



**Progress and Achievements  
During Phase 2 of GoWell**

**Interim Report**

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## **Introduction**

The GoWell programme was established in 2004 and is now approaching the end of its second phase of funding. Phase 1 ran from 2005-2008 and Phase 2 covers the period from January 2009 – end-March 2012. The GoWell Phase 2 funding proposal set out the work programme which was described in terms of five core areas of work as follows:

- A. Community Health and Wellbeing Survey: Cross Sectional Study**
- B. GoWell Longitudinal Study (GLS)**
- C. Ecological monitoring**
- D. Governance, participation and empowerment**
- E. Communications and involvement**

What follows is a summary of what we have achieved in relation to each of these areas of work. Because this report is being written several months before the end of this funding phase, a number of areas are still in progress. However, we are committed to ensuring that they are delivered by the end of Phase 2.

As anticipated, a number of additional areas of research emerged as priorities and were taken forward throughout Phase 2. These are highlighted at relevant points throughout this report. It will be important that the ability to respond to emerging and topical areas of interest continues during Phase 3 of GoWell.

Two issues highlighted in the Phase 2 funding proposal were: the need for additional quantitative analytical capacity, in light of the increasing scale and complexity of the GoWell datasets; and the importance of strengthening the programme's dissemination in academic journals and through briefing papers and practitioner journals. Both of these issues have been addressed successfully in this phase.

The key findings from GoWell to-date were brought together under a number of themes on the GoWell website and these are reproduced in Appendix 1. The written outputs produced during Phase 2 are listed in detail in Appendix 2 and presentations and seminars delivered during Phase 2 are listed in Appendix 3.

## **A. Community Health and Wellbeing Survey: Cross Sectional Study**

During Phase 2 we proposed to carry out work in two areas in relation to the community survey:

- (i) Analysis of the Wave 2 (2008) survey dataset
- (ii) Design and implementation of the Wave 3 (2011) survey

### ***(i) Analysis of Wave 2 survey***

Detailed analysis of the Wave 2 dataset has been undertaken, both on its own and in relation to the Wave 1 dataset. This has involved looking at how the five types of intervention area have changed over time, how the individual study areas are changing, and at specific topics. The areas of analysis and resultant outputs are outlined below, in which we have focused on four areas:

- a. Neighbourhood and community changes
- b. Health and wellbeing outcomes and their determinants
- c. The effects of dwelling types and housing improvement works
- d. Community cohesion issues: youth; asylum seekers

#### **a. Neighbourhood and Community Changes**

- *Changes in the Study Areas and Communities*

A comprehensive report, [\*Progress for People and Places: Monitoring change in Glasgow's Communities\*](#), was produced. This examined the changes that have taken place in the GoWell intervention areas between 2006 and 2008 in terms of: residential and environmental conditions; social and community structures; and health and wellbeing. An important finding was that physical and residential outcomes showed more positive change than social outcomes – although there was some evidence of positive social change, for example in relation to community empowerment and employment outcomes.

The report recommended that social regeneration required an increased level of planning, resourcing and partnership working at the local level, so that social outcomes, as well as improvements to residents' health and wellbeing, might keep pace with residential outcomes in the future. This has led to a separate piece of work on social regeneration (described more fully in the Ecological monitoring section later in this report).

Summaries of findings for each study area have been produced and disseminated in the form of community newsletters and presentations.

#### **b. Health and Wellbeing Outcomes and their Determinants**

- *Residential Environments and Mental Wellbeing*

We included a new health outcome measure of positive mental wellbeing in our Wave 2 survey and have conducted a set of analyses to examine residential and other influences upon this. These analyses looked at which individual, home and neighbourhood factors are most strongly associated with residents' mental wellbeing as measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). A Briefing Paper ([\*BP12: The contribution of regeneration to mental wellbeing in deprived areas\*](#)) has been produced on this subject, and an article has been submitted to the journal *BMC Public Health* (now at the stage of revisions). A further article on the role played by the residential psychosocial environment in mental wellbeing is in preparation.

- Perceived Relative Position and Mental Wellbeing*

We also included measures of people's perceptions of the degree of inequality in their local areas, and of their relative social and economic position within their local communities, in the Wave 2 survey. We have examined whether people's ratings of the relative quality and status of their homes and neighbourhoods, and their perceptions of local income inequalities bear any association with mental health and wellbeing. Such analyses provide important indications of how regeneration might affect people's view of themselves, and through this also their wellbeing. The importance of rating one's home as of relatively good quality (i.e. 'better than others') was highlighted, as well as the benefits to mental wellbeing of considering that one's neighbourhood contained at least some people on higher incomes than others. An article has recently been submitted to the *Journal of Epidemiology and Community Health* and a Briefing Paper will follow.
- Walking*

We said we would look at patterns of social, physical and work-related activity to see whether they reinforce one another and what the effects of low and higher levels of activity are upon health and wellbeing. In fact, we have focused on the activity of walking, which is important both as a health behaviour and an indicator of the quality of neighbourhood environments. Indeed, our analysis highlighted the importance of neighbourhood amenities and environmental aesthetics as influences upon local walking. A Briefing Paper ([BP14: Putting a spring in Glasgow's step: neighbourhood walking in deprived areas](#)) has been produced on this issue, and an article entitled 'Neighbourhood walking and regeneration in deprived areas' has been published in the journal *Health & Place*. In addition to this, analysis is well underway to look at the relationship between walking and mental wellbeing (which also highlights the importance of employment to the latter), and both a Briefing Paper and a further journal article are planned before the end of Phase 2.
- Dietary Habits: Snacking*

We are currently examining levels of snacking, both 'good' (fruit) and 'bad' (crisps and fizzy drinks), within our study populations to understand what the relative influence of personal characteristics, poverty, residential conditions, and the local retail environment are upon snacking. For the last of these, we will use objective secondary data as well as respondents' own reports on the quality of local shops. A Briefing Paper and article will be produced before the end of Phase 2.

#### c. The Effects of Dwelling Types and Housing Improvement Works

- High Rise Housing*

We analysed our Wave 1 data to investigate the impacts of living in unimproved high-rise flats upon the occupants, comparing their residential and social outcomes with those for people living in low-rise flats and houses. This work is a precursor to analysis we will undertake on the Wave 3 data to look at outcome differentials among people living in different types of building after these have been improved. An article entitled 'Living the High-Life? Residential, Social and Psychosocial Outcomes of High-Rise Occupants in a Deprived Context' has been accepted for publication by the journal *Housing Studies* and a Briefing Paper ([BP11: The effects of high-rise living within social rented areas in Glasgow](#)) has been produced from this analysis.
- Housing Improvements*

Our Wave 2 respondents were divided into two equal groups: those who had recently received housing improvement works to their homes, and those who had

not. Using this information we were able to examine whether housing improvements were associated with higher psychosocial benefits from the home (in terms of control and status). We found that housing improvements were indirectly related to such benefits via the impact these works had on occupants' ratings of the quality of their homes. An article entitled 'Housing Improvements, Housing Quality and Psychosocial Benefits from the Home' has been accepted by *Housing Studies* subject to revisions, and a Briefing Paper is being prepared.

#### d. Community Cohesion Issues: Youth and Asylum Seekers

- *Perceptions of Youth*

In light of the perceptions of rising antisocial behaviour within our study areas, we went back to our Wave 1 data to look further at one of the most commonly cited items of concern, namely 'youth hanging around on the street'. We wanted to find out which kinds of resident considered youth on the streets to be a serious problem, and found that it was not older people, as often assumed, but a number of other people, either vulnerable themselves, or concerned for their own children. [Briefing Paper 8: "Teenagers are a serious problem" – Who Says? GoWell's Findings on Perceptions of Youth-Related Problems in Deprived Areas in Glasgow](#) has been produced from this work and a journal article will be submitted by the end of Phase 2. We have also been examining qualitative focus group material on attitudes to youth, reported later in this document.

- *The Social Integration of Asylum Seekers and Other Migrants*

We have used material from our focus groups and from the Wave 2 survey to consider the extent to which asylum seekers, refugees and other migrants are socially integrated within their communities of residence. The contrasting perspectives of British citizens and migrants were examined using data from focus groups, and differences in health and social outcomes for migrant groups were examined using the survey data. The latter work was done following the suicide of an asylum seeker family in one of our study areas, suggesting there may be an issue of poor mental health among migrants, which we did not find to be the case. We have also analysed the effect upon social integration of the duration of stay of migrants in the UK, using new questions included in the Wave 2 survey. A report entitled '[Health, Wellbeing and Social Inclusion of Migrants in North Glasgow](#)' and Briefing Paper ([BP3: GoWell findings: Asylum Seekers and Refugees in Glasgow's Regeneration Areas 2006-07](#)) have been produced from this work, with an article and further Briefing Paper currently in production.

