for example in terms of involving the private sector, identifying the social and economic development potential, and scheduling the new build re-provisioning within and serving the areas.¹⁸ The last of these is important since GCC, through its development funding programme, is supporting the provision of new homes for residents, both through its mainstream programme as well as around 3,000 new homes by Registered Social Landlords over the period 2004-2014 to assist the clearance and redevelopment plans for social housing areas being progressed by GHA¹⁹.

Partnership working is also deemed essential with a number of other agencies, most notably Glasgow Community Planning Partnership – both in relation to reforms of public service delivery to the areas and in terms of the expenditure of Community Regeneration Fund resources to deliver city-wide Regeneration Outcome Agreement Targets – and Scottish Enterprise Glasgow – in relation to connecting people to training and employment and delivering community job benefits from the procurement processes involved in regeneration. A number of other partnerships are being developed at a local level in relation to each project.

Delivering Regeneration: GHA describes its own position within the process of regeneration as follows:

“...one thing that differentiates these transformational regeneration projects from GHA’s core business is that they are not, should not and cannot be GHA projects. GHA does, however, have a pivotal role in brokering solutions with partners consistent with its locus as custodian of its tenants’ interests and as catalyst of the regeneration process.”²⁰

Thus, whilst GHA sees the onus on itself to generate the momentum to progress the projects in the interests of meeting its commitments, ‘GHA is not itself designed or resourced as a transformational regeneration vehicle’.²¹ Therefore, the concept of a special purpose vehicle, or similar, has been identified by GCC and GHA with a view to managing and resourcing the regeneration projects. The key benefits of this model would be to bring together land assets in the regeneration areas owned by GHA and GCC, thus facilitating the master planning of the areas, the recycling of land sale receipts within the regeneration programme, and the engagement of the private sector at an effective scale.²² This proposal is understood to be conceptual at this time and it would be important that delivery arrangements both achieve a fit with the existing regeneration infrastructure in the city and be flexible enough to respond to local circumstances and opportunities.

Further consideration is required to establish what form of vehicle(s) might be created, and whether it would involve all regeneration projects. An additional factor here is the future role of any local Registered Social Landlords in the project areas, who might have the expertise and capacity to play a lead role in the regeneration process. Thus, the organisational approach to delivering regeneration in the Transformation Areas remains to be determined. Whilst new arrangements may have the potential to bring benefits in effectiveness and value for money as outlined above, it will be important to ensure that they do not confuse or overly complicate residents’ understanding of, and engagement with, the regeneration process.

¹⁸ Glasgow City Council (2007) Priority Regeneration Areas: A New Approach to Delivery. Report by Director of Development and Regeneration to the Executive Committee.

¹⁹ See Glasgow City Council Strategic Housing Investment Plan 2008/9 to 2012/13.

²⁰ Glasgow Housing Association (2006) A Model for a New Strategic Area Regeneration Programme. Report to the Regeneration Committee, p.6.

²¹ Op.cit., p6.

²² Glasgow Housing Association (2006) A Model for a New Strategic Area Regeneration Programme. Report to the Regeneration Committee, p.9.

Second Stage Stock Transfer: As in other parts of the city, Transformation Areas will be affected by the processes of stock transfer. It is recognised by most parties that Second Stage Transfer will not occur in the form originally envisaged (transfer to around 60 individual LHOs), but that options for specific proposals for particular parts of the housing stock will be considered, producing a range of outcomes. GHA has declared

*'...we remain committed to working constructively... to explore options and to arrive at solutions that will allow the transfer of stock to viable and sustainable organisations as quickly as practically possible.'*²³

Second Stage Transfer will interface with the regeneration process in Transformation Areas in a number of ways. First, the process of agreeing on the housing stock to be transferred and the value to be paid for that stock may be influenced by decisions about stock clearance and re-provisioning within the areas. Second, if and when the ownership of housing stock changes, the dynamics of the decision making processes involved in regeneration may be changed as the new stock owner becomes an additional or more influential voice within the discussions.

Community Engagement: The complexity of progressing the Transformation Area projects, within which community engagement is an important element, is encapsulated in GHA's description of this class of projects:

*"these projects are of a scale and nature that they will require special arrangements of partnership, visioning, community involvement, stakeholder engagement, funding and delivery"*²⁴

Elsewhere, GHA has described community engagement as essential to the successful transformation of the areas into sustainable mixed communities. This is in order that there is a sense of 'ownership' of the changes by the community itself; to ensure that the changes meet community needs; to link physical and other changes; and to build the capacity of the community to be involved in the future management of their areas.²⁵ The key characteristics are that the engagement with the community is ongoing, as inclusive of all groups as possible (e.g. not limited to GHA tenants), and should relate to all aspects of the regeneration. GHA is encouraging and supporting its LHOs in the eight areas to develop local action plans for community engagement which take advantage of the existence of Registered Tenants Organisations, Local Community Planning Partnership engagement structures and activities, and LHO resources.

Most of the community engagement activities which have taken place to date about the regeneration of the Transformation Areas occurred in the second half of 2006, after the GoWell Baseline community survey was conducted. The activities fed into a master planning exercise conducted by consultants for each Transformation Area – completed around the end of 2006. In Red Road, a study visit was organised for the LHO committee and a visioning session of stakeholders was held as part of the development of the plans, followed later by a series of consultation sessions to gather residents' views on the options presented in the master plan. In Sighthill and Shawbridge the stages to the process of engagement were as follows: initial block meetings were held; in each case a consultative forum of residents was established and met regularly throughout the formative period; newsletters and a public event informed people of the options available; and a further event and survey was used to gather people's views on the preferred option.

²³ GHA (2007) Statement of Intent 2007/8, p.8.

²⁴ GHA Internal Paper: People and Communities: Transformational Regeneration Areas – A Discussion Paper, p.2.

²⁵ GHA (2007) Regeneration Committee Report: Developing a Community Engagement Approach for the Regeneration Project Areas.

GHA's approach to community engagement rests upon the national guidance on this aspect of regeneration, and is said to comprise 'involving people in decisions that affect them' and to 'require[s] feedback on what has happened as a result of involvement'.²⁶ What is less clear is the extent to which it is intended or expected that communities would be able to influence the plans for regeneration or the process of implementation. It may be that these things cannot be stated clearly, either in principle or in detail, given the constraints and complexities involved in the projects, and that only experience and research will reveal these things in due course.

Duration and Uncertainty: The prospect of large scale demolition and redevelopment of areas of Glasgow has been under consideration since the period prior to the ballot of tenants over stock transfer in 2002, with firm identification of the areas and the likely proposals coming towards the end of 2006. Thus, communities have lived with a degree of uncertainty for a while, but by 2006 it was more certain that things would change in a big way. However, much of the housing stock within the transformation areas has been held by GHA in a 'Housing Futures Assessment' category since transfer, its future uncertain and therefore a minimum amount of investment has been made in this stock. By early 2007, it was still the case that around 60% of GHA stock in the eight areas was in this 'holding' category,²⁷ which will affect residents' views on their housing as expressed in the GoWell Baseline survey. It is GHA's intention to decide on the future of all its stock in the Housing Futures Assessment category by December 2008.²⁸

Although initially a period of ten years was discussed for the regeneration process to be completed, as the plans for the areas have become more certain, the duration of regeneration has lengthened to over ten years: GHA indications are that demolitions will occur over about 12 years, with the majority of the new build occurring over a similar period, though continuing for a further six years thereafter, making a total regeneration period of nearly 20 years.²⁹ The detailed plans are still indicative in nature, as are the timings, since firm engagement with private sector developers, whose input will help firm-up what can be done and when, is still to take place. Therefore, as well as uncertainty about what will happen and when, there is an added issue of confidence for residents – that the job can in fact be completed, and be finished within a reasonable time.

Radical Reshaping of Neighbourhoods: The transformation areas are to be radically changed in physical and social terms. Multi-storey flats, which currently make up around 80% of the GHA housing stock in the areas, are largely to be demolished to be replaced mostly by houses and modern tenement flats. There will also be a significant reduction in the amount of social housing within the eight areas, so that from being predominantly social rented housing areas (or council housing estates as they were), they will become mixed tenure neighbourhoods with private housing in the majority. Significant investments will also take place to provide new or improved amenities within the areas, including in some cases new schools, community centres and shopping centres, together with higher quality green space.

²⁶ Op.cit, p.2-3.

²⁷ GHA Regeneration Team presentation to Development Forum, February 2007.

²⁸ Communities Scotland (2007) GHA Inspection Report, p.23.

²⁹ Op.cit.

Regeneration Progress within the Study Areas at Summer 2006

As mentioned above, the process of developing future plans for the Transformation Areas, with consultants employed to engage with the community and come up with design options, took place largely after the GoWell Baseline survey, from June/July to December 2006. However, decisions were being made about which housing stock should be demolished or retained and processes of clearing tenants from condemned blocks had begun.

Housing Tenure

As already noted, the Transformation Areas predominantly comprise social rented housing in GHA ownership with a very small amount of private sector housing. This is shown in Table 3 for the three Transformation Areas included in the GoWell study.

Clearance and Demolitions

We can review the progress with decisions about demolitions and activity to clear blocks prior to demolition within each of the three study areas; the overall position at June 2006 is summarised in Table 4.

Table 3: Housing Tenure in the GoWell Transformation Areas, May 2005

	GHA	Private	Total
Red Road	1,595 (93.5%)	110 (6.5%)	1,705
Sighthill	2,478 (97.1%)	75 (2.9%)	2,553
Shawbridge	1,008 (793.7%)	68 (6.3%)	1,076

Table 4: GHA Housing Stock Type and Clearance Progress, June 2006³⁰

	Multi-Storey Flats	Deck Access Flats	Tenements	Agreed for Demolition	Cleared	Future to be Decided	Core Stock
Red Road	1318	0	204	426	351	1108	0
Sighthill	2272	119	52	684	591	1253	52
Shawbridge	811	94	116	420	368	535	69

³⁰ Figures in columns 2, 3 and 4 (stock type) and columns 7 and 8 (housing future assessment and core stock) are dated February 2007. Figures in columns 5 and 6 (demolition and clearance) are dated June 2006. Data specially provided by GHA.

Red Road: The Red Road Transformation Area consists almost entirely of multi-storey flats: there are 12 high-rise blocks of up to 30 storeys within Red Road itself, plus around 200 tenement flats in the adjacent area of Barmulloch. By summer 2006, decisions had been made to clear 114 of the tenemental properties and 312 flats in one 'triple block' in the Red Road site. These clearances had largely been achieved by the time of the GoWell survey, with around 50 tenants remaining in the triple block at the time. The future of the other nine multi-storey blocks had yet to be decided. Red Road is the only study area where some demolition had taken place: some tenemental properties in the adjacent Barmulloch area had been cleared prior to stock transfer and were awaiting new build redevelopment at the time of the survey. GHA's Phase 1 new build programme of around 240 dwellings, which is largely targeted at areas around Red Road to support the clearance programme, is beginning on site in three locations in late 2007.

Red Road presents a different set of challenges to the other Transformation Areas due to a number of factors: the need to deconstruct the tower blocks rather than demolish them with explosives (due to their steel-frame construction); the presence of asbestos inside and outside the blocks; the tight site on which the flats stand and the proximity of the blocks to each other, which limits redevelopment activity during deconstruction. The development study conducted in Red Road, unlike the other Transformation Areas, is in essence a rehousing plan across a wider area rather than an exercise in spatial master-planning and a phased redevelopment plan³¹. The process of change and of identifying a clear outcome in Red Road is likely therefore to take longer to emerge.

Sighthill: The Sighthill Transformation Area is comprised of an estate of two halves: Fountainwell to the north and Pinkston to the south. Each half of the estate contains five 'double blocks' of multi-storey flats (1,140 flats in each of the two locations) plus around 200 other properties (deck access and tenemental flats). By the time of the GoWell survey in June 2006, GHA had already decided (in June 2005) to demolish all five multi-storey blocks in Fountainwell. The active clearance of three of the five multi-storey blocks had also been agreed, with two of the blocks being almost completely empty and the third three-quarters empty by June 2006: thus, half of the Fountainwell area had been cleared. In addition, around 60 tenemental flats in Sighthill which were declared 'core stock' had received internal improvements (new kitchens and bathrooms) by March 2006. The future of the deck access flats and of the five multi-storey blocks in Pinkston had yet to be decided at the time of the survey.

Shawbridge: The Shawbridge Transformation Area is also comprised of two halves: the northern part of the estate contains four multi-storey blocks with 420 flats in total; the south of the estate contains a further five multi-storey blocks with 390 flats in total. In addition, the estate has around 100 deck access flats and a further 100 assorted properties (tenemental flats, sheltered flats and a few houses), mostly in the southern part of the estate. By the time of the GoWell survey in June 2006, decisions had already been taken to clear the four multi-storey blocks in the north of the estate, and all but 50 of the 420 flats had been emptied. The future of the remaining multi-storey blocks in the southern part of the estate and of the deck access and tenemental flats had yet to be decided.

³¹ GHA (2007) Red Road Study Overview. Regeneration Committee Paper.

Asylum Seekers and Refugees

Since 1999, the City of Glasgow has been accommodating Asylum Seekers within the city: since 2000 this has been done contractually under the Home Office dispersal programme. The initial five year contract was extended by 15 months to June 2006, i.e. the middle of the GoWell survey period. Up to 2,500 social rented dwellings were made available under the contract with the National Asylum Support Service (NASS), with an estimated 12,000 Asylum Seekers having been accommodated in the city by May 2005.³² GCC notes that a high proportion of Asylum Seekers in Glasgow receive a positive decision with respect to leave to remain in the UK as refugees (up to 80%), with half of these choosing to remain in Glasgow; the majority of Glasgow's refugees are said to be from the Middle East and Africa.³³

The Asylum Seeker dispersal programme can be expected to have a significant impact upon the three Transformation Areas being studied in GoWell. At the time of the GoWell survey, the number of properties allocated for the use of the Glasgow Asylum Seeker Support Programme were approximately: 235 dwellings in Red Road; 290 dwellings in Sighthill; and 200 dwellings in Shawbridge. In addition, 190 dwellings in the Local Regeneration Area of the Scotstoun multi-storey flats were also used for this purpose. Furthermore, when Asylum Seekers are given leave to remain in the UK, they often remain in the same flat under a temporary tenancy, before obtaining a permanent tenancy, either to the same flat or another one. Thus, the population of foreign-born residents within the major areas of initial settlement, may grow over time as asylum decisions are delivered.

The potential impacts of Asylum Seekers and refugees upon communities may be a mixture of the positive and the negative. Asylum Seekers are entitled to receive subsistence support from NASS, and refugees are entitled to claim benefits.³⁴ COSLA estimate that this benefit income to Asylum Seekers results in local expenditures which support substantial numbers of jobs.³⁵ Similarly, in unpopular areas which have been suffering problems of low demand (such as Transformation Areas), Asylum Seekers and refugees can be considered a welcome addition to a declining community. They are for example encouraged to volunteer in order to improve their English, make social connections, gain new skills and increase their self-confidence, all of which may in due course make them more employable if they remain in the UK.³⁶

On the other hand, a significant Asylum Seeker and Refugee presence can present challenges for communities. First, they are very likely to be an impoverished group. Although Asylum Seekers can apply for permission to work, most are not allowed to work. Although refugees are allowed to work, getting to the position of being able to compete for suitable jobs is not easy: although refugees are able to access Government training schemes, both Asylum Seekers and refugees are liable to pay the fees for further and higher education courses. Being given leave to remain also brings with it liability for many costs such as rent, electricity and council tax, although refugees are entitled to apply for benefits such as housing and council tax benefit.³⁷

³² Glasgow City Council (2005) Glasgow's Housing Strategy 2003-2008: Update 2005, p.33.

³³ Binns, C. (2002) Glasgow's Local Housing Strategy Topic Paper: Ethnic Minorities, Asylum Seekers and Refugees, p.10.

³⁴ Refugee Assessment and Guidance Unit (2006) Refugees and Asylum Seekers: An Education, Training and Employment Guide. London Metropolitan University.

³⁵ COSLA (2005) The Impact of Asylum Seekers on the Glasgow Economy.

³⁶ Refugee Assessment and Guidance Unit (2006) Refugees and Asylum Seekers: An Education, Training and Employment Guide. London Metropolitan University, p.20.

³⁷ Glasgow City Council (2003) If You Are Granted Leave to Remain in Britain.

Asylum Seekers and refugees within a community can place pressures on local services such as advice and support services and language training provision. The school system must accommodate the children of Asylum Seeker and refugee families, who are entitled to free education – whilst this can make teaching initially difficult in respect of some groups, in due course it may have positive impacts upon school performance. English language lessons can be accessed for free by Asylum Seekers who have been awaiting a decision for six months, and by Asylum Seekers aged 16-18. Asylum Seekers and refugees are also entitled to free healthcare and should register with local GP services. These are all entitlements that the local structure of public service provision must respond to.

Lastly, the Asylum Seeker programme can be expected to produce tensions within communities, especially where the arrival of foreign nationals in significant numbers is unexpected or felt to have occurred without local community consultation. Clearly, cultural and language difficulties present challenges for community cohesion and for the social integration of migrants, as does the uncertainty about residence and the turnover of migrants inherent within the system. However, many organisations, with funding support from charities, GCC and the Scottish Government, are engaged in community development work in areas of Asylum Seeker and refugee residence, and in work to promote the education and employment of the migrant groups.

3. Demographics:

Population Composition and Household Structures

- The household mix in the three GoWell Transformation Areas is very unusual in comparison with either the City of Glasgow or Scotland's population as a whole.
- Transformation Areas have far more families than other areas and high child densities. There are more people aged under 18 than aged over 25 across the three areas, thus presenting potential problems of informal social control.
- The three GoWell Transformation study areas have two to four times as many single parent households as exist across Scotland as a whole.
- All three GoWell Transformation Areas are comprised of predominantly non-Scottish population groups at this time, these being mostly Asylum Seekers and refugees together with a small number of other black and minority ethnic groups. This makes them highly diverse and very different to any other communities in Glasgow or Scotland.

