



Sticking with it?

Short to medium term outcomes of remaining in
regeneration environments in Glasgow

Phil Mason & Ade Kearns



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.

February 2012

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Suggested citation:

Mason P, Kearns A. *Sticking with it? Short to medium term outcomes of remaining in regeneration environments in Glasgow*. Glasgow: GoWell; 2012.



ISBN: 978-1-906150-15-0

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Contents

Chapter	Title	Page
	List of Tables	6
	List of Figures	7
	Abbreviations	7
	Executive Summary	8
1	The Study Context: Housing and Regeneration in Glasgow	16
2	The Longitudinal (Wave 1 and Wave 2) Remainers Study	24
3	The Characteristics of Remainers	30
4	Residential Outcomes: Housing	36
5	Residential Outcomes: Neighbourhoods	46
6	Social and Community Outcomes	56
7	Health and Human Capital Outcomes	62
8	Conclusion	76
	References	79

List of Tables

Table	Title	Page
2.1	Distribution of achieved interviews by area	28
3.1	Composition of longitudinal and cross-sectional Remainer samples	32
4.1	Dwelling type (Wave 1 and Wave 2)	38
4.2	Receipt of housing improvement works	38
4.3	Satisfaction with housing improvement works	38
4.4	Change in satisfaction with home with respect to recollection of housing improvements carried out in the previous two years	39
4.5	Change in rating of dwelling quality	41
4.6	Change in rating of front door depending on whether improvements made to doors and locks	42
4.7	Change in rating of affordability difficulties	43
4.8	Change in psychosocial benefits of the home	44
5.1	Change in rating of neighbourhood quality	48
5.2	Change in perceived quality of local services and amenities	48
5.3	Change in ratings of antisocial behaviour problems in TRAs	50
5.4	Change in ratings of antisocial behaviour problems in LRAs	50
5.5	Change in perceived reputation of local area	51
5.6	Change in intention to move in the next 12 months, by Intervention Area Type	52
6.1	Change in frequency of social contacts	58
6.2	Change in availability of social support	58
6.3	Change in trust: safety, reliance and honesty	59
6.4	Change in sense of community	60
6.5	Change in rating of local empowerment	61
7.1	Change in prevalence of long-standing health conditions	64
7.2	SF-12 questions relating to aspects of physical and mental health	65
7.3	Changes in SF-12 scores: percentage of respondents and changes in mean scores	66
7.4	Change in frequency of long-term health conditions	67
7.5	Change in frequency of short-term health conditions	68
7.6	Change in rate of GP contacts in previous 12 months (for any reason)	69
7.7	Change in GP contact for mental health problem	69
7.8	Change in smoking behaviour, by Intervention Area Type	70
7.9	Change in intention to give up smoking, by Intervention Area Type	70
7.10	Stated intention at Wave 1 to give up smoking of Remainers who had quit by Wave 2, by Intervention Area Type	71
7.11	Change in alcohol drinking behaviour	71

List of Figures

Figure	Title	Page
1.1	GHA investment in LHO areas containing GoWell Regeneration Areas	20
1.2	Locally delivered ‘Wider Actions’ in GoWell Areas, by target group and time	21
2.1	Map of Glasgow showing GoWell regeneration study areas by type and location	26

Abbreviations

ASB	Antisocial Behaviour
CR	Cross-sectional Remainer
GCC	Glasgow City Council
GHA	Glasgow Housing Association
IAT	Intervention Area Type
LHO	Local Housing Organisation
LR	Longitudinal Remainer
LRA	Local Regeneration Area
LSI	Long Standing Illness
MSF	Multi-storey Flat
TRA	Transformational Regeneration Area

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

This report presents the findings from a longitudinal sample of residents from six predominantly social housing neighbourhoods in Glasgow interviewed as part of the first and second waves of the GoWell Community Health and Wellbeing survey in 2006 and 2008. It reports changes over time in the attitudes and experiences of residents living through the first 'trimester' of an ongoing regeneration process underway in their neighbourhoods.

Since the surveys were conducted, regeneration has progressed further, with more clearance and demolition and the commencement of new build housing construction within these areas. Residents' attitudes and experiences may therefore have changed since our surveys, which we will examine with data from the third GoWell survey conducted in 2011.

Nevertheless, this report presents findings on residents' experiences of the early phases of regeneration and is relevant to the ongoing implementation of the current regeneration programme in Glasgow and for the planning and implementation of future regeneration programmes in Glasgow and beyond.

The Study Context: Housing and Regeneration in Glasgow

To provide a background to the analyses reported here, the following progress made towards bringing regeneration to fruition within the areas under study is noted:

- Following housing stock transfer in 2003, up to 19,000 social housing dwellings within Glasgow were identified for demolition over the next decade or so.
- Glasgow City Council (GCC) and Glasgow Housing Association (GHA) jointly defined 15 regeneration areas within the city in 2005/6.
- Our Wave 1 survey, in 2006, occurred shortly after the regeneration areas had been identified and clearance of some blocks of flats within them had begun.
- By the time of our Wave 2 survey, in 2008, several multi-storey blocks had been demolished in our regeneration study areas, a few were substantially empty, and clearance had progressed in some of the remainder.
- Although efforts are made to minimise the negative environmental effects of demolition, it is nonetheless the case that we would expect the demolition phase of regeneration to impact negatively upon residents.
- However, it should be recognised that, in view of the fact that residents may remain living in an area for some time as regeneration progresses, many residents have received some improvement works to their homes, and some environmental and social improvement programmes have been enacted within regeneration areas. These improvements would be expected to impact positively on residents.

Executive Summary

The Longitudinal (Wave 1 and Wave 2) Remainers Study

We describe the following aspects of the study:

- **Sample design:** the organisation of the sample of Remainers.
 - The Remainers sample comprises householders, or their partners, who were living at the same address within a GoWell Regeneration Area in 2006 and 2008, and who were interviewed in both years.
- **Study areas:** the locations in which the sample of residents are located are:
 - Transformational Regeneration Areas (TRAs): Red Road; Shawbridge; Sighthill
 - Local Regeneration Areas (LRAs): Gorbals Riverside; Scotstoun [Kingsway Court and Pleas St]; St Andrews Drive.
- **The questionnaire:** contents and development of the survey questionnaires at Wave 1 and Wave 2, with an indication of common questions and major differences.
- **Fieldwork and interviews achieved:** the organisation of the interview fieldwork; the achievement of the sample through repeat contacts; and the distribution of the sample between areas.
 - 559 longitudinal cases were achieved across Waves 1 and 2, 57% being residents in TRAs and 43% in LRAs.
 - The longitudinal sample represents 22% of those interviewed at Wave 1 in the TRAs and 33% of the Wave 1 sample in the LRAs.
- **Data preparation and analysis:** quality checking of the data; our approach to the analysis of the data.
 - We examine how many people gave 'better' or 'worse' responses to individual survey questions comparing Wave 1 with Wave 2.
 - Results are presented for the sample as a whole, and also separately for the TRAs and LRAs where different patterns were apparent in the analysis.

The Characteristics of Remainers

We examine how the socio-demographic characteristics of our Longitudinal Remainder (LR) sample changed over time, and also examine the extent to which the LR sample is representative of the broader sample of Remainers within the Regeneration Areas in 2008.

- 56% of the longitudinal sample of 559 Remainers were women; 44% were men.
- People aged 25-39 years comprised around one-third of the sample. Those aged 40-54 and 65+ years each accounted for about one-quarter of the sample.
- Over 71% of the sample were British Citizens. Between Wave 1 and Wave 2, there was a 40% decrease in the number of people describing themselves as an asylum seeker, partly because some of this group had been granted refugee status.

- Adult households (those with no dependent children) were the commonest household type (around one-third of the sample). Around 20% of households changed their classification status between Wave 1 and Wave 2, either because of age-related circumstances (transition to older person households, with 1+ person aged over 65 years, or to an adult household, when children ceased to be dependent), or due to a change in the number of parents within family households.
- The characteristics of the LR sample were broadly similar to those of the larger cross-sectional sample of Remainers in 2008.

Residential Outcomes: Housing

The physical changes occurring to the buildings and the wider neighbourhood are the most direct and evident aspects of urban regeneration programmes. So, we might expect these to have particularly clear consequences for people's opinions about their home and local area. We examine a range of housing outcomes to assess any changes that might have occurred between Wave 1 and Wave 2.

- Four-fifths of respondents lived in a multi-storey flat (MSF). Almost everyone else lived in some type of purpose built flatted accommodation.
- Remainers' satisfaction with their homes showed more evidence of decline than of improvement between 2006 and 2008.
- Half the Remainers in TRAs and two-thirds in LRAs reported receiving housing improvement works to their homes in the past two years. The vast majority (90%) were fairly or very satisfied with these works.
- Seven aspects of housing quality were rated significantly worse by occupants at Wave 2 than at Wave 1, with the most notable decline being in relation to overall condition, overall space and external appearance of the home.
- On the other hand, there was a significant improvement in Remainers' ratings of the quality of their front doors, although this was not associated with a greater likelihood of improved overall satisfaction with the home.
- The affordability of repairs and maintenance of the home, food, and rent or mortgage worsened overall for Remainers. On balance, there was not much overall change in the affordability of fuel bills or council tax.
- There was an overall decline in the number of people reporting psychosocial benefits of the home. This was particularly true in the case of feelings of control of the home and sense of progress from the home.

Residential Outcomes: Neighbourhoods

We consider how Remainers' views about their neighbourhoods have changed over time in terms of the quality of the environment, local services and amenities, and antisocial behaviour (ASB) problems. We also look at their overall satisfaction with the neighbourhood and their intention to move home.

- The quality of the areas, in terms of their attractiveness and tranquillity, was rated worse in 2008 than in 2006.
- In the case of six out of seven items, residents' ratings of neighbourhood amenities and services worsened over time. Around half or more of residents rated youth and leisure services and policing worse than they had previously. Children's play areas were also considered to have got worse, moreso in LRAs than in TRAs.
- There was a marked contrast between TRAs and LRAs in residents' perceptions of ASB. In the TRAs, Remainers' ratings of problems worsened in the case of nine out of eleven items. In the LRAs, on the other hand, residents' ratings improved over time for seven out of the same eleven items.
- There was also a distinction between the two types of area in terms of the attainment of the psychosocial benefit of personal progress. In the TRAs, more people reported a decline in this psychosocial benefit than a gain; the reverse was the case in the LRAs.
- There was no change in the balance of perceptions of the internal and external reputations of neighbourhoods from Wave 1 to Wave 2.
- Remainers in the LRAs were almost twice as likely to view recent neighbourhood change positively at Wave 2 than at Wave 1. Residents in the TRAs were no more likely to view change positively than negatively.
- There was no overall change in Remainers' level of satisfaction with their neighbourhood between 2006 and 2008.
- Intentions to move home had strengthened over time in the TRAs, but were largely unchanged in the LRAs. However, in both cases, and at both Wave 1 and Wave 2, the majority of respondents said they did not have an intention to move.

Social and Community Outcomes

Regeneration activity, and the deterioration in the physical structures of homes and neighbourhood environments already noted, may have negative consequences for the less tangible but no less important social and community aspects that affect wellbeing.

- Social contact declined over time for Remainers. Overall, they had less contact with relatives and friends in 2008 than in 2006. However, roughly equal numbers (around one-third) spoke to their neighbours more and less frequently at Wave 2 than Wave 1.

- There was a slight increase in social support available to Remainers. In the TRAs (but not the LRAs), the availability of practical support improved over time. Across both TRAs and LRAs, there was also a slight increase in the availability of emotional support, though this was not statistically significant. There was little overall change in the levels of financial support available to Remainers.
- There was a large overall decline in social capital among Remainers. A majority of respondents reported lower levels of trust in others; a reduced sense of being able to rely on others to intervene when needed; and reduced feelings of safety in the local area at night-time.
- There was no clear pattern of change in residents' feelings of belonging to the local neighbourhood.
- In one respect, there was a greater sense of community: more people reported that neighbourhood harmony had improved than that it had deteriorated between 2006 and 2008.
- More Remainers reported a 'worse' rather than a 'better' sense of local empowerment over time. Local empowerment was assessed in terms of dealings with landlords and belief in the ability of individuals or groups to influence local decisions.

Health and Human Capital Outcomes

Regeneration strategies may, in due course, improve the physical and mental health and wellbeing of residents. These outcomes can be measured in terms of self-reported aspects of health and of the behaviours and lifestyle components that are known to influence health positively or negatively. However, we would not expect such improvements to become apparent immediately, or even in the short-term. In the case of these Remainers, we are considering a maximum period of less than two and a half years.

Regeneration also aims to boost human capital and so we also consider whether Remainers' income and employment conditions have changed over the two year period.

- One-sixth of Remainers had developed a long-standing illness between 2006 and 2008 – more than twice as many as had ceased to suffer from any such illness.
- The physical health of Remainers deteriorated overall between 2006 and 2008, as seen in the following indicators:
 - The mean value of the overall SF-12 Health Survey Physical Component score fell significantly by 3.2 points.
 - Within the SF-12, there were significant drops in the mean scores for General Health (down 3.5 points) and Physical Functioning (down 2.7 points).
 - There was a very large and significant fall in the mean value of the SF-12 Vitality scale, which is also seen as a mental health indicator.
 - The number of Remainers reporting long-term (lasting over 12 months) skin conditions and allergies rose by 5%.

- The findings on mental health were more mixed. Several indicators improved over time:
 - The mean value of the overall SF-12 Mental Health component increased slightly by 1.2 points (not statistically significant). Physical health scores changed more than mental health scores in general.
 - Within the SF-12, three of the mental health scales showed significantly higher (improved) mean scores:
 - Social functioning (related to the way health has interfered with social activities) up by 1.7 points
 - Role emotional (concerned with how emotional problems affect the ability to carry out activities and the degree of care exercised in doing so) up by 1.7 points
 - Mental health (to do with mood) up by 2 points.
- On the other hand, two other long-term health conditions related to mental health increased significantly in prevalence over time:
 - Stress, anxiety and depression increased by 10%.
 - Migraines or frequent headaches increased by 3%.
- Rates of seeing a GP increased over time, particularly in the LRAs. This may be due to a mixture of worsening health and improved GP access for migrants.
- Rates of seeing a GP for a mental health reason did not significantly change over time.
- Rates of smoking fell significantly (by 5%) in the TRAs, but there was no significant change in the LRAs. In the TRAs, around 7% of Remainers had given up smoking between Wave 1 and Wave 2, although about 2% had taken up the habit. In the LRAs, around 7% and 6% of Remainers gave up or started smoking, respectively, over this period.
- Around one-quarter of Remainers started drinking alcohol between Waves 1 and 2, i.e. they claimed not to drink alcohol at Wave 1 but were drinking by Wave 2. This mostly applied to British citizens aged 25-54. This significantly outweighs the much smaller proportion of people who had given up drinking by Wave 2.
- There was no significant change in the frequency with which respondents obtained their main meal of the day from a fast-food outlet.
- There was a 6% increase in the overall level of unemployment among Remainers, and a 5% drop in the number of people looking after the home.
- There was a small increase (4%) in the number of Remainers who had access to a car, although the vast majority (around three-quarters) continued not to do so.
- Those Remainers in full or part-time work (about 15% of the sample) tended to report greater job satisfaction at Wave 2 than they had at Wave 1.