- *Mixed Tenure*

A key component of change in several of the GoWell study areas is tenure restructuring to produce mixed tenure, mixed income communities as a replacement or adaptation of existing mono tenure, social housing areas. The goal of achieving such mixed communities has become the predominant approach to development and regeneration strategies over the past decade or so, and is now clearly expressed in housing policy. We have undertaken two reviews to determine the evidence that mixed tenure achieves any of the range of social, environmental and residential benefits to residents that is expected. Our review of existing reviews was published in the journal *Housing Studies*, and our systematic review of primary and secondary UK studies of mixed tenure has been revised for publication by the same journal. The findings indicate there is little evidence (or absence of evidence) to indicate that mixed tenure has achieved most of these outcomes. We have also conducted qualitative research on mixed tenure (see later in document).

### ***(ii) Design and Implementation of Wave 3 Survey***

The Wave 3 cross-sectional community survey was originally due to take place in 2010, but following discussion with the Steering Group in August 2009, it was agreed it would be postponed until 2011. Consequently, the work relating to this survey has taken place approximately a year later than set out in the Phase 2 funding proposal.

The design and implementation of the Wave 3 survey has consisted of estimating the resident populations and housing tenure mix in the study areas at the point of the survey commencement, in order to agree the sampling methodology; working with GHA to agree the contract and prepare the brief for the survey; putting in place a range of awareness-raising activities including publicising and promoting the survey to potential participants; survey management meetings with GHA and the field work company; and ongoing reviews of progress/problem-solving during implementation.

MREC ethics approval was sought (and received) to use either voucher (£10) or competition incentives for participants, and discussions held with the GHA legal team about contact procedures and arrangements for using GHA's forwarding address data. The survey preparation process has taken considerable time and the Wave 3 survey is more complex than previous GoWell community surveys. The main sources of complexity are (1) the use of different incentives for different parts of the study; (2) our desire to contact as many previous participants as possible – either by carrying out a census of a GoWell area, or by returning to the addresses of previous participants; or by tracking outmovers; and (3) our reliance on different datasets to build up our sample in different areas (e.g. GHA forwarding addresses, GHA data on empty property in regeneration areas, GCC lists of new builds in GoWell areas, the GoWell address file, and the Royal Mail postal address file).

There are two questionnaires: the 'Outmover' questionnaire for participants who move away and/or have moved into newbuilds; and the 'Main' questionnaire for all other participants. The questionnaires are similar, except that Outmovers are asked some questions about moving, and how their new home/neighbourhood compares to the old one. We are attempting to make as much of the Wave 3 survey as possible longitudinally, by returning to addresses where interviews took place in previous waves. We are aiming for 3,565 main survey interviews and 836 Outmover interviews, with 60% or more of the former being longitudinal (i.e. interviewing a previous participant).

The main questionnaire was piloted in Castlemilk in July and the Wave 3 field work is now underway with an anticipated end-date of September 2011. We have also been monitoring changes and developments in the study areas via various mechanisms and this will serve as background information for the interpretation of survey findings. Given the timing of the survey, by the end of Phase 2 we expect to have constructed the longitudinal dataset across Waves 1, 2 and 3; with the analysis occurring during Phase 3.

## **B. GoWell Longitudinal Study (GLS)**

Our work on the longitudinal component of GoWell during Phase 2 was planned along three lines:

- (i) Establishment of the longitudinal cohorts
- (ii) Analysis of the Wave 2 Tracker and Tracer surveys.
- (iii) Wave 3 longitudinal surveys

### **(i) Establishment of the Longitudinal Cohorts**

During Phase 2, the GLS was established in our six regeneration study areas (TRAs and LRAs), and consists of three groups of people:

- *Remainers*: those people who have continued living in the regeneration areas during the redevelopment process. A Remainers cohort, involving 678 interviews, was established through the wave 2 tracker study conducted between June and September 2008.
- *Outmovers*: those people who were living in the regeneration areas in mid-2006 but who subsequently moved elsewhere. An Outmovers cohort was established through the wave 2 tracer study conducted between March and May 2009, and involved 224 interviews.
- *Inmovers*: those people who move into the regeneration areas over time, whether into refurbished or newly-built properties. This cohort will be established at wave 3.

### **(ii) Analysis of the (Wave 2) Tracker and Tracer Surveys**

The analysis of the Wave 2 Remainers and Outmovers datasets has included within-group and between-group comparisons as well as individual-level longitudinal analyses.

A major report, [Moving Out, Moving On?](#), was produced to compare Remainers and Outmovers in terms of their characteristics, residential outcomes, social and community outcomes and health and human capital outcomes. It also explored people's views on the process of moving. A separate report to describe the experience and outcomes of Remainers is currently being produced.

We are also currently working on the production of two other outputs in accordance with our Phase 2 plans, as follows.

We posed the question 'Should they stay or should they go?' to examine whether Outmovers fare better or worse than Remainers. Comparing a range of outcomes for the two groups, we raise the issues of how 'displacement' should be defined and under what circumstances relocation of residents can be expected to be disruptive. An article on this topic has been submitted to the journal *Housing Studies* and is currently under review.

The other question we asked was 'No pain, no gain?'. This focussed on the experience of Remainers. Using the longitudinal dataset developed across Waves 1 and 2, we have examined changes in the general health measure SF-12 to compare the experiences of Remainers with those of people who received housing improvements and those who did not experience any residential intervention over the

period 2006-8. An article for the journal *BMC Public Health*, and a Briefing Paper are now being produced from this analysis.

***(iii) Wave 3 Longitudinal Surveys***

As stated earlier, our Wave 3 surveys have been designed to deliver the maximum number of longitudinal cases as follows:

*Regeneration Study Areas:* We are attempting to conduct interviews at all occupied addresses in the six regeneration study areas. A substantial proportion of the occupant households will be the same as those present at previous survey waves, and so we will attempt to re-interview previous participants if possible.

*Non-Regeneration Study Areas:* In the other nine study areas, we are returning to addresses where interviews took place at Wave 1 and/or Wave 2. Again, where a previous participant is present, we will attempt to re-interview them. We are anticipating that up to 70% of the interviews undertaken will be longitudinal in nature.

*Outmovers:* As well as re-interviewing the Wave 2 Outmover survey participants, we anticipate that the larger Outmover sample at Wave 3 will include more people who have previously been interviewed in the regeneration areas at Wave 1 or Wave 2, therefore making more of the Outmover sample longitudinal.



## **C. Ecological Monitoring and Analysis**

The ecological monitoring component of GoWell aims to enable the study area findings to be put into context, and to be interpreted in relation to other changes happening within the city. Since the Phase 2 funding proposal was drawn up, a number of other areas of interest for 'ecological analysis' were identified by stakeholders. Priorities were discussed and agreed at the GoWell Steering Group meeting in November 2009. As a result some of the original priorities as outlined in the funding proposal were replaced by others, so that our ecological work during Phase 2 focused on four main areas as follows:

- (i) Monitoring changes in our study areas
- (ii) Establishing the local and national context for GoWell
- (iii) Analysing the relationships between tenure mix and other outcomes
- (iv) Policy analysis

### ***(i) Monitoring Changes in our Study Areas***

For detailed accounts of how areas had changed in terms of services and amenities, we focused on the regeneration areas. Semi-structured interviews were undertaken with a number of key informants from the three Transformational Regeneration Areas and one of the Local Regeneration Areas as a way to describe how the areas have changed and update the baseline reports in order to provide summary information against which the Wave 2 survey findings can be interpreted. Full reports were produced on each area and [summaries](#) published on the GoWell website.

In 2008 [comprehensive profiles](#) were produced for each of the GoWell areas, describing their health and health determinants. A further [report](#) described the levels of deprivation within the GoWell areas themselves and where they sat within the overall deprivation profile for Glasgow. Key indicators for each of the GoWell areas are currently being updated, and a further assessment undertaken of the deprivation status of the GoWell areas, to track any changes that have taken place in relative positions over time. These will be produced to coincide with the Wave 3 survey findings.

We also planned to carry out audits of environmental and amenity quality in our study areas, as we had done in Phase 1. We are currently investigating the best method for doing this (whether a repeat of the method we used previously and/or using a 'walkability' survey tool), and assessing the resource requirements, with a view to conducting such audits during Phase 3.

### ***(ii) Establishing the National and Local Context for GoWell***

The transferability of GoWell findings was considered in a report entitled ['The Wider Relevance of GoWell'](#), which examined the applicability of GoWell to other areas of Scotland. GoWell's main themes of interest and the emerging findings that may be relevant to other urban areas are highlighted and linked to national policy concerns and the wider evidence base. The report also assesses the extent to which 'similar' areas exist in other parts of Scotland, through provision of an overview of deprivation across Scotland.