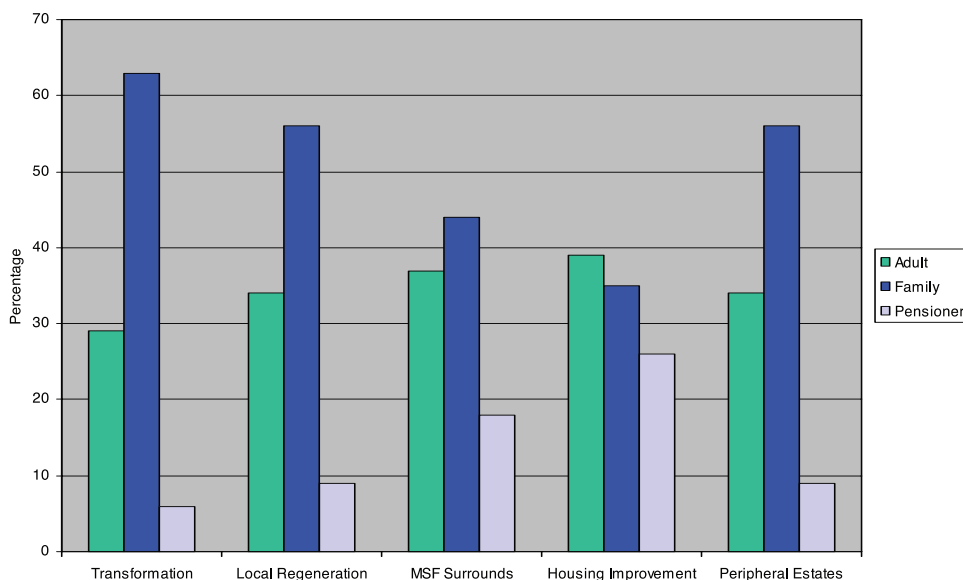
Household Types

Figure 3 shows that three out of five households in Transformation Areas are families and very few (less than one in ten) households are pensioners. A significant proportion of the families are in fact single parent households. As well as containing a disproportionate number of families, Transformation Areas accommodate fewer adult and far fewer pensioner households than expected.

It is possible that this mix of households could bring particular challenges for residents and service providers, including:

- Substantial need for amenities for children and young people, without which boredom and disaffection can develop;
- Lack of directional influence from, and respect for, older and experienced people;
- Problems of providing adequate adult supervision for children and young people;
- Behavioural difficulties for children who have experienced family disruption and who are living in restructured households.

Figure 3: Household Type by Study Area



Note: Differences in Figure 3 are statistically significant ($p < 0.001$)

Table 5 shows the household structure of the three GoWell Transformation Areas, compared with the City of Glasgow and Scotland as a whole. All three areas have unusual household structures compared with both Glasgow and Scotland, with two to three times as many families as in the City of Glasgow as a whole, a third to a half fewer adult households, and very few pensioner households. The mix of family types differs across the three estates, however, with fewer single parents in Shawbridge than in the other two areas, and fewer large families (with three or more children) in Sighthill.

Table 5: Household Structures by Study Area (col. percentage.)

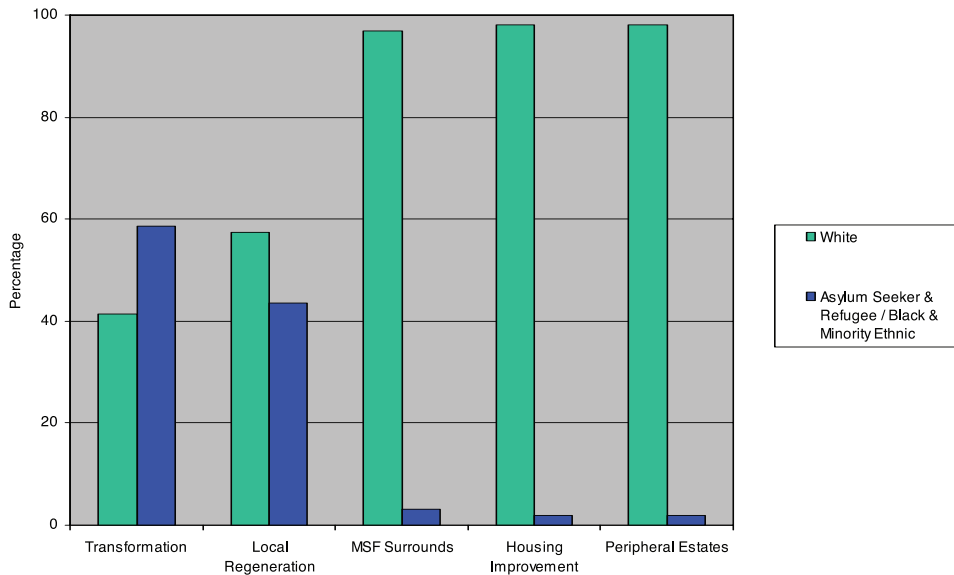
	Red Road	Sighthill	Shawbridge	Glasgow	Scotland
Single Adult	9	12	10	21	16
Small Adult	10	12	8	15	17
Large Adult	10	7	8	9	9
Single Parent	23	23	14	8	6
Small Family	19	22	24	10	14
Large Family	25	14	28	6	7
Single Pensioner	2	3	5	20	16
Older Smaller	1	4	4	11	15

Source: GoWell and Scottish Household Survey 2005

Ethnic Mix

As Figure 4 shows, both Transformation Areas and Local Regeneration Areas are different to other types of area in having 40-60% Non-White populations. Other areas are almost entirely White, and of course predominantly White-Scottish. Around one in ten Asylum Seekers and Refugees across all areas are White. This situation within the regeneration areas is a product both of the implementation of the city's contract with the National Asylum Seeker Support (NASS) Programme, and of the process of clearance of tower blocks, which has lowered the number of indigenous residents living in the areas prior to demolition and reconstruction.

Figure 4: Ethnicity by Type of Area



As Table 6 shows, only a third of the population of Red Road in mid-2006 was White Scots, and almost half were Asylum Seekers. Shawbridge and Sighthill have slightly more White Scots residents, and more Refugees among the non-Scottish resident population.

Table 6: Ethnicity by Study Area (row percentage.)

	White Scottish	White Other	Asylum Seeker	Refugee	BME
Red Road	36	2	47	10	5
Sighthill	41	2	29	21	6
Shawbridge	42	2	39	14	3

Table 7 gives the household type breakdown for each ethnic group within the Transformation Areas. We can see that the main difference between White households and Ethnic Minority households is that the former include significant numbers of adult households whereas the latter are dominated by family households which form 60% of Black and Minority Ethnic (BME) households and over three-quarters of Asylum Seeker and Refugee (ASR) households. There are no pensioner households among the Ethnic Minority groups.

Table 7: Household Structures by Ethnicity/Citizenship (col. percentage.)

	White Scottish	White Other	Asylum Seeker	Refugee	BME (not ASR)
Single Adult	22	18	2	6	10
Small Adult	15	24	5	9	8
Large Adult	7	9	8	8	20
Single Parent	20	12	25	17	18
Small Family	10	18	30	30	19
Large Family	11	9	29	29	23
Single Pensioner	8	3	0	0	0
Older Smaller	7	9	0	0	0

Note: This analysis included not only the three Transformation Areas but also Scotstoun Multi-Storey-Flats, where a large number of Asylum Seekers and refugees also live.

There were a further 1–3% of households within each ethnic group which could not be categorised.

Child Densities

Transformation Areas have higher child densities than other places. In the three GoWell Transformation Areas, over 40% of the population is aged under 16, compared to only a quarter of the population in Multi-Storey Flat (MSF) Surrounding Areas and Housing Improvement Areas, and a third of the population in Peripheral Estates (see Table 8). To put these high child densities in perspective, across Scotland as a whole, 20% of the population is aged under 16.³⁸

Whereas in most areas, adults aged 25 or over are between one and a half times and twice as numerous as children aged under 16, in the GoWell Transformation Areas these two groups are equal in number. Transformation Areas are the only GoWell study area where adults aged 25 or over are outnumbered by young people and children aged under 18.³⁹ This has significant implications for adult supervision of young people, both in relation to the exercise of informal social control and to the provision of guidance, mentoring and support for young people.

³⁸Scottish Household Survey 2005, Scotland's People Table 3.3

³⁹Though the difference with Local Regeneration Areas where the ratio is just over 1, is not statistically significant.

Table 8: Child Densities by Type of Area

	% Population aged Under 16	Ratio of Adults aged 25 or over to children aged under 16	Ratio of Adults aged 25 or over to young people aged under 18
Transformation	42	1.01: 1	0.92: 1
Local Regeneration	38	1.18: 1*	1.03: 1 ^{ns}
MSF Surrounds	26	2.14: 1***	1.86: 1***
Housing Improvement	24	2.67: 1***	2.36: 1***
Peripheral Estates	35	1.34: 1***	1.18: 1***

* p<0.05

*** p<0.001

ns not significant, p>0.05

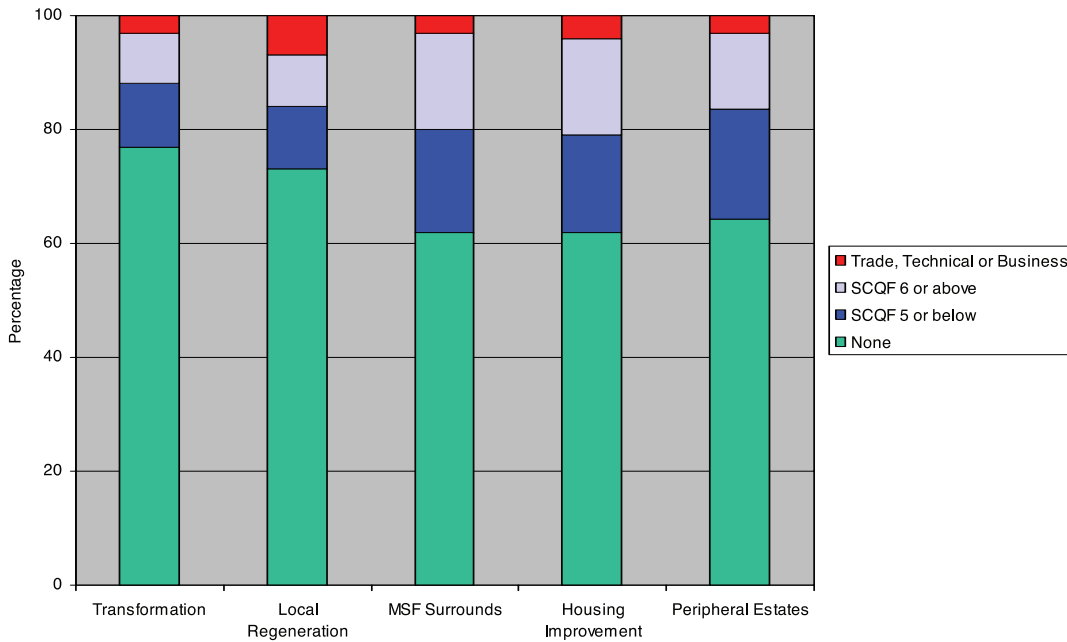
4. Education and Employment

- Around three quarters of adults in Transformation Areas have no qualifications. This is higher than in other areas of social housing in the city.
- Adult Asylum Seekers and Refugees in Transformation Areas report themselves to be less qualified than White Scottish residents. These areas do not appear to be housing highly qualified Asylum Seekers and refugees; on the contrary, Asylum Seekers and refugees are, according to these findings, slightly more in need of education and training than the indigenous population. However, there is a degree of uncertainty about this situation due to a lack of information about prior learning in countries of origin.
- The majority of young adults (aged 18-24) in each of the three areas are without educational qualifications, offering significant scope for actions to enhance skills, training and credentials.
- The NEET (Not in Education, Training or Employment) phenomenon is prevalent in Transformation Areas. One in five people just beyond school leaving age are not engaged in productive activity of any sort. Half of all young adults aged 18-24 are also not in employment, education or training. These NEET levels exist in all three Transformation Study Areas. Whilst the majority of young adult Asylum Seekers are, as would be expected given the rules pertaining to their status, classified as NEET, so are an equivalent two-thirds of White Scots in this age range.
- White Scots households are less likely to be working households (i.e. to contain anyone with a job) than other groups. The difference with Other White households is statistically significant with over twice as many White Other households working as White Scots households.

Educational Qualifications

Most adults of working age (16-64 years) in all types of study area have no educational qualifications (see Figure 5), but this is most extreme in the case of Transformation Areas, where three quarters of adult respondents have no educational qualifications of any sort. One in seven adults in these areas have qualifications up to SCQF Level 5 (Credit Standard Grade or SVQ Level 2), and one in ten have at least SCQF Level 6 qualifications (Higher exam or SVQ Level 3).

Figure 5: Highest Educational Qualifications by Type of Area



Within Transformation Areas, around three-quarters of White Scots (75%) have no qualifications, a similar position to that found among Refugees (76%). Asylum Seekers have significantly fewer qualifications (86% with none), whilst far fewer Other Whites and Black and Minority Ethnic (BME) respondents were unqualified (39% and 50% respectively); these differences were statistically significant ($p < 0.01$).

In contrast to an earlier national study,⁴⁰ we found very few Asylum Seeker or refugee respondents saying that they had a first or higher degree (1% and 8% respectively). Thus, the Transformation Areas do not appear to have a group of highly qualified Asylum Seekers, as often referred to in media commentaries about the under-utilisation of Asylum Seekers and refugees with high level or professional skills.⁴¹ There are several potential explanations for the low level of qualifications found among Asylum Seekers and refugees: our line of enquiry may not have done enough to encourage the identification of qualifications from people's home countries; there are restrictions on access to education and training for adults, and they are liable for the costs, and these barriers may affect the findings; and lastly, the specific countries of origin of the Asylum Seeker and refugee groups in residence at any particular time will have a bearing on the level of education attained in their home country (due to level of educational provision and degree of disruption to the system through conflict).

Younger adults (aged 18-24) are only slightly better qualified than all adults of working age. Between 50% and 65% of younger adults lack qualifications in each of the three Transformation Areas studied (see Table 9). Shawbridge has the highest number of young adults with some qualifications, though Sighthill has the largest group (15%) with qualifications at SCQF Level 6 or above (Scottish Highers or SVQ 3).

Table 9: Highest Qualifications among 18-24 Year Olds by Transformation Area (row percentage.)

	None	SCQF Level 5 or below	SCQF Level 6 or above	Trade, Technical or Business Cert
Red Road	65	25	6	4
Sighthill	63	17	15	4
Shawbridge	50	43	7	0

⁴⁰ The Fraser of Allander report to COSLA/ASC entitled 'The Impact of Asylum Seekers on the Glasgow Economy (University of Strathclyde 2005) reported that a fifth of Asylum Seekers and refugees had 'completed a university education'.

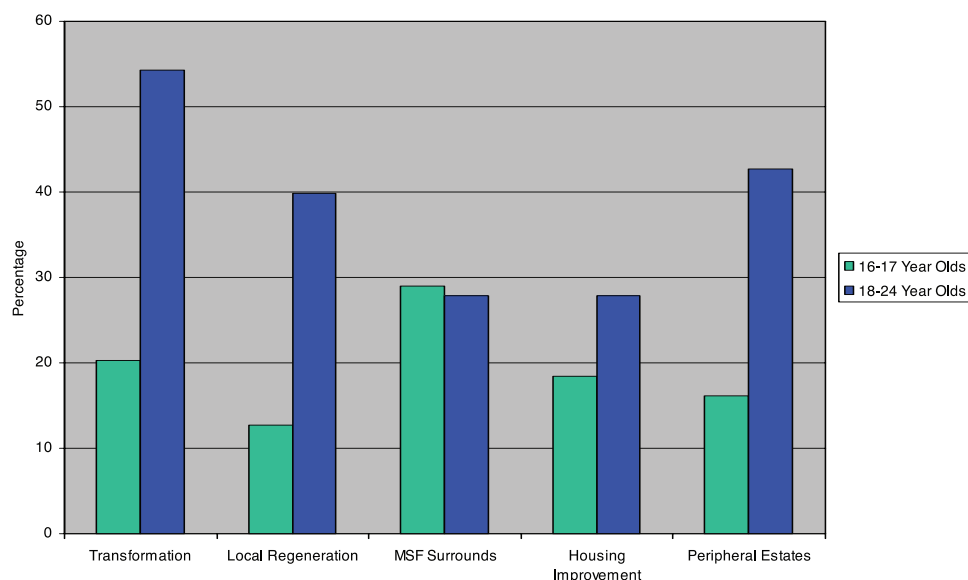
⁴¹ Although GoWell was less extensive in its inquiries into educational attainment than the previous national study, and focused mainly on Scottish/English qualifications, the survey did allow for the identification of 'other' qualifications. The picture that emerges across the two studies with regard to Asylum Seeker and refugee educational attainment remains very unclear.

NEETS: Not in Employment, Education or Training

GoWell investigated the current activity or employment status of every member of each household surveyed. This enabled us to estimate the number of people who are not engaged in work, full-time education or training after school leaving age. However, as the GoWell survey was unable to collect exact ages for all household members, we cannot measure the NEET phenomenon among the Scottish Executive's target group aged 16–19. Therefore, we have constructed two measures of NEET: for 16-17 year olds, i.e. the group who may have just left school; and for 18-24 year olds, covering the further and higher education years.

Figure 6 indicates that, of the GoWell areas, Transformation Areas have high levels of NEET for both groups: for 16-17 year olds, they have the second highest level of NEET (at 21%), after MSF Surrounds; and for 18-24 year olds, they have the highest level of NEET, with just over half the age group (53%) being out of work, education or training. For the 18-24 year old group, the high incidence of NEETs in Transformation Areas was significantly greater than in all other types of area ($p < 0.001$ for MSF Surrounds, Housing Improvement Areas and Peripheral Estates; $p < 0.01$ for Local Regeneration Areas). There was little variation between the three GoWell Transformation Areas in these results, with all three showing similar levels of the NEET phenomenon.