Conclusion

It is against a backdrop of deconstruction and disruption to the local residential environment, with little new re-development activity having taken place, that we have examined changes in residents' views. It is not surprising therefore that we have found that residents' views about their home and neighbourhood in an environmental sense have broadly deteriorated over time. It is also not unexpected that the attainment of some psychosocial benefits from the home and neighbourhood – such as feelings of control and personal progress in life – have reduced.

Residents also experienced a decline in their social environment, with a reduction in reported contact with relatives and friends, lower levels of trust and reliance in others, lower levels of sense of safety, and, in the TRAs, rising identification of ASB problems in the local area. While some of this may be partly due to a direct effect of social disruption brought about by physical deterioration, it is also conceivable that the early phase of regeneration had an impact upon how residents saw their local social environment, causing a degree of uncertainty and anxiety which is reflected in our findings on a range of social capital issues.

However, there have been some improvements in the social environment, most importantly increased perceptions of social harmony (absence of tensions) within communities, and greater availability of forms of practical social support, as well as some reductions in perceived ASB in LRAs.

Many aspects of the health and wellbeing of residents in regeneration areas declined over time, most notably in respect of two psychological aspects: a significant deterioration in feelings of vitality (having energy to do things) and an increase in the prevalence of self-reported long-term problems of stress, anxiety and depression. In terms of health behaviours, there was some improvement (reduction) in smoking rates, but a large increase in the number of British residents declaring that they drink alcohol. We cannot say that the regeneration process is responsible for these negative health trends, but it is plausible that regeneration has contributed to an environment which facilitates such decline.

These findings, and their possible attribution at least in part to regeneration, raise several important questions for researchers and practitioners to address.

- How long will these circumstances continue? Our Wave 3 survey in 2011 enables us to assess whether, five or six years into regeneration, the residential conditions and social and human capital of Remainders continues to deteriorate, or begins to improve.
- Through the use of increasingly longitudinal data, not only in regeneration areas but also in our other study areas, we should also be able, post-Wave 3, to better address the question of whether the negative trends reported here can be attributed to factors within regeneration areas alone.
- Can a firm plan for completion of the regeneration process be presented to residents, both in terms of the future composition of their neighbourhoods and communities, and the timetable for its delivery?

- Can more be done, or indeed has more been done in the meantime, to help residents in regeneration areas?

This would apply, for example, to addressing ASB and safety issues, and to providing community support to stimulate social contact and collective trust. Additional effort in terms of community engagement around regeneration may also help contribute to the development of social capital within the communities.

- How much better will things get for this group of Remainders in the future, either during regeneration or after the process is complete?

Our future surveys (Waves 3 and 4) will help us to assess to what extent those who continue to live in regenerated areas see improvements in all aspects of their lives; both beyond what they are experiencing now or were experiencing at the start of the regeneration process, and compared with those who eventually move to a home elsewhere (those relocated).

The findings support a plea for regeneration to embrace social and health issues as well as physical and residential ones. We would argue that many of the negative trends identified for Remainders in this report will not be corrected automatically through physical redevelopment, more so the longer regeneration goes on, with negative social and health behavioural trends in danger of becoming habitual in these areas and harder to shift.

The Study Context: Housing and Regeneration in Glasgow

The Study Context: Housing and Regeneration in Glasgow

1

Summary

This chapter sets out the context for the study, outlining the regeneration plans for some of Glasgow's predominantly social housing neighbourhoods, with particular reference to the progress made towards bringing them to fruition in the six areas that we consider in this report.

- Following housing stock transfer in 2003, up to 19,000 social housing dwellings within Glasgow were identified for demolition over the next decade or so.
- Glasgow City Council (GCC) and Glasgow Housing Association (GHA) jointly defined 15 regeneration areas within the city in 2005/6.
- Our Wave 1 survey, in 2006, occurred shortly after the regeneration areas had been identified and clearance of some blocks of flats within them had begun.
- By the time of our Wave 2 survey, in 2008, several multi-storey blocks had been demolished in our regeneration study areas, a few were substantially empty, and clearance had progressed in some of the remainder.
- Although efforts are made to minimise the negative environmental effects of demolition, it is nonetheless the case that we would expect the demolition phase of regeneration to impact negatively upon residents.
- However, it should be recognised that, in view of the fact that residents may remain living in an area for some time as regeneration progresses, many residents receive some improvement works to their homes, and some environmental and social improvement programmes are enacted within regeneration areas. These improvements would be expected to impact positively on residents.

Introduction

Many regeneration and related activities have taken place in Glasgow since GoWell commenced in 2006. These activities have been carried out by a range of public and private sector providers, often in partnership and often seeking to engage local people in decision making. Many have been led by GHA as part of its housing investment strategy and wider action programme, but others stem from high-level strategies at the Scottish and UK level and from the initiatives of other stakeholders. These are described more fully, in relation to regeneration in Glasgow, in previous GoWell Reports.^{1,2} However, some of the information specific to several areas undergoing regeneration is summarised in this chapter.

Urban regeneration activity, in its most obvious form of the physical renewal of the residential buildings of a neighbourhood may involve the demolition of buildings, the clearance of debris, and the preparation of cleared land before new homes and amenities are built. The areas in which this activity occurs, by definition, are characterised by multiple deprivation. During the period between the decision to undertake such fundamental transformation and its execution, reduced expenditure on maintenance and improvements may exacerbate aspects of deprivation.

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

In the meantime, many of the neighbourhood's original residents will continue to live in or near these areas and it seems almost inevitable that their experience of this disruption will influence their opinions and assessments of their homes, neighbourhoods and communities. These conditions may also have consequences for mental health and wellbeing and even the physical health and health behaviours of residents.

Even less extensive regeneration work, such as internal and external refurbishment of existing buildings, may have direct and indirect effects on residents' opinions about their surroundings, and, ultimately, on their health and wellbeing.

If, as we might expect, these effects are, by and large, negative in nature, the question arises as to whether the poorer conditions and status of residents induced during periods of major regeneration are acceptable on the basis that 'things have to get worse before they get better'. In other words, to what extent may the quality of residents' lives be reduced in the short-term on the grounds that they will be compensated in the future when their new, improved homes and neighbourhoods are completed? To answer these questions we need reliable information about the effects on residents of remaining in their neighbourhood while it is being regenerated around them as well as to know about the longer-term effects on them when they eventually come to live in their renewed neighbourhood. We concentrate on the former aspect in this report, in our examination of six areas of Glasgow that are currently receiving a range of regeneration interventions.

Clearance and Demolition in Glasgow

Glasgow City Council's housing strategy 2003-2008 set out plans to demolish up to 15,000 properties (mostly social housing units) within the city up to 2012. This was a reflection of the problems of abandonment of the lowest quality social housing units (unattractive, low quality and remote from amenities) across the city, and falling demand for social housing in general due to out-migration. Over the period 1993 to 2003, demolitions of properties in the city had been running at the rate of 2,500 per year.³

As part of the City's housing strategy, demolition of properties was intended to contribute to a number of goals. These included raising the quality of the city's housing stock, in particular to eradicate problems of dampness, condensation and fuel poverty; reversing neighbourhood decline and perceptions of decline; and, retaining and attracting more people to the city by providing a better choice of dwelling types and tenures, especially more 'attractive, low rise housing in good neighbourhoods' as part of 'mixed tenure area renewal'.⁴

During the period 2003-2006, GHA and GCC held discussions about the future of areas of the city where 'failing' housing stock and low demand for living was resulting in the identification of redundant properties for demolition. By 2005/6 the two parties had chosen eight Transformational Regeneration Areas (TRAs) where substantial demolition of properties and area restructuring was to occur. The GoWell programme is studying three of these areas: Red Road, Shawbridge and Sighthill.

GHA's early business plan assumed a total demolition programme of 19,100 dwellings by March 2015⁵, with 9,900 of these approved for demolition within the first five years, 2003-8. Of these, approximately 40% were multi-storey flats (MSFs)⁶, the others mainly being tenement and deck access flats.

The Study Context: Housing and Regeneration in Glasgow

As part of GHA's clearance policy, it has committed to minimise disruption to tenants and communities, and reduce the time tenants have to spend in properties scheduled for demolition. GHA also requires Local Housing Offices (LHOs) to produce a Clearance Strategy in consultation with the occupants involved in the proposed clearance that considers the likely duration of the clearance process. GHA policy statements also deal with issues of priority and equity. LHOs are required to state in their clearance strategies by which criteria they will decide the order of clearance (who moves first), and how they will avoid any disadvantage to the occupants of blocks cleared later rather than sooner (by virtue of fewer available properties and less choice). On both issues – priority ordering, and competing demands for available re-housing opportunities – the key criteria LHOs are asked to take into account are: serious overcrowding; isolation in a clearance area; health and safety risks from being the last occupant(s) in a block; and length of tenancy and allocation points accrued by the occupant.

Smaller-Scale Regeneration Activity

In addition to the TRAs, GHA also identified seven Local Regeneration Areas (LRAs) where smaller-scale demolition and housing improvement works were planned. The GoWell programme is studying three of these areas: Gorbals Riverside, Scotstoun and St Andrews Drive.

These 15 TRAs and LRAs together had a total population of 35,000 – 6% of the city's population, at time of declaration.

By the time of our Wave 2 survey, in July 2008, two of the multi-storey blocks in Sighthill and two in Shawbridge had been demolished. Two more multi-storey blocks in Shawbridge were subsequently demolished in August 2009. The remaining multi-storey blocks in the northern half of Sighthill had been emptied and handed over to demolition contractors by mid-2008, and clearance of low-rise flats had also taken place on a smaller scale. Six blocks in Red Road were either empty or close to being empty with further clearances also occurring in neighbouring MSFs and tenements.

Demolition planning had also affected local residents and communities. Residents had experienced uncertainty about the future of their homes while decisions were pending – as in the case of some of the Scotstoun MSFs. Resident groups had formed in some cases to challenge specific decisions to demolish (e.g. Sighthill) or not to demolish (e.g. St Andrews Drive) homes. The social dislocation and sense of uncertainty surrounding demolition plans were likely to have short-term impacts, some of which may have influenced the way GoWell participants responded in the surveys.

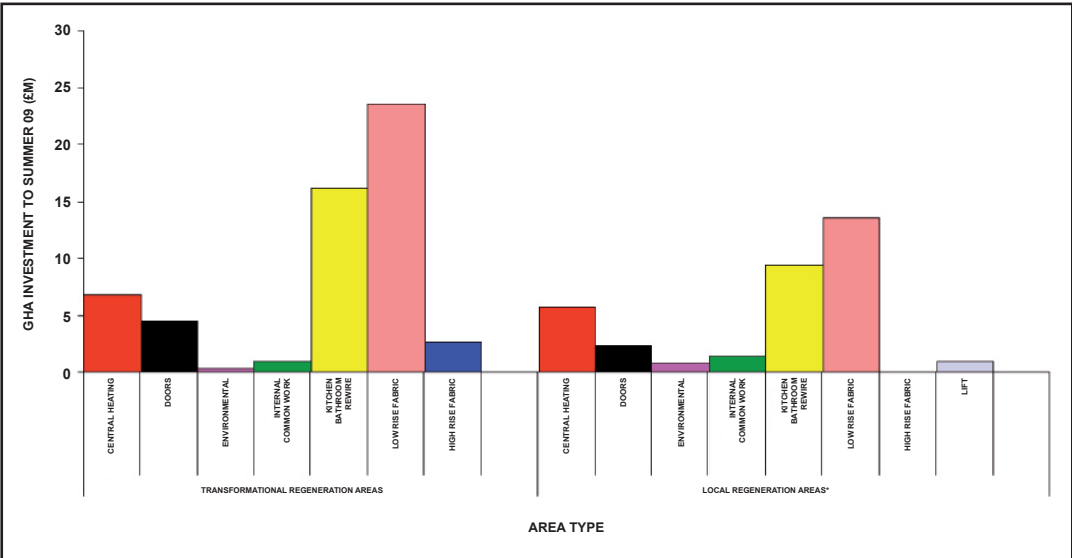
Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

Housing Improvement Works in Regeneration Areas

While regeneration was being planned and implemented, GHA also carried out some improvements, ‘holding investment’, to the still-occupied homes in the areas concerned. These ranged from building fabric works to heating system upgrades and kitchen and bathroom improvements, as shown in Figure 1.1.

Figure 1.1 GHA investment in LHO areas containing GoWell Regeneration Areas



* Wider Red Road is included in the figures for TRAs and Wider Scotstoun is included in the LRA figures, as separate data for these areas were not available to GoWell at the time of writing.

Wider Actions: Social and Economic Regeneration

Since 2004, GHA has worked with local partners to support wider action throughout Glasgow aimed at improving the quality of tenants’ lives and creating safer and more sustainable neighbourhoods. Programmes have focused on a number of different issues including⁷:

- Attractive environments
- Supporting older and vulnerable tenants
- Financial inclusion
- Jobs and training
- Community safety
- Community learning and development
- Heating and energy efficiency
- Improving health

The Study Context: Housing and Regeneration in Glasgow



Figure 1.2 shows where and when wider actions have been delivered, or were planned for delivery, across the GoWell areas by 2008. The table specifies the types of action and whether the focus is on the whole community or community sub-groups. The most widespread activity across the regeneration areas being studied in this report was the youth diversionary programme, which had been in operation since before the first GoWell survey in 2006. The most common new activities since the start of the study were the play area improvement programme and the community janitors programme, which combines environmental actions with employment support.

Figure 1.2 Locally delivered ‘Wider Actions’ in GoWell Areas, by target group and time

IATs	Area	Infant / Child (and Parent)			Youth	Working Age Adults			Vulnerable Adults / Adults at Risk of Addiction		Elderly	Community-Wide										
		Play and Learning Activities	Play Parks and Areas	Substance Misuse (Child)	Home Safety	Youth Diversion	Disabled Tenants Employability	Literacy, Maths, Language	Training / Employability	Community Janitors	Home Fire Safety	Homemaking Skills / DIY	Women at Risk	Social Activities and Facilities	Advice - One Stop Shop	Debt Advice	Community Health Outreach	Community Events: / Activities	Community Hall / Facilities	Arts Project	Participation in Local Planning	Environmental Improvement
TRAs	Red Road																*					
	Shawbridge					*																
	Sighthill					*		*														
LRAs	Gorbals Riverside					*																
	Scotstoun MSFs					*																
	St Andrews Drive					*																

Started before Wave 1; Started between Waves 1 and 2; Started after Wave 2.

* = More than one intervention of this kind has been delivered in the area (concurrently or in parallel - shading indicates when the first intervention started)

Source: Glasgow Housing Association

The Remainers Study in Context

This report sets out to examine the effects of the early stages of the regeneration process on people who have remained in their neighbourhood while the transformations take place around them.