Given the growing significance of migration (both international and internal) as a source of social change in Glasgow, we looked at the role of migration as an explanatory factor for changes in population health with and between communities. A report is in production and comprises a description of the historical and more recent trends in migration in Glasgow alongside a summary of relevant strategies and policies and known evidence on the impact of migration on population health.

We reviewed research on the links between deprived neighbourhood environments and health behaviours. Evidence from Glasgow and elsewhere was summarised concerning the associations between the availability and accessibility of health-related amenities and health behaviours. A Briefing Paper ([Briefing Paper 10: Glasgow's Deprived Neighbourhood Environments and Health Behaviours – What Do We Know?](#)) from this work reported that there was no clear evidence that deprived communities are consistently disadvantaged in respect of available amenities, although evidence on issues of quality and use, as opposed to availability, was sparse.

### ***(iii) Analysing the Relationships between Tenure Mix and Other Outcomes***

In an effort to expand the evidence base on what beneficial outcomes might be expected from the creation of mixed tenure communities, we have undertaken analysis of secondary data on health and crime outcomes alongside measures of the tenure structure of communities.

In relation to health outcomes, statistical modeling analyses have been undertaken – using Scottish Health Survey data linked to national hospital admissions data – to examine whether tenure mix has an independent effect on a range of health related outcomes and on health behaviours within different urban settings, from Glasgow to all Scottish cities. This work is nearing completion, and a Briefing Paper and journal article will be produced soon.

We are also examining the relationships between aspects of community structures (housing, socio-demographic and amenities) and crime rates across Glasgow, using Strathclyde Police Crime Data. This involves a classification of crime types and computing crime rates for datazones in Greater Glasgow. The association between aggregate crime rates and community structural variables will be investigated at two points in time and against change in communities over time (2001-2008). A journal article and a Briefing Paper will be produced from this work.

### ***(iv) Policy Analysis***

Following our Wave 2 findings on the slow pace of social change in regeneration areas, and a growing policy interest in developing the social regeneration agenda, we conducted work to explore the way social regeneration is conceived and progressed by policy-makers and regeneration practitioners. This has involved a literature review, policy analysis, secondary data analysis and qualitative interviews. A Briefing Paper will be produced from this work by end-December 2011.

## **D. Governance, Participation and Empowerment (and Other Qualitative Research)**

Our qualitative research during Phase 2 focused on the following areas related to governance, engagement and empowerment:

- (i) Community engagement in regeneration
- (ii) Lived Realities of regeneration
- (iii) Area reputations
- (iv) The clearance process

In addition, we also carried out qualitative research on the following:

- (v) Resident perceptions of mixed tenure
- (vi) Perceptions and experiences of youth

### ***(i) Community Engagement in Regeneration***

This research has focused on the three Transformational Regeneration Areas (TRAs) and has involved: an examination of documents provided by GHA and the relevant Local Housing Organisations (LHOs); interviews with GHA and LHO staff responsible for regeneration and/or community engagement; interviews with consultants who worked with the communities to develop regeneration masterplans; focus groups with the residents' group in each area who worked with the consultants; focus groups with other residents in each area; and interviews with individual residents in each area. Three articles have resulted from this work – one published, one under review and one still in production – dealing respectively with the following issues: what objectives has community engagement achieved?; what are the weaknesses in community engagement which enable organisational actors to claim to have empowered the community, while residents do not feel empowered?; and are different community engagement methods suitable to different community contexts? A Briefing Paper ([BP13: Community empowerment in transformational regeneration and local housing management in Glasgow: meaning, relevance, challenges and policy recommendations](#)) has been produced and will be published soon which summarises the findings across the studies.

### ***(ii) Lived Realities of Regeneration***

This longitudinal study of the experience of residents living in regeneration areas, many of whom will be relocated during clearance processes over the next 12-18 months, is well underway. A total of 23 households have been recruited to the study and 48 interviews have been conducted, including an initial interview with each adult participant and a second interview to discuss photographs the participants have taken of their daily lives. The aim of the research is to identify the important dimensions of and influences upon residents' lives, and to investigate how the regeneration process may intersect with these, helping to change some of the influences and dimensions of people's lives, perhaps partly through effects on people's aspirations, expectations and behaviours. A report on the Round 1 interviews will be produced by December 2011.

### ***(iii) Area Reputations***

This work has focussed on examining media coverage of the TRAs to see how reputations have been constructed in the public realm over the past decade, and in due course to see whether image transformation occurs alongside social and physical change. We examined newspaper coverage of the Sighthill estate over a ten-year period (1998-2009) and found that negative coverage dominated. A Briefing Paper ([BP7: Area reputation: A detailed examination of newspaper coverage of the Sighthill estate](#)) was produced, and it suggested that a media strategy within a

regeneration programme, linked with a stronger emphasis on community engagement and social regeneration, could help change the balance of press coverage and contribute to shifting an area's reputation.

We are currently analysing media coverage of the Red Road estate over a similar period, and looking at the role that height of the buildings plays in the image of the estate, given that it is often referred to as 'iconic' or 'notorious' due to its tall blocks. A Briefing Paper will be produced from this work. We will then proceed to compare the coverage received by the two estates over the period 2000-2011, both in terms of balance of coverage (positive versus negative) and to identify the issues which generate different types of coverage in the two cases. The two estates form an interesting contrast as they are located not far apart in the north of Glasgow. A Briefing Paper and an article will be produced from this work on the significance of media coverage to estate images and area reputations.

#### ***(iv) The Clearance Process***

To sit alongside our survey findings on outcomes for Remainers and Outmovers from regeneration areas, we are currently conducting a study of how the clearance process works in practice in our three TRA study areas. The aim of the study is to consider what factors make resident relocation and clearance of tall blocks easier or more difficult to achieve, and how are the needs and preferences of residents balanced against organisational requirements and constraints. Interviews have been completed with housing officers involved in clearance and are currently ongoing with a small sample of relocated residents. A report will be produced from this work by the end of Phase 2.

#### ***(v) Resident Perceptions of Mixed Tenure***

We have been studying resident perceptions of mixed tenure communities in three locations (Gorbals, Castlemilk and Drumchapel). A total of 37 interviews have been conducted with a mixture of owners and renters; all adults from family households. The interviews focused on residents' assessments of the quality of their neighbourhoods, their degree of neighbourhood satisfaction and attachment to the area, and their views of, and interaction with, people living in homes from the 'other' tenure. An article and Briefing Paper from this research will be produced by December 2011.

#### ***(vi) Perceptions and Experiences of Youth***

We completed our evaluation of GHA's youth diversionary programme during Phase 2, and produced a report ([Evaluation of GHA's Youth Diversionary Programme](#)) and Briefing Paper ([BP9: Youth Diversionary Programme Evaluation](#)) on this. Although generally the impacts of the projects were found to be positive for young people and other residents, the report also identified some weaknesses in project dimensions and coverage, in particular an inability to attract participation by girls.

Our focus groups in 2009 included separate discussions with young people and with adults about issues of community cohesion and antisocial behaviour. We have been reanalysing this focus group material to consider what influences adult perceptions of young people, from the perspective of both groups. Two Briefing Papers have been produced from this work ([Briefing Paper 15: Intolerance and adult perceptions of antisocial behaviour: focus group evidence from disadvantaged neighbourhoods of Glasgow](#); and [Briefing Paper 16: Young people's experience of intolerance, antisocial behaviour and keeping safe in disadvantaged areas of Glasgow](#)). Associated journal articles are in production.

We held a seminar with practitioner groups to discuss community safety, young people and antisocial behaviour, from which a [report](#) was produced.

We have also been conducting interviews with young people living in regeneration areas in a parallel project to the Lived Realities study. A Briefing Paper on the first round of interviews with young people living in households due to be relocated through clearance will be produced by the end of Phase 2.

## **E. Communications and Involvement**

This section supplements the outputs outlined for each GoWell component above and focuses on programme-wide communications activities. It includes the activities and processes integral to managing and governing GoWell and its complex stakeholder relationships. It is described in terms of our five key target audiences: sponsors and stakeholders; study communities; practitioners and policy-makers; research communities; and international and national interest groups.

### ***(i) Sponsors and Stakeholders***

The regular pattern of Steering Group meetings (three per annum and one annual review) have continued during Phase 2. In February 2010 a Publications Group was also established. This meets quarterly to collectively consider and agree appropriate publication and dissemination mechanisms for GoWell reports and Briefing Papers, consider and agree how to deal with substantive comments/feedback received on draft reports/papers, and inform and guide future GoWell outputs and publications.

Over the course of Phase 2, annual team work plans have been developed and presented to the Steering Group. These provide milestones and timeframes, and allocate responsibilities for the delivery of work proposals. In addition, a separate annual communications and dissemination strategy is developed in consultation with the Steering Group. A media plan is not produced for the programme on an annual basis but is developed when appropriate, such as for the release of new findings. During Phase 2 GoWell received media coverage in Holyrood magazine (Sept 2010) in an interview with Carol Tannahill; and in an article in the Herald (also Sept 2010) on perceptions of teenage antisocial behaviour.