Figure 6: NEET by Type of Area



One might of course expect the NEET phenomenon to be prevalent among Asylum Seekers, whose status and rights to work or training are uncertain. However, as Table 10 shows, across the three Transformation Areas, levels of NEET are just as high, if not higher, among White Scots young people. Among refugees and Black and Minority Ethnic residents, NEETs are absent among 16-17 year olds and much lower among 18-24 year olds than in the other ethnic/citizenship groups. The contrasts between Asylum Seekers and refugees are to be expected since Asylum Seekers cannot generally work whereas Refugees are permitted to work and to attend government training schemes. Beyond school age, both Asylum Seekers and refugees are permitted to enter further and higher education if they meet the relevant entry requirements and can pay the fees.

Table 10: NEET by Ethnicity/Citizenship

	16-17 Year Olds (%)	18-24 Year Olds (%)
White Scots	36	65
Other White	0	32
Asylum Seeker	25	62
Refugee	0	23
Black and Minority Ethnic	0	37

Economic Activity and Workless Households

Within Transformation Areas, there is a 60:40 split within adults of working age between those who are economically active (defined as working or available for work)⁴³ and those who are economically inactive. This is similar to the division found in Peripheral Estates, but is a lower rate of economic activity than that found in the other types of GoWell study areas, where economic activity rates can reach 70% on average.

⁴³ Economically active includes those people who gave one of the following responses to a question about their current position: in full-time paid work (inc. self employed); part-time paid work (inc. self employed); government or other training scheme; unemployed.

As Table 11 shows, although Red Road has the highest rate of economic activity found among adult respondents in the GoWell Transformation Areas, it also has the lowest rate of employment among the working age group, at just 12%.

Table 11: Economic Activity Among Respondents of Working Age

	Economically Active	Economically Inactive	Working
Red Road	66	34	12
Sighthill	57	43	18
Shawbridge	56	44	14

Note: table presents proportions of the adult population of working age, e.g. 12% of the population of working age in Red Road are in employment. Working age is defined as aged 16-64 for males and 16-59 for females.

Table 12 shows that these low rates of economic activity and of working are not simply the result of the high numbers of Asylum Seekers and refugees residing in the Transformation Areas. Whilst the economic activity rate for White Scots males is higher than that for most other groups, it is lower than that for Asylum Seekers, over 80% of whom would be available for work if permitted⁴⁴. However, there are more Other White and BME males of working age actually in work than is the case for White Scots males, though these differences are not statistically significant due to small sample numbers for the minority groups concerned.

Table 12: Economic Activity by Ethnicity/Citizenship within Transformation Areas (% of respondents of working age)

	Males Economically Active	Working	Economically Active	Females Working
White Scots	69	26	55	18
Other White	46 ^{ns}	46 ^{ns}	91*	36 ^{ns}
Asylum Seeker	83 ^{**}	6 ^{***}	47 ^{ns}	1 ^{***}
Refugee	53 ^{**}	23 ^{ns}	40*	12 ^{ns}
BME	66 ^{ns}	39 ^{ns}	59 ^{ns}	15 ^{ns}

Note: Pairwise comparisons between White Scots and other ethnic groups were analysed for statistical significance with the results indicated in the table: ***p<0.001, **p<0.01, *p<0.05, ns=not significant.

⁴⁴ Of course, hardly any Asylum Seekers are actually working, but the high proportion of economically active among them reflects their response to inquiries about their economic status: we have not defined them as outside the labour market by virtue of the prohibition on working if they did not do so themselves, i.e. classifying themselves as 'unemployed'.

Households can be classified according to whether or not any adult in the household was working. Around one in five households in the Transformation Areas were working households (ie containing someone in employment). This compares to one in three households in Local Regeneration Areas and one in two households in the other types of area: MSF Surrounds, Housing Improvement Areas and Peripheral Estates. The results for each of the Transformation Areas are given in Table 13.

Table 13: Household Status by Study Area (row percentage)

	Working	Non-Working	Pensioner/Other
Red Road	18	77	5
Sighthill	22	68	10
Shawbridge	15	76	9

Again, we can examine whether the low rate of working households is a function of the presence of Asylum Seekers and refugees in Transformation Areas. Table 14 shows that the rate of working households is very low for Asylum Seekers, as expected, but is also low, relative to other groups, for White Scots households: the differences with Other White households are the largest here, and statistically significant.

Table 14: Household Status by Ethnicity/Citizenship (row percentage)

	Working	Non-Working	Pensioner/Other
White Scots	22	61	15
Other White	48**	37	15
Asylum Seeker	7***	91	0
Refugee	32 ^{ns}	67	0
BME	29 ^{ns}	71	0

5. Income and Finances

- Transformation Areas contain a financially dependent resident group, with less than a fifth of households living mainly on earnings or private income. Benefit dependency is significantly greater in Transformation Areas than in all other types of study areas: this is true even if we just compare White Scots across study areas (i.e. removing the effects of Asylum Seekers on the findings).
- Incomes are very low. Four out of five households in Transformation Areas have gross incomes less than half the level of average earnings for people in employment in Glasgow.
- Housing costs are the most problematic item for household budgets with around two in five people having occasional or frequent difficulty meeting the costs of rent, maintenance charges and fuel bills. It will be important to check that housing costs do not become more problematic after regeneration as a result of higher costs, reflecting higher quality.

Income Sources

Income sources in the two types of regeneration area (Transformation Areas and Local Regeneration Areas) are significantly different to those in the other three types of area ($p < 0.000$). Less than a fifth of households in Transformation Areas get their incomes from earnings or other private sources; over twice as many households do so in the non-regeneration types of area (see Figure 7).

Seven out of ten households in the three GoWell Transformation Areas get their income wholly from state benefits, which is partly a function of the large number of Asylum Seekers and refugees in these areas. Nevertheless, the areas contain a very dependent population group, financially. Transformation Areas contain a more benefit-dependent population than Local Regeneration Areas ($p < 0.01$). The pattern of income sources is similar across all three Transformation Areas, with private incomes being most prevalent in Sighthill (20% of households).

We would expect that Asylum Seekers in Transformation Areas are very dependent on benefits for their income since they are generally not permitted to work, and this is confirmed in Table 15, where we can see that four out of five Asylum Seekers are wholly dependent on state benefits and a further one in ten are partially dependent. However, we also see that White Scots in Transformation Areas have a very similar income source profile to that of refugees, with two-thirds wholly dependent on benefits and around a fifth getting their income mostly from private sources (earnings or private pensions). If we compare White Scots across the types of study area (Table 16), it is clear that the population in Transformation Areas is more benefit-dependent than the same group elsewhere: the rate of being wholly benefit dependent is twice as high in Transformation Areas as in MSF Surrounds and Housing Improvement Areas, and a third higher than in Peripheral Estates.

Figure 7: Income Source by Type of Area

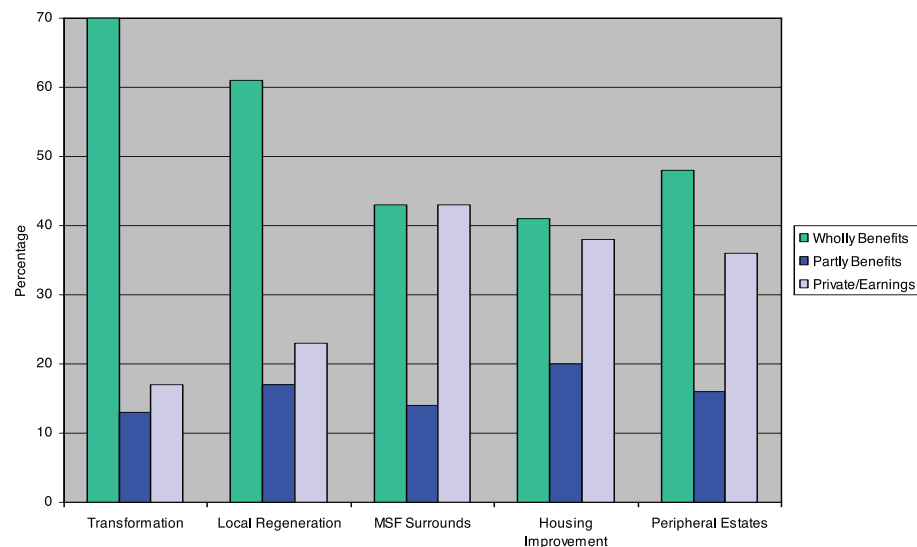


Table 15: Income Sources by Ethnicity/Citizenship in Transformation Areas (Row Percentage)

	Wholly State Benefits or Pensions	Partly State Benefits or Pensions	Earnings or Private Income
White Scots	67	15	18
Other White	39	17	44
Asylum Seeker	82	9	9
Refugee	66	13	21
BME	57	19	23

Differences statistically significant: Pearson $\chi^2 = 46.826$, $df=8$, $p<0.001$

Table 16: Income Sources for White Scots by Type of Area (Row Percentage)

	Wholly State Benefits or Pensions	Partly State Benefits or Pensions	Earnings or Private Income
Transformation Areas	67	15	18
Local Regeneration Areas	61	13	26
MSF Surrounds	43	14	43
Housing Improvement Areas	42	20	38
Peripheral Estates	49	16	35

Differences statistically significant: Pearson $\chi^2 = 120.803$, $df=3$, $p<0.001$

Very few people in the three GoWell Transformation Areas supplement their incomes through borrowing. The two most common sources of loans were banks and friends or relatives. Approximately one in twenty people used a bank overdraft to access more funds across the areas, and in Shawbridge, nearly one in ten people had borrowed from a friend or relative, as had 3% of people in Sighthill and 1% in Red Road. All other sources of lending were either unused or very rarely used.

Income Levels

In the GoWell survey, respondents were asked to indicate their household gross income from all sources. Where detailed indications were not given, a broad indication as to whether income was above or below certain thresholds was sought. Overall, only two in five people in the survey gave an indication as to their household income. The results are summarised in Table 17, by type of area.

Both Transformation Areas and Local Regeneration Areas contain households who are poorer than those elsewhere, with four out of five households having incomes before tax below £10,150,⁴⁵ a little under £200 per week. In other areas, around half the households have incomes this low. Incomes are even lower in the Shawbridge estate, where 90% of households have incomes below £10,150.

Affordability

Respondents were asked to identify how often they faced difficulty meeting regular household costs. The results for respondents in the three Transformation Areas as a group are shown in Table 18. Two in five households have difficulty from time to time meeting the costs of rent, maintenance costs and fuel bills; whilst one in three have difficulties meeting the costs of food and council tax. Between one in six and one in seven people have frequent difficulties with the affordability of each of these items. By way of comparison, 60-70% of people in Transformation Areas never have affordability problems, in Peripheral Estates 85-90% of people never have difficulties.

Table 17: Gross Household Income per Annum by Type of Area (percentage)

	Less than £10,150	More than £10,150	Response Rate
Transformation	78	22	(46)
Local Regeneration	84	16	(46)
MSF Surrounds	46	54	(44)
Housing Improvement	46	54	(29)
Peripheral Estates	52	48	(33)

Table 18: Affordability Difficulties in Transformation Areas (percentage)

	Very or Quite Often	Occasionally	Never
Rent or mortgage	16	24	60
Repairs and maintenance	17	20	63
Fuel bills	17	22	61
Food	14	18	68
Council tax	14	18	69

⁴⁵ This represents half the average gross annual earnings in 2005 of someone resident in Glasgow and in employment, at £20,317.

6. Neighbourhood Physical and Service Environments

- Environments in Transformation Areas are rated worse than environments in other social housing areas, especially in relation to the aesthetics of buildings and the environs, and the peacefulness of the surroundings.
- Neighbourhood environments receive far worse ratings than local public services. Thus, the physical environment is more problematic than the quality of services in Transformation Areas.
- Parks and play areas for children are rated as the worst elements of the local environment in Transformation Areas, though similarly poor ratings can be found in Peripheral Estates.
- In Transformation Areas, only two public services are rated as good by a large majority of people: schools; and public transport. Of the three Transformation Areas, Shawbridge residents are the most positive about public services.
- For some services, the least positive ratings are given by residents in Peripheral Estates: this is true for youth and leisure services, policing, shops and banking.
- There is low usage of local social, leisure and community resource facilities (such as libraries, community centres and job centres) by residents in Red Road and Sighthill, in particular the latter area.

Physical Environments

Transformation Areas are rated less favourably in terms of their environments than are other types of area in the GoWell study, with typically two out of five people rating particular aspects of the environment as 'very good' or 'fairly good' (though in actual fact fewer than 5% of respondents rate anything as 'very good'). As Table 19 shows, in the case of buildings and general amenities provided by environments (attractiveness and peacefulness) the ratings in Transformation Areas are 20 points lower than in some other (non-regeneration) areas. In the case of parks and play areas, where around one in three people in Transformation Areas rate things as 'very good' or 'fairly good', residents' assessments are on a par with those of people in Peripheral Estates but are at least ten points lower than given by residents in other areas.

Table 19: Neighbourhood Environment Ratings by Type of Area

	% Rating Item as 'Very Good' or 'Fairly Good'				
	Transformation	Local Regeneration	MSF Surrounds	Housing Improvement	Peripheral Estates
Attractive Buildings***	44	49	61	66	57
Attractive Environments***	46	49	60	71	56
Quiet and Peaceful Envnt.***	40	39	57	64	47
Park/Open Spaces***	35	42	51	47	37
Children's Play Areas***	30	37	40	39	30

Note: Differences on all five items are statistically significant: ***= $p < 0.001$

Although ratings for neighbourhood environments are lower in Transformation Areas than in other areas, it is still somewhat surprising that so few people rate their environments as 'poor'. Fewer than one in five people rate most aspects of the local environment as 'fairly poor' or 'very poor' and far more people rate things positively than negatively (Table 20). Only in the case of children's play areas, which get the worst rating, do positive and negative assessments come at all close in quantity (a ten point gap).

Table 20: Neighbourhood Environment Ratings in Transformation Areas

	'Very Good' Or 'Fairly Good'	'Neither Good Nor Bad'	'Fairly Poor' Or 'Very Poor'
Attractive Buildings	44	39	15
Attractive Environments	46	38	14
Quiet and Peaceful Environment	40	42	15
Park/Open Spaces	35	44	16
Children's Play Areas	30	44	20

It might be thought that new arrivals in Transformation Areas, namely Asylum Seekers and refugees, may be less inclined to be critical of their environments either due to the legal uncertainty of their residence status or due to low expectations and previous residence in unfavourable environments abroad. In other words, they may not expect much better or may be more inclined to be grateful for whatever is on offer to them. Table 21, however, shows that in the case of buildings and environmental amenities non-white groups are less positive in their ratings but the differences are not great; in the case of parks and children's play areas non-white respondents' assessments are on a par with those of White residents. It is also worth noting that Black and Minority Ethnic residents (not Asylum Seeker and Refugees) often give the more positive ratings.

Table 21: Neighbourhood Environment Ratings by Ethnicity/Citizenship

Rating Item as 'Very Good' or 'Fairly Good' (percentage)					
	White Scots	Other White	Asylum Seekers	Refugees	BME (Not ASR)
Attractive Buildings	48	33	40	42	50
Attractive Environments	51	36	43	44	46
Quiet and Peaceful Environment	43	36	38	39	49
Park/Open Spaces	36	31	36	32	44
Children's Play Areas	32	24	32	27	41

Note: This analysis included the Scotstoun MSFs, which was originally intended to be a 'major regeneration' area.

Service Environments

Respondents in the GoWell survey were asked to rate the quality of public services in their area. As can be seen in Table 22, in the case of five out of nine services, fewer than three out of five (60%) residents in Transformation Areas rated the service as 'very good' or 'fairly good' – these services are: youth and leisure services; policing; shops; banking; and childcare/nurseries. The best rated services in Transformation Areas are schools and public transport. Many services are rated worse in Peripheral Estates than in transformation areas. These results will be partly influenced by the fact that in general Asylum Seekers and refugees (who of course are a significant presence in transformation areas) give higher ratings than white people (who dominate in all the other types of study area).

Within the group of Transformation Areas, Shawbridge residents gave the most positive ratings for six of the nine items (see Table 23) and residents in Red Road gave the worst ratings for five of the services. Two services were rated as good only by a minority of respondents in Red Road, namely youth and leisure services, and banking services. The same was true of childcare services in Sighthill, where rubbish collection was also rated much lower than in the other two areas.

Table 22: Public Service Ratings by Type of Area

Rating Item as 'Very Good' or 'Fairly Good' (percentage)					
	Transformation	Local Regeneration	MSF Surrounds	Housing Improvement	Peripheral Estates
Schools**	74	71	76	75	80
Public Transport***	77	68	71	79	80
Rubbish Collection***	65	53	75	85	85
Youth and Leisure Services***	56	52	45	47	45
Policing***	57	56	54	48	47
Shops***	57	53	60	64	48
Banking and Financial***	54	56	56	43	41
Childcare/Nurseries**	55	55	52	47	52
Health Centre/GP***	60	57	68	66	72

Note: Excluding 'don't know' responses⁴⁶.

Differences between areas were statistically significant for all items: ***p<0.001 **p<0.01.

Table 23: Public Service Ratings by Transformation Area

Rating Item as 'Very Good' or 'Fairly Good' (percentage)			
	Red Road	Sighthill	Shawbridge
Schools	71	79	68
Public Transport	71	83	75
Rubbish Collection	64	62	75
Youth and Leisure Services	51	56	65
Policing	52	57	63
Shops	50	57	66
Banking and Financial	50	53	65
Childcare/Nurseries	55	52	62
Health Centre/GP	63	57	63

Note: Excluding 'don't know' responses.

⁴⁶ Excluding the don't know respondents has the effect of slightly inflating that percentages in the table.

Use of Amenities

Tables 24-26 show the extent to which residents in each GoWell Transformation Area made use of local or non-local amenities. It is difficult to evaluate these responses without detailed knowledge of local provision of amenities, but a few things stand out in the Tables. First, significant numbers of people do not make any use of social and leisure amenities, whether local or non-local. Second, large numbers of people in all three areas, but especially Sighthill, make no use of resource-type amenities such as libraries, community centres and the job centre. Raising the quality and use of such amenities in future could be a route towards greater community cohesion. Third, there is heavy dependence on local shopping amenities in all three areas and thus the quality of these will be important to residents. Reliance on local amenities overall is greatest in Shawbridge. Reliance on non-local amenities is highest for residents in Red Road, especially in relation to shopping and leisure.

