

Progress Report

2012/13



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

Foreword

Welcome to this report on the progress of the GoWell programme through 2012/13. It is a pleasure to be associated with the GoWell programme, the team that drives the research and the Steering Group that meets regularly through the year.

The year has seen further progress in the team's work to understand the relationship between regeneration and health in Glasgow. However, GoWell's findings and its influence range much wider than the city areas that form the study.

Following the third sweep of information collected from residents in the study areas, a great deal of analysis has followed, and further findings have yet to come. The picture that is emerging is rich and complex. It shows that health may gain from regeneration but health has many dimensions and better lifestyle and wellbeing is not an automatic consequence of moving to a new home with new surroundings. A strengthening finding is that the results of regeneration are not enough to assure improvements in the health of residents. How the process of regeneration takes place seems to be as important as what regeneration happens. The nature of involvement of people in decisions about regeneration happening around them is key.

GoWell is proceeding amidst circumstances of profound change. Over recent years, we have seen a marked change in economic circumstances that has affected the residents and the developers of Regeneration Areas. A steady rise in energy prices for consumers has added to economic hardship. There have been important changes in the population, with the arrival of a rich and diverse variety of groups from overseas into several of the areas under study. And, with the Commonwealth Games in the city in 2014, the programme has expanded to include [*GoWell: Studying Change in Glasgow's East End*](#).

GoWell's research has been increasingly influential. Its findings have already shaped the programme of regeneration in the city with the intention of benefiting the residents in study areas. GoWell is making a substantial impact on understanding ways that public services affect the lives of local people in urban Scotland and further afield. At a national level GoWell is influencing Scottish Government strategies on regeneration, community empowerment and healthy places.



The GoWell Steering Group has seen many changes over the life of the programme. A notable event is the forthcoming departure of one of the research programme's Principal Investigators, Professor Lyndal Bond. We wish her well on her return to work in Australia, and look forward to continuing our close collaboration with the MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow.

The confidence and continuing commitment of GoWell's main sponsors remains a source of great support to the research team, and we are grateful to them. I trust that the value of their investment of resources and confidence in the programme will be apparent from both the content of this report and the wider work of the programme that is set out in publications and on the website www.gowellonline.com.

During the reporting year, I have joined one of the sponsor organisations, NHS Health Scotland, and it is clear that the benefits of GoWell's work contribute to Health Scotland significantly. GoWell's aims are to impact on people in Glasgow, in particular its Regeneration Areas, and to contribute learning for the future that maximises benefit from regeneration in urban areas across Scotland and the wider world. This report describes the progress the programme has made to those objectives.

Dr Andrew Fraser
Chair
GoWell Steering Group



Introduction

What is GoWell?

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

What do we aim to do?

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

Who's involved?

GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit. It brings together housing, regeneration and health sectors through its sponsorship by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde. The current team, working on the programme on a day-to-day basis across the partnership organisations, is listed on the back page of this report.



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

In addition, there are six neighbourhoods in the **new** GoWell East End study area. These are Bridgeton, Calton, Camlachie, Dalmarnock, Gallowgate and part of Parkhead. See the centre pages of this report for more information on this new development.

Our findings

We are now over seven years into our programme of research and learning. New evidence and insights have emerged on a range of issues, generating better understanding of the relationships between housing, neighbourhood quality, community life, wellbeing and health. A key element of GoWell is to ensure that these findings are shared, discussed and considered with our study communities, policy-makers and practitioners so that they are translated into useful and practical information and recommendations for policy and practice.



Timeline

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

This report

We are now in Phase 3 of GoWell, following our successful funding review in 2012, and the wave 3 survey was completed in late 2011. The wave 3 findings have been presented to sponsors and stakeholders and a series of reports on the wave 3 findings will be launched at the GoWell Annual Event in 2013. A summary of findings from these new wave 3 reports is presented in the centre pages of this report, along with new developments for 2012/13. This is followed by a forward look to the research and activities we have planned for 2013/14.

Further information

In addition to the presentations and discussion seminars we hold with our stakeholders, we report our findings through a variety of outputs including newsletters, findings reports, briefing papers, journal articles and our website.

