



**5th ANNUAL EVENT
16 May 2011
ST ANDREWS IN THE SQUARE
GLASGOW**

REPORT

This report is a summary of the presentations and discussions from the annual event and does not necessarily represent the views of the GoWell partners or sponsors.

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

Introduction

The 5th GoWell Annual Event was held on Monday 16 May at St Andrews in the Square, Glasgow, and was attended by over 60 delegates from a range of organisations with an interest in regeneration and in improving health and wellbeing. Some participants were working in local communities, others at a city-wide level, and others nationally. Two reports and three Briefing Papers were launched at this event, and are listed below, with links to download:

- [*Progress Report 2010/11.*](#)
- [*Moving Out, Moving On? Short to medium term outcomes from relocation through regeneration in Glasgow.*](#)
- [*Briefing Paper 14 Putting a spring in Glasgow's step: neighbourhood walking in deprived areas.*](#)
- [*Briefing Paper 12 The contribution of regeneration to mental wellbeing in deprived areas.*](#)
- [*Briefing Paper 11 The effects of high-rise living in the social rented sector in Glasgow.*](#)

Opening address: Dr Andrew Fraser, Chair, GoWell Steering Group

Andrew Fraser welcomed delegates and gave a brief overview of GoWell. He advised that the first survey had taken place in 2006 and the third survey (wave 3) would begin in summer 2011. He reflected on 2010/11, and noted that the pace of activity had appeared to quicken, as more findings were produced and then disseminated, via reports, events and scientific journals. GoWell, he advised, also continues to engage with communities, residents and those working in the study areas, in order to raise awareness and to share best practice in regeneration.

Andrew highlighted that each survey wave allows comparisons to be made over time, which indicate whether regeneration is making a difference to people's lives in and around the study areas. In addition to this, flexibility is built into the programme, to enable the research to respond to changes and additional requests. Examples of this include widening the research focus to include analyses on asylum seekers and refugees who have moved into GoWell study areas; factors affecting young people as highlighted in the wave 1 and 2 surveys; and monitoring the effects of the economic downturn.

As well as factual information, Andrew advised that GoWell was also interested in the subjective experience of regeneration, and how it feels to move from, or to remain living in, an area undergoing regeneration activity.

Andrew concluded by advising that 2010/11 had been another successful year for GoWell, and that he looked forward to discussing the issues raised in more detail over the course of the afternoon.

Moving out, moving on?: Prof Ade Kearns, University of Glasgow

Ade Kearns began by outlining the methods and findings contained in the *Moving Out, Moving On? Short to medium term outcomes of relocation through relocation in Glasgow* report, which was based on analyses undertaken by himself and Phil Mason.

He advised that the key questions asked in this report were:

- What is the experience of 'moving out' like for people?
- Do Outmovers end up in better residential situations?
- Is relocation disruptive of people's social networks?
- What are the health and wellbeing consequences of 'moving out'?

Ade used the term 'Outmovers' and 'Remainers' to describe the two different population samples. Outmovers are people known to have been living in one of the six Regeneration Areas in 2006 and who were interviewed Jan-May 2009 in their new location. Remainers are people from households interviewed in 2006, who were still living at the same address within the six Regeneration Areas, when interviewed in June-Sept 2008.

Key findings were that:

- Half of all Outmovers had wanted to move home at the outset.
- Outmovers did not often move far from their original areas, with an average distance of 1.7km.
- A sizeable minority found the process of moving problematic, citing factors such as cost.
- Housing outcomes were improved for Outmovers, as Outmovers were more likely to live in houses or low rise flats than Remainers; and dwelling satisfaction was also higher.
- Neighbourhood outcomes were mixed. Outmovers did not move to areas, on average, with less area deprivation. However they did often move to areas with more 'mixed tenure' housing and subjectively felt that they had moved to 'better' areas.
- Outmovers fared better on psychosocial outcomes. For example, 70% of Outmovers, compared with 32% of Remainers, stated that their neighbourhood helped them 'feel they were doing well in life'.
- Social outcomes were better for Outmovers, with higher proportions of Outmovers than Remainers showing neighbourly behaviours. Sense of community was also higher for Outmovers.
- Paradoxically, many health outcomes were worse for Outmovers, such as levels of self-reported health and higher reported rates of short and long-term health conditions.