We examine the changes in the responses to a wide range of questions in a survey of over 500 people interviewed on two occasions (in 2006 and 2008) in six of the city’s Regeneration Areas: three TRAs: Red Road, Shawbridge and Sighthill; and three LRAs: Gorbals Riverside, Scotstoun and St Andrews Drive.

The first GoWell Community Health and Wellbeing survey was carried out in 2006. At that time, regeneration plans were in place for the six areas considered here, but, in the main, had yet to be executed. Broadly speaking, therefore, the baseline data from this study provide a picture of the areas

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

before the actual changes had affected residents, although they may have been aware of the plans and some blocks had been identified for clearance.

At the time of the Wave 2 survey in 2008, the restructuring and/or renewal of the Regeneration Areas was underway, but far from complete. For this reason, it is likely that many of the Remainers were interviewed during a period when they were experiencing the inevitable short-term disruptions of regeneration most strongly. On the other hand, residents may also have experienced or witnessed works to their homes, some improvements to the local environment and some local social projects. Overall, however, we would not be surprised to see negative changes in people's circumstances and assessments of their lives, homes and neighbourhoods at this stage of the regeneration process.

The Longitudinal (Wave 1 and Wave 2) Remainers Study

The Longitudinal (Wave 1 and Wave 2) Remainers Study

2

Summary

The chapter describes the following aspects of the study:

- **Sample design:** the organisation of the sample of Remainers.
 - The Remainers sample comprises householders, or their partners, who were living at the same address within a GoWell Regeneration Area in 2006 and 2008, and who were interviewed in both years.
- **The questionnaire:** contents and development of the survey questionnaires at Wave 1 and Wave 2, with an indication of common questions and major differences.
 - The questionnaire increased from 75 to 92 questions from Wave 1 to Wave 2. Therefore, longitudinal analysis cannot be conducted on every survey item.
- **Fieldwork and interviews achieved:** the organisation of the interview fieldwork; the achievement of the sample through repeat contacts; and the distribution of the sample between areas.
 - 559 longitudinal cases were achieved across Waves 1 and 2, 57% being residents in Transformational Regeneration Areas (TRAs) and 43% in Local Regeneration Areas (LRAs).
 - The longitudinal sample represents 22% of those interviewed at Wave 1 in the TRAs and 33% of the Wave 1 sample in the LRAs.
- **Data preparation and analysis:** quality checking of the data; our approach to the analysis of the data.
 - We examine how many people gave 'better' or 'worse' responses to individual questions comparing Wave 1 with Wave 2.
 - Results are presented for the sample as a whole, and also separately for the TRAs and LRAs where different patterns were apparent in the analysis.

Sample Design

The Remainers sample consists of those individuals (householder or their partner) who had lived and were interviewed in the same dwelling, in the same GoWell Regeneration Area in 2006 and 2008.

We are studying six Regeneration Areas, three each of two distinct Intervention Area Types (IATs):

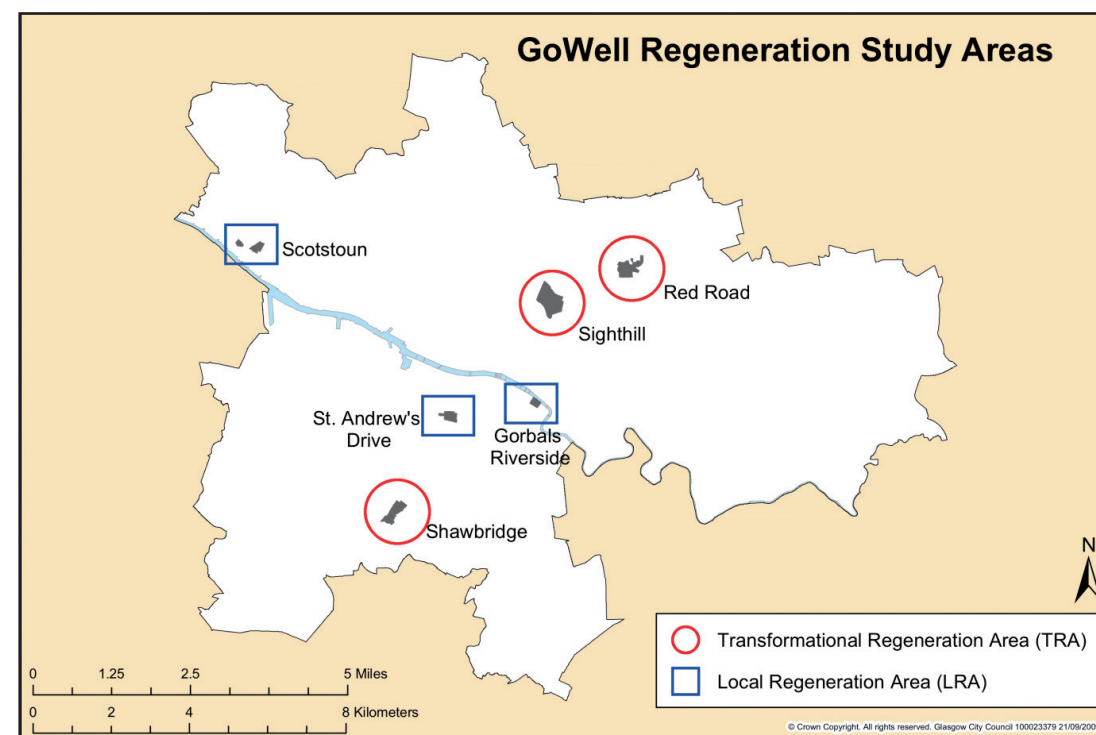
- 1) **Transformational Regeneration Areas (TRAs):**
Red Road Multi-storey Flats (MSFs) and Tenements, Shawbridge, Sighthill.
These are places where major investment is planned over a period of 10-15 years, and where change involves substantial demolition and rebuilding over the long term.
- 2) **Local Regeneration Areas (LRAs):**
Gorbals Riverside, Scotstoun MSFs, St Andrews Drive.
These are smaller places where the amount and range of restructuring planned is more limited and on a much smaller scale than in the TRAs.

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

Five of the Regeneration Areas are each considered to be formed of two subareas, whereas the Red Road MSFs and Tenements constitute a single area. Their location in the city is illustrated in Figure 2.1.

Figure 2.1 Map of Glasgow showing GoWell regeneration study areas by type and location



The Remainder sample forms part of the larger sample of the Wave 1 and Wave 2 repeat random stratified cross-sectional surveys described in previous GoWell reports.^{1,2} This larger sample includes residents from non-Regeneration Areas (Peripheral Estates, Housing Improvement Areas and the Wider Surrounding Areas near two of the Regeneration Areas), but these are not the subject of study in this report.

The Questionnaire

The Wave 1 questionnaire comprised 75 questions, covering personal and demographic details of the respondents, their experiences, perceptions and opinions of their homes, neighbourhoods, communities, and their own health and wellbeing and that of their children (and several 'housekeeping' variables required for efficient project administration and accurate data management).

The Wave 2 questionnaire was broadly identical to the earlier one, to facilitate longitudinal comparison over time. Some changes were made, however, and the final version contained 92 questions. In addition to some new questions, other questions that had given uninformative results were either removed or reworded. In the case of the latter group, it has sometimes been possible to derive a new, simplified

The Longitudinal (Wave 1 and Wave 2) Remainers Study

2

variable that coherently represents the responses to the different forms of corresponding questions at the two waves, thereby enabling us to compare them longitudinally.

Details of the differences between the two versions of the questionnaire are set out in the appendix to our Wave 2 report.²

Fieldwork and Interviews Achieved

Details of the sampling frames, design and execution of fieldwork in 2006 and 2008 are set out in the survey technical reports. In brief, at Wave 1, 1,435 and 726 interviews (2,161 in total) were obtained from residents of the TRAs and LRAs, respectively, between April and July 2006. At Wave 2 a census of all homes was attempted in the six Regeneration Areas between April and September 2008, yielding 1,444 and 873 interviews from the TRAs and LRAs, respectively.

Considerable effort was made to ensure that as many Wave 1 respondents as possible were offered the opportunity to participate at Wave 2. Unsurprisingly, however, it was not possible to re-interview all Wave 1 respondents because some people had moved during the two-year periodⁱ, others declined to participate a second time, and in some cases another member of the same household was interviewed at Wave 2.

The requisites for inclusion in this study of Remainers wereⁱⁱⁱ:

- Same person interviewed at Wave 1 and Wave 2, and
- Household at same address at Wave 1 and Wave 2

A total of 559 Remainder cases were comprehensively identified by retrospectively matching the respondents' names and addresses from the files of personal contact details created in 2006 and 2008.

Where the information in the personal contact details files was not sufficiently accurate or complete to identify Remainers conclusively, corroborative or supporting information from the survey data files was used to facilitate identification (e.g. Wave 2 respondents' recollection of having participated at Wave 1, family structure, long-term health condition, ethnicity and citizenship etc).

The majority (57%) of the Remainers identified lived in a TRA, while 43% lived in a LRA. These figures reflect the greater number of dwellings in the TRAs, tempered by the fact that people were more likely to have moved out of a TRA (mainly from multi-storey flats due to clearance and demolition) than an LRA. The Remainers sample represents 22% and 33% of the entire sample of Wave 1 respondents from the TRAs and LRAs, respectively.

ⁱ Supplied to GoWell by BMG Research and available on request.

ⁱⁱ This includes people who moved out of the study area, some of whom we interviewed as part of the Outmover sample, as reported in Moving Out, Moving On? (GoWell 2011), and a small number of people who moved within the study area, who are not considered in the analyses presented in this report.

ⁱⁱⁱ Eleven respondents who were interviewed at both waves were excluded from the analyses reported here because they had moved to a different address within the same area between 2006 and 2008

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

The Longitudinal (Wave 1 and Wave 2) Remainers Study

Table 2.1 Distribution of achieved interviews by area

	Remainers	
	Frequency	Percentage
TRAs	320	57.2
Red Road MSFs & Tenements	58	10.4
Shawbridge	123	22.0
North Shawbridge	16	2.9
South Shawbridge	107	19.1
Sighthill	139	24.9
Fountainwell	1	0.2
Pinkston	138	24.7
LRAs	239	42.8
Gorbals Riverside	58	10.4
Gorbals High-rise	28	5.0
Gorbals Low-rise	30	5.4
Scotstoun MSFs	109	19.5
Kingsway Court MSFs	99	17.7
Plean Street MSFs	10	1.8
St Andrews Drive	72	12.9
North St Andrews Drive	30	5.4
South St Andrews Drive	42	7.5

Note: 559 achieved interviews for Remainers (same respondent interviewed at the same address at Wave 1 and Wave 2) distributed by intervention area type (IAT) (bold), study area (normal) and subarea (italic).

Data Analysis

Our primary interest is to examine the changes in circumstances, opinions, assessments and experiences of individual Remainers between Wave 1 and Wave 2. The longitudinal nature of the data enables us to look at how outcome measures for each respondent had changed between 2006 and 2008, and then to summarise these, either for the sample as a whole, or separately for the TRAs and LRAs. We should stress that we do not consider here any longitudinal change in any of the other Non-Regeneration Areas that are also being studied as part of GoWell.

In general, the analyses provide straightforward summaries of the differences between waves with respect to the variables of interest. There are three types of data, which are analysed in different ways.

- 1) **Ordered category data.** This is the most common type of response variable, in which respondents are asked to rate an item on a scale, for example from “strongly disagree” to “strongly agree”. “Don’t know” responses were generally considered to be neutral (from the middle of the scale and were reclassified accordingly (equivalent to “neither agree nor disagree”, in this example). “Not applicable” cases were excluded.

We assessed whether a respondent’s rating of an item had improved, stayed the same or worsened from Wave 1 to Wave 2. This entailed a comparison of the full range of response classes.

For clarity of presentation, results are reported in terms of the percentages of respondents who report worse, same or better responses or outcomes at Wave 2 than at Wave 1, and of the balance between them, illustrated as the ratio of worse:better outcomes at Wave 2. It should be noted that these figures take no account of the magnitude of any change (e.g. changes from “strongly disagree” to “strongly agree” and “strongly disagree” to “slightly disagree” both count equally as a “better” score). However, the significance of the difference in the distribution of worse and better responses is established by the Wilcoxon signed-rank test. This takes into account the direction and magnitude of each respondent’s change in ordinal responses (e.g. those measured on Likert scales). Therefore, the significance of the relationship is not only a reflection of the percentages cited, but also of the types of change in response involved.

Although we do not analyse or report the percentages of respondents giving particular categories of response to each question, interested readers may find equivalent information, based on the entire cross-sectional samples, in the accompanying report on Outmovers from Regeneration Areas.⁸ Other descriptions of changes in percentages refer to the absolute number of percentage-point differences (i.e. not relative to initial percentages).

- 2) **Two-category data.** For two-category (“yes” or “no” type) variables, we provide tables displaying all four possible combinations of responses per respondent at the two waves. The differences in the proportions of the two status-change categories, “yes-no” and “no-yes”, which tell us whether more people had shifted towards a ‘better’ response at Wave 2 than had shifted towards a ‘worse’ response, are analysed with the McNemar test. Since these changes involve no change in magnitude, the significance of the test entirely reflects the balance of frequencies in the two groups. The majority of these variables addressed aspects of health or health behaviours.
- 3) **Continuous data.** Values of continuous variables (for example, items measured on scales, such as the SF-12 health measures, varying between 0 and 100) are reported as means and were compared using the paired-samples t-test.

Respondents who refused to answer a particular question or for whom information was unavailable for any reason were excluded from the particular analysis.

Unlike the results presented in previous reports, those in this report are based entirely on unweighted data, because we are looking directly at the changes experienced by individuals.

Unless otherwise indicated, results presented in the tables are based on the responses of all 559 Remainers, or, when examined by IAT, on the 320 and 239 Remainers in the TRAs and LRAs, respectively.

Since the TRAs had undergone more fundamental changes than the three LRAs, differences in the experiences of Remainers in the two types of area might be expected. Separate analyses were therefore done for the TRAs and LRAs, but in the subsequent chapters, combined results for the two IATs are presented except when there were clear differences between them.

The Characteristics of Remainers

The Characteristics of Remainers

3

This chapter looks at how the socio-demographic characteristics of our Longitudinal Remainer (LR) sample changed over time, and also examines the extent to which the LR sample is representative of the broader sample of Remainers within the Regeneration Areas in 2008.

Summary

- 56% of the longitudinal sample of 559 Remainers were women; 44% were men.
- People aged 25-39 years comprised around one-third of the sample. Those aged 40-54 and 65+ years each accounted for about one-quarter of the sample.
- There was a 6% increase in the overall level of unemployment among Remainers, and a 5% drop in overall numbers of people looking after the home.
- Over 71% of the sample were British Citizens. Between Wave 1 and Wave 2, there was a 40% decrease in the number of people describing themselves as an asylum seeker, partly because some of this group had been granted refugee status.
- Adult households (those with no dependent children) were the commonest household type (around one-third of the sample).
- Around 20% of households changed status between Wave 1 and Wave 2, either because of age-related circumstances (transition to older person households, with 1+ person aged over 65 years, or to an adult household, when children ceased to be dependent), or due to a change in the number of parents within family households.
- The characteristics of the LR sample were broadly similar to those of the larger cross-sectional sample of Remainers in 2008.