Steering Group members are kept up-to-date on progress and developments between Steering Group meetings via quarterly E-Updates.

As part of our accountability to sponsors and stakeholders, a progress report and annual event are produced/held in April/May each year. These not only report on progress and findings to our sponsors and main stakeholders but also our other key audiences. Reports from each of the three annual events held over the course of Phase 2 ([May 2009](#); [April 2010](#); and [May 2011](#)) are available from the GoWell website.

In addition to the formal communication mechanisms described above, regular meetings have taken place with our sponsors and local stakeholders, often involving inputs to working groups and committees (see for example those listed in Appendix 3).

For the Scottish Government, we are also committed to delivering a number of tailored seminars, the focus and timings of which are agreed on a year by year basis. Over the course of Phase 2 we have delivered six such seminars and another two are planned before the end of the year. We have also contributed to other Scottish Government forums and seminars such as the 'Tackling Multiple Deprivation in Communities: Considering the Evidence' Seminar in June 2009 and the Scottish Government Forum in March 2010. We have participated in discussions with officials relating to the Scottish Government's Regeneration Discussion Paper and subsequent developments thereof.

### ***(ii) Practitioners and Policy-makers***

There are a number of ways we share our findings and their implications for policy and practice with health, housing and regeneration practitioners. Over Phase 2 these focussed on:

- *Reports and Briefing Papers.* These have been outlined within each component above and a full list is attached in Appendix 2. Our Briefing Paper series has developed over Phase 2 and now has an increased emphasis on drawing out policy and practice recommendations from our findings. Thirteen Briefing Papers have been produced and disseminated over the course of Phase 2. In addition, a [Synthesis of Research Findings 2006-2009](#) report was produced. This not only consolidates findings from across GoWell, but compares some of our findings with data from elsewhere. This report concluded that a major strength of GoWell was its ability to employ mixed-method approaches in order to aid understanding of the issues involved in both the physical and social regeneration of urban areas.
- *The GoWell learning network.* This is regularly promoted and now has almost 200 members who receive quarterly E-updates along with copies of new publications and an invitation to the annual event.
- *Articles in practitioner publications,* such as Scot Regen (SURF's quarterly newsletter) and *presentations and participation at events* organised by professional groups including SURF, SFHA, CIH, and the Faculty of Public Health.

### **(iii) Study Communities**

Communication with and involvement of communities aims to raise awareness of GoWell, report back on area level findings, and build capacity by sharing findings and exchanging information. This is achieved via a range of mechanisms.

- *Community newsletters.* These are produced for each individual study area (15 types) and distributed to every address within the study areas (totaling approximately 22,000 for each issue). During Phase 2, we produced four issues of our newsletter for each study area, and these are available from the ['Community Newsletters'](#) section of the website.
- *Direct contact with longitudinal participants.* This involved writing to each of the longitudinal tracker (856) and tracer (224) participants in order to maintain contact, thank them for their participation and ask for contact details of a relative/friend who we could contact in case they moved house (with returned contact cards being entered into a prize draw). Longitudinal participants also received a calendar which was developed in collaboration with Culture and Sport Glasgow (now Glasgow Life) which provided images of, and information on, culture and sport facilities in Glasgow.
- *Meetings and presentations with local community groups.* Presentations have been given on area level findings for a range of community groups and committees including: LHO/RSL management committees, Glasgow City Council Area committees, Community Reference Groups, local Community Planning Boards and CHP committees. Further details are provided in Appendix 3. These presentations and discussions have served not only as a way of communicating findings but have furthered our understanding and interpretation of area findings by adding a local context and perspective.
- *Community pages of the website* – each study area has a separate page within the ['Community'](#) section of the website. These are regularly updated and include a selection of area findings and links to previous newsletters.

### **(iv) Research Communities and International and National Interest Groups**

Our communication across research communities and with international and national interest groups is achieved mainly via peer reviewed articles and conference presentations. A number of articles have been published or are in preparation, as outlined above, and a full list is provided in Appendix 2. Presentations at national and international conferences are also listed in Appendix 3.

The GoWell website ([www.gowellonline.com](http://www.gowellonline.com)) is a resource which aims to appeal to all our key audiences with separate [community](#); [research and findings](#); and [publications](#) sections. The website also provides useful [background and contextual information](#). It is regularly updated and refreshed and underwent significant restructuring in Spring 2011.

An assessment of Google Analytics for the GoWell website since the start of Phase 2 (January 2009) to end-August 2011, shows that the website received 3,529 visits, of which 64% were 'new visitors'. This demonstrates that the website is continually attracting visitors and managing to reach new audiences. The average time spent on the site per visit is just over five minutes and the average number of pages viewed per visit is six; showing that visitors are navigating their way around the site and spending some time on it.



## **Conclusion**

As demonstrated in this report, GoWell has undertaken a substantial body of research, producing important findings in the programme's arenas of health and wellbeing, communities, housing, neighbourhoods, empowerment and mixed tenure. The scale and complexity of the programme have both increased substantially during Phase 2, and new dimensions have been added including a focus on crime and antisocial behaviour, qualitative research into the lived realities of people experiencing regeneration, and new work on migration and the experiences of migrant groups.

The outputs have been many, and these are listed in the Appendices to this report. The team is active in presenting and discussing GoWell findings in a range of forums, from local community organisations through to national policy forums and international research conferences. Written outputs have been produced in a range of formats and as the end of this funding phase approaches, many more are in preparation. The scale of output that will be delivered by the end of March 2012 is in excess of that proposed at the start of the phase.

At its annual reviews of progress, the GoWell Steering Group has consistently given the programme a good bill of health. Although the sponsor organisations each have a slightly different take on priorities and preferred dissemination methods, the consensus has been that the work delivered by the GoWell team is of high quality and continues to be of direct interest and relevance to policy. All recognise that the programme's value will grow further in future phases.

## Appendix 1: Key Findings To-Date

The following key findings presented within the themes of housing; neighbourhoods; communities; empowerment; health and wellbeing; and mixed tenure, are also available on the GoWell website and are updated as new publications are produced from the study.

### Housing

At the GoWell baseline in 2006, while most people rated various aspects of their homes as of good quality, sizeable proportions of respondents did not. Typically, in Regeneration Areas, 40-50% of respondents rated many aspects of their homes as of less than good quality, while 20-30% of people did so in Non-Regeneration Areas. This indicated the need for home improvement works across all study areas.

**Source:** [The Regeneration Challenge in Transformation Areas](#), Table 42

Despite the findings on dwelling quality, the vast majority of residents in all types of study area were 'satisfied' or 'very satisfied' with their homes at baseline, though the level of satisfaction was lower in Regeneration Areas than elsewhere. We suggested that these high degrees of dwelling satisfaction may reflect low levels of expectation among residents.

**Source:** [Community Health and Wellbeing Survey: Baseline Findings 2006](#), pages 12-13

At baseline, both control-related and status-related psychosocial benefits from the home were highest in Housing Improvement Areas and significantly lower in Regeneration Areas than elsewhere.

**Source:** [The Regeneration Challenge in Transformation Areas](#), Table 47

In 2006, comparing like-with-like as far as possible across all our study areas, most housing outcomes (residents' rating of aspects of their homes) were typically two to three times more likely to be poor for occupants of high-rise flats (those in buildings of six or more storeys) compared with occupants of houses. Some housing outcomes were also worse in high-rise when compared with residents in other types of flat: this was true for security, internal and external condition, and internal space.

**Source:** [Briefing Paper 11: The effects of high-rise living](#)

At Wave 2, in 2008, over a third (36%) of respondents reported that improvement works had been carried out to their homes in the past two years. Residents in all types of study area experienced home improvements, with the lowest incidence being 26% of respondents in Red Road. The most commonly reported housing improvement works in Regeneration Areas was new doors and locks, while elsewhere the most common works were new bathrooms, kitchens and heating systems. Satisfaction with home improvement works was very high at 90% overall.

**Source:** [Progress for People and Places](#), pages 82 and 91

Between 2006 and 2008, there was a mixed picture in relation to psychosocial benefits from the home, with some items improving and others declining over time. The largest and most consistent improvements in psychosocial benefits occurred in the Wider Surrounding Areas. In Regeneration Areas feelings of safety and retreat at home increased, which we suspect was partly a function of safety-related home improvement works.

**Source:** [Progress for People and Places](#), page 94

Housing improvement works were found to have indirect effects on psychosocial benefits from the home for social sector tenants, via their impacts upon ratings of dwelling quality. The largest impact of improvement works/dwelling quality upon feelings of control came from positive perceptions of home security. The largest impacts upon feelings of status came from positive perceptions of internal space, internal decoration and bathrooms (but not kitchens).