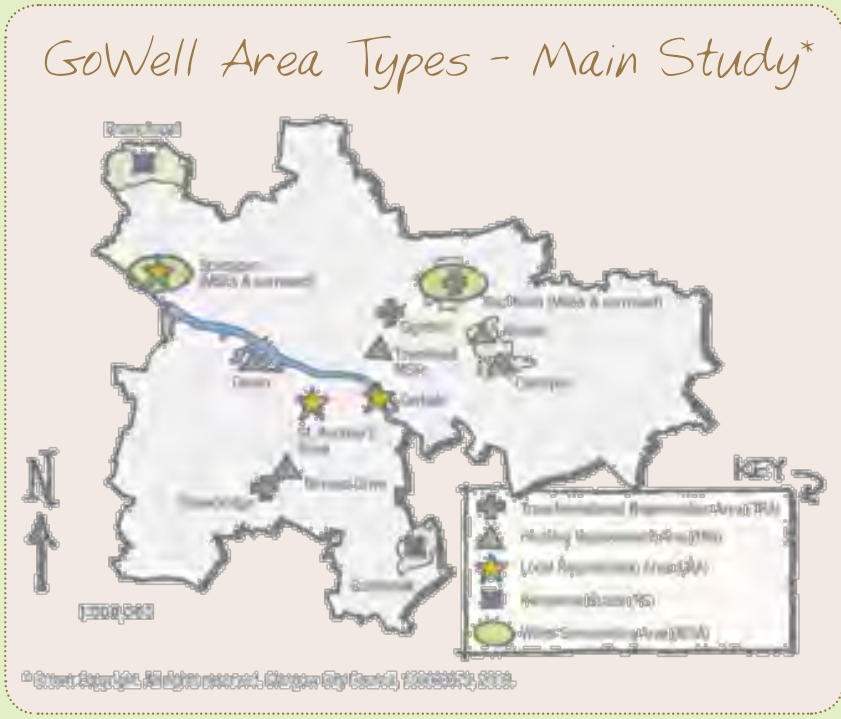
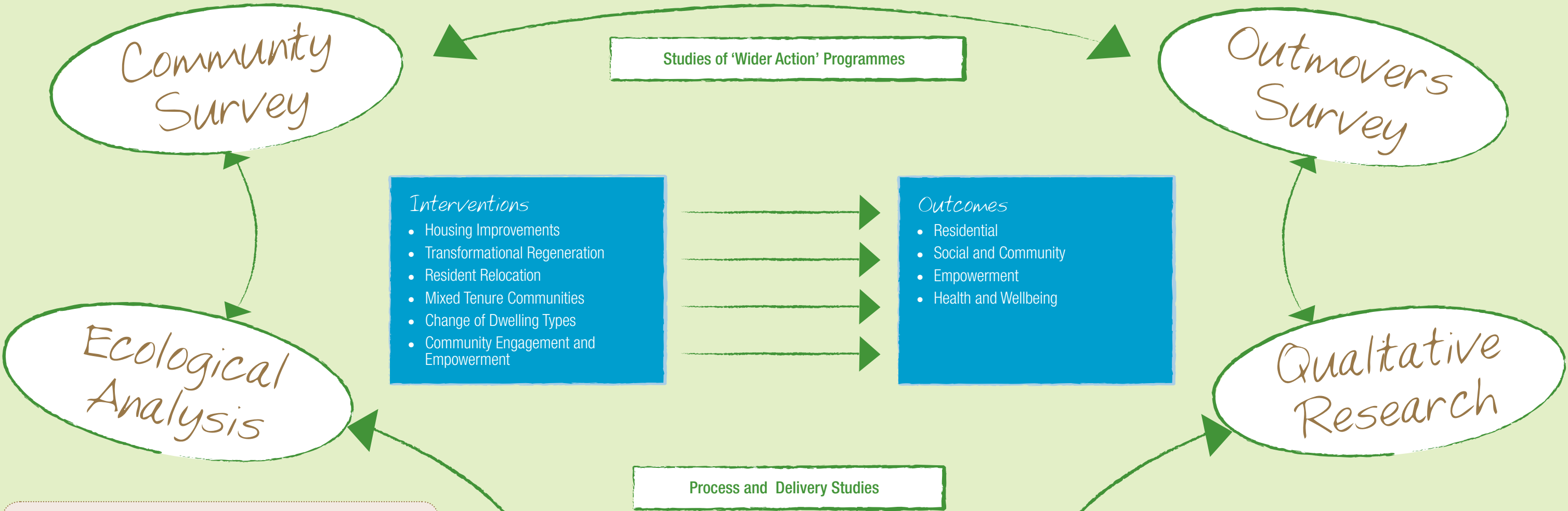
All of these, and further background and contextual information on the programme, can be accessed by visiting the GoWell website at www.gowellonline.com or by contacting Jennie Coyle at jennie.coyle@drs.glasgow.gov.uk or on +44 (0)141 287 6268.



We are also now on Twitter, where we tweet information about findings, publications and events. You can follow us [@GoWellOnline](https://twitter.com/GoWellOnline).