Table 24: Use of Local Amenities in Red Road

Respondents Using Amenities in Stated Location (percentage)				
	Mostly Within	Mostly Outside	Equally Both	Do Not Use
Sports Facilities	27	22	6	43
Social Venues	30	20	7	42
Park/Play Areas	57	13	8	22
Post Office	78	12	5	5
Local Grocers	79	15	5	1
Supermarket	64	24	11	1
General Shopping	46	27	24	3
Library	39	12	9	40
Community Centre	35	12	6	47
Job Centre	37	12	6	45

Table 25: Use of Local Amenities in Sighthill

Respondents Using Amenities in Stated Location (percentage)				
	Mostly Within	Mostly Outside	Equally Both	Do Not Use
Sports Facilities	28	12	5	55
Social Venues	36	12	9	43
Park/Play Areas	52	17	6	25
Post Office	77	12	5	6
Local Grocers	78	15	5	3
Supermarket	73	14	10	3
General Shopping	61	22	11	6
Library	34	9	6	51
Community Centre	18	8	4	71
Job Centre	20	7	4	69

Table 26: Use of Local Amenities in Shawbridge

Respondents Using Amenities in Stated Location (percentage)				
	Mostly Within	Mostly Outside	Equally Both	Do Not Use
Sports Facilities	37	21	8	34
Social Venues	43	14	9	35
Park/Play Areas	58	17	9	17
Post Office	77	12	5	6
Local Grocers	84	10	4	2
Supermarket	85	9	6	1
General Shopping	81	11	7	2
Library	63	5	4	29
Community Centre	52	4	4	40
Job Centre	48	5	7	41

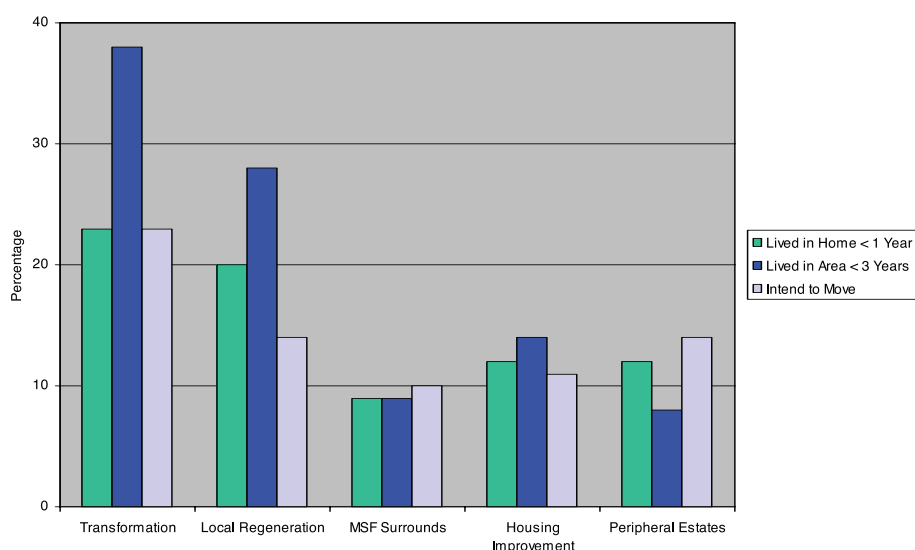
7. Neighbourhood Social Environments

- Transformation Areas are very unstable in residential terms, with around a quarter of residents having lived in their home for less than a year and two in five people having lived in the area for two years or less. Allied to the fact that the areas consist largely of multi-storey flats (MSFs), this presents challenges to the formation of bonding social relationships within the community.
- Anti-social behaviour problems are common in all three GoWell Transformation Areas, but are most prevalent in Red Road. Three issues appear in the top five most common problems in all three areas: teenagers hanging around, gang activity, and drunkenness and rowdiness in public. Drug use and drug dealing are also frequently identified as problems in Red Road and Shawbridge.
- To perform as well as other places in Scotland as residential environments, the proportion of people within Transformation Areas who are 'very satisfied' with their area as a place to live would have to increase by a factor of ten. To perform as well as other social housing areas or deprived areas in general, high satisfaction rates would have to rise five-fold. These indicators quantify the regeneration challenge in residential terms.
- Fewer people in Transformation Areas than in other types of area think their neighbourhood has a good reputation, either among local people or among others. This gap is particularly high if Transformation Areas are compared with their immediate surroundings or with Housing Improvement Areas. However, the perception that areas have bad external reputations seems to affect Transformation Areas to the same degree as their immediate surrounding areas and Peripheral Estates, which are equally seen to suffer from a bad image.
- Very few people in Transformation Areas can yet identify any positive change in their areas, which is not surprising given the early stages of the regeneration process. Only a small number of people in Transformation Areas derive a sense of achievement from where they live (<30%), something twice as many people do in Housing Improvement Areas. Psychosocial benefits from residence are thus quite scarce at present in Transformation Areas.

Residential Stability

Transformation Areas are far more unstable, in terms of their resident populations, than other types of area, as can be seen in Figure 8. Compared with housing improvement areas and Peripheral Estates, Transformation Areas have three to four times as many people who have lived in the area for less than three years, together with twice as many people who intend to move home in the next year.

Figure 8: Residential Instability by Type of Area



Note: Differences between areas on all three items are statistically significant:

Lived in home < 1 year: Pearson $\chi^2 = 141.531$, $df=4$, $p<0.001$

Lived in area < 3 years: Pearson $\chi^2 = 586.834$, $df=4$, $p<0.001$

Intend to move: Pearson $\chi^2 = 112.754$, $df=4$, $p<0.001$

The findings with regard to residential instability are similar across the three GoWell Transformation Areas apart from the fact that Sighthill has fewer people who themselves intend to move home in the next year – see Table 27.

Table 27: Residential Instability by Transformation Area

	Respondents in Each Area (percentage)		
	Red Road	Sighthill	Shawbridge
Lived in Home for less than 1 year	24	25	20
Lived in Area for less than 3 years	38	39	37
Intend to Move Home in next year	30	17	26

Anti-Social Behaviour

Residents in all three Transformation Areas were asked to identify anti-social behaviour problems in their local neighbourhood. The results are shown in Table 28. Most notable is the fact that all problems, apart from sectarian tensions, are cited most often in Red Road. Equally, all problems, apart from rubbish and litter lying around, are cited least often in Sighthill. Overall, respondents in Red Road identified 9.5 problems (out of a possible 17), those in Shawbridge identified 7.6 and in Sighthill, the least – 5.7 problems.

Table 28: Anti-Social Behaviour Problems in Transformation Areas

	Residents in Each Area Identifying a 'Slight' or 'Serious' Problem (percentage)		
	Red Road	Sighthill	Shawbridge
Vandalism, graffiti etc.	52	48	51
Violence, assaults, muggings	56	28	47
Insults and intimidation in street	57	27	42
Noisy neighbours, loud parties	57	31	48
Abandoned, burnt out cars	53	24	42
Racial harassment	53	32	41
Drug use or dealing	65	43	57
Drunkenness/rowdiness in public	69	47	50
Gang activity	70	46	59
Teenagers hanging around	72	50	62
Nuisance neighbours	65	35	49
Dogs roaming, fouling etc.	59	33	41
Rubbish or litter lying around	62	48	44
Vacant/derelict buildings/sites	55	25	41
Tensions between Catholics/Protestants	33	19	37
House break-ins / burglary	33	18	28
Untidy gardens	28	22	25

Although cited in a different rank order, the top five problems (in terms of prevalence of citation) are the same in Red Road and Shawbridge, namely: teenagers hanging around on the street; gang activity; drunkenness and rowdiness in public; drug using and dealing; and nuisance neighbours or problem families (see Table 29). The top five problems in Sighthill do not include drug dealing and nuisance neighbours, but do include vandalism and rubbish. Teenagers hanging around is the most commonly cited problem in all three areas.

Table 29: Most Commonly Cited Anti-Social Behaviour Problems in Transformation Areas

Red Road	Sighthill	Shawbridge
Teenagers hanging around	Teenagers hanging around	Teenagers hanging around
Gang activity	Vandalism/graffiti	Gang activity
Drunkenness/Rowdiness	Rubbish/litter lying around	Drug use and dealing
Drug use and dealing	Drunkenness/Rowdiness	Drunkenness/Rowdiness
Nuisance neighbours	Gang activity	Nuisance neighbours

The Psychosocial Benefits of Neighbourhood

Neighbourhood Satisfaction

Respondents were asked how satisfied they were with their neighbourhood as a place to live. Table 30 shows that although overall rates of satisfaction in Transformation Areas are remarkably high, the number of people who are 'very satisfied' with their neighbourhood is extremely low, at less than one in twenty people. This rate of high satisfaction would have to be raised five-fold to equate to that found in other deprived areas in Scotland, and would have to be raised ten-fold to achieve the level of neighbourhood satisfaction found across Scotland as a whole.

Table 30: Neighbourhood Satisfaction by Transformation Area and Type of Area

	Respondents in Each Type of Area (percentage)	
	Very Satisfied	Satisfied
Transformation Areas:	4	62
Red Road	3	62
Sighthill	6	66
Shawbridge	2	53
Local Regeneration	3	68
MSF Surrounds	22	59
Housing Improvement	24	64
Peripheral Estates	17	60
	Very Good Place to Live	Fairly Good Place to Live
Scotland's Most Deprived Quintile ¹	25	55
All Areas in Scotland ¹	52	41

1. Source: Scottish Household Survey 2005

Note: Differences between GoWell study area types in terms of the proportion of people who are 'very satisfied' with their neighbourhood are statistically significant: Pearson $\chi^2 = 280.714$, $df=4$, $p<0.001$

Perceived Neighbourhood Change

Few people in any type of area see their area as having got better in the past two years. Around twice as many people perceive their area as having got worse rather than better – see Table 31. The only exception to this is in Peripheral Estates, where one in seven people think their area has got better, the same number as think it has got worse. Twice as many people in Peripheral Estates perceive their area as getting better as do so in Transformation Areas. In Sighthill and Shawbridge, three times as many people think their area has got worse as think it has got better, whereas in Red Road it is only one and a half times.

Table 31: Perceived Change in Area in Last Two Years by Type of Area

	Respondents in Each Type of Area (row percentage)		
	Better	Same	Worse
Transformation Areas	7	77	16
Local Regeneration	9	75	16
MSF Surrounds	10	73	18
Housing Improvement	6	82	12
Peripheral Estates	15	70	14

Note: Base numbers exclude those who have lived in the area less than two years.

The three main reasons given as to why areas had got worse (by the one in six people in Transformation Areas who thought their areas had got worse recently), were that there was more crime, an increase in drugs use and dealing, and too many gangs or youths hanging around.

Internal Versus External Reputations

Respondents in the GoWell survey were asked both what they believed local people thought of the area and what they believed other people in Glasgow thought of their area. Table 32 shows how many people thought their area had a good or bad internal reputation and external reputation.

Looking at internal reputations first, we see that Transformation Areas have the smallest difference between the proportion of people who think their area has a good reputation and the proportion who think it has a bad internal reputation. For example, in Housing Improvement Areas, seven times as many people think their area has a good reputation among local people as think it has a bad local reputation; in Transformation Areas, only one and a half times as many people think the local reputation of their area is good as think it is bad.

Similarly, four and a half times as many people in Transformation Areas think their area has a bad external reputation as think it has a good external reputation. In Local Regeneration Areas and Peripheral Estates, this multiplier between the two sets of responses is three times, and in Multi-Storey Flat (MSF) Surrounds and Housing Improvement Areas the difference is less than twice as many people identifying a poor external reputation as identify a good one.

Table 32: Perceived Reputation Of Area by Type of Area (row percentage)

	Internal Reputation ¹		External Reputation ²	
	Good	Bad	Good	Bad
Transformation Areas	25	16	9	42
Local Regeneration	35	16	11	38
MSF Surrounds	45	12	24	41
Housing Improvement	45	6	26	30
Peripheral Estates	29	10	14	43

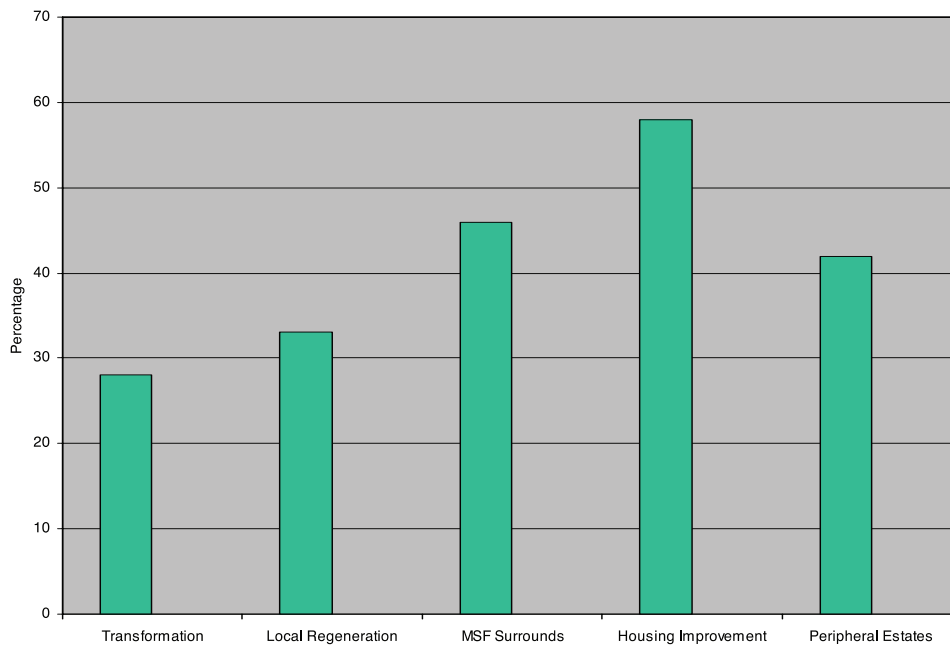
1. Percentage who agree (good) or disagree (bad) with the statement that 'People who live in this neighbourhood think highly of it'. Differences between study area types are statistically significant: Pearson $\chi^2 = 250.713$, $df=8$, $p<0.001$

2. Percentage who disagree (good) or agree (bad) with the statement that 'Many people in Glasgow think this neighbourhood has a bad reputation'. Differences between study area types are statistically significant: Pearson $\chi^2 = 221.387$, $df=8$, $p<0.001$

Sense of Achievement through Residence

Just over one in four people in Transformation Areas gain a sense of achievement, of 'doing well in life', from where they live (see Figure 9). Twice as many people do so in Housing Improvement Areas. This is clearly an area where improvement would be desirable if life satisfaction is important to wellbeing. The gap to be narrowed is illustrated by the fact that the proportion of people gaining a sense of achievement from where they live is twice as high in the area surrounding the Red Road multi-storey flats as it is in the core Red Road area.

Figure 9: Sense of Achievement by Type of Area
 ('Living in this neighbourhood helps make me feel that I'm doing well in life')



Note: Differences are statistically significant: Pearson $\chi^2 = 235.368$, $df=4$, $p<0.001$

Gaining a sense of achievement from one's area does not appear to be solely dependent on area reputation, nor on one's awareness of positive change. Of those people in Transformation Areas who feel they are doing well in life partly as a result of living where they do, only 13% also feel that their area has a good external reputation, whilst 30% think the opposite (i.e. that their area has a bad reputation across the city). Similarly, only 5% of those people whose neighbourhood helps them feel they are doing well in life also think their area has improved as a place to live in over the past two years, whilst 8% think it has got worse.

8. Communities

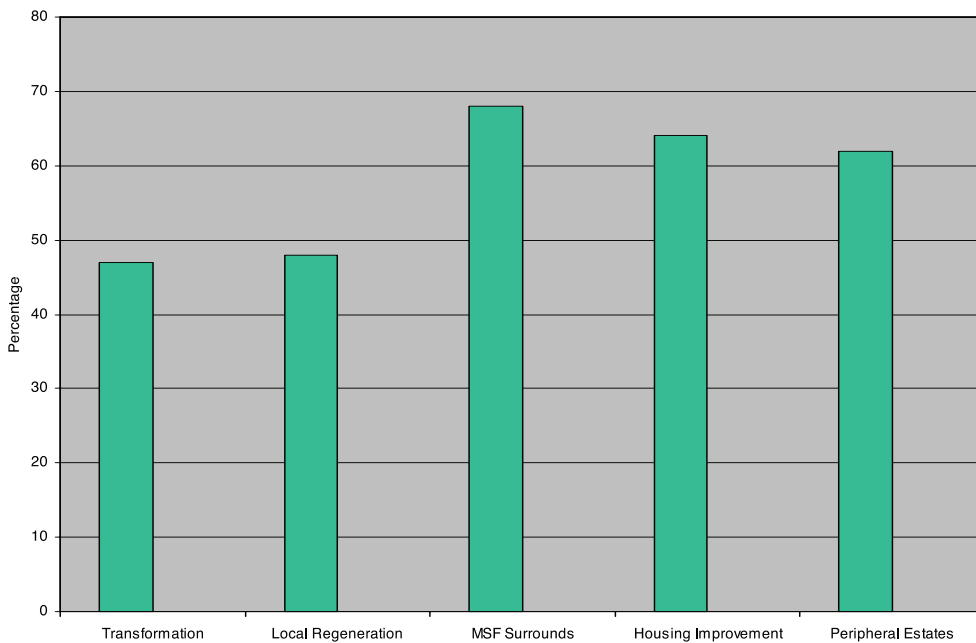
- Perceived community cohesion is far lower in Transformation Areas than in other places. This is true in relation to sense of safety, belonging, social harmony and informal social control. There is also a very low level of perceived honesty among residents, but this can be found in other areas as well.
- Refugee households lack a sense of community cohesion to a greater extent than other sub-groups. Further investigation is required to find out why refugees should lack a sense of cohesion more so than asylum seekers: this may be to do with available support mechanisms; different expectations; or different experiences and treatment in relation to their needs, given the difference in status and responsibilities between refugees and Asylum Seekers.
- Significant numbers of Black and Minority Ethnic residents in Transformation Areas (nearly two in five) lack a sense of belonging to the neighbourhood, although they have normal residency rights.
- Single pensioner households in Transformation Areas, whilst few in number, appear to have concerns about their communities in relation to trust and social control, and are likely to lack social support and daily social contact.
- Daily social contact with other people is significantly lower in Transformation Areas than in all other types of area. Moreover, regular, daily social contact with neighbours is particularly uncommon within Transformation Areas. This may be associated with the diversity of the resident group and a lack of a socially conducive local environment.
- Levels of social support available from outside the immediate household are lower in Transformation Areas than in other types of area. These differences are significant and greatest in comparison with support available to residents of Peripheral Estates. Within Transformation Areas, coping alone is most prevalent among White Scots single adults, large adult Asylum Seeker households, and small adult Refugee households. Black and Minority Ethnic (BME) residents appear to have more social support available than other households.
- Civic involvement is at a very low level in Transformation Areas. Fewer than one in twenty people said they take part in, support or help any groups, clubs or organisations of any sort.
- Residents in Transformation Areas have a low sense of influence over decisions which affect the local area, but we do not know whether this feeds into a disaffected sense of powerlessness.