**Source:** *forthcoming Briefing Paper*

At Wave 2 (2008), tenant satisfaction was higher among Glasgow Housing Association (GHA) tenants than among tenants of other Registered Social Landlords (RSLs), within our Non-Regeneration study areas. In particular, more GHA tenants than RSL tenants were 'very satisfied' both with the housing service they received from their landlord, and with how their landlord kept them informed about things that might affect them.

**Source:** [Progress for People and Places](#), page 96

Those people who moved out of the Regeneration Areas between 2006 and 2009 made important gains in dwelling quality (as reported by respondents) compared with their neighbours who remained living in Regeneration Areas over this period. The largest dwelling gains were in terms of external appearance of the dwelling/building, insulation, heating, and security of the home, all of which are important for health outcomes.

**Source:** [Moving Out, Moving On?](#), Chapter 5

Among Outmovers from the Regeneration Areas, satisfaction with the home they had moved into was highest where the mover felt that they had had 'a lot' of choice about the type and size of home they moved into, and even more so if they felt they had had 'a lot' of choice about the fixtures and fittings within the home (which fewer of them did compared with choice about the home itself).

**Source:** [Moving Out, Moving On?](#), Chapter 4

### **Neighbourhoods**

In 2006, residents' ratings of the attractiveness of their neighbourhoods were far lower in Regeneration Areas than elsewhere, and by 2008 they had declined even further as redevelopment processes got underway with clearance and demolition.

**Source:** [The Regeneration Challenge in Transformation Areas](#), Table 19; [Progress for People and Places](#), Table 6.1

Feelings of being safe walking after dark declined in all types of study area over the period 2006-2008, and in Regeneration Areas in 2008 only a minority of respondents felt safe after dark. A comparison with the evaluation of the New Deal for Communities Programme in England suggests that feelings of safety should improve as regeneration progresses further.

**Source:** [Progress for People and Places](#), page 107; [Synthesis of Research Findings 2006-2009](#), page 8

Perceptions of antisocial behaviour problems in the local neighbourhood worsened in all types of study area over the period 2006-2008. What is more, perceptions of antisocial behaviour were worse in all types of study area (apart from Housing Improvement Areas), when compared with residents' views in the most deprived areas across Scotland.

**Source:** [Progress for People and Places](#), Table 6.3; [Synthesis of Research Findings 2006-2009](#), page 9

Residents' ratings of parks and open spaces, and of children's play areas, improved over the period 2006-2008 in all types of study area. An evaluation of the Glasgow Housing Association (GHA)/Glasgow City Council (GCC) Joint Play Area Improvement Programme further indicated that across six cited studies, both residents and Local Housing Organisation (LHO) staff considered that the improved play areas had enhanced children's activity levels and provided a greater opportunity for adults (parents and grandparents) to mix.

**Source:** [Progress for People and Places](#), Table 6.1; [GHA/GCC Land Services Joint Play Area Improvement Programme: Evaluation of LHO and Residents Views](#)

An evaluation of the joint GHA/Glasgow Local Regeneration Agency Network programme for Environmental Employability (cf. Community Janitors) showed that a responsive environmental maintenance service was highly valued by residents and LHO staff. As well as improving the local environment, such a service also improved LHO-tenant relations and LHO staff morale. However, awareness of the service among residents was found to be low.

**Source:** [Environmental Employability Programme Final Evaluation Report](#)

In four of our five study area types, youth and leisure services were the lowest rated local amenity in 2008. Several amenities received their lowest resident ratings in the Transformational Regeneration Areas, though shops were rated lowest in the Peripheral Estates.

**Source:** [Progress for People and Places](#), Table 6.2

A review of the research evidence on the distribution of amenities and retail premises by level of deprivation revealed that, in the Glasgow case, neither alcohol outlet nor fast-food outlet densities were patterned by levels of deprivation. However, there was a high density of off-sale alcohol premises in deprived, east-end areas of the city.

**Source:** [Briefing Paper 10: Neighbourhood amenities and health behaviours – what do we know?](#)

Residents' perceptions of the external reputations of their areas worsened over the period 2006-2008. By 2008, in all types of study area apart from Housing Improvement Areas, the majority of respondents thought their area had a bad reputation among the people of Glasgow, and moreso in the Peripheral Estates than anywhere else.

**Source:** [Progress for People and Places](#), page 110

An analysis of media coverage of one of our Regeneration Areas, Sighthill, showed how such reputations can be maintained through the media. Over a ten year period (1998-2009) two-thirds of the coverage of Sighthill contained negative content (being either entirely negative, 46%, or mixed in tone, 20%) with only one-in-ten articles being positive. Negative stories focused on three issues: asylum seekers and refugees; violence and crime; and the poor environment on the estate. We concluded that regeneration requires a media strategy to help generate positive stories about developments on estates.

**Source:** [Briefing Paper 7: Area reputation: An examination of newspaper coverage of the Sighthill estate](#)

When compared with people who remained living in Regeneration Areas, those people who were Outmovers from Regeneration Areas over the period 2006-2009 made relative gains in terms of perceived neighbourhood quality and levels of neighbourhood satisfaction. Neighbourhood satisfaction for Outmovers declined the further they moved from their original location.

**Source:** [Moving Out, Moving On?](#) Chapter 5

## **Communities**

At baseline in 2006, levels of community cohesion, measured across several items (including safety, belonging, harmony, social control and honesty), were markedly lower in Regeneration Areas than elsewhere, and highest in the Wider Surrounding Areas.

**Source:** [The Regeneration Challenge in Transformation Areas](#), Figure 10

People's sense of belonging to the neighbourhood and feeling part of the community within GoWell study areas in 2008 compared favourably with similar findings for New Deal for Community regeneration areas in England. However, neighbourliness in the Transformational Regeneration Areas was relatively low.

**Source:** [Synthesis of Research Findings 2006-09](#), Tables 2 & 3

In many of our study area types (excluding the Wider Surrounding Areas) levels of perceived informal social control - expecting someone to intervene in a neighbourhood confrontation - dropped over the period 2006-2008. Indeed, levels of perceived informal social control in GoWell areas were very low relative to national levels for England and Wales.

**Source:** [Synthesis of Research Findings 2006-09](#), Table 4

Levels of available social support (practical, emotional and financial) fell significantly over the period 2006-2008, especially in Regeneration Areas and Peripheral Estates. Notably more people in 2008 said they 'would not ask for help'.

**Source:** [Progress for People and Places](#), pages 126-127

A comparison of the views of migrants in north Glasgow Regeneration Areas, compared with British residents in the same locations, revealed that migrants were less likely to know their neighbours and less likely to have forms of social support available to them. Furthermore, although most migrants felt they lived in socially harmonious communities, only a minority of them actually felt part of the community.

**Source:** [Health, Wellbeing and Social Inclusion of Migrants in North Glasgow](#)

The most commonly perceived antisocial behaviour problem in our study areas in 2006 was 'teenagers hanging around on the street', identified by nearly one-in-four respondents as a 'serious problem'.

**Source:** [Briefing paper 8: Who says teenagers are a serious problem?](#)

When we examined further who is most concerned about teenagers, we found, contrary to popular belief, that perceptions of teenagers as a problem decreased with age, and that it was younger adults (16-24) who were most likely to say this. Other characteristics that were more common in the concerned group were: lack of social support, neighbourly/neighbourhood contact at least weekly, more use of their GP, experience of financial difficulties, and living with young children themselves. These findings may indicate that greater exposure and greater vulnerability partly drive perceptions of problems.

**Source:** [Briefing Paper 8: Who says teenagers are a serious problem?](#)

Most Outmovers from Regeneration Areas who had 'lost' their previous nearby neighbours in the process of moving, were indifferent to this outcome, contrary to what is often reported where residential relocation processes occur. Indeed, Outmovers engaged in more neighbourly behaviours than those who remained living in Regeneration Areas, and this was true for those who retained and those who 'lost' their previous neighbours.

**Source:** [Moving Out, Moving On?](#) Tables 6.4 and 6.5

In an evaluation of youth diversionary projects funded by GHA and LHO/RSL partners, several benefits to communities were identified by residents and stakeholders, including: reductions in reports of crime and antisocial behaviour; reductions in fire-setting; less gang activity; and increased accessibility of parks and open spaces for residents to use. In addition, participants (young people) reported a healthier lifestyle and reductions in drinking alcohol, though findings on their involvement in crime and antisocial behaviour were mixed. It was concluded that the projects needed to do more to target girls and slightly older young people around the age of 20.

**Source:** [Briefing Paper 9: Youth Diversionary Programme evaluation](#)

Despite their relocation, Outmovers from Regeneration Areas reported a higher sense of community than those people who remained living in Regeneration Areas over the period 2006-2008/9. This was true whether or not we controlled for length of residence in the analysis. Moving away from Regeneration Areas did not appear to have had a detrimental effect on feelings of belonging and inclusion.