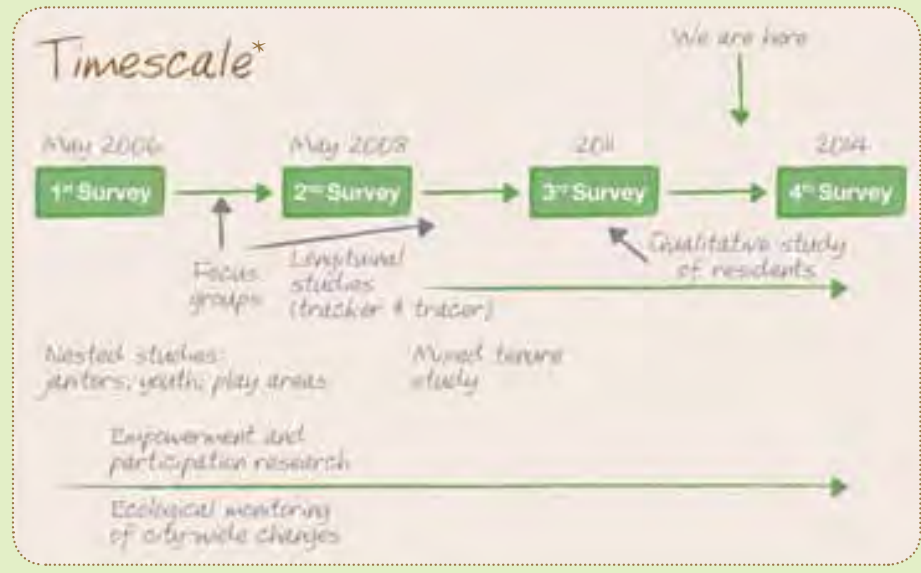
Elements of GoWell

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



Communication & Dissemination

* Plus new development: [GoWell: Studying Change in Glasgow's East End](#)



Key findings and developments

This section highlights findings from our recently published reports, based on the cross-sectional surveys from 2006, 2008 and 2011. Key developments for 2012/13 are also highlighted.

The findings all report change 'over time' in terms of four main outcomes of interest: health, housing, neighbourhood and community.

Health outcomes

This is an extract from GoWell's 'Health outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys' report.
The report compares changes to residents' self-reported general health, mental wellbeing, health service use and health behaviours across GoWell's five intervention area types.
*See key at bottom right of these pages for information on acronyms used.

General health

- In all survey waves, the majority of people reported their health as being at least 'good', however, the proportion doing so fell over the period, and is currently lowest for those living in the WSAs and PEs. The TRAs had the highest proportion of residents reporting 'good' or 'better than good' health in 2011. The decline in self-reported health in GoWell areas does not correspond with more stable national figures. Furthermore, all but one of the GoWell area types (i.e. TRAs) had moved below the national average by 2011.
- Self-reported long-term health problems decreased in all area types between 2006 and 2008, but increased thereafter.
- Recent health problems (experienced over the past four weeks) increased in incidence across all GoWell study area types over time. Compared with the other intervention area types, the WSAs experienced the least favourable trajectory over time for recent health problems. There was relatively little increased reporting of recent health problems over the study period within TRAs.



Mental wellbeing

- In the TRAs there was an improvement in mean Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) scores, pushing mean WEMWBS scores above the national average in that year. In the other GoWell study area types, mean WEMWBS scores were above the national average in both 2008 and 2011.

Health service use

- Minor increases in the percentage of participants who claimed to have consulted a General Practitioner (GP) in the previous year were found for WSAs and TRAs between 2006 and 2011.
- However, a greater increase in the proportion of participants who consulted their GP occurred in the LRAs between 2006 and 2011, with most of this increase occurring within the earlier period of the study. National data on GP contacts suggest a general, temporal trend of increasing consultation rates and so GoWell's HIAs and PEs appear to buck that trend.
- In all area types, the proportion of respondents consulting a GP for mental or emotional health reasons increased between 2006 and 2011.
- Hence, on both indicators of GP consultation rates, it appears that the rate of service usage increased over time the most in the LRAs.

Health behaviours

- In most area types, the frequency with which people consumed a takeaway meal as their main meal of the day decreased between 2006 and 2011. However, in the WSAs the proportion of respondents who reported eating at least one main meal from a takeaway in the past seven days increased by 5% over the study period.
- Smoking rates fell slightly in four area types and remained constant in the WSAs between 2006 and 2011. As is often the case with disadvantaged communities, smoking rates are very high: in all GoWell study area types, levels were at least one-and-a-half times the national average in 2011.