Introduction

This chapter briefly describes and compares the constitution of the sample of 559 same-respondent Remainer households ('Longitudinal Remainer'; LR) at the two waves with respect to their gender, age group, occupation, citizenship and household type. Comparability with the larger sample of 678 Remainers analysed in Moving Out, Moving On⁸ On8 ('Cross-sectional Remainer'; CR) is also assessed. The latter sample consisted of all households interviewed at Wave 2 that were known to have been living in the same GoWell study area at Wave 1, *irrespective* of whether they had been interviewed previously at Wave 1.

The representativeness of the LR sample with respect to the characteristics of the population of adults in the Intervention Area Types (IATs) is also considered.

For clarity, in this chapter *only*, we explicitly distinguish between these two Remainer samples; throughout the rest of the report we refer exclusively to the 'Longitudinal Remainers' simply as 'Remainers'. Furthermore, the CR sample was weighted with respect to the gender, age and tenure of each subarea for the analyses, whereas the LR sample described here is unweighted.

The percentages and frequencies of the classes of each variable in the LR and CR samples, discussed below, are presented in Table 3.1.

Table 3.1 Composition of longitudinal and cross-sectional Remainer samples

Item	Longitudinal Remainers				Cross-sectional Remainers	
	Wave 1		Wave 2		Wave 2	
	Percentage	n	Percentage	n	Percentage	n
Gender		559		559		678
Male	43.8	245	43.8	245	42.8	290
Female	56.2	314	56.2	314	57.2	388
Age group (years) ¹		552		546		665
16-24	5.3	29	3.1	17	4.4	29
25-39	33.7	186	30.2	165	30.8	205
40-54	24.3	134	28.0	153	28.4	189
55-64	12.5	69	11.4	62	10.7	71
65+	24.3	134	27.3	149	25.7	171
Occupation ²		542		550		668
Full-time work	11.8	64	10.5	58	10.9	73
Part-time work	4.1	22	6.5	36	7.2	48
Training scheme	0.0	0	0.2	1	0.1	1
Unemployed	24.4	132	30.7	169	31.3	209
Retired	29.3	159	30.7	169	29.0	194
Temporary sick	0.4	2	0.5	3	0.4	3
Long-term sick/disabled	12.2	66	9.5	52	8.2	55
Looking after home/family	12.4	67	7.3	40	7.8	52
Full-time education	5.5	30	4.0	22	4.9	33
Citizenship		559		559		678
British citizen	71.2	398	74.1	414	70.2	476
Not British citizen	28.8	161	25.9	145	29.8	202
of whom:						
Refugee	8.8	49	12.0	67	14.2	96
Asylum seeker	16.9	94	4.8	27	5.2	35
Not known	3.1	18	9.1	51	10.5	71
Household Type		560		559		678
Adult	37.2	208	34.5	193	33.0	224
Lone-parent family	19.7	110	19.5	109	19.2	130
Two-parent family	18.4	103	17.7	99	21.1	143
Older person	24.7	138	28.3	158	26.7	181

¹ The ages of 7 and 13 Longitudinal Remainers were not known at Wave 1 and Wave 2, respectively.
² The occupations of 17 and 9 Longitudinal Remainers were not known at Wave 1 and Wave 2, respectively.

Gender

Our LR sample featured approximately 12% more women than men, similar to the difference observed in the CR sample.

Age Group

The most common age group was people aged 25-39 years (around one-third of the LR sample at both waves), followed by those aged 40-54 (approximately one-quarter). Those over the age of 65 years also provided about one-quarter of the Remainer interviews.

As expected from an ageing cohort, some of whom were likely to have moved from one age group to the next between waves, there was a small reduction (2%) in the number of respondents in the youngest age group, and a small increase (3%) in those in the oldest age group. The intermediate groups showed fluctuations of similar magnitudes. There was no striking difference between the LR and CR samples.

Occupation

There was a small reduction (1%) and an increase (2%), respectively, in the proportion of LR in full-time and part-time work from Wave 1 to Wave 2. The main differences between the two waves were: a 6% increase in the proportion unemployed, and a drop of 5% in those looking after the home or family. Less marked were the 3% and 2% reductions in the proportions of long-term sick or disabled and of those in full-time education, respectively. These figures were broadly similar to those for the CR sample.

Citizenship

Over 70% of the Remainer samples reported being British Citizens at both waves, although the figure was 3% higher at Wave 2, due to an apparent increase in the number of the sample who said they were British Citizens born outside the UK. Most of these people had been classified as refugee or asylum seekers (17 and 11 out of the additional 34 cases, respectively) at Wave 1.

There were considerable shifts in the relative proportions within the non-British citizen categories. Many asylum seekers had their status reviewed between the two waves resulting in a 12% reduction in the proportion of asylum seekers in the LR sample at Wave 2. By Wave 2, this was reflected in a 3% increase in the proportion of refugees and a 6% increase in the numbers with 'not known' citizenship status.

The LR and CR samples featured broadly similar proportions of British and non-British citizens, but especially when comparing the samples at Wave 2.

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

Household type

The percentage of adult households (those with no dependent children, with all adults of working age) dropped slightly, by 3%, from Wave 1 to Wave 2, but was still the most common household type, accounting for more than one-third of households. However, there was an approximately 20% turnover of households of this type, primarily due to adult-to-older person household transitions, and of family-to-adult transitions as dependent children reached the age of 16, with the passage of time.

The decrease in adult households was largely matched by the 4% increase in the number of older person households, who made up around one-quarter of the longitudinal sample at both waves. Proportions of lone-parent and two-parent families changed only negligibly overall, with around 10% of these households switching status between lone and two-parent families.

As with the other characteristics considered here, there was little difference between the LR and CR samples.

Discussion

The LR sample consisted of householders (or their partners) who had been living in one of the six GoWell Regeneration Areas since March 2006 and whom we had interviewed in that year and in 2008.

Between the two waves, the composition of the sample shifted, reflecting changes in age and transitions in employment status and household structure. Changes in citizenship status were largely due to the granting of refugee status to asylum seekers during the two-year period.

The composition of the LR sample was similar to the weighted CR sample of Remainers that is discussed in relation to Outmovers in the Moving Out, Moving On report.⁸ Therefore, our longitudinal sample reflects the characteristics of the broader population of Remainers living in Regeneration Areas in 2008.

Residential Outcomes: Housing

Residential Outcomes: Housing

4

The physical changes occurring to the buildings and the wider neighbourhood are the most direct and evident aspects of urban regeneration programmes. So, we might expect these to have particularly clear consequences for people's opinions about their home and local area. In this and the following chapter we examine a broad range of housing and neighbourhood outcomes to assess any changes that might have occurred between Wave 1 and Wave 2.

Summary

- Four-fifths of respondents lived in a multi-storey flat (MSF). Almost everyone else lived in some type of purpose built flatted accommodation.
- Remainers' satisfaction with their homes showed more evidence of decline than of improvement between 2006 and 2008.
- Half the Remainers in Transformation Regeneration Areas (TRAs) and two-thirds of those in Local Regeneration Areas (LRAs) reported receiving housing improvement works to their homes in the past two years. The vast majority (90%) were fairly or very satisfied with these works.
- Two types of housing improvement work were significantly associated with increases in overall home satisfaction, namely new or improved bathrooms and kitchens.
- Seven aspects of housing quality were rated significantly worse at Wave 2 than at Wave 1, with the most notable decline being in relation to overall condition, overall space and external appearance of the home.
- On the other hand, there was a significant improvement in Remainers' ratings of the quality of their front doors, although this was not associated with a greater likelihood of improved satisfaction with the home overall.
- The affordability of repairs and maintenance of the home, food, and rent or mortgage worsened overall for Remainers. On balance, there was not much overall change in the affordability of fuel bills or council tax.
- There was an overall decline in the number of people reporting psychosocial benefits of the home. This was particularly true in the case of feelings of control of the home and sense of progress from the home.

Dwelling Types Occupied by Remainers

A large majority of Remainers (more than four-out-of-five) lived in a MSF, while nearly all others (over 16%) lived in other types of flat (deck access, maisonette, or a traditional or modern tenement). Individual or flatted houses made up only 2% of the dwellings. These proportions are roughly representative of those in each of the study areas as a whole.

Table 4.1: Dwelling type (Wave 1 and Wave 2)

Built form	Percentage
Multi-storey flat	81.7
Deck/maisonette flat	10.0
Traditional tenement flat	3.8
Modern tenement flat	2.9
Four-in-a-block flat	0.7
House	0.9

Housing Improvements

Many Remainders had received housing improvement works to their homes during the period 2006-2008. Around half of those living in TRAs had done so, and two-thirds of those in LRAs (Table 4.2). The vast majority of recipients were satisfied with the works they had received, with very few expressing dissatisfaction (Table 4.3).

Table 4.2: Receipt of housing improvement works

IAT	Housing improvement in previous 2 years (%)		n
	Yes	No	
TRA	54.3	45.7	315
LRA	66.7	33.3	237
Total	59.6	40.4	552

Chi square= 8.610, 1 d.f., p=0.003

Table 4.3: Satisfaction with housing improvement works

IAT	General satisfaction with improvement work to home (%)					n
	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very	
TRAs	52.3	39.5	2.9	3.5	1.7	172
LRAs	44.4	43.8	5.6	3.8	2.5	160
Total	48.5	41.6	4.2	3.6	2.1	332

Chi square=3.127, 4 d.f., p=0.537

Satisfaction with the Home

Residents' satisfaction with their homes showed more evidence of decline than of improvement between 2006 and 2008 ($p<0.0001$). Although the ratings of around four-out-of-ten respondents had not changed, more respondents were less satisfied with their home at Wave 2 (32%) than were more satisfied (28%).

Overall, respondents who recalled some type of improvement having been carried out to their home between 2006 and 2008 were no more likely to consider themselves fairly or very satisfied with their home than respondents who reported no home improvements (65%, $n=329$ vs. 63%, $n=223$, respectively; chi-square = 0.132, 1 d.f., $p=0.716$).

Twenty types of home improvement were mentioned at least once by the respondents, but only five were relatively frequently cited (by a minimum of 8% of Remainders): bathroom or shower; kitchen; heating system or boiler; doors and locks; windows and double-glazing. Improvements to the kitchen or bathroom were significantly associated with changes in satisfaction with the home, including roughly a 9% increase in those who were more satisfied following the improvement. However, no significant differences were found for the other three items.

This is surprising with respect to the doors and locks, which were the most frequently cited improved item: almost 30% of respondents claiming to have had such work done. Many of the improvements that fall within this category would have involved the fitting of a new front door as part of Glasgow Housing Association's (GHA's) 'Secured By Design' initiative. Nevertheless, although this improvement in the quality of the home is generally noted (see next section), it does not seem to be associated with respondents' satisfaction with their home overall, perhaps because there are many more elements that contribute to overall satisfaction, and only certain key improvements (bathroom and kitchen) are of sufficient impact to have an overall effect.

Table 4.4: Change in satisfaction with home with respect to recollection of housing improvements carried out in the previous two years

Improvement	Received	Change in overall satisfaction with home (%)				p ¹
		Less satisfied	No change	More satisfied	n	
Bathroom or shower	No	34.4	38.9	26.7	486	0.007
	Yes	17.8	46.6	35.6	73	
Kitchen	No	34.4	38.6	27.0	500	0.003
	Yes	13.6	50.8	35.6	59	
Doors and locks	No	29.9	40.7	29.4	391	0.085
	Yes	37.5	38.1	24.4	168	
Heating system and boiler	No	31.7	40.8	27.5	461	0.568
	Yes	34.7	35.7	29.6	98	
Windows and double-glazing	No	31.7	40.4	28.0	515	0.944
	Yes	38.6	34.1	27.3	44	

¹ Probabilities based on chi-square test excluding "no change" cases; the significance of results is broadly similar when these cases are included.

Ratings of Home Quality

We can look in more detail at Remainers’ satisfaction with specific aspects of their homes by examining how they rated the quality of 16 items at the two waves. A general pattern emerges of worse ratings over time, on balance (Table 4.5). We see that 29-45% of respondents gave a worse rating at Wave 2 than at Wave 1 on any individual item, while 20-47% gave better ratings. 24-35% of respondents reported no change in the quality of these items. This pattern was observed at least once in each of the five groups into which related items may be classified (general; internal; external and structural; security; warmth and efficiency).

Ratings for eight of the 16 items were significantly different at Wave 2 compared with Wave 1 (p≤0.01). For seven of these eight items, more respondents rated the item worse over time than rated it better. This was most strongly the case for three items where 1.5 or more times as many people rated the item worse than rated it better: overall condition of the home; overall space within the home; external appearance of the home. More people also rated four other items worse at Wave 2, though to a lesser degree, those items being: storage space; insulation; condition of bathroom; and internal repair.

Table 4.5: Change in rating of dwelling quality

Item	Change in rating (%)			Ratio worse better	n	p ¹
	Worse	Same	Better			
General						
Overall condition of home	45.1	34.8	20.1	2.24	557	<0.0001
Internal						
Storage space	40.8	29.9	29.3	1.39	559	<0.0001
Quality or condition of bathroom/shower room	39.9	27.9	32.2	1.24	559	0.002
Quality or condition of kitchen	39.0	27.0	34.0	1.15	559	0.088
Internal repair	39.7	27.5	32.7	1.21	556	<0.0001
Internal decoration	34.2	30.3	35.5	0.96	558	0.067
Internal layout	35.6	33.1	31.3	1.14	559	0.031
External and structural						
Overall space	40.1	34.5	25.4	1.58	559	<0.0001
External repair	37.7	28.8	33.5	1.13	520	0.017
External appearance	43.0	28.7	28.3	1.52	558	<0.0001
Wiring	31.8	29.7	38.5	0.83	559	0.916
Garden	39.5	27.8	32.7	1.21	205	0.025
Security						
Front door	29.0	24.3	46.7	0.62	559	<0.0001
Security of the home	34.8	28.4	36.8	0.95	557	0.527
Warmth and energy efficiency						
Heating system	34.4	28.5	37.1	0.93	558	0.611
Insulation	39.4	30.0	30.7	1.28	554	<0.0001
Windows	32.2	31.1	36.7	0.88	559	0.541

¹ Probability associated with Wilcoxon signed rank test.

Conversely, there was one item where the percentage of residents reporting improvements significantly outweighed those reporting deteriorations: the condition of the front door of the home. The low ratio of worse:better evaluations was marked in the TRAs (0.57, p=0.001), but was not significant in the LRAs (0.69, p=0.086).

The most likely explanation for this is that many residents had a new, secure front door installed as part of GHA’s commitment to ‘Secured By Design’ housing. This is largely borne out by the extent of greater satisfaction with their front door of Remainers who had had some kind of improvement done to their doors or locks (a description that would include other work not connected with the ‘Secured By Design’ initiative). Table 4.6 illustrates that, although around four-in-ten (42%) of those who had not had this improvement done rated their front door better at Wave 2 than at Wave 1, there were significantly more better ratings among those who had had the work done (57%). Consequently, the worse:better ratio was much lower for those who had improved doors and locks than for those who did not (0.33 vs. 0.79).