**Source:** [Moving Out, Moving On?](#) Chapter 6

### **Empowerment**

At our baseline in 2006, we found that respondents felt a greater sense of empowerment in relation to their housing than they did in respect of their neighbourhoods. Half our respondents at Wave 1 were satisfied that their landlord took into account tenants' views when making decisions, but only 29% agreed that residents could have any influence over decisions affecting the local area.

**Source:** [The Regeneration Challenge in Transformation Areas](#), Table 39

By Wave 2 in 2008, perceived influence over local decisions had increased across all types of study area. However, it was still the case that only a minority of residents in the Regeneration Areas (around 30%) felt that they had any influence.

**Source:** [Progress for People and Places](#), Figure 7.8

There was a positive association at Wave 2 between perceived community influence over local decisions, and respondents' views of other aspects of community life such as feelings of belonging, neighbourliness and cohesion. This might suggest that empowerment can be enhanced not only through governance mechanisms but also through social regeneration.

**Source:** [Progress for People and Places](#), page 129

At Wave 2, satisfaction with being kept informed by one's landlord was higher than satisfaction that one's landlord took tenants' views into account when making decisions. However, satisfaction with tenant influence increased significantly in all types of study area between 2006 and 2008, indicating that landlords had improved their consultation processes in recent years.

**Source:** [Progress for People and Places](#), page 92

We looked at the master-planning process which occurred in three Transformational Regeneration Areas over the period 2006-8. We found that community participants in this process felt they were valued, listened to, and had some input to the plans. Against this, however, the communities' empowerment was undermined by the fact that few people had any awareness of either the decision making processes or the implementation processes that were to follow the master-planning exercise.

**Source:** [Briefing Paper 6: Community engagement in the initial planning of regeneration in Glasgow](#)

A study of community empowerment through Local Housing Organisation (LHO) management committees showed a variety of types and degrees of empowerment via this mechanism. These variations in empowerment outcomes were explained in terms of three factors: the community context (including the residential conditions in the area, the stability of the community, and the calibre and experience of the available committee members); the organisational context (including the size, ethos and capabilities of the LHO and Registered Social Landlord (RSL) involved); and the networks and relationships that the community and the LHO/RSL possessed. It was concluded that Second Stage Transfer (SST) was not capable of delivering uniform levels of empowerment across communities.

**Source:** *Journal Article* [Community empowerment in the context of the Glasgow Housing stock transfer](#)

We have been studying the community engagement and decision-making processes in one of our Regeneration study areas in depth. Our findings led us to question whether sufficient attention was being given to ensuring the ability of community organisations to follow democratic procedures and to represent the diversity of views within communities. We also found that processes of community engagement and consultation were open to manipulation by both sides (in timing, process and reporting) and that there should be more independent advice and scrutiny introduced to such processes.

**Source:** *forthcoming Briefing Paper*

### **Health and Wellbeing**

We profiled our study areas in terms of deprivation and health to establish a baseline position for the study. Using data from the Department of Work and Pensions, we calculated that the proportion of our study populations who lived in households that were 'income deprived' ranged from 25% to 54% in 2006. The equivalent figures for Glasgow and Scotland at the time were 25% and 14% respectively. Therefore, all our study areas are very deprived in relative terms.

**Source:** [Health and Wellbeing in Glasgow and the GoWell Areas - Deprivation-based analyses](#)

Using mortality data from GRO (Scotland) and CHI population data, we estimated that, for the pre-study period of 2001-5, life expectancy for 15 year old boys in all our study area types was well below the Scottish average. While 79% of 15 year old boys in Scotland could expect to live to age 65, the survival rate in our study areas was much lower: 58% in Transformational Regeneration Areas; 55% in Peripheral Estates; and 43% in Local Regeneration Areas.

**Source:** [Health and Wellbeing in GoWell and Social Housing Areas in Glasgow](#)

At baseline, child and maternal health varied across our study area types. For example:

- A quarter of pregnant women in Transformational Regeneration Areas smoked during pregnancy, and almost half did so in Peripheral Estates.
- Around 60% of babies were breastfed in the Transformational Regeneration Areas, compared with only 10% in the Peripheral Estates.

**Source:** [Briefing Paper 1: Health, wellbeing and deprivation in Glasgow and the GoWell study areas](#)



Between 2006 and 2008, we found that the number of respondents reporting long-term health conditions fell by approximately 7%. However, the mean number of conditions reported by those who experienced long-term health problems increased; so, co-morbidity was on the rise among our study populations.

**Source:** [Progress for People and Places](#), Table 8.1

Rates of physical inactivity were found to be very high at Wave 2, in 2008. Two-thirds of our respondents had not done any moderate or vigorous physical activity (for more than ten minutes) in the past week. National rates of physical inactivity (over a four week period) were approximately half this level. Those more likely to report physical inactivity included:

- Those born in the UK.
- Adults aged over 40.
- Adults living alone, and under retirement age.
- Those who were unemployed, long-term sick or retired.

**Source:** [Progress for People and Places](#), page 140

At our baseline in 2006, 29% of respondents said that they walked around their neighbourhood most (five or more) days of the week. We examined what factors influenced regular local walking, and found that the following things had a positive effect:

- Being a user of amenities such as parks and play areas, general shops and fast-food outlets.
- Living in an area with fewer multi-storey flats.
- Having a strong sense of community in terms of safety, belonging, social harmony and expected informal social control.
- Perceiving that one's neighbourhood has a good external reputation.

These findings indicate that both physical and social regeneration are required in order to boost moderate physical activity through walking.

**Source:** [Briefing Paper 14: Putting a spring in Glasgow's step – neighbourhood walking in deprived areas](#)

The prevalence of smoking among our study populations dropped slightly over the period 2006-2008, but at 40% is still much higher than the national rate of a quarter of adults. Two in five (44%) of the smokers in our study said they would never quit smoking. Smoking is a significant health issue in our study areas, as the lung cancer mortality rate for GoWell areas (at 127 per 100,000) is twice the national rate and a third higher than the rate for Glasgow as a whole. In one of our study areas, Drumchapel, the lung cancer mortality rate is extremely high - 190 per 100,000.

**Source:** [Progress for People and Places](#), page 142; [Health and Wellbeing in GoWell and Social Housing Areas in Glasgow](#), Chapter 5

An unexpectedly high proportion of our respondents at Wave 2 reported eating five portions of fruit and vegetables in the past 24 hours. The GoWell rate of five a day, at 55%, is more than twice the equivalent Scottish Health Survey figure, and higher than the rate reported for Greater Glasgow in an NHS survey (38%). The number of people who ate their main meal from a fast-food outlet at least once in the past week fell between 2006 and 2008, from 47% to 43%. Our review of the wider evidence suggests that these patterns of diet are unlikely to be explained by the local food retail environment in our study areas, though we will need to examine influences upon eating habits in more depth within the study.

**Source:** [Progress for People and Places](#), page 141; [Briefing Paper 10: Glasgow's Deprived Neighbourhood Environments and Health Behaviours - What do we know?](#)

Between 2006 and 2008, there was a reported increase in the number of respondents who said they had visited their doctor in the past year for a mental health reason. In the Wider Surrounding Areas and in the Local Regeneration Areas, this increase was large (over 10%) and statistically significant. In all types of study area, there was also an increase in the number of people who said they had a long-term psychological or emotional problem (lasting a year at least).

**Source:** [Progress for People and Places](#), Chapter 9

Using the Warwick-Edinburgh Mental Wellbeing Scale, we examined influences upon positive mental wellbeing in our Wave 2 data. We found that the appearance of the home as well as the aesthetic quality of the local neighbourhood environment were positively associated with mental wellbeing. But so too were other less tangible residential factors such as being very satisfied with the services of one's landlord, and perceiving that one's neighbours spoke well of the area (ie it had a good internal reputation).

**Source:** [Briefing Paper 12: The contribution of regeneration to mental wellbeing in deprived areas](#)

### **Mixed Tenure**

Mixed tenure communities are expected to bring a range of social, environmental and residential benefits to residents. For the many effects that tenure mix policies and strategies are believed to be achieving, our systematic reviews found either mixed evidence, evidence of no effect or lower quality evidence of positive effects needing further corroborations.

#### **Social domain:**

- Mixed tenure neighbourhoods appear to enable relatives to remain local while moving into owner occupation, therefore having a positive impact on support networks.
- Social interaction between residents in different housing tenures is facilitated by the provision of local schools and public venues, as well as certain features of housing design, eg similar appearance or shared courtyards between tenures.
- There is evidence that tenure mix has no effects on social capital related outcomes (eg through role models or behavioural norms), nor on sense of community.