Overall

There are indications that levels of mental wellbeing in the GoWell areas are similar to those in Scotland as a whole, and that improvements in wellbeing are taking place in the regeneration areas. Health behaviours have also improved slightly overall. However, most measures of self-reported general health suggest a worsening over time and use of primary care services is increasing. The differences between intervention area types may suggest early signs of health benefits in regeneration areas, but further analysis of the longitudinal cohort in GoWell is needed to ascertain the extent to which these might be due to changes in population composition.
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Housing outcomes

This is an extract from GoWell's 'Housing outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys' report.
The report compares residents' perceptions of housing improvements, satisfaction with the condition of the home and psychosocial factors related to the home across GoWell's five intervention area types.

Satisfaction with the home

- Generally overall satisfaction with the home has improved over all time periods, but satisfaction is lowest for the TRAs and LRAs. However, even in the non-regeneration areas, the numbers of people who are 'very satisfied' with their homes is slightly lower than found in a recent national survey.
- The vast majority of residents in the WSAs, HIAs and PEs rated the overall condition of their homes as 'fairly good' or 'very good', and there has been little change over time.
- In all areas other than the TRAs there have been substantial increases in the percentage of respondents rating the external appearance of their homes as 'fairly good' or 'very good' since 2006, indicating that housing improvement works have a positive impact.

Housing empowerment - satisfaction with overall housing service provided by factor or landlord

- It would appear that TRA and LRA residents are receiving the same or better levels of services from their factors or landlords than in the other areas. About two thirds of residents in the TRAs, LRAs and PEs were satisfied with factor/landlord services. This was a substantial increase from 2006 for the TRA and LRA residents.
- Satisfaction with landlord or factor services decreased over the time period in the WSAs and HIAs. In these two intervention area types, there appears to be considerable scope for improvement in order for resident ratings of landlord or factor services to match national rates of satisfaction.



Psychosocial benefits of the home

- Over time, there has been an increase in the proportion of respondents reporting that their home brings them psychosocial benefits. The biggest increase has been in feeling safe in the home, with a 20% increase in the TRAs, LRAs and WSAs from 2006 to 2011.
- Nevertheless, comparison with national figures indicates scope for improvement in feelings of safety at home in the Regeneration Areas and in the Peripheral Estates.

Overall

There are strong indications of improvements over time in many of the housing outcomes, both in terms of physical condition and psychosocial benefits.



Neighbourhood outcomes

This is an extract from GoWell's 'Neighbourhood outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys' report.
The report compares residents' satisfaction with their neighbourhood, perceptions of neighbourhood improvements and attractiveness, local facilities and the environment, antisocial behaviour, levels of empowerment and the psychosocial benefits of the neighbourhood across GoWell's five intervention area types.

Neighbourhood satisfaction

- The proportion of residents 'very satisfied' with their neighbourhood as a place to live is highest in the HIAs, but is relatively low (a quarter or less) in all other types of area.
- Between 2006 and 2008, the proportion of residents 'very satisfied' with their neighbourhood increased in all area types; and although the extent of improvement slowed from 2008 to 2011 improvement was nonetheless sustained in all area types except the WSAs.
- The rate of increase in the size of the 'very satisfied' group exceeded the equivalent national rate of increase for four out of five of the IATs.



Perceptions of neighbourhood change

- Across most of the area types there is a growing proportion of residents who believe that their neighbourhood is improving. Substantial increases were evident between 2006 and 2008 and, except for the PEs, these were maintained or continued to increase by 2011.
- The number of people reporting neighbourhood improvement in the LRAs and PEs far exceeds the equivalent national figure for deprived areas

Perceptions of neighbourhood attractiveness

- Views about the attractiveness of the neighbourhood showed a mixed pattern across area types and over time.
- Levels of perceived attractiveness are lowest in the Regeneration Areas, and these areas have seen a decline over the period of the study.
- In the non-Regeneration Areas, perceived neighbourhood attractiveness has increased over time, and levels in these areas compare favourably with national figures for resident appreciation of a 'pleasant environment'.

Perceptions of local facilities and the environment

- Residents' ratings of local shops improved between 2006 and 2011, in all types of area. In 2011, shops were rated least positively in the PEs.
- In contrast, ratings of youth and leisure services declined everywhere over time. Youth and leisure services were rated least positively in the TRAs and WSAs. The PEs were the only areas in 2011 where the majority of respondents rated youth and leisure services as 'good' or 'fairly good'.

Perceptions of antisocial behaviour as a serious problem

- The proportion of respondents regarding vandalism/graffiti and teenagers hanging around as serious problems has declined or stayed the same over time in all types of area. The decline in the reporting of these problems mirrors national trends on these issues.
- The perception that local drug dealing is a serious problem has increased in all IATs. This finding runs counter to the national trend where the identification of local drug problems has remained static over time.
- Overall, the HIAs stand out as having the lowest levels of concern about all three of these antisocial behaviours.