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

Table 4.6: Change in rating of front door depending on whether improvements made to doors and locks

Improvement to doors and locks	Change in rating of front door (%)			Ratio worse: better	n
	Worse	Same	Better		
Not done	33.2	24.6	42.2	0.79	391
Done	19.0	23.8	57.1	0.33	168

Chi-square=13.823, 2 d.f., p=0.001

Housing and Living Costs

We asked residents about the ease with which they were able to pay for five essential outgoings connected with their home and essential living costs: rent or mortgage; repairs and maintenance; fuel; food; and council tax. The overall pattern was one of more people reporting greater difficulty over time in paying for these essential domestic items (Table 4.7).

While the majority of Remainders reported the same degree of difficulty in paying for these items at both waves (ranging from 53-61%, depending on the item), at least a quarter found it more difficult to meet the cost of their rent or mortgage, repairs to and maintenance of the home, and food at Wave 2. Significantly more people (1.7-2.7 times; $p<0.029$) had more, rather than less, difficulty paying for these items.

The shift in affordability was greatest for repairs and maintenance, then for food, then rent. Given that the majority of residents are social renting tenants, who one would not expect to be responsible for items such as repairs and maintenance, it is not clear how these patterns have arisen.

In contrast, the proportion of respondents who had more difficulty paying their fuel bills and council tax were roughly equal to the proportion who had less difficulty paying these by Wave 2. It may be that making payments for obligatory items such as these takes priority for tenants, and affordability becomes a more prominent issue when paying for an item considered less urgent in terms of sanctions.

The UK economic downturn began in 2007, between Wave 1 and Wave 2, and we might expect this to have directly affected how easy people found it to pay for essential or obligatory outgoings connected with their home and essential living costs. Therefore, it is not clear how much of the change observed, if any, is a result of any actions on the part of housing providers, rather than wider contextual issues.

Residential Outcomes: Housing

Table 4.7: Change in rating of affordability difficulties

Item	Change in rating (%)			Ratio worse better	n	p ¹
	Worse	Same	Better			
Rent or mortgage	25.6	59.7	14.7	1.74	313	0.029
Repairs and maintenance	29.3	59.9	10.8	2.71	314	0.000
Fuel	23.4	53.1	23.4	1.00	516	0.574
Food	24.7	61.4	13.9	1.77	510	0.000
Council tax	20.4	58.9	20.7	0.99	416	0.755

¹ Probability associated with Wilcoxon signed rank test

Psychosocial Benefits of Home

How the home makes people feel is important for mental wellbeing. We asked Remainders at both waves about five psychosocial benefits they might derive from living in their home, four of which were concerned with aspects of autonomy and one measured status in terms of progress in life.

A similar pattern was observed for feelings of privacy, control, safety, and sense of progress in life accruing from the home, whereby significantly more people had worse ratings at Wave 2 than at Wave 1 compared with those whose rating improved (34-47% vs. 23-35%; $p<0.017$; Table 4.8). Two items stand out in particular: around two-in-five Remainders gave a worse rating at Wave 2 for feelings of control and status in and from the home, significantly more than gave a better rating on these items. The first of these items, 'feeling in control of my home', could refer to a number of things including being able to control: what happens to one's home and when (in terms of condition etc); who enters or leaves one's home and interactions with non-household members in the home; and how members of the household behave inside the home. We suspect that the reported decline in feelings of control of the home is most likely to refer to the first of these – control over what happens to one's home, and when – given the process of physical regeneration which is ongoing.

Sense of privacy was the most stable psychosocial benefit (39% unchanged).

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

Table 4.8: Change in psychosocial benefits of the home

Item	Change in rating (%)			Ratio worse: better	p ¹
	Worse	Same	Better		
Autonomy					
Have privacy at home	35.6	38.5	25.9	1.37	<0.0001
Feel in control of home	41.0	35.4	23.6	1.73	<0.0001
Feel safe in the home	33.8	34.2	32.0	1.06	0.017
Can get away from it all at home	34.7	30.6	34.7	1.00	0.127
Status					
My home makes me feel I am doing well in life	46.7	26.1	27.2	1.72	<0.0001

¹ Probability associated with Wilcoxon signed rank test

Discussion

As we might expect during the first phase of regeneration, for those who remain living in areas to be restructured, satisfaction with their home declined over time. Repair and maintenance works to the fabric and structural elements of MSFs is limited due to forthcoming demolition, and we can see that residents notice this, with lower ratings over time for such things as the overall condition, external repair and appearance and insulation of their homes.

On the other hand, there have been some housing improvement works carried out to dwellings in regeneration areas, most notably investment in new front doors, heating systems and kitchens and bathrooms. New front doors appear to be the most appreciated of these works. Other works have either been less extensive or less appreciated by the occupants.

Although new front doors are appreciated, and despite the fact that they are provided to ‘Secured By Design’ standards, it is nonetheless the case that a third of Remainers feel less safe in their homes than they did previously, and two-in-five feel less in control of their home. This may reflect the impact of a deteriorating and emptying building upon remaining occupants. This raises an issue for housing providers to consider about the implementation of area restructuring, namely how to keep residents feeling safe and secure at home while the immediate environment changes around them.

We also found Remainers reporting more difficulties paying for rent, repairs and food. This may partly reflect the onset of the economic downturn in 2007/8, but again this may be an issue for housing providers to consider if residents are paying for small items of repair and maintenance to their homes in response to reduced regular maintenance works due to impending demolition. Unfortunately, from our survey data, we cannot tell whether this is the case.

Residential Outcomes: Neighbourhoods

Residential Outcomes: Neighbourhoods

5

In this chapter we consider how Remainers' views about their neighbourhoods have changed over time in terms of the quality of the environment, local services and amenities, and antisocial behaviour (ASB) problems. We also look at their overall satisfaction with the neighbourhood and intention to move home.

Summary

- The quality of the areas, in terms of their attractiveness and tranquillity, was rated worse in 2008 than in 2006.
- In the case of six-out-of-seven items, residents' ratings of neighbourhood amenities and services worsened over time. Around half or more of residents rated youth and leisure services and policing worse than they had previously. Children's play areas were also considered to have deteriorated, more so in Local Regeneration Areas (LRAs) than in Transformational Regeneration Areas (TRAs).
- There was a marked contrast between TRAs and LRAs in residents' perceptions of ASB. In the TRAs, Remainers' ratings of problems worsened in the case of nine-out-of-eleven items. In the LRAs, on the other hand, residents' ratings improved over time for seven out of the same eleven items.
- There was also a distinction between the two types of area in terms of the attainment of the psychosocial benefit of personal progress. In the TRAs, more people reported a decline in this psychosocial benefit than a gain; the reverse was the case in the LRAs.
- There was no change in the balance of perceptions of the internal and external reputations of neighbourhoods from Wave 1 to Wave 2.
- Remainers in the LRAs were almost twice as likely to view recent neighbourhood change positively at Wave 2 than at Wave 1. Residents in the TRAs were no more likely to view change positively than negatively.
- There was no overall change in Remainers' level of satisfaction with their neighbourhood between 2006 and 2008.
- Intentions to move home had strengthened over time in the TRAs, but were largely unchanged in the LRAs. However, in both cases, and at both Wave 1 and Wave 2, the majority of respondents said they did not have an intention to move.

Perceived Neighbourhood Quality

We assessed the change in three aspects of Remainers' ratings of the quality of their neighbourhood environment: the attractiveness of the buildings and of the environment, and the tranquillity of the environment (Table 5.1). The results highlight a widespread deterioration, on balance, in all three assessments of neighbourhood aesthetics, with around half of all respondents reporting worse assessments at Wave 2 than at Wave 1, compared with no more than about one-quarter who reported some degree of improvement.

In the TRAs, where demolition (or preparations for demolition) had taken place between Wave 1 and Wave 2, we might expect Remainers’ ratings of the quality of their neighbourhood environment to have dropped during this period more than those of Remainers in the LRAs. However, the ratio of worse: better evaluations was only higher for the TRAs than for the LRAs with respect to neighbourhood tranquillity (ratio = 2.4 vs. 1.3); the imbalance between worse and better was greater for the LRAs than TRAs for the two attractiveness measurements (ratios = 3.0 vs. 2.8, buildings; 3.1 vs. 2.5, environment).

Table 5.1: Change in rating of neighbourhood quality

Item	Change in rating (%)			Ratio worse: better	p ¹
	Worse	Same	Better		
Attractive buildings	54.6	26.3	19.1	2.85	<0.0001
Attractive environment	50.8	30.6	18.6	2.73	<0.0001
Quiet and peaceful environment	47.2	27.0	25.8	1.83	<0.0001

¹ Probability associated with Wilcoxon signed rank test

Quality of Local Services and Amenities

We examined the Remainers’ ratings of aspects of the availability and quality of seven local services and amenities at Wave 1 and Wave 2 (Table 5.2). In the case of six-out-of-seven items (the exception being parks and open spaces), residents’ overall ratings worsened over time.

Around half or more of Remainers rated youth and leisure services and policing services worse than they had previously, with two-in-five rating schools, childcare and nurseries and children’s play areas worse. The last of these, was more pronounced in the LRAs (ratio=2.98, p<0.0001) than in the TRAs (ratio=1.22, p=0.113).

Table 5.2: Change in perceived quality of local services and amenities

Item	Change in rating (%)			Ratio worse: better	p ¹
	Worse	Same	Better		
Shops	36.5	32.4	31.1	1.17	0.001
Policing	49.4	26.7	24.0	2.06	<0.0001
Parks/open spaces	31.3	30.4	38.3	0.82	0.205
Schools	39.9	42.2	17.9	2.23	0.000
Childcare & nurseries	42.9	42.0	15.0	2.86	0.000
Children’s play areas	44.2	30.9	24.9	1.78	<0.0001
Youth & leisure services	55.8	29.2	15.0	3.71	<0.0001

¹ Probability associated with Wilcoxon signed rank test

Antisocial Behaviour (ASB) in the Neighbourhood

Remainers were asked at both waves how much of a problem eleven types of ASB were in their neighbourhood. These are the residents’ perceptions of their local social environment, and do not imply that the Remainers had necessarily personally experienced any particular ASB. There were many notable differences between the responses of residents of TRAs and LRAs, so the results are presented for the two area types separately on this occasion (Tables 5.3 and 5.4, respectively).

In the TRAs, Remainers’ ratings of ASB problems significantly worsened over time for nine of the eleven items, the exceptions being racial harassment and burglaries where views were largely unchanged (Table 5.3). Public drunkenness and rowdiness, and insults and intimidation in the street showed the most marked evidence of becoming more of a problem over time (ratio worse: better = 2.45 and 2.04, respectively), followed by rubbish and litter (ratio = 1.97) and vandalism, graffiti and deliberate damage to property (ratio = 1.93). The two youth-related ASBs – teenagers hanging around and gang activity – were ranked relatively low amongst the items getting worse (ratio = 1.70 and 1.52).

In the LRAs, there is evidence that perceptions of ASB had improved overall between 2006 and 2008 (Table 5.4). Only four of the eleven ASBs gained a greater number of worse than better evaluations – vandalism, public drunkenness, rubbish and litter and teenagers hanging around, and only in the first of these was change over time statistically significant.

Conversely, the other seven ASBs actually showed a greater number of better than worse ratings. The greatest improvements were seen for nuisance neighbours and problem families (ratio worse: better = 0.42), followed by burglaries and house break-ins (ratio = 0.51), racial harassment (ratio = 0.61) and gang activity (ratio = 0.62). The perceived improvements for the other three items were not statistically significant.

The picture of a perceived worsening of ASB in TRAs, in contrast to an overall sense of improvement in LRAs is borne out by a comparison of an ASB index that combines the responses to all 11 items. The index can take values from 0-100^{iv}.

In the TRAs, the mean values increased significantly from 2006 to 2008 from 24.8 to 32.4, a difference of 7.5 (p<0.0001). By contrast, in the LRAs, the mean value of the index decreased significantly by a similar amount (6.4 points), from 35.9 to 29.6 (p=0.011) between the two waves.

Table 5.3: Change in ratings of antisocial behaviour problems in TRAs

Item	Change in rating (%)			Ratio worse: better	p ¹
	Worse	Same	Better		
Vandalism, graffiti etc.	40.9	37.8	21.3	1.93	0.000
Violence, inc. assaults	37.5	42.2	20.3	1.85	0.000
Insults and intimidation in the street	32.5	51.6	15.9	2.04	0.000
Racial harassment and attacks	26.9	52.8	20.3	1.32	0.127
Drug use and dealing	35.9	43.1	20.9	1.72	0.000
People drunk and rowdy in public	45.9	35.3	18.8	2.45	0.000
Gang activity	37.5	37.8	24.7	1.52	0.004
Teenagers hanging around	39.4	37.5	23.1	1.70	0.000
Nuisance neighbours and problem families	33.4	42.8	23.8	1.41	0.001
Rubbish and litter	40.0	39.7	20.3	1.97	0.000
House break-ins	16.6	68.4	15.0	1.10	0.410

¹ Probability associated with Wilcoxon signed rank test

Table 5.4: Change in ratings of antisocial behaviour problems in LRAs

Item	Change in rating (%)			Ratio worse: better	p ¹
	Worse	Same	Better		
Vandalism, graffiti etc.	38.5	37.7	23.8	1.61	0.020
Violence, inc. assaults	27.6	38.1	34.3	0.80	0.655
Insults and intimidation in the street	25.9	41.4	32.6	0.79	0.261
Racial harassment and attacks	20.1	46.9	33.1	0.61	0.004
Drug use and dealing	29.7	36.4	33.9	0.88	0.758
People drunk and rowdy in public	36.8	32.2	31.0	1.19	0.223
Gang activity	24.3	36.8	38.9	0.62	0.025
Teenagers hanging around	33.5	35.1	31.4	1.07	0.914
Nuisance neighbours and problem families	15.5	47.3	37.2	0.42	0.000
Rubbish and litter	34.3	34.7	31.0	1.11	0.239
House break-ins	14.6	56.9	28.5	0.51	0.001

¹ Probability associated with Wilcoxon signed rank test

^{iv} 0 = none of the items is a problem; 100 = all items are serious problems.

Psychosocial Benefits of the Neighbourhood

We have already seen that the Remainers were more likely to rate almost all of the items measuring psychosocial benefits from the home less positively at Wave 2 than at Wave 1, including the status-related item that their home made them feel they were doing well in life.

We found a similar though weaker pattern with regard to the equivalent assessment of TRA neighbourhoods: 43% of TRA Remainers agreed less strongly at Wave 2 than at Wave 1 with the statement “Living in this neighbourhood helps make me feel that I’m doing well in my life”, whereas 34% agree more strongly, giving a ratio of worse:better ratings of 1.24 (p=0.010).

However, in the LRAs, those respondents reporting a greater sense of progress due to living in their neighbourhood at Wave 2 outnumbered those reporting a worse evaluation (37.2 vs. 33.5%, ratio worse:better = 0.84), although this difference was not statistically significant (p=0.962).