Community Cohesion

Five aspects of community cohesion were explored in the GoWell survey: safety, belonging, harmony between groups, informal social control, and honesty. Several of these components involve an element of trust and reliability between co-residents. Figure 10 shows the proportion of people in each type of area who agreed that the components of community cohesion were present in their neighbourhood. The most cohesive places are the MSF Surrounds and the least cohesive are the Transformation Areas, which is perhaps not surprising given their instability and diversity, as noted earlier.

Table 33 gives the proportion agreeing with each statement about cohesion by type of study area. There are two items where only a minority of people in Transformation Areas recognise the element of cohesion as present, namely informal social control and honesty; however in the case of honesty this is not unlike other types of area. The gap between Transformation Areas and the most cohesive locations – MSF Surrounds – is greatest in the case of harmony and safety and perhaps these issues deserve most attention in terms of community renewal.

Figure 10: Average Sense of Cohesion by Type of Area



Note: The mean proportion of respondents in each type of area who agreed with each of the five statements about community cohesion relating to: safety, belonging, social harmony, informal social control and honesty. In the case of social harmony, the relevant figure included both those who agreed that people from different backgrounds got on well together, as well as those who thought everyone was from the same background.

Table 33: Elements of Cohesion by Type of Area

	Respondents Agreeing in Each Type of Area (percentage)				
	Safety	Belonging	Harmony	Control	Honesty
Transformation Areas	51	70	49	40	28
Local Regeneration	64	54	41	52	31 ^{ns}
MSF Surrounds	76	91	78	56	41
Housing Improvement	72	88	75	58	25 ^{ns}
Peripheral Estates	71	85	74	56	23

Note: All differences in this table are statistically significant with $p < 0.001$ in almost all cases, apart from the two items identified by 'ns' in relation to Honesty.

We can examine sense of cohesion by household type and by ethnicity, within Transformation Areas; this is done in Tables 25 and 26, which identify those respondents who gave negative answers – indicating their lack of a sense of cohesion within the local area. Looking first at household types, the overall proportion of people lacking a sense of community cohesion is slightly higher among small adult households and single parent families (see Table 34).

Table 34: Absence of Social Cohesion by Household Type within Transformation Areas

	Respondents of Each Household Type (percentage)					Mean
	Lacking Safety	Lacking Belonging	Lacking Harmony	Lacking Social Control	Lacking Honesty	
Single Adult	21	28	23	28	34	27
Small Adult	26	33	30	28	32	30
Large Adult	27	36	27	14	26	26
Single Parent	28	33	24	30	30	29
Small Family	26	28	27	27	27	27
Large Family	15	31	38	21	30	27
Single Pensioner	19	17	23	33	38	26
Older Smaller	26	13	26	43	30	27

If one focuses on the two issues mentioned earlier, where the gap between Transformation Areas and other areas is greatest – safety and harmony – contrasting patterns emerge. For safety, absence of cohesion is similar across many household types, but is lower among single person households (younger or older) and large families. However, in relation to harmony, the largest absence of perceived cohesion exists in relation to large families and this raises the question as to whether large family households face particular problems of getting along with their co-residents. Older households also suffer particular difficulties in relation to cohesion, with two in five older smaller households perceiving there to be a lack of informal social control, and a similar proportion of single pensioners perceiving there to be a lack of honesty. However, older people also exhibit a greater sense of belonging to their area and thus their other responses may reflect perceptions of social change in the area over time.

In general within Transformation Areas, refugees have a lower sense of community cohesion than other groups (see Table 35), with the differences in three out of five items being statistically significant. Asylum Seekers, on the other hand, have higher levels of perceived cohesion than the other Ethnic Minority groups on all dimensions other than belonging (which is not surprising given their particular legal status). In fact, Asylum Seekers are less likely than White Scots to identify a lack of community cohesion on three of the five items. Black and Minority Ethnic residents particularly feel a lack of belonging and of honesty locally, though the differences with White Scots are not statistically significant due to the lower sample size for BME respondents. For White Scots, perceived community cohesion is weakest in relation to informal social control and honesty.

Table 35: Absence of Social Cohesion by Ethnicity/Citizenship within Transformation Areas

Respondents of Each Ethnic/Citizenship Group (percentage)						
	Lacking Safety	Lacking Belonging	Lacking Harmony	Lacking Social Control	Lacking Honesty	Mean
White Scots	24	25	27	31	34	28
Other White	22	22	23	32	26	25
Asylum Seeker	18*	35**	27	18***	20***	24
Refugee	33*	27***	34	36	44*	35
BME	25	38	30	25	42	32

Statistically significant differences between White Scots and other groups are indicated as follows: ***p<0.001, **p<0.01, *p<0.05.

Social Networks

GoWell respondents were asked how frequently they had contact with other people (relatives, friends and neighbours) and by what means (face-to-face, by phone, or in writing).

Most people in Transformation Areas have contact with other people (relatives, friends or neighbours) at least weekly, as they do in other types of area, but the level of daily contact is lower (see Table 36). The gap in social contacts between people living in Transformation Areas and other areas is greatest in the case of contact with neighbours. Fewer than a fifth of residents in Transformation Areas have contact with their neighbours on most days whilst twice this many people speak to their neighbours daily in MSF Surrounds and in Peripheral Estates.

Table 36: Frequency of Social Contact by Type of Area

	Respondents in Each Type of Area (percentage)			
	Neighbours		Anyone	
	Most Days	At Least Weekly	Most Days	At Least Weekly
Transformation Areas	17	45	45	47
Local Regeneration	22*	49	51*	40
MSF Surrounds	35***	47	58***	39
Housing Improvement	27***	55	48 ^{ns}	48
Peripheral Estates	34***	55	56***	40

Note: all but one comparison between Transformation Areas and other types of area on daily contact rates are statistically significant: *** $p < 0.001$, * $p < 0.05$.

Exploring social networks further, we can identify levels of social contact within Transformation Areas by households of different types, and from different ethnicity/citizenship groups, as shown in Table 37. We can see that those households with relatively low levels of daily social contact include all refugee households, Black and Minority Ethnic families and single adults, and White Scots large adult and single pensioner households (as already noted, pensioner households are few in number in Transformation Areas).

Table 37: Daily Social Contact by Household Type and Ethnicity/Citizenship within Transformation Areas

Household Type within Each Ethnic Group with Daily Social Contact (percentage)					
	White Scottish	Other White ¹	Asylum Seekers	Refugees	Black and Minority Ethnic
Single Adult	47	40	56	33	29
Small Adult	51	29	57	44	60
Large Adult	42	100	55	36	69
Single Parent	47	0	51	38	17
Small Family	58	0	51	35	36
Large Family	55	50	41	34	0
Single Pensioner	42	0	-	-	-
Older Smaller	49	50	-	-	-

1. There were only 28 cases of 'Other White' households in the Transformation Areas.

Social Support

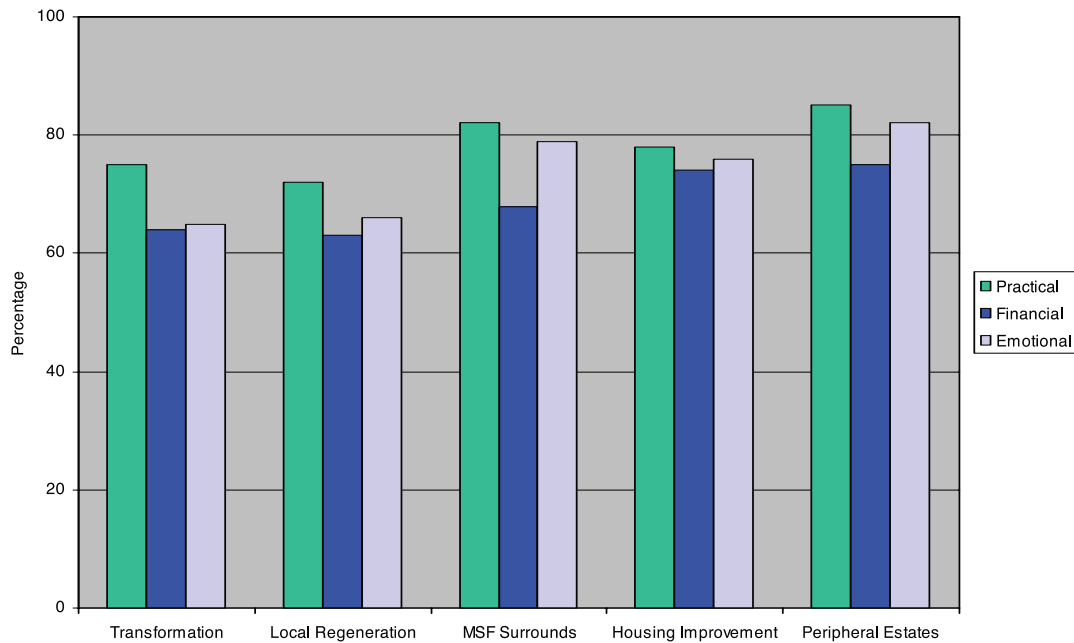
GoWell respondents were asked how many people outside the home they could ask for help in a variety of circumstances covering practical (go to shops if unwell), financial (lend money for a few days) and emotional (support and advice in a crisis) support. Figure 11 shows that most people in all types of area had at least someone available whom they would be prepared to ask for help in each circumstance.

The availability of social support was highest in Peripheral Estates and lowest in Transformation Areas. The gap between the two was greatest in the case of emotional support: two thirds of people in Transformation Areas had someone to provide advice and support to them, compared with four fifths of people in Peripheral Estates. Comparing the levels of each type of social support available on a pairwise basis between Transformation Areas and MSF Surrounds as well as Peripheral Estates we find that in every case, levels of support were significantly lower in Transformation Areas.⁴⁷

Nearly a quarter of people in Transformation Areas (23%) had none of the three forms of social support available to them outside the home (including those who would not ask for help or who didn't know if they would). This is much higher than the proportion of people in Peripheral Estates lacking any forms of support (14%), but slightly lower than in Local Regeneration Areas (26%).

⁴⁷p<0.001 in all cases, except the difference in levels of financial support between Transformation Areas and MSF Surrounds, where p<0.01.

Figure 11: Levels of Available Social Support by Type of Area



Note: Differences statistically significant as follows:
 Practical Support: Pearson $\chi^2 = 68.256$, $df=4$, $p<0.001$
 Financial Support: Pearson $\chi^2 = 65.138$, $df=4$, $p<0.001$
 Emotional Support: Pearson $\chi^2 = 135.479$, $df=4$, $p<0.001$

When we examine lack of social support by household type and ethnicity (Table 38) we see that coping alone is most prevalent among White Scots single adults, large adult Asylum Seeker households, and small adult Refugee households. Black and Minority Ethnic residents appear to have more social support available than other households.

Table 38: Lack of Social Support by Household Type and Ethnicity/Citizenship within Transformation Areas

Household Type within Each Ethnic Group Lacking One or More Forms of Social Support (percentage)					
	White Scottish	Other White ¹	Asylum Seekers	Refugees	Black and Minority Ethnic
Single Adult	49	0	44	42	29
Small Adult	45	25	46	61	33
Large Adult	39	0	53	39	8
Single Parent	36	0	39	30	31
Small Family	47	0	34	42	40
Large Family	37	50	39	17	20
Single Pensioner	47	0	-	-	-
Older Smaller	32	0	-	-	-

1. There were only 28 cases of 'Other White' households in the Transformation Areas.

Civic Involvement

Very few people in Transformation Areas engage in formal or informal volunteering, but this is no different to the other types of study area. Only 1 or 2% of households contain anyone doing 'voluntary work' or 'work as an unpaid carer', though there could be informal support efforts going on which people do not consider to be 'work' as such.

Fewer than one in twenty respondents participated in (or supported or helped) any groups, clubs or organisations in the last year, be they social and leisure focused clubs or groups with a wider societal purpose: 3% in Sighthill; 4% in Red Road; and 6% in Shawbridge. These numbers contrast with the 20% of adults across Scotland, and 13% of those with incomes between £6,000 and £10,000 who give up time as a group organiser or volunteer in a year.⁴⁸

Sense of Empowerment

Respondents were asked their views about their landlord/factor's decision making and also about wider decision making that affects the local area. The results are shown in Table 39. We can see that people's sense of empowerment is lower in Transformation Areas than across all the GoWell study areas as a whole. Sense of empowerment in relation to housing and housing-related matters is much higher than in relation to wider decision making. Influence over decisions that affect the local area is a different matter though, with only around one in five people in Transformation Areas feeling that they have any influence in this regard.

⁴⁸ Scottish Household Survey 2005

Table 39: Sense of Empowerment by Transformation Area

Respondents in Each Area (percentage)						
	Landlord Keeping People Informed		Landlord Taking Account of Views		Influence Over Decisions About Local Area	
	Very Satisfied	Satisfied	Very Satisfied	Satisfied	Strongly Agree	Agree
Red Road	15	38	10	32	3	19
Sighthill	5	55	3	37	2	17
Shawbridge	10	46	10	37	0	16
All GoWell Study Areas	9	57	7	42	3	26

If we compare influence over local decisions between all types of study area, we see that sense of influence is lowest in Transformation Areas and significantly lower compared with each other type of study area apart from Local Regeneration Areas (Table 40).

Table 40: Influence Over Local Decisions by Type of Area

“On your own, or with others, you can influence decisions affecting your local area”		
	Agree	Disagree
Transformation Area	19	81
Local Regeneration Area	23 ^{ns}	77
MSF Surrounds	37 ^{***}	63
Housing Improvement Area	33 ^{***}	67
Peripheral Estates	27 ^{***}	73
All Areas	29	71

Differences between Transformation Area and all other types of area apart from Local Regeneration Areas are statistically significant: ***p<0.001

9. Housing

- Twice as many people in Transformation Areas as in Housing Improvement Areas rate particular aspects of their home as 'less than good'. For ten out of twenty items, half or more respondents in Transformation Areas rate the item as 'less than good', a number only exceeded in Local Regeneration Areas (18 items).
- The most positively rated aspects of the home across all three Transformation Areas were overall condition, overall space and storage space.
- Despite the findings on individual aspects of the home, when given the choice, most people in Transformation Areas would agree that their 'home is fine as it is' rather than agreeing that it needs major works or demolition. The exception to this is in Shawbridge where a slight majority of respondents would opt for 'treatment' of one sort or another. Thus, despite acknowledged problems, people appear attached to their homes and reluctant to contemplate the disruption of major works or redevelopment of their homes.
- The high level of intention to move home within Transformation Areas (23% intending to move in next year) is not the result of impending redevelopment works, but rather stems from a range of reasons. The two most common reasons are: to move to a larger property, and to move to a better area.
- Residents in Transformation Areas are significantly less likely to be 'very satisfied' with their homes and with their neighbourhoods than residents in other types of area.⁴⁹ Furthermore, the level of provision of houses is far lower in Transformation Areas than in other areas, and the evidence both from GoWell and from the Scottish Household Survey suggests that residential satisfaction levels are higher where houses rather than flats are the majority built form. This is a clear signal as to the gains to be derived by changing the dominant dwelling type in these areas from flats to houses. Satisfaction levels can nonetheless be raised whilst still retaining a significant proportion of flats, but probably not to the levels of satisfaction achieved across Scotland in non-deprived areas.
- Far fewer people in Transformation Areas than elsewhere derive psychosocial benefits from their homes, especially feelings of safety, retreat and personal progress. Even fewer people in these areas gain a sense of personal progress from the neighbourhood in which their homes are located. Deficiencies in neighbourhoods seem to be identified more readily by residents than deficiencies in their houses.

The Need for Improvements to the Home

Most people in Transformation Areas, as in other types of area, think that their home is generally 'fine as it is' (see Table 41). Two in five people in Red Road and Sighthill, and half the people in Shawbridge, thought that their home needed work doing to it, or needed to be demolished. However, only one in twenty people in Transformation Areas think their home needs major work doing to it (as opposed to 'some work') and a similar number think their home 'needs to be demolished'. Thus, very few people see radical restructuring as necessary purely from a housing occupancy point of view.

⁴⁹ Excluding Local Regeneration Areas, where high levels of satisfaction are similarly rare, as in Transformation Areas.

Table 41: Views About the Home by Transformation Area and Type of Area

	Respondents in Each Area (percentage)		
	My home is fine as it is	My home needs some or major work to improve it	My home needs to be demolished
Transformation:			
Red Road	63	33	4
Sighthill	61	35	4
Shawbridge	48	45	7
Local Regeneration	63	36	1
MSF Surrounds	71	27	1
Housing Improvement	70	30	0
Peripheral Estates	68	32	0

Those people who said their home needed work doing to it, were asked what sort of work they thought was necessary. At least one in twenty people in the three Transformation Areas identified the following necessary works: complete refurbishment, repairs to the outside walls, external windows and doors, internal ceilings and walls, and heating systems. Three times as many people, at least 15% identified new kitchens and new bathrooms as the required works.