Psychosocial benefits of the neighbourhood

- Over time more people are deriving a sense of personal progress from where they live, regardless of the type of area they live in. There appears to be a slow and steady improvement in the Regeneration Areas but a recent slowing down or reversal of past improvements in the other areas (WSAs, HIAs, PEs).
- The reversal in feelings of progress is particularly striking in the WSAs, where 2011 levels are comparable to those of 2006 despite a significant peak in 2008.

Neighbourhood empowerment

- Residents' perceptions of the ability to influence decisions affecting their local area increased in all types of area between 2006 and 2008. These early improvements have been maintained in the TRAs, LRAs and PEs but not in the HIAs or WSAs.
- The trend in GoWell IATs towards an increasing sense of empowerment over time compares with a static level of local empowerment for England over the same period.
- Related indicators about the responsiveness of service providers, and the ability of local people to find ways to improve things in their area show some marginally positive change in most areas, but not in the WSAs, where the sense of empowerment (as measured by these indicators) has declined considerably between 2008 and 2011.

Overall

In most areas, people think their neighbourhoods are becoming better places to live and there are steady improvements in perceptions of the environment, local shops and resident empowerment, and perceptions of lower levels of antisocial behaviour. However, other problems persist and are perceived to be getting worse, most notably related to the provision of youth facilities, and to the problem of drug dealing. In general there are a series of contrary results across many of the domains for the WSAs that need further investigation.

Community outcomes

This is an extract from GoWell's 'Community outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys' report.
The report compares residents' perceptions of community cohesion and trust, feelings of safety, and social support across GoWell's five intervention area types.

Community cohesion

We report on four indicators of social cohesion in this report: informal social control; perceptions of honesty; feelings of safety; and the extent to which people feel part of their community. Indicators of social cohesion have generally worsened over time.

- Perceived informal social control declined from 2006 to 2008 but these declines were somewhat reversed by 2011, although none of the IATs regained the levels of 2006. All GoWell IATs lie below the national norms which existed in 2005 on similar indicators of collective efficacy.
- Perceptions of honesty among people in the local area had fallen sharply by 2011 in the regeneration and WSAs but remained much the same in the HIAs and PEs. Levels of perceived honesty remain much lower than reported for England and Wales around the time GoWell commenced.

- Feelings of safety in the neighbourhood at night-time declined markedly between 2006 and 2008 but have improved since then. These more recent improvements in feelings of safety mirror national trends over the same time period. Feeling unsafe is less common in the GoWell IATs than in the most deprived areas nationally.

- There have been small increases in perceptions of feeling part of the community between 2008 and 2011 in the Regeneration Areas but a decline in the other area types.
- For all four indicators, trends in the WSAs are more negative than in the other area types, suggesting the need for a greater focus to be placed on the social consequences of the changes being experienced in these areas.



Social contact and support

- There is no evidence of a consistent trend over time with respect to the proportion of people having at least weekly contact with friends or neighbours.
- In the TRAs, weekly contact with neighbours or friends has declined since 2008: in all other area types it has increased.
- Generally, in Regeneration Areas, contact with friends has been higher than contact with neighbours, but in the non-Regeneration Areas contact with neighbours has been higher than with friends.
- Those reporting that they can rely on someone to give advice or support in a time of crisis increased across all areas. The largest increases across the five-year time period were seen in the two regeneration area types.
- It appears that the GoWell IATs are approaching national levels of residents with close friends and confidants.

Overall

These indicators provide a sense of the 'social health' of the GoWell areas over time. There appear to be positive signs in relation to the indicators measuring close contact: we see relatively high proportions of respondents in all areas saying they have someone they can rely on for support, and also that they have regular contact with friends and neighbours. Over time, these findings have generally been sustained.

The findings are less positive, however, in relation to the indicators of wider community cohesion. As a whole, there are negative trends in feelings of safety, perceptions of honesty and informal control, and feeling part of the community. Differences between area types highlight some encouraging findings in the Regeneration Areas (for example with regard to feelings of safety); and the most concerning picture emerges for the WSAs.

New developments in 2012/13

GoWell: Studying change in Glasgow's East End

An exciting new expansion of GoWell to study the impacts of regeneration and the Commonwealth Games Legacy in the East End of Glasgow, supported by the Scottish Government, NHS Health Scotland and sportsScotland, was announced in 2012. Through this study, we are aiming to understand if investment in improving housing, neighbourhoods and communities is improving the health and quality of life of people in the East End and their families. Furthermore, as Glasgow will be host city to the 2014 Commonwealth Games, we want to see what effect the Games and local regeneration have on adults and young people before, during and after the event.