Perceptions of Neighbourhood Reputations

We asked the Remainers about the reputation of their neighbourhood, both in terms of how well local people viewed it (“People who live in this neighbourhood think highly of it”), and how well they thought people in the rest of the city viewed their area (“Many people in Glasgow think this neighbourhood has a bad reputation”).

Overall, there was no evidence of a significant change in the perceptions of the Remainers in either the TRAs or LRAs about the reputation of their neighbourhood, with around a third of respondents in each case giving similar, worse or better responses over time (Table 5.5).

Table 5.5: Change in perceived reputation of local area

Item	Change in rating (%)			Ratio worse: better	p ¹
	Worse	Same	Better		
People who live in this neighbourhood think highly of it	33.6	30.2	36.1	0.93	0.598
Many people in Glasgow think this neighbourhood has a bad reputation	36.1	28.1	35.8	1.01	0.125

¹ Probability associated with Wilcoxon signed rank test

Perceived Change in Area Quality over the Previous Two Years

At both waves, we asked respondents to reflect on whether they thought their area had got better or worse to live in over the previous two years, or if it had stayed the same.

While there was little overall change in Remainers’ ratings in the TRAs, with equal proportions (30%) giving worse and better responses to the question over time, a more positive pattern emerged in the LRAs. Here, Remainers were almost twice as likely to have a more positive view at Wave 2 than at Wave 1 (23% more negative vs. 44% more positive; $p<0.0001$), suggesting that, overall, their neighbourhood had experienced more change for the better between 2006 and 2008.

Neighbourhood Satisfaction

Remainers were asked to rate their level of satisfaction with their neighbourhood as a place to live in 2006 and 2008. The responses indicate no overall change in the level of satisfaction with the neighbourhood over time: 42% of respondents were of the same opinion in both years, while roughly equal numbers were less or more satisfied at Wave 2 than at Wave 1 (Worse=28%, Better=30%; ratio worse:better=0.92, $n=559$, $p=0.557$). This generally stable pattern was common to both the TRAs and LRAs.

Intention to Move Home

Increasing dissatisfaction with the home or neighbourhood, for example for one or more of the reasons described above, may strongly influence whether a person wants to move home. We asked respondents at both waves whether they intended to move in the forthcoming 12 months. The responses from residents of the TRAs and LRAs differed markedly (Table 5.6).

Around two-thirds of TRA residents did not have an intention to move in 2008, compared with a larger four-fifths of LRA residents. Nearly four times as many TRA residents acquired an intention to move over the two years as lost that intention (ratio of 3.75), a much higher ratio than in the case of LRA residents (ratio of 1.33).

Respondents were also asked why they wanted to move home. Of the TRA Remainers who had developed an intention to move, around 18% cited demolition and clearance as being a reason for this. However, other reasons were more frequently cited: 39% and 18% wanted to move to a larger or different type of property, respectively; 31% wanted to move to a different area; and 16% wanted to move because their current home was in a state of poor repair.

Table 5.6: Change in intention to move in the next 12 months, by Intervention Area Type

IAT	Change in intention to move (%)				Ratio greater: lesser intention	p ¹
	Now intends to move	Still intends to move	Still does not intend to move	Now does not intend to move		
TRA	25.9	6.3	60.9	6.9	3.75	<0.0001
LRA	11.7	4.6	74.9	8.8	1.33	0.392

¹ Probability associated with McNemar test

Discussion

The demolition of several multi-storey blocks in two of the TRAs (Shawbridge and Sighthill) would have greatly changed their appearance and possibly affected the provision of amenities over the period. This would certainly account for the Remainers’ poorer ratings of neighbourhood aesthetics (attractiveness of the buildings and wider environment and the tranquillity of the neighbourhood) in the TRAs. However, the similarly worse ratings in the LRAs are more puzzling, since any proposed demolition in these areas had not yet taken place.

All the amenities that focused on younger age groups (nurseries, play areas, schools, youth and leisure services) were rated significantly worse by residents in 2008, compared with 2006, despite the operation of youth-targeted diversionary programmes serving at least two of the study areas. These results suggest that the regeneration process may have negative effects on facilities for children and young people, and raises questions about how the interests of these groups are represented in such programmes^{iv}. It is worth noting that in a comparison over time of our cross-sectional survey results, we reported a decline in residents’ ratings of youth and leisure services in TRAs and, to a much lesser extent LRAs, compared with an improvement in residents’ ratings in other types of area.²

In addition to the physically deteriorated environment in the TRAs, all three of these areas had smaller populations due to clearance, leaving many unoccupied flats, and consequently creating an environment where ASB might be increasingly widespread. This could go a long way to explaining the significantly worse ratings for nine of the eleven ASBs examined in these areas. This conclusion is backed up by the markedly contrasting pattern in the LRAs. In these areas, where there had been no major physical restructuring and the population was stable, there was evidence of overall improvements or at least no worsening in ASB (for four and six items, respectively).

Despite these changes in specific characteristics of the neighbourhood, more general assessments of the local area exhibited a more complicated pattern. There was no overall decline or improvement in neighbourhood satisfaction for either of the IATs, nor had the internal or external reputations altered significantly. On balance, Remainers in the TRAs (but not in the LRAs) experienced an overall decline in their sense of progress in life through living in their neighbourhood, while conversely, significantly more LRA (but not TRA) Remainers positively viewed the recent changes that had taken place in their neighbourhoods between the waves.

Considering all these aspects together, it is evident that while Remainers in both the TRAs and LRAs experienced widespread deterioration in the quality of their homes and neighbourhood environments during this time period, TRA Remainers alone experienced a significant worsening in their social environment – evident in much greater identification of ASB problems over time.

As a stark summary of the greater residential discontent of TRA Remainers, we note that nearly four times as many Remainers in these areas developed an intention to move home over the period (26%), as developed an intention to stay. Some of this change in intention reflected impending clearance, but it was more often driven by the desire to live in a bigger or different type of home, or in a different or better area, or because Remainers’ current homes were considered to be in a poor state of repair. By contrast, there was no significant overall change in those from the LRAs newly wanting to move in 2008.

^{iv} The opinions of children and young people about such matters is being considered in the qualitative element of GoWell’s research programme.

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

The problems in the LRAs highlighted here may prove to be more serious in the long-term, however. Since there is less extensive restructuring planned for these neighbourhoods, there is less scope for large-scale improvements, so it is a concern that many of the persistent problems with neighbourhood aesthetics, tranquillity and local amenities and services may not be sufficiently addressed in the foreseeable future. This conclusion supports the need to identify specific local problems and to continue to design and carry out tailored interventions to tackle them within the LRAs.

Regeneration activity, and the deterioration in the physical structures of homes and neighbourhood environments already noted in the previous chapter, may have negative consequences for less tangible but no less important aspects that affect wellbeing – for example, neighbourliness, social networks and support, community cohesion and empowerment. We address a range of these in this chapter.

Summary

- Social contact declined over time for Remainders. Overall, they had less contact with relatives and friends in 2008 than in 2006. However, roughly equal numbers (around one-third) spoke to their neighbours more and less frequently at Wave 2 than Wave 1.
- There was a slight increase in social support available to Remainders. In the Transformational Regeneration Areas (TRAs) (but not the Local Regeneration Areas (LRAs)), the availability of practical support improved over time. Across both TRAs and LRAs, there was also a slight increase in the availability of emotional support, though this was not statistically significant. There was little overall change in the levels of financial support available to Remainders.
- There was a large overall decline in social capital among Remainders. A majority of respondents reported lower levels of trust in others; a reduced sense of being able to rely on others to intervene when needed; and reduced feelings of safety in the local area at night-time.
- There was no clear pattern of change in residents' feelings of belonging to the local neighbourhood.
- In one respect, there was a greater sense of community: more people reported that neighbourhood harmony had improved than that it had deteriorated between 2006 and 2008.
- More Remainders reported a 'worse' rather than a 'better' sense of local empowerment over time. Local empowerment was assessed in terms of dealings with their landlord and their belief in the ability of individuals or groups to influence local decisions.

Neighbourliness and Social Contact

We asked Remainders at both waves how frequently they spoke to their neighbours and met relatives and friends – in other words, people who were not part of their household. Frequency ranged from “never” to “most days”.

Overall, there was no indication that respondents spoke to their neighbours less often: roughly equal proportions of people had ‘more’ as had ‘less’ frequent contact of this type at Wave 2 compared with Wave 1 (Table 6.1). However, there is evidence that the frequency of other social contact had declined for many people. More Remainders reported a lower frequency of contact with relatives and friends than reported greater contact. In the case of meeting friends, the trend towards less contact was more pronounced in the TRAs than in the LRAs (ratio less:more contact = 1.3 and 1.1, respectively).

Table 6.1: Change in frequency of social contacts

Item	Change in rating (%)			Ratio worse: better	n	p ¹
	Less	Same	More			
Frequency of speaking to neighbours	34.7	28.4	36.9	0.94	559	0.393
Frequency of meeting relatives	44.5	25.4	30.1	1.48	551	<0.0001
Frequency of meeting friends	37.5	31.0	31.5	1.19	549	0.018

¹ Probability associated with Wilcoxon signed rank test

Social Support

Respondents were also asked about the availability of three types of social support - practical, financial and emotional – from people other than members of their own household.

There was evidence of an aggregate improvement over time in the number of people available to offer practical support (to go to the shops if the respondent was unwell) to Remainers (Table 6.2). In the case of the TRAs, this change was statistically significant: 34% of respondents had more people available at Wave 2 than at Wave 1, while 27% could rely on fewer people (ratio fewer:more = 0.80; p = 0.037; n = 283). Although there was a similar improvement among LRA Remainers, in this case the difference was not statistically significant (p = 0.395).

On the other hand, with respect to financial and emotional support (lending money for a short period, and giving advice and support in a crisis, respectively), there was no evidence of any substantive change from 2006 to 2008 in the number of people available to provide such help.

Table 6.2: Change in availability of social support

Number of people who can:	Change in rating (%)			Ratio fewer: more	n	p ¹
	Fewer	Same	More			
Go to shops for messages if respondent unwell	28.3	37.4	34.3	0.82	481	0.032
Lend respondent money to see them through the next few days	35.2	33.0	31.7	1.11	457	0.847
Give advice and support in a crisis	29.8	36.1	34.1	0.87	457	0.063

¹ Probability associated with Wilcoxon signed rank test

Safety and Trust in Local Area and People

We asked a series of questions relating to how much people trusted those who lived around them in the local area (Table 6.3). The first of these questions concerned how safe the respondent felt walking at night-time in the local area (from “very unsafe” or “would never walk alone at night” to “very safe”). We also asked about the extent to which they agreed that they could rely upon neighbours to intervene to exercise informal social control (someone would intervene if a group of youths were harassing someone in the local area), or rely upon local people to be honest (a purse or wallet lost in the area would be likely to be returned with its contents intact) (responses from “strongly disagree” to “strongly agree”).

For all three items the majority of respondents (56-59%) reported worse ratings at Wave 2 than at Wave 1. Most strikingly of all, 5.3 times as many people felt less safe, rather than safer, walking around their neighbourhood at night in 2008, more so in the LRAs (6.2 times as many, compared with a figure of 4.8 in the TRAs).

The ratios of respondents reporting deterioration rather than improvement in reliance and honesty among people in the neighbourhood were similar (2.7 and 2.9 times, respectively), the changes once again being slightly more pronounced in the LRAs than in the TRAs.

Table 6.3: Change in trust: safety, reliance and honesty

Item	Change in rating (%)			Ratio worse: better	p ¹
	Worse	Same	Better		
Safety walking alone in neighbourhood at night	59.0	29.9	11.1	5.32	<0.0001
Reliance (informal social control)	56.5	22.4	21.1	2.68	<0.0001
Honesty	56.2	24.7	19.1	2.93	<0.0001

¹ Probability associated with Wilcoxon signed rank test

Sense of Community

We asked respondents how much they felt they belonged to their neighbourhood (from “a great deal” to “not at all”) at both waves. Although the strength of feeling of belonging changed between waves for around two-thirds of Remainers the proportions were equally split (approximately 34% each) between those who felt they belonged more and those who felt they belonged less to their neighbourhood (Table 6.4).

Remainers also gave ratings of their community as a whole in terms of the degree of harmony among people from different backgrounds (‘getting along well together’). Although the rating of a substantial majority (more than six out of ten respondents) did not change between 2006 and 2008, almost three times as many of those who changed their opinion thought that community harmony had improved (28%) than thought it had got worse (10%).

Table 6.4: Change in sense of community

Item	Change in rating (%)			Ratio worse: better	n	p ¹
	Worse	Same	Better			
Belonging to neighbourhood	33.8	32.7	33.5	1.01	559	0.962
Neighbourhood is a place where people from different backgrounds get on well together ²	9.8	62.0	28.2	0.35	347	<0.0001

¹ Probability associated with Wilcoxon signed rank test
² The total excludes those people who thought their neighbourhood consisted of people who were all from the same background.

Sense of Local Empowerment

Community empowerment is an aim of housing and regeneration policies, so we asked residents about their feelings of empowerment in relation to their landlord, and in relation to wider decision-making affecting their area.

In relation to the landlord, we asked if residents were satisfied with how they were kept informed about things that might affect them, and with their landlord’s willingness to take residents’ views into account. On both counts, perceptions deteriorated over time, particularly in respect of being kept informed, where two-in-five Remainders gave a less positive assessment in 2008 than in 2006 (Table 6.5). This is in contrast to the cross-sectional findings previously reported, where across all our IATs, more people were satisfied with their landlord’s performance on these issues over time.²

Considering empowerment in a broader, neighbourhood-wide context, Remainders in the TRAs tended to be less likely to believe they could influence decisions affecting their local area in 2008 than in 2006 (worse: better ratio = 1.22; p=0.053). Although very similar proportions of those in the LRAs reported improvements and deteriorations on this indicator, the changes were slightly less marked than in the TRAs and the difference was not statistically significant (p=0.273).

Table 6.5: Change in rating of local empowerment

Item		Change in rating (%)			Ratio worse: better	n	p ¹
		Worse	Same	Better			
Way landlord/factor keeps respondent informed about things that might affect them		39.9	34.7	25.4	1.57	519	<0.0001
Willingness of landlord/factor to take account of residents’ views when making decisions		37.6	28.9	33.5	1.12	519	<0.0001
On your own or with others, you can influence decisions affecting your local area	TRAs	41.6	24.4	34.1	1.22	320	0.053
	LRAs	40.2	24.3	35.6	1.13	239	0.273

¹ Probability associated with Wilcoxon signed rank test

Discussion

We have examined changes over time (between 2006 and 2008) in a number of social and community outcomes for Remainders. The most positive findings are that perceptions of social harmony within the communities had improved (i.e. there was less perceived tension between local residents of different backgrounds), and the availability of practical support to residents had increased. These findings suggest that there might have been returns from efforts to build bonding and bridging capital within communities that have become more diverse in recent years due to the arrival of asylum seekers.