**Source:** *Journal Article – Mixed Evidence on Mixed Tenure Effects: Findings from a Systematic Review of UK Studies, 1995-2009* – currently under review

**Residential domain:**

- Tenure mix appears to have positive effects on property values and on the demand for social housing, though both findings require better corroboration, eg from studies using routine data.
- The evidence for other residential and environment outcomes such as the effects on residential satisfaction, housing satisfaction, housing quality, residential turnover, neighbourhood satisfaction, quality of physical environment, satisfaction with and quality of services and amenities, and area reputation, is mixed.

**Source:** *Journal Article – Mixed Evidence on Mixed Tenure Effects: Findings from a Systematic Review of UK Studies, 1995-2009* – currently under review

**Other domains: health, safety, economic impacts:**

- The evidence is mixed, with few relevant studies, and of lower quality.
- In the case of health, the evidence suggests there is no effect of mixed tenure, although a limited number of health outcomes, including some which are unlikely to be readily affected by mixed tenure (such as mortality) have been examined.
- In the case of employment, evidence only exists for Scotland and suggests different impacts for seeking or retaining employment, and for renters and owners.
- Little or no evidence exists on the effects of mixed tenure on actual crime rates, rather than on perceptions of crime and antisocial behaviour, and in both cases the evidence is mixed.
- In general, for these three domains, there is a paucity of UK-wide evidence, despite relevant data sources existing for suitable secondary studies.

**Source:** *Journal Article – Mixed Evidence on Mixed Tenure Effects: Findings from a Systematic Review of UK Studies, 1995-2009* – currently under review

**Caveats, limitations and areas for improvement**

- Most of the evidence about mixed tenure comes from primary case studies which are generally of modest quality in terms of research and evaluation designs.
- Policy-makers need to be clearer about what they mean by mixed tenure, or at least perhaps clearer about the parameters of mixed communities (scale, nature and extent of mixing) which they would like to receive evidence about.
- Reviews and primary studies would benefit from greater clarification and more realistic expectations of what mixed tenure might achieve - including likely adverse effects.
- There is a need to undertake better quality evaluations to determine the effects of mixed tenure, and perhaps specifically compare these to mono-tenure estates.

**Source:** Journal Article [Mixed messages about mixed tenure: do reviews tell the real story?](#)

## Appendix 2: Written Outputs from Phase 2

### Reports

#### *Findings Reports:*

- Progress for People and Places: Monitoring Change in Glasgow's Communities [Report](#) and [Executive Summary](#) (February 2010)
- [Synthesis of Research Findings 2006-2009](#) (April 2010)
- [Health, Wellbeing and Social Inclusion of Migrants in North Glasgow](#) (September 2010)
- [Evaluation of Glasgow Housing Association's Youth Diversionary Programme](#) (October 2010)
- [The wider relevance of GoWell to other urban areas in Scotland](#) (November 2010)
- [Moving Out, Moving On? Short to medium term outcomes from relocation through regeneration in Glasgow](#) (May 2011)

#### *Forthcoming:*

- Sticking with it? Short to medium term outcomes of remaining in regeneration environments in Glasgow
- Report from round 1 of Lived Realities interviews

#### *Progress Reports:*

- [Progress Report 2008/09](#) (May 2009)
- [Progress Report 2009/10](#) (April 2010)
- [Progress Report 2010/11](#) (May 2011)

### Briefing Papers

#### *Published:*

- [Briefing Paper 1: Health, Wellbeing and Deprivation in Glasgow and the GoWell Study Areas](#) (January 2009)
- [Briefing Paper 3. GoWell Findings: Asylum Seekers and Refugees in Glasgow's Regeneration Areas, 2006-07](#) (April 2009)
- [Briefing Paper 5. How will regeneration activity impact on the health of residents of Glasgow? A GoWell briefing paper on policy and key informant interviews in 2007](#) (May 2009)
- [Briefing Paper 6. Community Engagement in the Initial Planning of Regeneration in Glasgow](#) (May 2009)
- [Briefing Paper 7. Area reputation: An examination of newspaper coverage of the Sighthill Estate](#) (February 2010)
- [Briefing Paper 8. Who says teenagers are a serious problem? GoWell's findings on householder perceptions of youth related problems in deprived areas of Glasgow](#) (February 2010)
- [Briefing Paper 9. Youth Diversionary Programme Evaluation](#) (September 2010).
- [Briefing Paper 10. Glasgow's Deprived Neighbourhood Environments and Health Behaviours: What Do We Know?](#) (August 2010)
- [Briefing Paper 11. The effects of high-rise living in the social rented sector in Glasgow](#) (April 2011).

- [Briefing Paper 12. The contribution of regeneration to mental wellbeing in deprived areas](#) (April 2011).
- [Briefing Paper 14. Putting a spring in Glasgow's step: neighbourhood walking in deprived areas](#) (April 2011).
- [Briefing Paper 15: Intolerance and adult perceptions of antisocial behaviour: focus group evidence from disadvantaged neighbourhoods of Glasgow](#) (July 2011)
- [Briefing Paper 16: Young people's experience of intolerance, antisocial behaviour and keeping safe in disadvantaged areas of Glasgow](#) (July 2011)

*Forthcoming:*

- Briefing Paper 13: Community empowerment in transformational regeneration and local housing management in Glasgow: meaning, relevance, challenges and policy recommendations
- Briefing Paper 17: Housing Improvements, Housing Quality and Psychosocial Benefits from the Home
- Area reputations: media representations of Red Road
- Area reputations: contrasting depictions of two estates
- Social regeneration
- Perceived relative position and mental wellbeing
- Mixed tenure and health
- Mixed tenure and crime, 2001-2008
- Perspectives on clearance: practitioners and residents views
- Walking and mental wellbeing
- Social integration of migrants over time
- The benefits of participation
- Good and bad snacking: does place play a role?

**Articles**

*Published:*

- Kearns A, Tannahill C and Bond L. (2009) 'Regeneration and health: conceptualising the connections', *Journal of Urban Regeneration and Renewal*, 3:1, 56-76.
- Kearns A and Lawson L. (2009) '(De)Constructing a policy "failure": housing stock transfer in Glasgow', *Evidence & Policy*, 5:4, 449-470.
- Lawson L and Kearns A. (2010) 'Community empowerment in the context of the Glasgow housing stock transfer', *Urban Studies*, 47 (7): 1459-1478
- Lawson L and Kearns A. (2010) 'Community engagement in regeneration: are we getting the point?', *Journal of Housing and the Built Environment*, 25:1, 19-36.
- Beck S et al., (2010) 'How will area regeneration impact on health? Learning from the GoWell study', *Public Health*, 124(3): 125-130
- Egan M et al. (2010) 'Protocol for a mixed methods study investigating the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of residents: the GoWell Programme'. *BMC Medical Research Methodology*. 2010;10:14
- Bond L, Kearns A and Sautkina E. (2011) Mixed messages about mixed tenure: do reviews tell the real story? *Housing Studies*; 26(1): 69-94.
- Mason P, Kearns A and Bond L. (2011) Neighbourhood walking and regeneration in deprived communities. *Health & Place*; 17(3): 727-737

*Scotregen articles:*

- Regeneration and Health: Working on the environment. Scotregen, Issue 46, Summer 2009
- Regeneration improves health – a fair assumption? Scotregen, Issue 47, Autumn 2009
- Swinging Success for Wellbeing. Scotregen, Issue 48, Winter 09/10
- Young people – old problems? Scotregen, Issue 49, Spring, 2010
- Mixed progress for people and places. Scotregen, Issue 50, Summer 2010
- Neighbourhood environments and health behaviours – what does research tell us? Scotregen, Issue 51, Autumn 2010
- Bricks, mortar and more: mental wellbeing, resilience and regeneration. Scotregen, Issue 52, Winter 2010/2011

*Accepted for Publication:*

- Kearns A, Whitley E, Mason P and Bond L. (2012) Living the high-life? Residential, social and psychosocial outcomes for high-rise occupants in a deprived context. *Housing Studies*; 27(2).

*Being Revised:*

- Clark J, et al. Housing Improvements, Housing Quality and Psychosocial Benefits from the Home. *Urban Studies*

*Under Review:*

- Bond L et al. It ain't [just] what you do, it's the way that you do it: a cross-sectional study examining the relationship between mental wellbeing of those living in deprived areas and aspects of housing, neighbourhoods and communities. *BMC Public Health*
- Sautkina E et al. Mixed evidence on mixed tenure effects: Findings from a systematic review of UK studies, 1995-2009.
- Kearns A et al. Perceived Relative Positioning and Mental Wellbeing. *Journal of Epidemiology & Community Health*.
- Kearns A et al. Relocation and Displacement. *Housing Studies*.
- Lawson L et al. Community empowerment: the “piggy in the middle” of area regeneration? *Social Policy and Administration*.