Like the main GoWell study, this study has many components and will collect different types of data. This includes three community surveys at two-yearly intervals: pre-Games (2012), immediately after the Games themselves (2014), and post-Games (2016); qualitative research with residents; and stakeholder discussion groups.

The East End study area includes the communities of Bridgeton, Calton, Camlachie, Dalmarnock, Gallowgate and part of Parkhead. It comprises around 5,000 dwellings and a population of 11,000. The first wave of the longitudinal household survey was carried out between 28th May and 20th August 2012, across the six communities that make up the study area. We were delighted that 1,015 adult householders (aged over 16) participated. A full report of the baseline headline findings will be produced in spring 2013.

Crime research

We were pleased to be able to undertake a range of analyses using data from Strathclyde Police. Briefing Paper 20 'Neighbourhood structures and crime rates in Glasgow' was published in November 2012 and looked at patterns of crime rates across communities within Glasgow to see if crime rates were related to structural factors (poverty, housing, demographic structures and retail provision) within neighbourhoods. The analysis covered the whole of Glasgow rather than focusing only on the specific GoWell study areas. When all structural factors were considered at the same time, the strongest association with crime rates was found for neighbourhood poverty, i.e. a positive association between crime rates and the level of income deprivation in an area. The second most important association was found between crime rates and the number of licensed alcohol outlets in an area.

This work received a great deal of interest in the media and was reported widely in the press, with features in the Sunday Herald and on BBC Radio Scotland. An associated journal article has been submitted for publication.

In 2013/14 we aim to progress further work on crime, safety and antisocial behaviour, with a focus on how perceptions of community belonging and cohesion change over time, and their relationship to perceptions of crime, safety and antisocial behaviour. We will also examine the degree of association between perceptions of crime and antisocial behaviour and recorded crime levels.



Notes on the findings

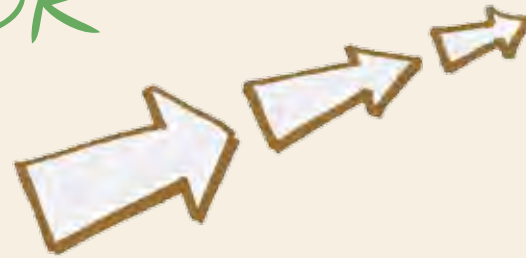
GoWell's five intervention area types (IATs) are: Transformational Regeneration Areas (TRAs), Local Regeneration Areas (LRAs), Peripheral Estates (PEs), Housing Improvement Areas (HIAs) and Wider

Surrounding Areas around multi-storey flat redevelopments (WSAs).

The full reports are available from www.gowellonline.com

Forward look

2013-14



Phase 3 of GoWell began in 2012 and will run to end-March 2016 and plans for the full phase were highlighted in the 2011/12 Annual Report, which is available from www.gowellonline.com. Our specific proposals for 2013/14 are currently being reviewed by our sponsors. If the plans are approved, we anticipate undertaking the following research activities during this period.

Community survey

Making use of both the wave 3 survey and the longitudinal data, the first quarter of the year will involve a focus on several new areas of analysis, as follows:

Health and wellbeing outcomes from housing and regeneration interventions

We will examine the health and wellbeing impacts of housing improvements, using the longitudinal survey data matched with records of housing improvements. We will also compare the health and wellbeing of those who remain living in Regeneration Areas with those living elsewhere and those who have relocated out of the areas. This will use a range of health outcomes measures. Lastly, we will examine health behaviours following relocation, assessing whether there is evidence of health behaviour change following relocation.

Other influences on health and wellbeing

We will measure the impacts of work transitions and life events on physical activity, using the longitudinal dataset. We will also look at measures of loneliness, addressing questions such as 'what are the characteristics of those who are lonely?'; 'how does loneliness relate to social contact?' and 'what aspects of the home, neighbourhood and communities are related to loneliness?'

The health and wellbeing impacts of financial stress among at-risk groups (those deemed at risk from the impacts of welfare reform) will also be examined.

In addition to the above, we will be planning for the wave 4 survey (scheduled for 2014).

Qualitative research

With regard to our qualitative research, we are currently analysing the data from our longitudinal Lived Realities study of families experiencing rehousing. We are aiming to produce two outputs from this work, one focusing on health outcomes and the other on social outcomes.

Thereafter, we will undertake some further qualitative research in our study areas to follow up issues found in the main survey. Possible areas of enquiry include:

- Social relations within communities: is it the case that residents have narrow circles of close and trusted friends who also live very close to them, whilst knowing very few other people in the local area? What are the local facilitators of broader social contacts?

- Safety and trust: what influences local perceptions of trust and reliance on others? Why does trust appear low and declining? What makes people feel safe and unsafe in the local area? Is there a relationship between indoor and outdoor safety?
- Community empowerment: how important are local organisations to resident perceptions of their own influence? Do residents desire influence, and if so over what?