Rating Individual Aspects of the Home

Respondents were also asked to rate individual aspects of the home – see Table 42. There are 13 items out of 20 where at least twice as many people in Transformation Areas rated the item as less than ‘good’ compared with residents in Housing Improvement Areas (where ratings were most positive). These items are divided between internal and external aspects of the home and building. There are also 10 items out of 20 where half or more of respondents in Transformation Areas rated the quality of the item as ‘less than good’. This was also true for 18 items out of 20 in Local Regeneration Areas, but was not true for any of the items in the case of MSF Surrounds, Housing Improvement Areas and Peripheral Estates.

Table 42: Poor Rating of Aspects of the Home by Type of Area

Respondents in each Type of Area Rating Aspect as Less than 'Good'(percentage) ¹					
	Transformation	Local Regeneration	MSF Surrounds	Housing Improvement	Peripheral Estates
Overall condition	35	38	16	15	18
Overall space	39	38	22	20	26
Storage space	45	50	27	24	26
Bathroom/shower	59	56	34	33	32
Kitchen	57	55	33	32	33
Heating system	52	53	26	23	21
Insulation	51	53	28	22	20
Internal repair	51	53	29	22	24
Internal decoration	52	53	29	24	25
External repair	50	55	35	28	28
External appearance	50	52	29	26	25
Front door	44	50	27	19	21
Security of home	47	52	27	19	22
Internal layout	49	54	27	20	24
Windows	49	53	27	20	25
Electrical wiring	51	53	27	21	23
Sitting outside	51	52	30	24	29
Communal security	47	50	32	29	32
Noise in building	49	56	32	24	28
Parking	49	55	34	22	30

1. Respondents who selected the responses 'neither good nor poor', 'fairly poor' and 'very poor', rather than opting for 'very good' or 'fairly good'.

2. Note: Differences between Transformation Areas and Housing Improvement Areas (GHA areas comprised mostly of 'core' stock) are statistically significant ($p < 0.001$) for all 20 items.

Table 43 presents the findings on individual aspects of the home for each of the three Transformation Areas. Across all three areas, overall condition and space standards are rated the most positively of all the items (including storage space, as well as overall space in the case of Sighthill and Shawbridge). Communal issues (such as sitting outside, communal security, noise in the building) are rated more positively in Shawbridge. There are five items where either

a quarter or more of the respondents in an area gave the item a 'poor' rating, or where fewer than two in five gave the item a 'good' rating (in bold in Table 43). These were: bathrooms and kitchens in all three areas, heating systems in Shawbridge, access to somewhere to sit outside in the case of Sighthill, and parking in Red Road (though one in six people here said parking was not applicable to them).

Table 43: Rating of Aspects of the Home by Transformation Area

	Respondents in Each Study Area (percentage)					
	Red Road		Sighthill		Shawbridge	
	Good	Poor	Good	Poor	Good	Poor
Overall condition	61	17	68	10	60	20
Overall space	56	19	66	12	57	22
Storage space	50	21	57	15	56	23
Bathroom/shower	35	27	41	26	43	31
Kitchen	39	26	40	27	48	30
Heating system	40	21	50	17	43	27
Insulation	41	19	49	13	51	22
Internal repair	42	19	49	16	52	20
Internal decoration	41	20	47	15	52	20
External repair	46	20	46	15	48	21
External appearance	44	17	47	16	50	22
Front door	52	15	55	15	54	23
Security of home	47	14	53	13	53	15
Internal layout	45	15	49	14	55	14
Windows	46	18	49	16	55	21
Electrical wiring	44	16	46	14	57	19
Sitting outside	40	18	39	24	56	17
Communal security	52	13	47	10	58	17
Noise in building	42	19	46	13	60	11
Parking	37	11	41	11	54	6

Reasons for Wanting to Move Home

As we saw earlier, around a quarter (23%) of respondents in Transformation Areas intend to move home in the next year. As can be seen in Table 44, this is not mainly as a result of impending redevelopment works. Two factors dominate the reasons why people intend to move home: to get a larger home, and to move to a better or different area. Other property related reasons for moving home include: wanting a different type of property, wanting a garden, and because the property is in poor repair. People rather than property related reasons for moving include: to be nearer family and friends, which is more common in Red Road than in the other two areas, due to ill health or old age, and because of unfriendly relations with neighbours.

Table 44: Reasons for Intending to Move by Transformation Area

	Percentage of those in each area who said they intend to move home in the next 12 months		
	Red Road	Sighthill	Shawbridge
Want a larger property	41	42	41
Want to move to a better area	38	36	30
Want a different area	27	2	18
Want a different type of property	10	6	16
House/flat is in poor repair	8	0	11
To be nearer family/friends	13	3	2
Want a garden	10	0	7
Property is to be demolished	2	5	8
Want a smaller property	2	9	3
Dislike neighbours/unfriendly	2	0	9
Ill health / old age	1	5	4
Prefer ground floor	4	0	0
To buy own house/flat	2	0	1
Move because of work	0	2	3

House Types and Residential Satisfaction

Transformation Areas (and Local Regeneration Areas) are quite distinct in terms of their residential environments – see Table 45. Nine out of ten dwellings in Transformation Areas are high rise flats. In addition, there are some deck access flats and maisonettes, and some tenemental flats, but there are hardly any four-in-a-block properties or houses. In other areas, there are very few high-rise flats, and two in five properties are houses rather than flats. One in five properties in MSF Surrounds and in Housing Improvement Areas are four-in-a-block flats, and in MSF Surrounds and in Peripheral Estates, around a third of properties are tenemental flats.

Table 45: Dwelling Form by Type of Area (percentage)

	Transformation	Local Regeneration	MSF Surrounds	Housing Improvement	Peripheral Estates
<i>Flats:</i>					
High Rise	88	80	1	13	3
Deck Access/ Maisonette	5	15	5	19	6
Tenement	7	5	33	13	38
Four-in-a-block	<1	<1	20	20	7
<i>Houses:</i>					
Terraced	<1	0	14	9	21
Semi-detached	0	0	25	25	21
Detached/other	<1	<1	2	2	4

If we now look at patterns of both housing and neighbourhood satisfaction, we see that the areas dominated by high rise flats – Transformation Areas and Local Regeneration Areas – have much lower rates of satisfaction than other types of area, with very few people being ‘very satisfied’ (see Table 46, highlighted). In other types of area, higher rates of satisfaction are achieved, though it is worth noting that even here, houses are the dominant dwelling form.

Table 46: Residential Satisfaction by Type of Area

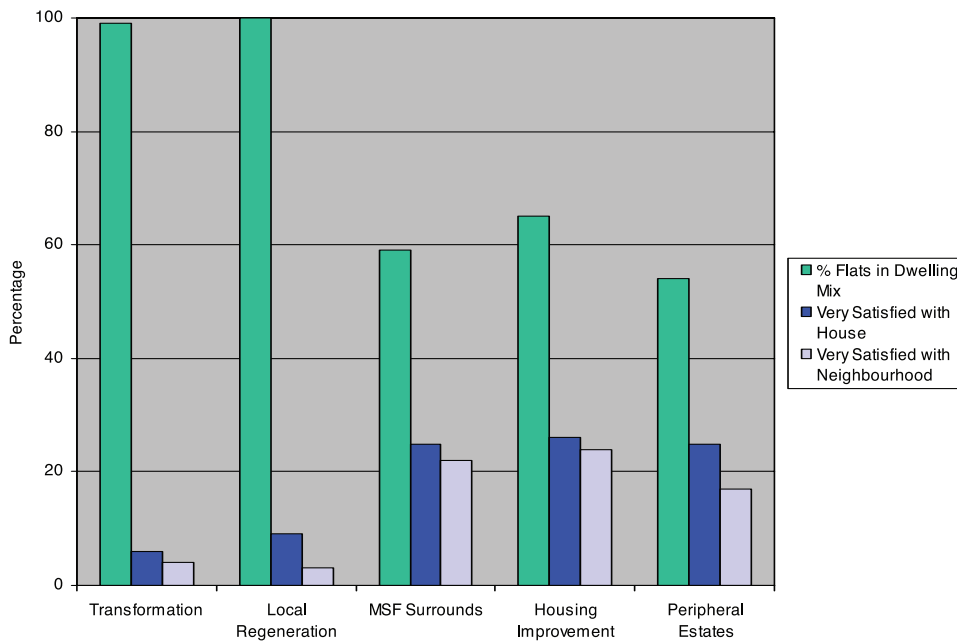
	Transformation	Local Regeneration	MSF Surrounds	Housing Improvement	Peripheral Estates
<i>Housing:</i>					
Very Satisfied	6	9	25***	26***	25***
Fairly Satisfied	63	58	57	61	57
Total	69	67	82	87	82
<i>Neighbourhood</i>					
Very Satisfied	4	3	22***	24***	17***
Fairly Satisfied	62	68	59	64	60
Total	66	71	81	88	77

Differences between Transformation Areas and the three non-regeneration types of area in terms of the proportions of people very satisfied with their home and neighbourhood are all statistically significant, ***p<0.001

Nevertheless, in the three non-regeneration types of area, typically only a quarter of people are 'very satisfied' with their home and a fifth are 'very satisfied' with their neighbourhood. But the majority of properties in these areas are still flats, with houses making up around two-fifths of dwellings. These patterns across types of area are illustrated in Figure 12 where rates of high residential satisfaction rise as the proportion of flats in an area declines. However, in Peripheral Estates, the number of people who are 'very satisfied' with their neighbourhood is lower than one might expect based on the mix of dwelling types – the highest proportion of houses (45%) does not coincide here with the highest rate of being 'very satisfied' with the neighbourhood as a place to live. There is a significantly lower level of neighbourhood satisfaction in Peripheral Estates compared with the other non-regeneration areas (MSF Surrounds and Housing Improvement Areas).

If we look at evidence from the Scottish Household Survey, we can see that a very similar pattern exists, with flats being in the majority in the most deprived quintile of areas – making up 57% of dwellings – and only 25% of residents in these areas rating their neighbourhood as a 'very good' place to live (see Tables 4.11 and 4.26 from Scotland's People 2005). In contrast, in deprivation quintiles three to five, where three quarters of properties are houses rather than flats (note that only 43% of properties are houses in the most deprived quintile), twice as many people – a majority – rate their neighbourhood as 'very good'. This may be telling us something important about the relationship between the dwelling built form in neighbourhoods and levels of residential satisfaction, though clearly the built environment is only part of the contextual situation which influences residential satisfaction in these areas.

Figure 12: Residential Satisfaction and Dwelling Mix by Type of Area



The Psychosocial Benefits of Home

GoWell respondents were asked whether they derived five psychosocial benefits from their homes, defined by agreement with the following statements:

Privacy: 'I feel I have privacy in my home'.

Control: 'I feel in control of my home'.

Progress: 'My home makes me feel that I am doing well in life'.

Safety: 'I feel safe in my home'.

Refuge/Retreat: 'I can get away from it all in my home'.

Most people in all types of area derive feelings of privacy and control from living in their homes, as shown in Table 47. Between two-thirds and three-quarters of people in the three non-regeneration areas also derive feelings of safety and retreat from being in their homes. However, in Transformation Areas and Local Regeneration Areas, only around half the respondents said that their homes gave them feelings of personal progress, safety and retreat. There is a sizeable gap to be narrowed here between Transformation Areas and other types of area.

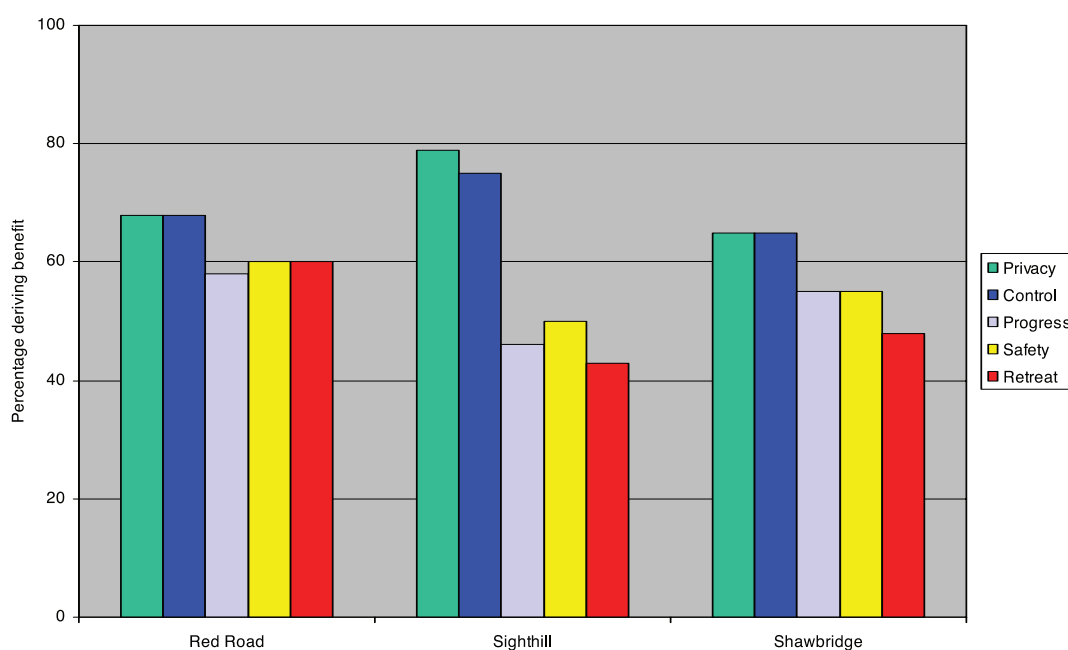
Table 47: Psychosocial Benefits of Home by Type of Area

	Respondents in Each Type of Area Agreeing (percentage)				
	Privacy	Control	Progress	Safety	Retreat
Transformation	73	73	54	57	52
Local Regeneration	67*	65**	48 ^{ns}	52**	47 ^{ns}
MSF Surrounds	82***	82***	61***	70***	70***
Housing Improvement	88***	90***	77***	83***	78***
Peripheral Estates	86***	86***	69***	78***	74***

Differences between Transformation Areas and other types of area are almost all statistically significant as follows: ***p<0.001, **p<0.01, *p<0.05. Two of the items are not significantly different in Local Regeneration Areas, ns.

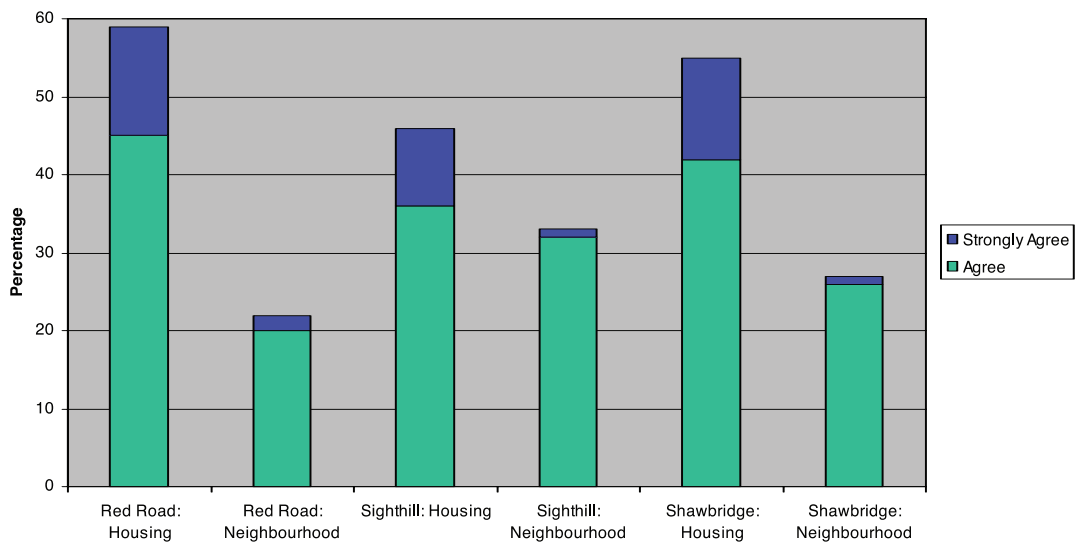
Figure 13 shows that residents in Sighthill are more likely than people in the other two Transformation Areas to derive benefits of privacy and control from their homes, but the least likely to derive feelings of progress, safety and retreat. Red Road comes out best for feelings of safety and retreat.

Figure 13: Psychosocial Benefits of Home by Transformation Area



Residents in Transformation Areas obtain a feeling of personal progress much more so from living in their home itself than from residing in the neighbourhood, as shown in Figure 14.

Figure 14: Sense of Personal Progress from Home and Neighbourhood by Transformation Area



Note: Proportion of residents in each area who agreed or strongly agreed with the statements that 'My home makes me feel I am doing well in life' and 'Living in this neighbourhood helps make me feel I am doing well in life'.