On the other hand, many other aspects of social capital within the communities are shown to have deteriorated over time, especially trust of and ability to rely on those who live in the area. The decrease in sense of safety and in expectations of informal social control are a particular concern as they indicate a potential problem of growing unease within the communities which may have a negative impact on mental health and wellbeing.

At the same time, Remainders appear to have become more isolated from others within and beyond the local area, with rates of contact with relatives and friends declining. We cannot tell whether the deterioration within the local environment (which may reduce opportunities and inclinations to meet others), and feelings of distrust and anxiety over safety have caused social contacts to decline, but they are possible contributory factors.

We also note that Remainders’ sense of empowerment in relation to both housing and wider changes in the community declined over time. It is conceivable that these findings reflect uncertainty and a lack of communication or understanding about housing clearance, demolition and new build programmes during the period concerned. This should be of concern to policy-makers given the centrality of community empowerment to a range of public policy areas. It will therefore be important to see if levels of perceived empowerment increase in the GoWell Wave 3 survey in 2011.

Health and Human Capital Outcomes

Health and Human Capital Outcomes

7

One would hope that regeneration strategies will, in due course, improve the physical and mental health and wellbeing of residents. These outcomes can be measured in terms of self-reported aspects of health and of the behaviours and lifestyle components that are known to influence health positively or negatively. However, we would not expect such improvements to become apparent immediately, or even in the short-term. In the case of these Remainers, we are considering a maximum period of less than two-and-a-half years^{vi}.

Regeneration also aims to boost human capital, and in this chapter we consider whether Remainers income and employment conditions have changed over the two-year period.

Summary

- One-sixth of Remainers had developed a long-standing illness between 2006 and 2008. More than twice as many as had ceased to suffer from any such illness.
- The physical health of Remainers deteriorated overall between 2006 and 2008, as seen in the following indicators:
 - The mean value of the overall SF-12 Health Survey Physical Component score fell significantly by 3.2 points.
 - Within the SF-12, there were significant drops in the mean scores for General Health (down 3.5 points) and Physical Functioning (down 2.7 points).
 - There was a very large and significant fall in the mean value of the SF-12 Vitality scale, which is also seen as a mental health indicator.
 - The number of Remainers reporting long-term (lasting over 12 months) skin conditions and allergies rose by 5%.
- The findings on mental health were more mixed. Several indicators improved over time:
 - The mean value of the overall SF-12 Mental Health component increased slightly by 1.2 points (not statistically significant). Physical health scores changed more than mental health scores in general.
 - Within the SF-12, three of the mental health scales showed significantly higher (improved) mean scores:
 - Social functioning (related to the way health has interfered with social activities) up by 1.7 points
 - Role emotional (concerned with how emotional problems affect the ability to carry out activities and the degree of care exercised in doing so) up by 1.7 points
 - Mental health (to do with mood) up by 2.0 points.
- Also relating to mental health, two other long-term health conditions increased significantly in prevalence over time:
 - Stress, anxiety and depression increased by 10%.
 - Migraines or frequent headaches increased by 3%.

^{vi} It is worth remembering that the results presented here are not standardised by age, so represent people who are two years older at Wave 2 than at Wave 1. Particularly among the older respondents, a degree of age-related deterioration in health might be expected to have occurred in addition to any that could be attributed to regeneration.

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

- Rates of seeing a GP increased over time, particularly in the LRAs. This may be due to a mixture of worsening health and improved GP access for migrants.
- Rates of seeing a GP for a mental health reason did not significantly change over time.
- Rates of smoking fell significantly (by 5%) in the TRAs, but there was no significant change in the LRAs. In the TRAs, around 7% of Remainders had given up smoking between Wave 1 and Wave 2, although about 2% had taken up the habit. In the LRAs around 7% and 6% of Remainders gave up and started smoking, respectively, over this period.
- The majority of Remainders in the TRAs (71%) who managed to give up smoking by Wave 2 had intended to do so, whereas the majority of those in the LRAs (63%) who had given up smoking had not stated an intention to do so at Wave 1.
- Around one-quarter of Remainders started drinking alcohol between Waves 1 and 2, i.e. they claimed not to drink alcohol at Wave 1 but were drinking by Wave 2. This significantly outweighs the much smaller proportion of people who had given up drinking by Wave 2.
- There was no significant change in the frequency with which respondents obtained their main meal of the day from a fast-food outlet.
- There was a small increase in the number of Remainders who had access to a car (+4%), although the vast majority (around three-quarters) continued not to do so.
- Those Remainders in full or part-time work (about 15% of the sample) tended to report greater job satisfaction at Wave 2 than they had at Wave 1.

Physical and Mental Health

There was considerable evidence from the wide range of health-related questions asked that many aspects of physical and mental health had deteriorated for Remainders between Wave 1 and Wave 2.

Long-term illness

Respondents were asked to state whether they had a long-standing illness or disability (LSI). The majority (six-out-of-ten) reported no LSI at either wave (Table 7.1), whereas one-in-seven said they had one at both waves (although we cannot tell whether it was the same one). Of the remainder, more than twice as many Remainders developed an LSI between 2006 and 2008 as ceased to have one (17% vs. 8%). Therefore, the number of Remainders reporting a LSI was 1.5 times higher at Wave 2 than at Wave 1.

Table 7.1: Change in prevalence of long-standing health conditions

Item	Change in status (%)				Ratio worse: better	p ¹
	Worse	Still with LSI	Still without LSI	Better		
Long-standing illness or disability	17.4	14.3	60.5	7.9	2.2	<0.0001

¹ Probability associated with McNemar test

Health and Human Capital Outcomes



Self-reported health

We examined components of people’s physical and mental health using the SF-12 (v.2) self-reported health questionnaire, which consists of 12 questions from which scores on eight separate scales (Table 7.2) and two overall scales (Physical and Mental Health Components) can be derived. The results are presented in Table 7.3.

Table 7.2: SF-12 questions relating to aspects of physical and mental health

SF-12 Scale	Question
General health	In general, would you say your health is excellent, very good, good, fair or poor?
Physical functioning	1) Does your health now limit you a lot, a little or not at all in doing moderated activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?
	2) Does your health now limit you a lot, a little or not at all in climbing several flights of stairs?
Bodily pain	During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? ¹
	<i>During the past four weeks, how much of the time?</i> ²
Role physical	1) Have you accomplished less than you would like as a result of your physical health?
	2) Have you been limited in the kind of work or other regular daily activities you do as a result of your physical health?
Role Emotional	1) Have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?
	2) Have you done work or other regular daily activities less carefully than usual as a result of any emotional problems, such as feeling depressed or anxious?
Mental Health	1) Have you felt calm and peaceful?
	2) Have you felt downhearted and depressed?
Vitality	Have you had a lot of energy?
Social Functioning	How much of the time has your physical health or emotional problems interfered with your social activities, like visiting friends or relatives?

¹ Permissible answers: not at all, a little bit, moderately, quite a bit, extremely.
² Permissible answers: none of the time, a little of the time, some, most or all of the time.

All responses were converted to scores of 1 to 5 (1 to 3 for the physical functioning scale), and summed where appropriate, converted to values between 0 and 100 (where higher values indicate better health), and normalised with respect to a large reference sample.

Table 7.3: Changes in SF-12 scores: percentage of respondents and changes in mean scores

SF-12 Scale	Change (%)			Ratio lower: higher	p ¹	Change in mean	95% CI		p ²
	Lower	Same	Higher				Lower	Upper	
General Health	44.2	27.5	28.3	1.56	0.000	-3.47	-2.16	-4.79	<0.0001
Physical Functioning	30.6	51.2	18.2	1.68	0.000	-2.74	-1.67	-3.80	<0.0001
Role Physical	34.9	35.2	29.9	1.17	0.525	-0.52	0.55	-1.58	0.342
Bodily Pain	30.6	36.1	33.3	0.92	0.916	-0.07	1.06	-1.20	0.901
Physical Component	57.6	0.0	42.4	1.36	0.000	-3.24	-2.18	-4.30	<0.0001
Vitality	57.1	21.5	21.5	2.66	0.000	-7.63	-6.32	-8.94	<0.0001
Social Functioning	24.7	37.6	37.7	0.65	0.017	1.72	3.09	0.34	0.015
Role Emotional	25.0	41.3	33.6	0.74	0.004	1.74	3.06	0.43	0.009
Mental Health	35.8	15.6	48.7	0.74	0.000	2.00	3.18	0.08	0.001
Mental Component	47.4	0.0	52.6	0.90	0.017	1.15	2.34	-0.05	0.060

¹ Probability associated with Wilcoxon signed rank test
² Probability associated with paired samples t-test

Scores on two of the four physical health scales, General Health and Physical Functioning, became significantly worse over time: respectively, Remainders were 1.6 and 1.7 times more likely to experience a reduction than a rise in these scores over time. Changes in the other two physical health scales – Role Physical and Bodily Pain – were not statistically significant. Overall, the Physical Health Component score decreased by a mean of 3.2 points, with the majority (57%) of respondents experiencing a drop in their score.

The trends for aspects of mental health were different, however, showing significant improvements for two of the four scales: Role Emotional (lower:higher ratio=0.74; mean change=1.74 points) and Mental Health (ratio=0.74; mean change=2.00 points). Furthermore, Social Functioning improved significantly for the TRA Remainders (ratio=0.59, p=0.008; mean change=2.49 points, p=0.006; n=320), but not for those in the LRAs (ratio=0.73, p=0.498; mean change=0.97 p=0.391 n=239).

Vitality, on the other hand, worsened between Wave 1 and Wave 2, showing by far the most extreme changes amongst the eight SF-12 scales, since the majority of Remainders (57%) experienced a drop in their vitality, and only slightly more than a fifth experienced an increase. The widespread deterioration in self-reported vitality is reflected in the significant 7.6 point reduction in the mean score from one wave to the next.

The aggregate Mental Health Component score was better in 2008 than 2006 for a significant majority (53%) of Remainders, although the improvement (an average of 1.2 points) was not statistically significant.

Long-term health problems

We also asked respondents whether they had experienced any of six specific long-term health conditions over the previous 12 months. The results are shown in Table 7.4.

First, we emphasise the fact that for all conditions, only a minority of respondents had the illness at one or other wave. The vast majority (75-93% depending on the illness) were free from the condition at both time points. We are therefore dealing with relatively small absolute numbers of people who may have had the illness in question at either wave.

The prevalence of respiratory, circulatory and digestive problems did not change significantly between waves. That said only around four-in-ten people reported being free of all conditions at both waves. Over twice as many Remainders at Wave 2 reported suffering from stress, anxiety or depression than had done so two years earlier. Two further health problems – skin conditions and allergies, and migraine and frequent headaches – were also reported by significantly more Remainders at Wave 2 (5.3 and 1.8 times as many, respectively).

The average number of conditions that Remainders experienced increased significantly from 0.4 to 0.6 between waves (p=0.001). This seems to be due to individuals having more long-term health problems simultaneously rather than there being more individuals with any of these illnesses, since the percentage of Remainders reporting no long-term health conditions changed little (45% at Wave 1 vs. 43% at Wave 2).

Table 7.4: Change in frequency of long-term health conditions

Condition	Change in status (%)				Ratio succumbed: recovered	p ¹
	Now has condition	Still has condition	Still without condition	Now without condition		
Skin conditions and allergies	5.7	0.0	93.2	1.1	5.33	<0.001
Breathing problems, asthma, bronchitis	6.8	4.7	81.9	6.6	1.03	0.999
Heart, high blood pressure, circulatory problems	9.3	3.9	75.3	11.4	0.81	0.307
Stomach, liver, kidney, digestive problems	4.3	0.4	92.8	2.5	1.71	0.143
Migraine or frequent headaches	6.8	0.7	88.7	3.8	1.81	0.036
Stress, anxiety or depression	13.8	2.1	80.5	3.6	3.85	<0.001
Any long-term health condition	15.6	27.4	39.2	17.9	1.16	0.380

¹ Probability associated with McNemar test

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

Short-term health problems

We asked Remainders about their experience during the previous four weeks of a group of nine health problems. The responses are summarised in Table 7.5.

As with the long-term illnesses, we note that a large majority (64-95%) of Remainders never reported having the condition in question, although only around four-in-ten reported being free of all the conditions at both Waves.

For two items (problems of dizziness and chest pains), the number of people reporting the problem fell over time by around 3% each. The only item that showed an overall increase was headaches and migraines. Here, the ratio of worse to better experiences over time was 1.6.

There was no overall change in the prevalence of the other six health problems: sleeplessness, palpitations or breathlessness, sinus trouble or catarrh, persistent coughing, and difficulty with climbing stairs and physical tasks.

Table 7.5: Change in frequency of short-term health conditions

Condition	Change in status (%)				Ratio succumbed: recovered	p ¹
	Now has condition	Still has condition	Still without condition	Now without condition		
Sleeplessness	15.4	7.0	64.2	13.4	1.15	0.431
Palpitations or breathlessness	7.9	3.0	81.4	7.7	1.02	>0.999
Sinus trouble or catarrh	3.2	0.0	94.8	2.0	1.64	0.327
Persistent coughing	4.1	0.5	92.5	2.9	1.44	0.262
Fainting or dizziness	1.4	0.2	94.3	4.1	0.35	0.011
Pain in chest	4.7	0.7	86.8	7.9	0.59	0.041
Difficulty climbing stairs, carrying, or with other physical tasks	11.6	5.9	70.7	11.8	0.98	>0.999
Migraines or frequent headaches	9.3	0.9	84.1	5.7	1.63	0.038
Any short-term condition	16.1	25.6	38.3	16.1	1.24	0.139

¹ Probability associated with McNemar test

GP visits

Respondents told us at both waves how many times in the previous twelve months they had seen or spoken to their doctor about their own health or wellbeing (Table 7.6).

Nearly half of the Remainders (45%) from the LRAs more frequently consulted their GP at Wave 2 than at Wave 1, whereas around a quarter had fewer consultations at Wave 2 (ratio more:fewer = 1.74).

Although a greater proportion of the Remainders in the TRAs also reported slightly more, rather than fewer, GP consultations (1.22 times as many), this pattern was not statistically significant.

Health and Human Capital Outcomes



Table 7.6: Change in rate of GP contacts in previous 12 months (for any reason)

Number of GP contacts in past 12 months	Change in frequency (%)			Ratio more: fewer	n	p ¹
	More	Same	Fewer			
TRAs	39.4	28.4	32.2	1.22	320	0.140
LRAs	44.5	29.8	25.6	1.74	238	<0.0001

¹ Probability associated with Wilcoxon signed rank test

GP visits for mental health problems

With respect to mental health in particular, there was only a small (non significant) overall change between waves in the proportion of Remainders seeing their GP for a psychological problem in the previous 12 months, rising from 18% to 20% (Table 7.7).

It is worth noting, however, that between 2006 and 2008, at least 30% of Remainders had visited their GP at least once because of a mental health condition^{vii}.