Ecological analysis

The Ecological Team will develop an approach to undertaking a full neighbourhood audit and walkability assessment. The neighbourhood audit involves visiting and photographing randomly selected addresses within the GoWell study areas, and carrying out an environmental assessment. The first audit took place in 2006 and we revisited a selection of properties in 2012. This enabled us to produce 'before' and 'after' photographs. We aim to carry out the next full audit contemporaneously with the wave 4 survey, so the methodology will be finalised and the delivery mechanism agreed by the end of the 2013/14 year.

Another major priority for the Ecological Team is analysis of the 2011 census data for our study areas, thereby updating the baseline profiles of the areas in population, deprivation and health terms. The census data are anticipated to become available towards the end of 2013.

Economic analysis

GoWell's economic evaluation views housing and regeneration interventions as investments in health and wellbeing. The aims of the evaluation are to: (i) assess the extent to which interventions represent value for money in achieving policy aims; and (ii) define what generalisations can be made, from this economic evaluation, to advise future policies on housing and regeneration in Glasgow and elsewhere. Work on the economic analysis will continue to be developed in 2013/14 and initial findings should become available by the end of the year.

Communications

Ensuring our findings are shared and discussed with our study communities, policy-makers and practitioners remains a key focus for GoWell. In addition to the production of articles, reports, briefing papers and community newsletters, this year will see greater emphasis on the use of social media; the appointment of a community engagement officer to strengthen links with local communities; and attention to strengthening communication with the longitudinal cohort of GoWell participants. The GoWell website will also be redeveloped, and will include a section on the new [GoWell project: Studying Change in Glasgow's East End](#).

Our outputs



Below is a list of the publications produced from the beginning of April 2012 to end-March 2013. In addition to these reports, briefing papers and journal articles, we have delivered a number of presentations and seminars at a local, national and international level, which are also listed. All of these are available to download from the GoWell website or in hard copy from Jennie Coyle:

jennie.coyle@drs.glasgow.gov.uk

Reports and briefing papers

- [Health outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys](#)
- [Housing outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys](#)
- [Community outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys](#)
- [Neighbourhood outcomes over time: a comparison across the 2006, 2008 and 2011 GoWell community surveys](#)
- Residents' perspectives on mixed tenure communities: a qualitative study of social renters and owner occupiers
- Policymaker and practitioner perspectives on mixed tenure communities: a qualitative study
- A synthesis of GoWell research findings about the links between regeneration and health
- [Briefing paper 20: neighbourhood structures and crime rates in Glasgow](#)

Journal articles

- Kearns A. and Mason P. Defining and measuring displacement: is relocation from restructured neighbourhoods always unwelcome and disruptive? *Housing Studies* 2013 (E-pub ahead of print. DOI: 10.1080/02673037.2013.767885).
- Kearns A, Kearns O and Lawson L. Notorious places: Image, reputation, stigma. The role of newspapers in area reputations for social housing estates. *Housing Studies* 2013 (E-pub ahead of print. DOI: 10.1080/02673037.2013.759546).
- Kearns A, Whitely E, Bond L, Egan M and Tannahill C. The psychosocial pathway to mental wellbeing at the local level: investigating the effects of perceived relative position in a deprived area context. *Journal of Epidemiology & Community Health* 2013;67:87-94.
- Bond L, Egan M, Kearns A, Clark J and Tannahill C. Smoking and intention to quit in deprived areas of Glasgow: is it related to housing improvements and neighbourhood regeneration because of improved mental health? *Journal of Epidemiology and Community Health* 2012 (E-pub ahead of print. DOI: 10.1136/jech-2012-201828).
- Clark J and Kearns A. Housing improvements, housing quality and psychosocial benefits from the home. *Housing Studies* 2012;27(12):915-937.
- Egan M, Bond L, Kearns A and Tannahill C. Is concern about young people's antisocial behaviour associated with poor health? *BMC Public Health* 2012;12:217.
- Egan M, Neary J, Keenan PJ and Bond L. Perceptions of antisocial behaviour and negative attitudes towards young people: focus group evidence from adult residents of disadvantage urban neighbourhoods. *Journal of Youth Studies* 2012 (E-pub ahead of print. DOI: 10.1080/13676261.2012.733809).
- Kearns A, Whitely E, Bond L and Tannahill C. The residential psychosocial environment and mental wellbeing in deprived areas. *International Journal of Housing Policy* 2012;12(4):413-438.
- Neary J, Egan M, Keenan PJ, Lawson L and Bond L. Damned if they do, damned if they don't: negotiating the tricky context of anti-social behaviour and keeping safe in disadvantaged urban neighbourhoods. *Journal of Youth Studies* 2012;16(1):118-134.