*To Be Submitted (lead authors and working titles):*

- Kearns A et al. Residential Psychosocial Environments and Mental Wellbeing
- Mason P et al. Walking and Mental Wellbeing
- Clark J et al. Diet: snacking
- Egan M et al. Perceptions of young people and antisocial behaviour, health and place
- Egan M et al. Health outcomes from housing and regeneration
- Kearns A et al. Social integration of migrants over time
- Bond L et al. Health and wellbeing benefits of participation
- Lawson L et al. Community engagement in context
- Bond L et al. Mixed tenure: residents' perceptions
- Egan M et al. Adult perceptions of youth ASB
- Neary J et al. Young people's perceptions of youth ASB
- Kearns A et al. Clearance processes: practitioner and resident perspectives
- Kearns A et al. Area representations: media representations of two estates in north Glasgow
- Walsh D et al. Mixed tenure and health
- Livingston M et al. Mixed tenure and crime

### Appendix 3: Events, Seminars and Presentations

#### *Events*

- Third GoWell Annual Event (May 2009)
- Fourth GoWell Annual Event (April 2010)
- Researching community safety, young people and antisocial behaviour' seminar (September 2010)
- Greenspace, health and inequalities: an evidence-informed approach to delivering health outcomes. Joint seminar with Greenspace Scotland (November 2010)
- Fifth GoWell Annual Event (May 2011)

#### *Community Meetings/Presentations:*

- GCC Drumchapel/Anniesland Area Committee (June 2009)
- GCC Canal Area Committee (September 2009)
- GCC Anderston/City Area Committee (September 2009)
- GCC Govan Area Committee (September 2009)
- GCC Southside Central Area Committee (October 2009)
- GCC Springburn Area Committee (October 2009)
- GCC Garscadden/Scotstounhill Area Committee (October 2009)
- GCC East Centre Area Committee (November 2009)
- GCC North East Area Committee (November 2009)
- GCC Linn Area Committee (November 2009)
- South-East Glasgow CHCP GoWell Seminar (November 2009)
- Clydeside Tenant Partnership Management Committee (January 2010)
- West Local Community Planning Partnership Board (January 2010)
- Central & West Local Community Planning Partnership Board (January 2010)
- GCC Pollokshields Area Committee (February 2010)
- Pollokshields LHO Management Committee (February 2010)
- Cassiltoun Housing Association Management Committee (March 2010)
- GCC Newlands Auldburn Area Committee (March 2010)
- Compass LHO Management Committee (March 2010)
- Pollokshields and Southside Central Community Reference Group (May 2010)
- East Centre and Calton Local Community Planning Board (June 2010)
- Keystone LHO Management Committee (May 2011)

#### *Conference and Seminar Presentations:*

- Presentation at plenary session and panel member on 'Healthy Places' workshop at SURF Annual Conference (February 2009, Dundee)
- 'Focus/Spotlight' session on Health and Housing at CIH in Scotland Annual Conference and Exhibition (March 2009, Aberdeen)
- 'The Effects of High-Rise Living on Residential, Social and Health Indicators and Outcomes in Glasgow: Results from the GoWell Programme' oral presentation at Wellbeing and Place: an international conference (April 2009, Durham)
- 'The Effects of High-Rise Living on Residential, Social and Health Indicators and Outcomes in Glasgow: Results from the GoWell Programme' and 'The Social Integration of Asylum Seekers and Refugees in a Regeneration Context' oral presentation at the EURA City Futures meeting (June 2009, Madrid)
- 'Residential Environments and Mental Wellbeing in Deprived Areas'; 'Living in High-Rise Flats: Residential, Social and Psychosocial Outcomes'; 'Community Engagement in the Planning of Neighbourhood Regeneration in Glasgow'; and

- 'Does tenure mix matter for residents' health and well-being? The role of social, residential and economical variables' oral presentation at European Network for Housing Research meeting (June 2009, Prague)
- Tenant Participation Advisory Service (TPAS) Annual Conference (October 2009, Glasgow)
  - 'Impact of housing on the health and wellbeing of communities' workshop at SFHA/CIH Care. Health and Housing – making the connections' Conference (December 2009, Stirling)
  - 'Urban regeneration, mental health and the recession, some lessons from the GoWell programme' at University of Edinburgh seminar (March 2010, Edinburgh)
  - Participation in panel discussion on 'Beyond the towers – knowledge as a resource for change' at SURF Annual Conference (March 2010, Edinburgh)
  - 'From Housing and Neighbourhoods to Health and Wellbeing' oral presentation at SFHA: Realising the Potential for Healthy Homes in Scotland Conference (April 2010, Edinburgh)
  - 'Who thinks teenagers are a problem? Perceptions of antisocial behaviour, health and place' oral presentation at Society for Social Medicine Annual Conference (September 2010, Belfast).
  - 'Mental wellbeing, housing and neighbourhoods' oral presentation at SURF Seminar (November 2010, Edinburgh)
  - 'Considering the Restructuring of Social Housing Areas' oral presentation at OTB Research Institute for the Built Environment Conference (November 2010, Delft)
  - 'Neighbourhood Restructuring and the Assessment of Outcomes for Those Relocated' oral presentation at Housing Employers Conference (February 2011, Glasgow)
  - 'The Tenure of the Last Resort? Housing Improvements, Residential Quality and the Psychosocial Wellbeing of Social Renters in Glasgow' oral presentation at Housing Studies Association Annual Conference (April 2011, York)
  - 'Studying Processes of Neighbourhood Restructuring and Residential Relocation in Social Housing Areas: Evidence from Glasgow' oral presentation at Symposium, Centre for Housing Research (May 2011, St Andrews University)
  - 'GoWell neighbourhoods: Regeneration and health' oral presentation at Academy of Urbanism (May 2011, Glasgow)
  - 'Housing Improvements, Housing Quality and the Psychosocial Benefits of Home' oral presentation at Universitas 21 Early Career Conference on Sustainability (May 2011, Sydney)
  - 'Physical activity and mental wellbeing in deprived neighbourhoods'; 'Tenure mix, neighbourhood characteristics and crime rates: evidence from Glasgow'; and 'Residential quality, housing improvements and psychosocial wellbeing: evidence from the social rented sector in Glasgow' oral presentations at the European Network of Housing Research (ENHR) Conference (July 2011, Toulouse)
  - 'GoWell: Evaluating the impact of Glasgow's Housing and Regeneration Programmes' oral presentation at International Health Economics Association (iHEA) conference (July 2011, Toronto)
  - 'Psychosocial pathways to mental wellbeing in deprived areas' poster presentation at IEA World Congress of Epidemiology (August 2011, Edinburgh)

*Sponsor and Stakeholder Presentations/Seminars:*

- GHA Senior Staff seminar (April 2009, Glasgow)
- SURF Board (May 2009, Edinburgh)
- 'What do we mean by 'meaningful' community engagement?' and 'High-rise Stories' at Tackling Multiple Deprivation in Communities: Considering the Evidence seminar (June 2009, Edinburgh)



- Scottish Government Regeneration Seminar (June 2009, Edinburgh)
- Joint meeting NHS Health Scotland/GCPH (June 2009, Glasgow)
- NHS Lothian Health Inequalities Network Seminar (June 2009, Edinburgh)
- Scottish Government High-Level Stakeholder Seminar (July 2009, Edinburgh)
- GHA Corporate GoWell Group (October 2009, Glasgow)
- GCPH External Advisory Group (October 2009, Glasgow)
- GHA Executive Team (November 2009, Glasgow)
- GHA Regeneration Committee (November 2009, Glasgow)
- GCC Development and Regeneration Services Seminar (November 2009, Glasgow)
- GCPH Management Board (December 2009, Glasgow)
- GCC Health and Wellbeing, Equalities and Social Care Policy Development Committee (March 2010, Glasgow)
- Scottish Government Wave 2 Findings Seminar (March 2010, Edinburgh)
- 'Addressing Scotland's complex socio-economic challenges' at Scottish Government Annual Forum (March 2010, Edinburgh)
- Assessing the Health Impacts of Glasgow's Local Housing Strategy (LHS) 2011-2016: A Stakeholder Consultation Workshop, Glasgow City Council (May 2010, Glasgow)
- Joint GoWell and pSoBid presentation at Ayrshire and Arran Public Health Learning Forum (June 2010, Ayr)
- Youth Antisocial Behaviour Seminar with Scottish Government Criminal Justice Department (July 2010, Edinburgh)
- Scottish Government Regeneration Seminar (October 2010, Edinburgh)
- GCPH External Advisory Group (October 2010, Glasgow)
- 'Young people, community safety and GoWell' presentation to Strathclyde Police (November 2010, Glasgow)
- GHA Regeneration Committee Workshop (November 2010, Glasgow)
- 'GoWell Findings on Communities and Local Services and their Implications for Health' presentation to Glasgow Community Planning Partnership Strategic Board (March 2011, Glasgow)
- Scottish Government Health Directorate (April 2011, Edinburgh)
- Glasgow City Council, Health Joint Officers Group (May 2011, Glasgow)