Table 7.7: Change in GP contact for mental health problem (n=532)

Item	Change in status (%)				Ratio worse: better	p ¹
	Now seeing GP	Still seeing GP	Still not seeing GP	Now not seeing GP		
Seen GP in past 12 months about mental health problem	12.8	7.3	69.5	10.3	1.24	0.279

¹ Probability associated with McNemar test

Health Behaviours

Continuing to live in a temporarily deteriorating environment may have negative effects on people's aspirations or motivations to change aspects of their lifestyle, including those that impinge on their health.

Smoking

One-third of Remainders were smokers at both waves. Considering those in the TRAs and LRAs separately reveals a distinct pattern, however (Table 7.8). In the TRAs, more people gave up smoking than started smoking over the period, so that the overall rate of smoking among Remainders fell by almost 5%.

^{vii} The true figure is probably higher than this since our surveys did not adequately cover visits to the GP in the period 2006-7.

This positive health behaviour change was not observed to the same extent among smokers in the LRAs. In this group, the overall rate of smoking only fell by 1%, due to a greater number of Remainders starting smoking over the period (up by 6%). The vast majority of ‘new’ smokers in the case of both TRA and LRA residents (a total of 21 respondents) were British citizens aged 25+.

Table 7.8: Change in smoking behaviour, by Intervention Area Type

IAT	Change in status (%)				Ratio begun: quit	p ¹
	Started smoking	Still smoking	Still not smoking	Given up smoking		
TRA	2.2	34.4	56.5	6.9	0.318	0.008
LRA	5.9	32.2	55.2	6.7	0.881	0.856

¹ Probability associated with McNemar test

We asked the current smokers about their intention to give up smoking. We can examine these responses in relation to their subsequent smoking behaviour.

Considering only the Remainders who were smokers at both waves, a significantly greater proportion of respondents from the TRAs had lost their intention to quit (38%) than newly intended to give up (11%). However, almost equal proportions of smokers in the LRAs lost or gained an intention to quit by Wave 2 (25% vs. 24%). Around half of the smokers in the TRAs and LRAs did not change their intention to smoke over this period.

Table 7.9: Change in intention to give up smoking, by Intervention Area Type (TRA: n=108; LRA: n=75)

IAT	Change in status (%)			Ratio less: more intention	p ¹
	Now intends not to quit	Still intends to quit	Now intends to quit		
TRA	38.0	29.6	11.1	3.42	<0.0001
LRA	25.3	28.0	24.0	1.05	>0.999

¹ Probability associated with McNemar test

A small number of Remainders succeeded in giving up smoking between Wave 1 and Wave 2, involving 21 respondents in TRAs and 16 in LRAs (Table 7.10). Most of the quitters in TRAs (71%) had stated their intention to quit smoking at Wave 1, whereas only a minority of those in LRAs (38%) had done so (p=0.39). The number of Remainders is too small to allow further analysis, but given the importance of giving up smoking to improved health, the pattern observed here is of particular interest.

Table 7.10: Stated intention at Wave 1 to give up smoking of Remainders who had quit by Wave 2, by Intervention Area Type (TRA: n=21; LRA: n=16)

IAT	Intended to quit (%)	Did not intend to quit (%)
TRA	71.4	28.6
LRA	37.5	62.5

Alcohol

Respondents told us whether they ever drank alcohol^{viii}, enabling us to examine any change in drinking behaviour from one wave to the next. Here we distinguish between alcohol drinkers (irrespective of the amount consumed) and non-drinkers (Table 7.11).

Although caution is required in interpreting this information (self-reported drinking behaviour is notoriously inaccurate), there is evidence that a substantial proportion – around one-quarter – of Remainders had taken up drinking alcohol between 2006 and 2008. Of these ‘new’ drinkers, 87% were British and 58% were aged between 25 and 54 years, with this change in behaviour being equally likely in men and women. By contrast, fewer than 10% of Remainders had given up drinking over this period.

These patterns were particularly pronounced among the respondents in the TRAs, where the majority of Remainders (55%) drank alcohol, and more than six times as many people appear to have taken up drinking as had stopped doing so. We cannot yet determine the cause of this striking change.

Table 7.11: Change in alcohol drinking behaviour

IAT	Change in status (%)				Ratio begun: quit	p ¹
	Started drinking	Still drinking	Still not drinking	Given up drinking		
TRA	28.8	25.9	40.6	4.7	6.13	<0.0001
LRA	23.4	15.9	51.5	9.2	2.54	<0.0001

¹ Probability associated with McNemar test

Diet

As a measure of the healthiness of people’s diet, we asked respondents on how many days a week they obtained their main meal from a fast-food outlet^{ix}. Half of the respondents reported no change in their behaviour, but more people reported obtaining fewer rather than more fast-food meals per week (28 vs. 22%; ratio fewer:more = 1.32). However, the differences in individuals’ frequency of fast-food

^{viii} The alcohol consumption questions were changed at Wave 2 in an attempt to improve the reliability of the respondents’ estimates of the amount of alcohol they drank. The quantities are not comparable across waves, but they do enable us to distinguish between alcohol drinkers and non-drinkers.

^{ix} As with alcohol consumption, our attempts to improve the reliability of reported estimates of the portions of fresh fruit and vegetables eaten daily mean that these figures cannot be compared across Waves.

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

consumption were not statistically significant overall ($p=0.290$; $n=542$): about 30% of the changes in frequency involved a difference of one more or one fewer fast-food meal per week.

Other Human Capital Outcomes: Job Satisfaction and Income

One of the ultimate goals of regeneration is to enhance economic and human capital. This may be done by promoting employment, providing job advice and offering training for work, especially since levels of unemployment in the GoWell communities are high. We have a limited amount of longitudinal data on these issues at this point in the study, and only look at two items here: car ownership (as a proxy indicator for income) and job satisfaction.

Income

Car ownership, or rather having regular access to a car or van, is a widely used proxy indicator of income. It is also an indicator of people's ability to be mobile for employment reasons, enhancing their job prospects, although it should be noted that all the areas studied here are in good proximity to the city centre or connected by public transport routes.

Most Remainers (77%) had no regular access to a vehicle at either wave, and only 7% had a car or van available for their use at both waves. Between Wave 1 and Wave 2, more people gained access to a vehicle than lost it (10% vs. 6%; $p=0.029$, $n=551$).

Among those in work at both waves, there was no indication that employment had boosted car ownership. Roughly equal proportions (about 16%) gained or lost access to a car or van between Wave 1 and Wave 2.

Job Satisfaction

As we saw in Chapter 3, only a minority of respondents were in full or part-time employment, and there was little change in the status of those in work between 2006 and 2008. Most changes were between the non-working categories, in particular with 6% more people becoming unemployed, most of who had previously been looking after their home.

Among those of working age, 21% at Wave 1 and 24% at Wave 2 were in employment. For those in work, job satisfaction may be considered a desirable characteristic, since we would expect it to reinforce positive attitudes towards employment, even though continuity of employment may not be a matter within the individual's control.

Of the 559 Remainers, 60 (11%) were employed when interviewed in both 2006 and 2008. They were asked to rate how satisfied they were with their working status on each occasion. A quarter of them had not changed their opinion, but 3.5 times as many Remainers were more, rather than less, satisfied with their employment (58 vs. 17%) at Wave 2. Despite the relatively small number of respondents considered in this comparison, this difference was statistically significant ($p=0.001$).

Due to a large proportion of those not in work regarding the question as not being applicable to them, there is little information available concerning their satisfaction with their employment situation. Of 32 respondents who were still not working in 2008, 41% were less satisfied, 34% were equally satisfied and

Health and Human Capital Outcomes

7

25% were more satisfied with their employment status than previously. Seven-out-of-ten people who were newly working in 2008 were more satisfied, the other three being as satisfied as before. Eight-out-of-twelve people who were newly out of work were less satisfied, two each of the remainder being equally or more satisfied with their employment status in 2008 than in 2006.

Discussion

It is to be hoped that regeneration might improve physical and mental health and wellbeing, and the wider adoption of positive health behaviours.

Even though we would not expect physical health to change markedly over such a short period, many of the measures of physical health^x showed a net deterioration. Overall measures of general health, physical functioning and especially vitality (feeling one has energy to do things) declined over the two-year period. Furthermore, reported rates of long-term health problems increased: long-term illness and disability up by 10%; long-term stress, anxiety and depression up by 10%; skin conditions and allergies up by 5%.

It is not obvious how regeneration activity itself could have given rise to these patterns, and, of course, they may have arisen, at least in part, for reasons other than regeneration. Although it is possible that deterioration in the surrounding physical and social environment might be related to the onset of stress, anxiety and depression, the worsening of other physical health indicators is harder to explain. Nevertheless, it is a cause of serious concern, both in and of itself, and for the negative impacts these trends might have on people's employability in areas where employment rates are very low.

Although we have noted the potentially negative psychological effects of environmental deterioration associated with the early phases of regeneration, the evidence for worsening mental health is mixed. In particular, there have been significant net improvements in the Social Functioning, Role Emotional and Mental Health components of psychological wellbeing reported by our respondents, alongside a rise in stress, anxiety and depression.

Regeneration would hope to have an impact upon health behaviours, through generating a desire to change habits among the population and through reducing the availability of health-damaging activities. In these terms, our findings are mixed. The good news is a reduction in smoking rates, especially in the TRAs, something that is hard to explain so far in regeneration terms, since environmental improvements have yet to occur. It might be linked, at least in part, to the smoke-free public places legislation that came into force in March 2006: people who had an intention to give up smoking in the summer of that year might have been motivated to do so by 2008.

On the other hand, rates of drinking alcohol have substantially increased over time, a worrying development which could have a number of causes.

^x We recognise that the distinction between "physical" and "mental" health is not an absolute one.

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

Regeneration also aims to boost human capital by improving employability and raising household income. The very low rates of employment among our sample of Remainers (less than quarter of those of working age) highlight the importance of this aim and how much room there is for improvement. For this to be a sustainable outcome, continuity of employment is desirable, and one of the factors that could influence this is the Remainers' satisfaction with their employment status. As mentioned in Chapter 3, there was continuity of employment among the minority who were in work. It is therefore a positive outcome that the small number of respondents who were working full or part-time in 2006 and 2008 showed a net increase in job satisfaction over this period, although we cannot be certain whether an existing job had become more satisfying over time, or whether people had changed to a job they were more satisfied with.

Once again, although they may be suggestive of such an association, we cannot conclude a causal link between regeneration actions and any of these changes in health or human capital. Nevertheless, the reasons why these patterns have emerged are less important than attempting to alleviate the problems of poor health, unemployment and low income.

This report has looked at change over time in the experiences and perceptions of people continuing to live in Regeneration areas in Glasgow. At the time of the second survey (2008) deconstruction of the areas was underway: blocks had been cleared in four of the six study areas and demolition had taken place in two of them, with more scheduled. Some internal improvement works had been carried out to many dwellings across the six study areas, particularly new heating systems and extensive installation of new, secure front doors. But the redevelopment of the areas had hardly commenced, with no new build housing having been completed by this time. It is against this backdrop of deconstruction and disruption to the local residential environment, that we have examined changes in residents' views.

It is not surprising that we have found that residents' views about their home (in terms of quality of condition) and neighbourhood in an environmental sense (e.g. in terms of physical and aesthetic quality, and in respect of local amenities and services), have broadly got worse over time, even though improved bathrooms and kitchens were associated with greater overall satisfaction with the home, and the installation of new front doors was acknowledged as a significant improvement. It is also not unexpected that the attainment of some psychosocial benefits from the home and neighbourhood – such as feelings of control and personal progress in life – have reduced.

Residents have also experienced a decline in their social environment, with less contact with relatives and friends, lower levels of trust and reliance in others, lower levels of sense of safety, and, in the Transformational Regeneration Areas (TRAs), rising identification of antisocial behaviour (ASB) problems in the local area. There may be a number of causes of this, linked to the regeneration process, including: loss of social contacts due to the departure or relocation of some residents; the direct effect of demolition and physical deterioration, leading to unsafe local routes and locations; and the indirect psychosocial impacts of uncertainty emanating from social and physical changes. While some of this may be partly due to a direct effect of social disruption brought about by physical deterioration, it is also conceivable that this phase of regeneration has had an impact upon how residents see their local social environment, causing a degree of uncertainty and anxiety reflected in our findings on a range of social capital issues.

Again, we should recognise, however, that there have been some improvements in the social environment, most importantly increased perceptions of social harmony (absence of tensions) within communities, and greater availability of forms of practical social support, as well as some reductions in perceived ASB in Local Regeneration Areas (LRAs).

Furthermore, most aspects of the health and wellbeing of residents in regeneration areas considered here declined over time, most notably in respect of two psychological aspects: a significant deterioration in feelings of vitality (having energy to do things) and an increase in the prevalence of self-reported long-term problems of stress, anxiety and depression. In terms of health behaviours, there was some improvement (reduction) in smoking rates, but a large increase in the proportion of British residents (aged over 25) declaring that they drink alcohol. Again, while we cannot say with certainty that the regeneration process is wholly or even mostly responsible for these negative health trends, it is nevertheless plausible that regeneration has contributed to an environment which facilitates such decline.

These findings, and their possible attribution in part to regeneration, raise several important questions for researchers and practitioners to address. First, how long will these circumstances continue? Our Wave 3 survey in 2011 enables us to assess whether, five or six years into regeneration, the social and human capital of Remainers continues to deteriorate, or begins to improve. Through the use of increasingly longitudinal data not only in regeneration areas but also in our other study areas, we should

Sticking with it?

Short to medium term outcomes of remaining in regeneration environments in Glasgow

be able, post-Wave 3, to better address the question of whether the negative trends reported here can be attributed to factors within regeneration areas alone. Equally, policy-makers and practitioners need to address the question of whether a firm plan for completion of the regeneration process can be presented to residents, both in terms of the future composition of their neighbourhoods and communities, and the timetable for its delivery.

Second, we need to ask, can more be done, or indeed has more been done in the meantime, to help residents in regeneration areas? This would apply, for example, to addressing ASB and safety issues, and to providing community support to stimulate social contact and collective trust. These issues are also related to the objective of empowerment, where residents' views about how they are kept informed and their ability to influence decisions had declined, contrary to the centrality given to engagement and empowerment in all housing and regeneration policies. More effort in terms of community engagement may also help contribute to the development of social capital within the communities.

Third, the results so far prompt us to consider: how much better will things get for this group of Remainers in the future, either during or after regeneration is complete? Our future surveys (Waves 3 and 4) will help us to assess to what extent those who continue to live in regenerated areas see improvements in all aspects of their lives, both beyond what they are experiencing now or were experiencing at the start of the regeneration process, and compared with those who eventually move to a home elsewhere (those relocated).

Finally, the findings support a plea for regeneration to embrace social and health issues as well as physical and residential ones. We would argue that many of the negative trends identified for Remainers in this report will not be corrected automatically through physical redevelopment, even moreso the case the longer regeneration goes on, with negative social and health behavioural trends in danger of becoming habitual in these areas and harder to shift.

Our findings on the lives of Remainers indicate once again the need for regeneration to be holistic. The challenge for policy-makers and practitioners is to ensure that strategies to directly address the range of issues presented here are developed for regeneration areas, with the appropriate range of partners and services, and also community involvement, and enacted alongside firm plans for the physical redevelopment of the areas.

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