There are also a number of other articles that are currently being reviewed by various journals. To make sure you receive alerts of these and other new publications, sign up for the GoWell Learning Network by emailing your contact details to Jennie Coyle, or follow us on Twitter [@GoWellOnline](#).

Conference and seminar presentations

- Introducing the study area and headline indicators from the GoWell in the East End survey 2012. Scottish Government Seminar; Edinburgh: 2013.
- An introduction to GoWell: studying change in Glasgow's East End. Urban Studies; University of Glasgow: 2013.
- Housing improvements, psychosocial benefits and health behaviour change. Scottish Health and Inequalities Impact Network conference 'Housing and Health: Using the Evidence'; Edinburgh: 2013.
- Moving forward: meeting the challenges of economic evaluation in public health - an 'integrated societal approach'. Canadian Institutes of Health Research-Institute for Population and Public Health; Toronto: 2013.
- GoWell poster presentation. International Conference for the Advancement of Public Health Intervention Research; Montreal: 2012.
- Health, urban transformation and the GoWell study: evaluating complex social change in the context of Glasgow's urban regeneration programme. Population Health Methods and Challenges conference; Birmingham: 2012.
- Investing in health: Is social housing value for money? Population Health Methods and Challenges conference; Birmingham: 2012.
- Challenges to undertaking economic evaluation of public health interventions: Glasgow's housing and regeneration interventions. University of Glasgow; Glasgow: 2012.
- Generic challenges to undertaking economic evaluation of public health interventions. London School of Hygiene and Tropical Medicine; London: 2012.
- Overview of GoWell. Royal Environmental Health Institute of Scotland; Edinburgh: 2012.
- The lived realities of regeneration. Glasgow Housing Association Community Health and Wellbeing Meeting; Glasgow: 2012.
- Mental wellbeing and its associations with physical activity, health and aspects of deprived neighbourhoods in Glasgow. 8th World Active Ageing Congress; Glasgow: 2012.
- Change over time in Glasgow's communities. Glasgow Housing Association Regeneration seminar; Glasgow: 2012.
- Change over time in Glasgow's communities. Scottish Government Seminar; Edinburgh: 2012.
- Analysing crime data for Glasgow. Scottish Government Seminar; Edinburgh: 2012.
- The Lived Realities of Regeneration. Springburn Area Committee; Glasgow: 2012.
- Physical activity and mental wellbeing in deprived neighbourhoods: a potential outcome of urban regeneration. 4th International Congress on Physical Activity and Public Health; Sydney: 2012.
- To what extent may local crime rates, perceptions of crime and personal safety influence walking in deprived neighbourhoods? 4th International Congress on Physical Activity and Public Health; Sydney: 2012.
- Investment in housing, regeneration and neighbourhood renewal: measuring impacts on the health and wellbeing of people and communities. Centre for Housing, Urban and Regional Planning; University of Adelaide, Australia: 2012.
- Housing, regeneration and neighbourhood renewal: measuring impacts on the health and wellbeing of people and communities. School of Geography and Environmental Science, Monash University; Melbourne, Australia: 2012.

Our accounts

Income 2012/13^{*†‡}

Sponsor	Amount
Glasgow Centre for Population Health	£50,000
NHS Health Scotland	£85,257
NHS Greater Glasgow and Clyde	£40,000
Scottish Government	£113,676
Total	£288,933

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

†GoWell: Studying Change in Glasgow's East End is accounted for separately.

‡The significant in-kind contributions made by partner organisations are not shown.

Expenditure 2012/13 (from 1 April 2012 to 31 December 2012)

Activity	Amount
Research and support staff and associated costs	£111,467
Communications, events and outputs	£18,574
Total	£130,041

Our team

Sheila Beck (Ecological Monitoring Team)
 Lyndal Bond (Principal Investigator)
 Julie Clark (Researcher)
 Jennie Coyle (Communications Manager)
 Fiona Crawford (Ecological Monitoring Team)
 Angela Curl (Researcher)
 Matt Egan (Researcher)
 Ade Kearns (Principal Investigator)
 Kenny Lawson (Health Economist)
 Louise Lawson (Researcher)
 Mark Livingston (Researcher)
 Phil Mason (Researcher)
 Martin McKee (Researcher)
 Jennifer McLean (Ecological Monitoring Team)
 Kelda McLean (Programme Administrator)
 Carol Tannahill (Principal Investigator)
 Hilary Thomson (Researcher)
 David Walsh (Ecological Monitoring Team)



We are also pleased to have four PhD students (Camilla Baba, Joanne Neary, Oonagh Robison and Nick Sharrer) working with us.