10. Health

- Transformation Area residents have a relatively positive view of their own health, compared with the findings from national surveys of populations in deprived areas. Very few people consider their health to be 'poor' or 'not good'. Across a range of measures, Transformation Areas are not the least healthy of the GoWell areas, their health being boosted by the high presence of ethnic minorities and the low presence of older people. This should be an advantage for the social and economic regeneration of the areas.
- The population of the Shawbridge estate appears to suffer more health problems, both recent and long-term, than those of the other two Transformation Areas. In addition, a very high proportion of Shawbridge residents, around a third, have spoken to their doctor about a mental health issue in the past year. This rate is three times higher than in the other two Transformation Areas. The reasons for this relatively adverse health position in Shawbridge are not readily apparent and require further investigation.
- Women in Transformation Areas report worse health than men, with the worst health reported by White Scottish women. Amongst this group, there is particularly high use of GP services for mental health reasons among those women aged 40-54.
- Respondents from minority ethnic communities consistently report better health than White Scots residents of similar ages. In particular, Ethnic Minority respondents do not appear to suffer an increase in recent health problems from their 40s onwards, nor an increase in long-term health problems in their 50s, as White Scots do.
- Health problems are more prevalent among those who are economically inactive than among those in work,⁵⁰ with three times as many of the former group experiencing both recent and long-term health problems, and four times as many seeing their doctor about mental health issues. However, it remains the case that in respect of each of these items, the majority of the economically inactive population of working age do not report health problems and three quarters describe their health as 'good' or better. A focus on skills, motivation and incentives would therefore seem appropriate in attempts to raise the employment rate in Transformation Areas. It is not readily apparent from these results that two in five adults of working age should remain outside the labour force for reasons of incapability on health grounds.
- In terms of health behaviours, the main challenges in Transformation Areas appear to be: high levels of smoking, among White Scots – the majority of whom smoke; low levels of moderate exercise (30 minutes per day); and high use of take-away or fast food outlets for main meals.
- Neighbourhoods within Transformation Areas do not seem to be functioning as social spaces to any great degree: whilst 47% of residents in these areas report walking around their neighbourhood on most days of the week, only 17% (as noted earlier in this document) report that they speak to their neighbours on most days. Further investigation is required to determine whether or how the physical or social environment in Transformation Areas influences social communication.
- The two main childhood conditions found in GoWell areas are asthma and eczema. Asthma is most common in Local Regeneration Areas though it is also very high in Transformation Areas with 17% of White Scottish families containing at least one child with asthma, significantly more than found in their surrounding areas. Eczema, found in 7% of White Scottish families in Transformation Areas is not as prevalent as in Peripheral Estates, at 10% (though the difference is not statistically significant).

⁵⁰ In this chapter, analyses of health by the economic status of respondents has been carried out using the entire GoWell sample from all fourteen study areas, not just the three Transformation Areas.

Self-Assessed Health

Respondents were asked two overall questions about their health: firstly, how they would describe their health 'in general'; and, secondly, how their health has 'on the whole been' over the past year. As Table 48 shows, Transformation Areas rank second or third out of the five types of area on both these measures of self-assessed health, with Local Regeneration Areas having slightly worse self-rated health.

Table 48: Self-Rated Health by Type of Area (row percentage)

	Health in General ¹		Health Over Past Year ²	
	Excellent/Very Good	Fair/Poor	Good	Not Good
Transformation	60	15	48	10
Local Regeneration	58	19	40	9
MSF Surrounds	62	17	58	10
Housing Improvement	53	19	48	12
Peripheral Estates	61	18	56	12

1. 'In general would you say your health was: excellent, very good, good, fair or poor?'

2. 'Over the past 12 months, would you say your health has on the whole been: good, fairly good, not good?'

In Transformation Areas, between half and 60% of people rate their health in the upper end of the spectrum, and 10-15% rate their health as less than 'good'. Compared with similar results for the most deprived areas in Scotland, Transformation Areas have a slightly healthier than expected population, since 24% of people in the most deprived quintile of areas in Scotland rate their health as 'not good', and only 42% rate their health as 'good'.⁵¹ However, within the group of Transformation Areas, Shawbridge appears to have worse self-rated health than the other two areas, with only 36% of residents in Shawbridge rating their health as 'excellent' or 'good'.

Ethnic minorities within Transformation Areas have better self-rated health than the indigenous population – see Table 49. Pairwise comparison show that the differences between White Scots and each of the other groups are statistically significant, with fewer of the indigenous population rating their health as 'excellent' or 'good'.

⁵¹ Scotland's People: Scottish Household Survey 2005, Table 6.86.

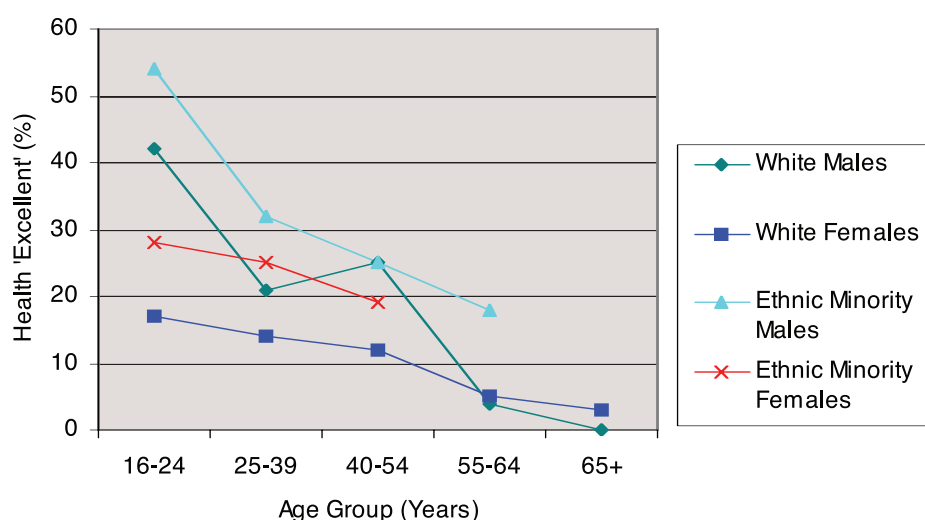
Table 49: Self-Rated Health by Ethnicity/Citizenship within Transformation Areas

	'In general, would you say your health is...?' (row percentage)	
	Excellent or Good	Fair or Poor
White Scots	78	22
Other White	96*	4
Asylum Seeker	88***	12
Refugee	95***	5
BME	89*	11

Differences are statistically significant: *** $p < 0.001$; * $p < 0.05$.

Figure 15 shows that for men and women in all age groups (apart from men in their 40s), self-rated health is better for ethnic minorities than for White Scots. For both groups, self-rated health is worse for women than for men, though this gap disappears in the older age-groups. The group with the most positive view of their health is Black and Minority Ethnic residents, 41% of who rate their health as 'excellent', compared with 16% of White Scots.

Figure 15: Self-Rated Health by Age, Sex and Ethnicity within Transformation Areas



If we examine the working-age population within Transformation Areas,⁵² we see that more (nearly four times as many) economically inactive residents have 'less than good' self-rated health than those among the working population (Table 50). It is nonetheless the case that the vast majority of the economically inactive residents rate their health as at least 'good', or in fact 'very good/excellent'.

Table 50: Self-Rated Health by Economic Status, Working-Age Population within Transformation Areas (row percentage)

	Excellent	Very Good	Good	Fair	Poor
Working	30	45	20	2	2
Not Working	29	31	26	10	4
Inactive ¹	21	37	26	9	6

1. Not in work, nor on a training scheme, nor unemployed.
2. Pearson $\chi^2 = 31.352$, $df=8$, $p<0.001$

Recent Health Problems

We investigated whether people had suffered from a range of problems or symptoms over the previous four weeks. In Transformation Areas, 28% of people had done so, a similar figure to that for Local Regeneration Areas and MSF Surrounds. Slightly more people, 33% had suffered one or more of the specified problems⁵³ in Peripheral Estates. The most common problem suffered, across all study areas, was sleeplessness, which affected 14% of people in Transformation Areas.

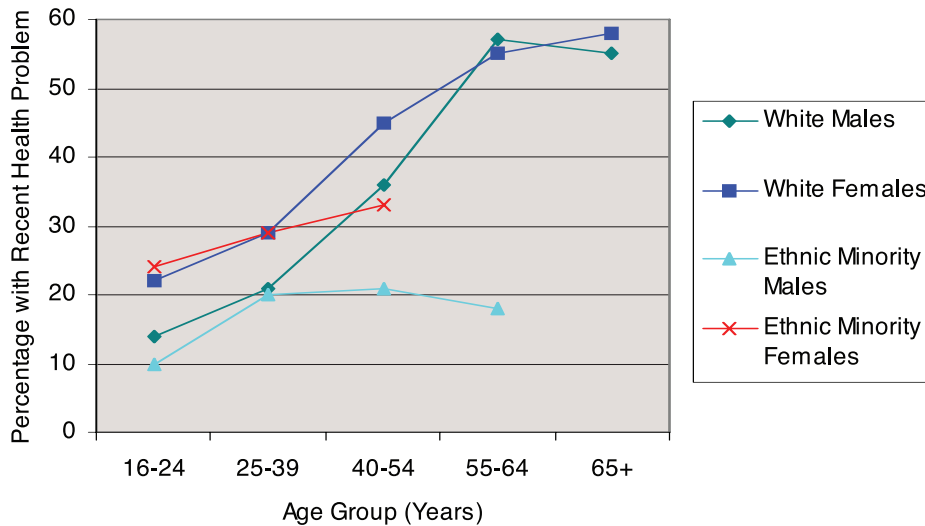
Again, health problems are more common among those who are economically inactive, with 41% suffering one or more recent problems compared with 14% of those working and 23% of those not working but still active. The most common problems among the economically inactive are sleeplessness (19%), difficulty walking (16%) and breathlessness (15%).

Figure 16 examines the prevalence of recent health problems by age, sex and ethnicity within the Transformation Area populations. It shows that after their 30s, White males and females experience more health problems or symptoms than their Ethnic Minority counterparts: there is a rapid increase in prevalence from their 40s to 60s for White respondents, compared with very little change in prevalence by age among Minority Ethnic groups. The differences between White and Ethnic Minority men in their 50s to 60s are statistically significant, but the other differences are not.

⁵² Men aged 16-64, women aged 16-59.

⁵³ The list included: sleeplessness, palpitations or breathlessness, sinus trouble or catarrh, persistent cough, faints or dizziness, pain in the chest, migraines or frequent headaches, difficulty walking, and other pain.

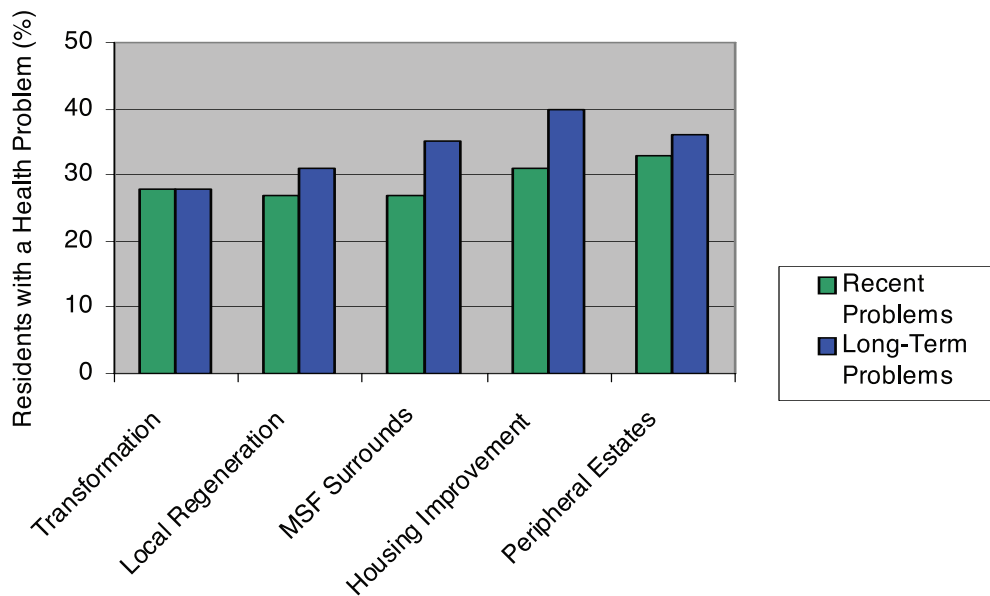
Figure 16: Recent Health Problems by Age, Sex and Ethnicity



Long-Term Health Problems

Whilst Transformation Areas have a similar crude prevalence of recent health problems to that in both Local Regeneration Areas and MSF Surrounds, they have a lower prevalence of long-term health problems (lasting a year or more) than all other types of area (see Figure 17). The higher prevalence of long-term health problems in MSF Surrounds and in Housing Improvement Areas is probably explained by the higher number of older person households in these areas, but the higher rate in Peripheral Estates is more likely to be a function of the larger White Scots population compared with Transformation Areas. The rates reported here have not been adjusted to reflect the different age and ethnicity structures of the different areas.

Figure 17: Health Problems by Type of Area



Within the group of Transformation Areas, the people of Shawbridge appear to suffer more health problems than those in the other two areas. Table 51 shows that both recent and long-term health problems are far more common among the population of Shawbridge. This is true of both White Scots and Ethnic Minority residents.

Table 51: Health Problems by Transformation Area (percentage within row category)

	Recent Health Problems	Long-Term Health Problems
Red Road	21	29
Sighthill	24	24
Shawbridge	48	36

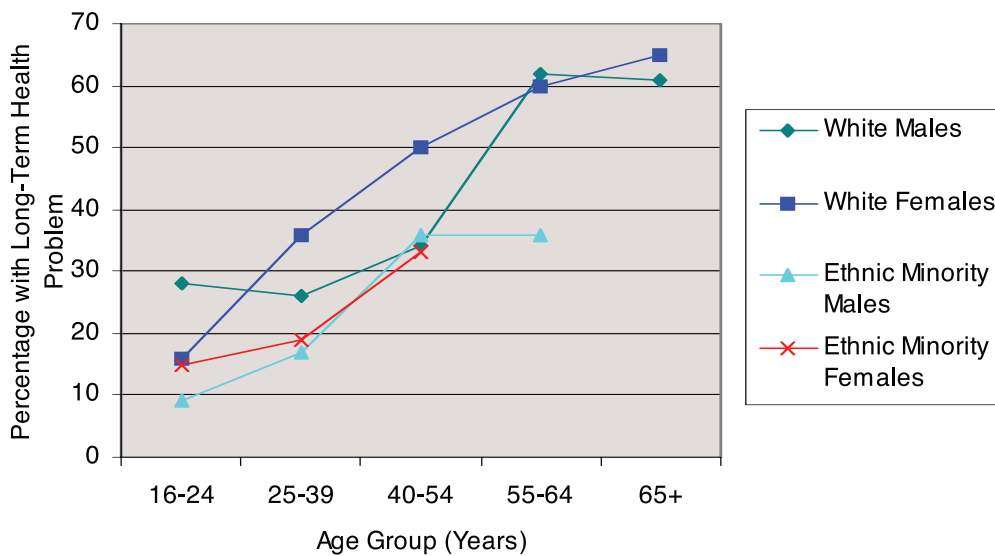
Overall, long-term health problems are three times as prevalent among people who are economically inactive as among those in work. The most common problems are shown in Table 52, where we can see that the highest ratio between the inactive and the working residents is in respect of conditions that restrict mobility (which are 20 times more common among the inactive than among those working), and mental health problems (which are seven times as common among the economically inactive). Nevertheless, over half the economically inactive respondents do not identify themselves as suffering from a long-term health problem.

Table 52: Long-Term Health Problems by Economic Status (percentage within column group)

	Working	Not Working	Economically Inactive
Disability with limbs, back or neck (inc. arthritis, rheumatism)	4	5	17
Psychological or emotional condition	2	4	13
Asthma, bronchitis, breathing problems	4	6	13
Heart problem, high blood pressure	3	5	10
Migraine or frequent headaches	3	4	9
Condition substantially limiting walking, climbing, lifting	<1	2	8
Any problem	16	27	46

Figure 18 confirms what earlier results have shown, namely that White Scots have worse health than Ethnic Minority residents in the same areas. Ethnic Minority respondents do not appear to suffer the same increase in problems in their 50s as do White respondents. Among younger adult age groups it is White females who experience the most long-term health problems, especially in their 20s and 30s. The highest prevalence of long-term psychological or emotional conditions is among White Scots women aged 40-54, 14% of whom suffer a psychological or emotional condition.

Figure 18: Long Term Health Problems by Age, Sex and Ethnicity



Note: sample sizes are generally too small to demonstrate statistical significance, though two differences are significant: between males aged 16-24, $p < 0.01$; and between females aged 25-39, $p < 0.01$.

Use of GP Services

Residents in Transformation Areas make relatively little use of GP services compared with other types of area, as shown in Table 53. The low use of GP services in Red Road and in the Local Regeneration areas might reflect either poor provision or unfamiliarity with the means of accessing services on the part of recent residents to these locations. Relatively few people, up to one in eight, in Transformation Areas report seeing their GP at above average rates (i.e. five times a year for men and seven times a year for women in Scotland).⁵⁴ A very high number of people in Shawbridge have spoken to their GP about a mental health issue, e.g. anxiety, depression or a nervous or emotional problem.

⁵⁴ Scottish Health Survey 2003, Table 6.21.

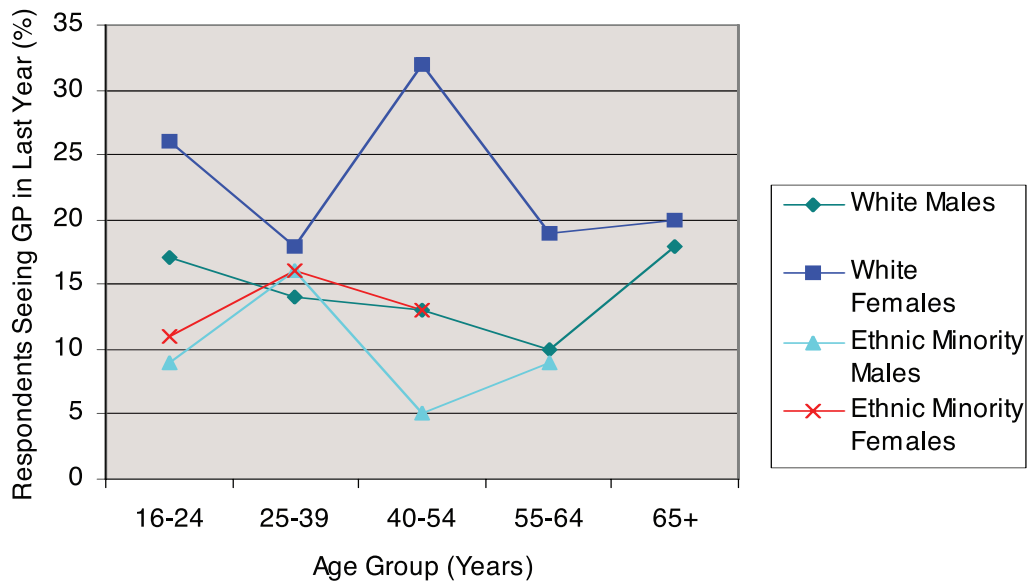
Table 53: Use of GP Services by Type of Area (row percentage)

	Number of Times Seen GP in Last Year		Spoken to GP about Mental Health Issue in Last Year
	0	7+	At least once
Red Road	35	8	11
Sighthill	28	12	10
Shawbridge	13	9	32
Local Regeneration Areas	35	7	15
MSF Surrounds	23	12	16
Housing Improvement	24	14	14
Peripheral Estates	23	15	20

The use of GP services for mental health reasons is four times higher, at 27%, among those who are economically inactive as among those in work (7%) across the GoWell study. It is twice as high (15%) among those not working but still active, compared with the working group.