During the discussion on these findings, David Fletcher of Glasgow Housing Association noted that the process of relocation and outcomes for Outmovers appeared to be positive. He also commented on the health outcomes for Outmovers and agreed with Ade that more work is needed to find out whether these outcomes are as a result of the process of relocation, with perhaps residents with longer tenancies being moved earlier.

Ade concluded by stating that a new report focussing on the experience of Remainers will be finalised shortly and will be able to answer many of the questions raised with regard to the effects of regeneration on those who remain in Regeneration Areas.

Ade's presentation can be accessed [here](#).

Healthy sustainable communities: Prof Carol Tannahill, Glasgow Centre for Population Health

Carol Tannahill advised that her role would be to cover aspects of GoWell that were separate from, and yet complementary to, the survey findings which Ade had discussed. These were described as 'areas of learning', as opposed to substantive findings, at this stage in the study. After highlighting relevant statistics about the GoWell study areas, such as mortality, physical activity and mental health rates, Carol went on to discuss different models to describe the components of community regeneration. She cited Equally Well's 'Healthy Sustainable Neighbourhoods Model' which puts 'people' at the centre of all regeneration activity and also discussed community health profiling, which is useful in illustrating how communities are faring by comparing areas to the Scottish or Glasgow average. In many cases, deprived areas in Glasgow have outcome profiles which are the mirror image of more affluent areas and this prompted Carol to ask: 'Given that our least healthy communities are unlike our healthiest communities in every way, what should be our response?'

A focus on social regeneration was raised as an appropriate response, as GoWell has found that social outcomes are not keeping pace with housing outcomes in many of the GoWell areas. Carol highlighted three aspects of social regeneration in particular: Community composition; community engagement and empowerment; and social regeneration – whose responsibility is it?

Considering the effects of housing and regeneration policy, Carol referred back to Ade's findings that relocation policy had been associated with several positive outcomes for Outmovers. Other effects of policy may have inadvertently been less helpful, such as allocation policies which have produced atypical adult to child ratios in some communities, reducing the potential for residents to exercise informal social control.

Community engagement and empowerment was also considered. Carol cited GoWell research which showed that positive resident ratings of community empowerment were associated with higher mental wellbeing scores. Carol also emphasised Ade Kearns and Louise Lawson's recent work on community empowerment which had highlighted the need for improved and sustained community engagement in order that better and more inclusive decisions on social and physical regeneration can be made by and with communities.

Carol also questioned why social regeneration sometimes elicits 'shoulder shrugging' when individuals and organisations are asked - whose responsibility is it?

Finally, Carol considered the idea of 'place' in relation to social regeneration, drawing on other areas of GoWell research. For example, she advised that the density of area amenities in deprived areas compared with more affluent areas was examined in 2010 ([GoWell Briefing Paper 10](#)), and this did not show marked differences across area types. However it did raise questions as to whether *quality* of amenities varies by area. Carol also advised that after controlling for personal characteristics including age, sex, illness, education, household structure and ethnicity, GoWell has found that respondents' were three times more likely to have high mental wellbeing if they considered the attractiveness of their neighbourhood to be 'very good' rather than 'poor', and so aesthetics of an area are clearly important. In light of potential budget cuts and the likely reduction in new amenities in communities, the maintenance of areas and existing amenities will be important to consider.

Carol's presentation can be accessed [here](#).

Mental wellbeing and regeneration: Prof Steve Platt, University of Edinburgh

Steve Platt's presentation was entitled 'How might regeneration policy and practice improve mental health and well-being?' and he began by discussing definitions, models; and types of regeneration, such as:

- Physical regeneration (improving the physical environment, e.g. upgrading infrastructure, improving land use)
- Community/social regeneration (improving opportunities, e.g. building skills, capacities and aspirations of local residents; improving services)
- Economic development (improving the wider economy, e.g. boosting local employment and income)

Steve stated that regeneration can have both direct (such as physical and mental health improvements) and indirect impacts on health (such as lower levels of stress in individuals). He advised that there were clear links between housing and mental health. However he also noted that the impacts of housing improvement and area based interventions were not as well evidenced – an issue which GoWell hopes to address. Steve cited studies ranging from small to large scale interventions in a number of different countries and, although there were methodological issues and no 'clear cut' answers, many of the examples given did appear to show that regeneration activity can and does affect the health and wellbeing of individuals and populations. However, it was also suggested that small scale physical regeneration activity alone is not able to fully address poor health for many people in deprived areas.