Within Transformation Areas, White Scots residents use their GP for mental health or emotional health reasons one and a half times as often as Ethnic Minority residents. As Figure 19 shows, the gap is larger for women than men, with particularly high use by White women in their 40s and early 50s.

Figure 19: Use of GP for Mental Health or Emotional Reasons by Age, Sex and Ethnicity within Transformation Areas



Note: Most differences are not statistically significant here due to small sample sizes. However, differences for women in the 16-24 and 40-54 age groups are significant ($p < 0.05$).

Smoking, Drinking and Diet

Self-reported smoking and drinking rates appear to be relatively low in Transformation Areas – see Table 54. However, this is mainly due to the large Ethnic Minority population in these areas (predominantly Asylum Seekers and refugees). White Scots in Transformation Areas are smokers to a similarly high degree as in Peripheral Estates, and they are drinkers to a similar extent as residents in MSF Surrounds and Housing Improvement Areas. Whilst over half White Scots smoke, this is true of fewer than one in five Ethnic Minority residents; a similarly low proportion of smokers in each group intend to quit in the near future – one in ten. Five times as many White Scots as Ethnic Minorities drink alcohol, and they drink one and a half times as much as Ethnic Minority drinkers.

Table 54: Smoking and Drinking by Type of Area and by Ethnicity

	Smoking		Drinking	
	Current Smoker	Intending to Quit within 6 months	Current Drinker	Mean Number of Units Per Week
Transformation	32	10	22	14
Local Regeneration	38	25	21	12
MSF Surrounds	41***	11	46***	17
Housing Improvement	41***	9	43***	14
Peripheral Estates	52***	11	52***	14
In Transformation Areas:				
White Scots	56	10	44	15
Ethnic Minority	18	10	8	10

Differences between Transformation Areas and Other (non-regeneration) Areas in terms of smoking and drinking were all found to be statistically significant, ***p<0.001

A little under two in five people in Transformation Areas report eating five or more portions of fruit and vegetables per day on average; for White Scots the proportion of 'healthy eaters' is around a third. These rates are surprisingly high, for the equivalent finding from the Scottish Health Survey is that around one in ten people in the most deprived areas in Scotland eat five or more portions of fruit and vegetables per day.⁵⁵ However, the rate of reporting eating five-a-day is lower in Transformation Areas than in other types of area. Ethnic Minority residents report eating more fruit and vegetables than do Scots. The highest rate of eating fruit and vegetables is in Red Road (41% eating five portions), with levels in Sighthill and Shawbridge being 35% and 34% respectively. Given that, of the three sites, Sighthill is closest to a large supermarket, ready availability does not seem to be an explanation for these findings.

More people in Transformation Areas than in other places (apart from Peripheral Estates where the rate is the same) eat their main meal of the day regularly from take-away or fast food outlets (i.e. two or more times a week) - see Table 55. This is equally true of both White Scots and Ethnic Minorities in these areas. Either this is a shared cultural trait across ethnic groups in these areas, or there are underlying reasons for fast food consumption related to the domestic or retail environments in Transformation Areas which lead people to opt for fast food on a regular basis.

⁵⁵ The Scottish Health Survey 2003 reports that 11% of men and 13% of women in the most deprived quintile of areas in Scotland eat five or more portions; Table 3.5, p.83.

Table 55: Eating Habits by Type of Area and by Ethnicity (row percentage)

	Eat Five or More Portions of Fruit and Vegetables Per Day	Eat Two or More Main Meals Per Week from a Takeaway or Fast Food Outlet
Transformation	37	28
Local Regeneration	38	23
MSF Surrounds	41*	22***
Housing Improvement	48***	24**
Peripheral Estates	42**	27 ^{ns}
In Transformation Areas:		
White Scots	31	30
Ethnic Minority	40	27

Differences in eating habits between Transformation Areas and other type of non-regeneration area are statistically significant (except for fast food consumption in Peripheral Estates), where *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$.

Physical Activity

Figure 20 shows that, compared with the other types of area within the GoWell study, residents of the Transformation Areas take relatively high levels of vigorous exercise,⁵⁶ relatively low levels of moderate exercise and middling degrees of use of the neighbourhood for walking⁵⁷. Only around a fifth of people in Transformation Areas take 30 minutes of moderate exercise, of one form or another, on most days of the week: the equivalent figure is twice as high in the MSF Surrounds and in Peripheral Estates.⁵⁸

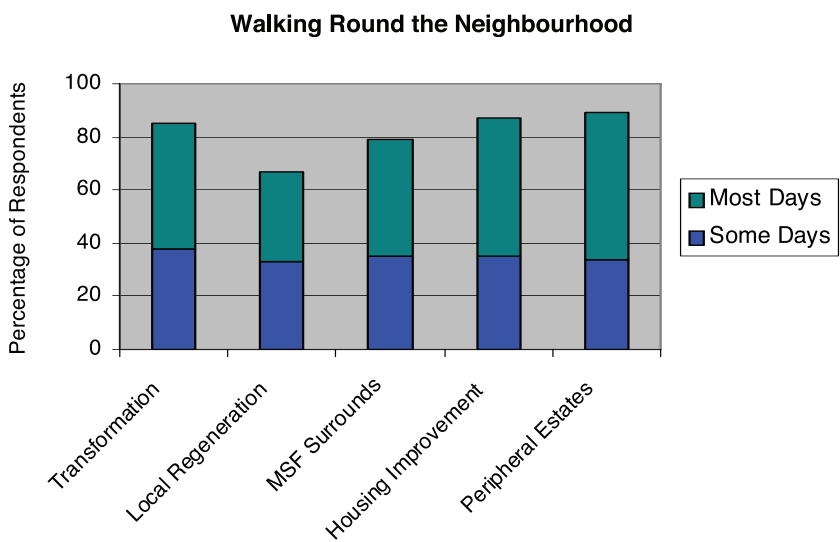
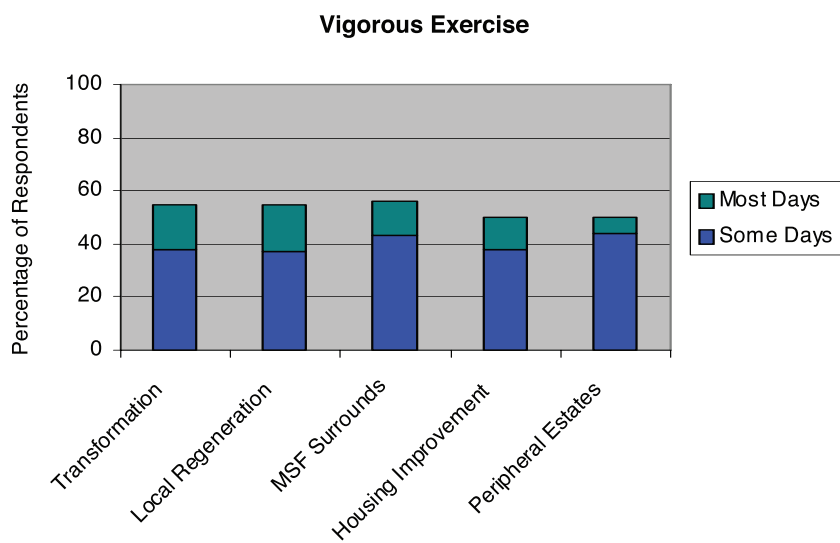
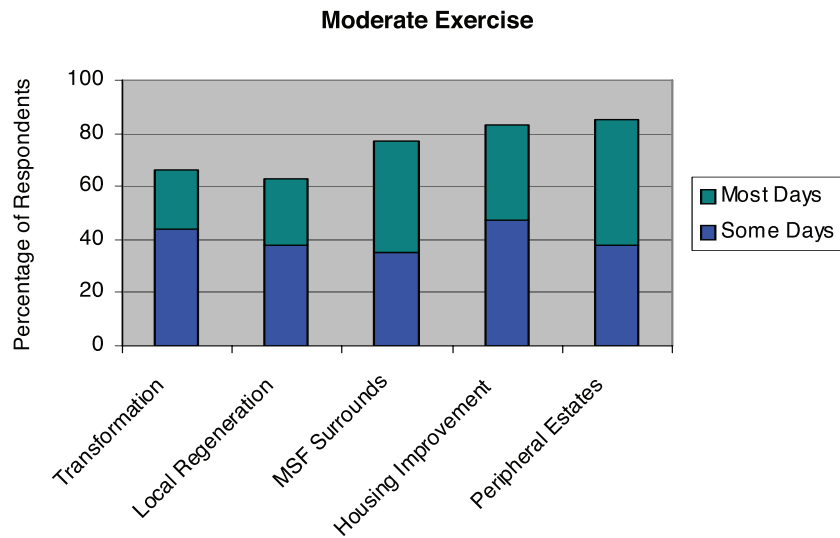
Among young people aged 16-24, White men and women walk around the neighbourhood in Transformation Areas more than residents from Minority Ethnic communities do, but from age 25 upwards, the reverse is generally true (i.e. Ethnic Minority residents walk locally more often than do White residents). However, given our earlier findings on social networks, it would seem that this greater use of the local neighbourhood does not always feed through into social contact, especially for members of Refugee and other Ethnic Minority family households. In relation to moderate exercise, Ethnic Minority men up to the age of 39 undertake exercise more often than White men, but from 40 upwards there is no clear pattern in the results.

⁵⁶ Differences in taking vigorous exercise on most days between Transformation Areas and each of the other types of non-regeneration areas are all statistically significant, $p < 0.01$ in the case of MSF Surrounds and Housing Improvement Areas and $p < 0.001$ in the case of Peripheral Estates.

⁵⁷ The differences between Transformation Areas and Housing Improvement Areas and Peripheral Estates, where more people walk around their neighbourhood on most days, are statistically significant ($p < 0.01$ and $p < 0.001$, respectively).

⁵⁸ Differences in taking moderate exercise on most days between Transformation Areas and each of the other types of non-regeneration areas are all statistically significant, $p < 0.001$.

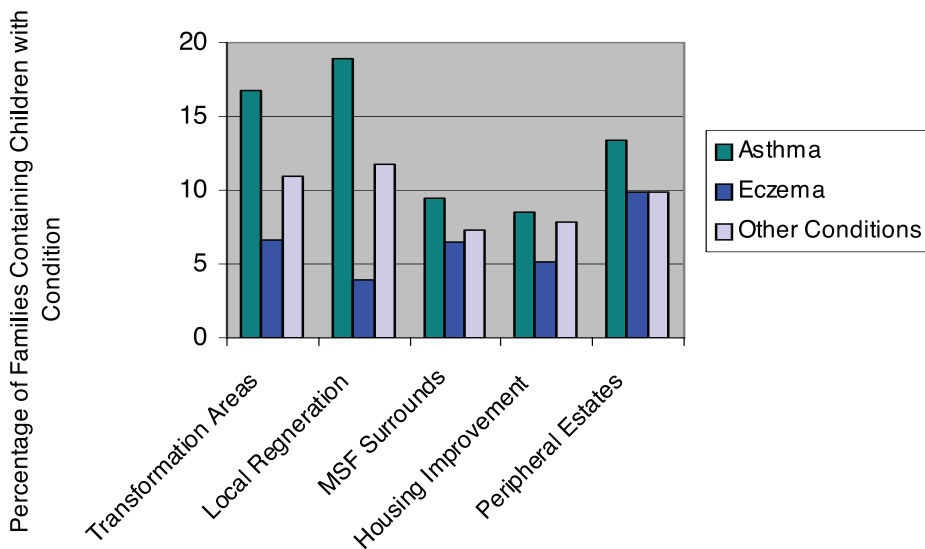
Figure 20: Physical Activity by Type of Area



Child Health

Respondents were asked about the prevalence of a range of health conditions among children in their household.⁵⁹ The two most common conditions were asthma and eczema. Among White Scots households, asthma and other conditions (not including asthma and eczema) were most common in Local Regeneration Areas, and eczema was most common among families in Peripheral Estates – see Figure 21. The differences between Transformation Areas and their Surrounding Areas (as well as Housing Improvement Areas) in relation to the incidence of families with at least one child with asthma were statistically significant ($p < 0.01$). Within Transformation Areas, asthma was 1.8 times as common among White families as among Ethnic Minority families and eczema was 1.5 times as common among Whites.

Figure 21: Child Illness by Type of Area, White Scots Families



⁵⁹ Whether children had been seen by a doctor or treated for any of: asthma, eczema, bronchitis, headaches, allergies, sleeping problems, sinus/catarrh, digestive problems, bed wetting, persistent cough, or other long-term disability or illness.

11. Conclusion

Transformation Areas are very unusual places in social and spatial terms. They have disproportionate amounts of flatted accommodation; feature predominantly social rented housing; contain considerable numbers of families with high child densities; and have large proportions of non-Scottish, non-White residents. Without intense support systems, these characteristics present challenges to the social functioning of communities, and their extreme manifestation may need to be reduced to give communities a chance of achieving the quiet, peaceful and attractive environments that people want to live in. Moreover, all these things will have to be altered if Transformation Areas are to be brought into the mainstream of Scottish society and be more like other places.

Thus, the regeneration of Transformation Areas faces important issues of future social composition, and this is more multi-dimensional than the most commonly discussed issue of housing tenure and income mix. Questions about the balance between families and other households must be addressed, as well as consideration given to the desired level of older person households, or of vulnerable households, to be accommodated. Forward thinking about whether these places will contain large Ethnic Minority communities would also be helpful in planning services and community support mechanisms. The Asylum Seeker and refugee populations in these areas could be a potential positive asset to the communities in the future, as these groups report healthier characteristics than others and are often more positive about the community itself. However, without proper consideration of these matters, the potential contribution of immigrants could be lost or dissipated by the processes of settlement and regeneration themselves.

This report confirms the central importance of residential, neighbourhood environments as a priority for regeneration efforts. A major reduction in the number of flats and multi-storey blocks should bring significant gains in terms of rates of residential satisfaction. Residents of Transformation Areas are seriously disadvantaged currently in terms of the aesthetics of their environments, the provision of safe, clean, green spaces, shops, and youth

and leisure services. These things are important not only as essential elements of any neighbourhood aiming to provide a suitable quality of life for its residents, but also for the part they can play in supporting levels of social interaction, and through this, levels of social support, both of which have scope to be raised in Transformation Areas.

Beyond this, the physical, social and service environments to be provided in Transformation Areas should be capable of enhancing the psychosocial benefits people derive from their homes and the neighbourhoods where they live. Feelings of privacy, safety, personal progress, control and retreat might all be raised through redeveloped socio-spatial environments. Thus, regeneration has the potential to contribute to improvements in people's mental health and wellbeing, and this should be an important, declared objective for such large scale processes of change. Aiming for a situation where people derive psychosocial benefits from where they live (which few people in Transformation Areas currently do), and do not suffer area-based psychological stigma, may in fact constitute more challenging and relevant goals for housing and community services than that of achieving high residential satisfaction rates (the traditional target for housing providers).

Looking across the findings, it is apparent that social and economic regeneration is required as well as physical change. Transformation Areas perform weakly in terms of a range of social issues including education, employment, health behaviours and community cohesion. There is a need for more strategic thinking about how to utilise community development efforts within the current and reformed communities, in order to develop a stronger sense of community in these areas. Efforts should seek to develop the social environment as a context for daily life. Feelings of belonging, safety, social harmony, informal social control and trust in those around you are all relatively weak in Transformation Areas at present, and the sustainability of these communities depends on this situation between redressed. These are challenging tasks that require skilled inputs. Further clarity is needed regarding who is best placed to deliver these inputs, and where accountability should lie.

Community development activity may also assist in generating a positive role in life for many people who do not appear to have much to do in these areas, not being involved in employment, training, education, community or voluntary work. This applies to the entire population of working age, but younger adults are a particular concern. For adults in general, poor health is not an adequate explanation for the present low levels of activity. For younger adults, in their late teens and early 20s, there are extremely low levels of educational attainment and of worthwhile occupation of any sort. The community consequences of this are that young people hanging around, and activities associated with this, are a major problem for most other people in the community, without any self-generated or externally promoted, effective solution being identified.⁶⁰ Inputs from community workers as well as from educational and employment agencies are clearly necessary to turn this situation around.

In contrast to many of their other perceptions, people in Transformation Areas have a relatively positive view of their health. However, on all measures, the indigenous population has worse self-reported health than Ethnic Minority groups. We do not fully understand the reasons for the reported positive perceptions of health and health behaviours, but cultural norms are likely to be important. Misperceptions of one's own behaviours, health status and progress, especially where local norms are relatively low or unhealthy, may result in the significance of minor health improvements being magnified. Given that major change is being introduced into people's lives over the next few years, there may be good opportunities to use this change as a catalyst for improved health behaviours within communities, in terms of taking exercise, giving up smoking, eating a balanced diet, and reducing alcohol consumption. Thus, health improvement may need a higher profile within the overall objective of community change, with closer working between regeneration and health agencies to design appropriate inputs at relevant times within and across the transformation process.

⁶⁰ However, it should be acknowledged here that a programme of youth diversionary projects is now being supported across a significant number of social housing areas in Glasgow, promoted by GHA and LHOs, with additional support from other agencies.

Acknowledgements

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