Steve concluded by advising that:

- There is a striking lack of sophisticated approaches to conceptualising and evaluating regeneration as a complex intervention
- Prospective, longitudinal (quasi-)experimental designs, even with a process evaluation component, may not be fit for purpose
- Sources of complexity that need to be captured are:
 - Multiple, interacting components of intervention
 - Dynamic nature of intervention
 - Contextualisation of intervention
- There is a long way to go before we can identify features of regeneration that are likely to be mental health-enhancing or health-damaging - but that it was high time we made a start.

Steve's presentation can be accessed [here](#).

Discussion session:

Delegates at each table collectively reflected on and discussed what they had heard during the first half of the morning. Reflections and discussion were focussed on two key issues:

What is your table's response to what you've heard this afternoon?

In light of what you're heard, what needs to happen in the Glasgow so that neighbourhood regeneration produces more health benefits for local communities?

The main discussion points fed-back following these table discussions are outlined below. Andrew Fraser facilitated the plenary feedback, which consisted of the following themes:

- Social regeneration – there is a need for an agency or agencies to take responsibility and the ‘shoulder shrugging’ to stop. Social regeneration should be given a higher priority.
- Community empowerment – more power should be given to residents over decision-making. It should be made more meaningful, have ‘grass roots’ involvement and not just be tokenistic.
- Organisations – should work systematically and collectively to improve areas. There is a lack of certainty over how organisations create joint policies and strategy – e.g. health and housing.
- Greenspace - more emphasis on the quantity and quality of greenspace/open space/public space, particularly in new build housing neighbourhoods.
- Approach - We should resist the temptations of ‘one size fits all’ approaches. Genuine local approaches should be informed by the distinctive local context of culture, assets, aspirations, capacities etc.
- Anchor organisations - ‘Anchor organisations’, and locally managed housing associations in particular, continue to have great potential. We need to make more of them in an economic climate which has greatly cut larger scale capital spend regeneration efforts.
- Policy - A major problem is the rate of change of centralised health and regeneration policy and related short term funding mechanisms. There is a tendency to pull all policy and practice decisions towards the centre, while leaving more difficult diffuse challenges unaddressed or under resourced at the local level.
- Economic climate - The challenge of bringing key partners on board for collective efforts will be exacerbated by the lack of funds in the current economic climate. Amenities should not be allowed to deteriorate.
- Research – Lack of evidence should not be seen as lack of effect. Complexity is important to acknowledge but should not prevent action.
- Assets – communities should be able to focus on assets and building resources and resilience.
- Public services – adequate public services and facilities remain essential for communities.

Summary: Prof Lyndal Bond

Lyndal Bond rounded of the afternoon by summarising the presentations and giving an overview of GoWell's focus in 2011/12. She advised that it could be covered under the themes of 'Why', 'Who' and 'How' and 'What'?

Why? Lyndal discussed how Ade's presentation provided valuable information on the changes taking place in study areas, and that there are still many questions to be answered about cause and effect. The health outcomes in particular are perplexing and reasons behind it (e.g. selection) should be examined.

Who? A major theme, Lyndal advised, was regarding who should be responsible for social regeneration in Glasgow. This was also raised during the discussion session.

How? Steve's presentation described current evidence on the links between mental wellbeing and regeneration and Lyndal summarised Steve's presentation by asking: in light of the paucity of evidence for regeneration improving health 'how is complexity best captured'?

What? Lyndal described what GoWell's focus would be in 2011/12, including:

- the Remainers report will describe the outcomes for those who have remained in areas undergoing regeneration
- wave three of the survey will be undertaken in the 15 study areas in 2011
- future analyses will combine GoWell and other data such as the Scottish Health Survey and crime and education datasets to look at impacts of regeneration on health, crime and educational outcomes
- qualitative work will continue on issues such as 'Lived Realities'
- ecological team work on trends in selective migration and the impacts of the recession
- communications activities will continue including the website refresh and production and dissemination of reports, journal articles, briefing papers and community newsletters.

Lyndal finished by thanking everyone for attending and for contributing to the success of GoWell and the event.

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