Executive Summary

Progress for People and Places:

Monitoring change in Glasgow's communities

Evidence from the GoWell Surveys 2006 and 2008

GoWell

GLASGOW COMMUNITY HEALTH AND WELLBEING
RESEARCH AND LEARNING PROGRAMME

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

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Introduction

Background

Urban regeneration features prominently in social policy but surprisingly little is known about the impacts of different approaches because many regeneration programmes have been poorly studied or not studied at all.

Glasgow, Scotland's largest city, is receiving significant investment in regeneration aimed at improving and transforming disadvantaged homes, neighbourhoods and communities. GoWell is a research and learning programme that aims to investigate the impact of investment in Glasgow's regeneration on the health and wellbeing of individuals, families and communities over a ten-year period. GoWell aims to establish the nature and extent of these impacts, to learn about the relative effectiveness of different approaches, and to inform policy and practice in Scotland and beyond.

Glasgow's regeneration activities are funded and delivered by a number of public and private sector organisations. Glasgow Housing Association (GHA), Glasgow City Council (GCC), many other local housing organisations, and stakeholders outside the housing sector are involved. Some activities are co-ordinated, for example, as part of the city's Community Plan or Housing Strategy, and some have emerged independently.

GoWell researchers surveyed just over 6,000 Glasgow householders in 2006 and 4,657 in 2008 to see how the early stages of these regeneration processes have affected people and places in neighbourhoods across the city. This report summarises findings to show how neighbourhoods have changed: focusing on residential outcomes, social and community outcomes, human capital and health outcomes.

Purpose of report

What follows are the key points that summarise the overview of findings (detailed in the full report), looking at the 2008 results and comparing them with the baseline positions found in 2006. The overview has a number of functions.

1) Providing policy-makers and practitioners involved in Glasgow's regeneration with evidence of community impacts at this relatively early stage in the regeneration process. This is part of GoWell's 'formative evaluation' function: i.e. providing stakeholders with regular feedback to help assess progress and inform continuous improvement and planning processes.

2) Providing GoWell researchers with a greater understanding of the key changes taking place to help guide a number of the programme's 'next steps.' For example, the report will provide a foundation for developing analysis strategies to help identify key findings to be fed back to specific communities, and potential lessons that may be transferable to other regeneration settings.

3) GoWell is a long term study (ten years): overviews such as this are an important means of 'remembering' early developments in the programme that can be referenced at a later stage.

The two years that separate the 2006 and 2008 surveys represent a short period of time over which to find large-scale change. So, major shifts are not expected at this stage. It is also not possible, from only two time points, to draw conclusions about trends over time. However, the report paints a picture of how things seem to be changing in the GoWell areas, and of which factors might be moving in a positive (and which in a negative) direction. The changes found have been related to information about investment and other activities in the areas, as a means of gauging their impacts.

Methods

GoWell is a multi-component, mixed methods study. This report focuses on findings from the GoWell Community Health and Wellbeing Survey of 14 neighbourhoods in Glasgow undergoing different types of regeneration. A random sample of postal addresses from these neighbourhoods was drawn in 2006 (for the baseline survey) and again in 2008, and in the summer months of those years one adult householder per household was approached to participate in the survey. Consenting householders participated in face-to-face interviews lasting around 35 minutes with GoWell fieldworkers contracted from BMG Research. Structured questionnaires were used to ask about people's homes, neighbourhoods, communities, health, wellbeing and personal circumstances. In 2006, 6,008 interviews were achieved (50% response). In 2008, 4,657 interviews were achieved (48% response). Findings from the two surveys were then compared. Appropriate statistical tests were used to identify significant differences at the 5% ($p=0.05$) level. In interpreting the results, however, the substantive importance of the differences was considered.

Settings

The 14 GoWell neighbourhoods were selected and grouped into five categories. GoWell terms these categories **Intervention Area Types (IATs)**: they correspond to five broad types of regeneration activity taking place in the city. The five Intervention Area Types are:

- **Transformational Regeneration Areas (TRAs)**: Large scale, multi-faceted neighbourhood redesign which may include demolitions, new homes, physical renewal, and community initiatives (areas: Red Road, Sighthill, and Shawbridge).
- **Local Regeneration Areas (LRAs)**: Similar to transformational regeneration but targeting smaller pockets of disadvantage (areas: Gorbals Riverside, Scotstoun multi-storey flats and St Andrews Drive).
- **Wider Surrounding Areas (WSAs)**: Neighbourhoods surrounding TRAs and LRAs that may be affected by the transformation of those areas as well as by improvements in their own housing stock (areas: wider Red Road and wider Scotstoun).
- **Housing Improvement Areas (HIAs)**: Neighbourhoods containing many homes that receive housing improvement investment (areas: Townhead multi-storey flats, Riddrie, Govan, and Carntyne).
- **Peripheral Estates (PEs)**: These include many social rented homes managed by other local housing organisations besides GHA. A large number of new builds are planned for these areas, partly to attract home owners (areas: Castlemilk and Drumchapel).

The 14 neighbourhoods selected were due to receive most of their regeneration investment after the 2006 survey.

TRAs and LRAs have many similarities: they are large housing estates with relatively young populations, sharing some common problems and similar regeneration strategies. They are sometimes grouped together as '**Regeneration Areas**.' The other intervention area types are not expected to undergo neighbourhood-level redesign or physical transformation to the same degree as the Regeneration Areas. More details of GoWell's IATs can be found on the last page of this Executive Summary and in Chapter 1 of the main report.

The following section provides an overall summary followed by the key findings from each chapter of the full report.

Summary

Residential outcomes

Residential outcomes have been improving for people in many respects across the study areas. Furthermore, much of this can be related to specific investment programmes such as in housing and in children's play areas, and to programmed attempts to improve the customer service experience of social housing tenants. Overall, housing outcomes are higher than neighbourhood outcomes, reflecting the balance of effort to-date.

Residential outcomes are generally less positive in Regeneration Areas than elsewhere, though even here there have been improvements. Housing specific outcomes (such as satisfaction, and a range of psychosocial benefits) are currently less positive for the occupants of high-rise flats compared with those of people living in other types of building. These contrasting outcomes by area and dwelling are as expected at this stage, since the improvement of high-rise blocks has not yet taken place in the study areas, and regeneration programmes are still in their early stages. It is also noticeable that PEs perform poorly in terms of their neighbourhood environments, with relatively poorer outcomes for environmental aesthetics, cleanliness and for some of the amenities on offer locally, such as shops and social venues (compared to other area types).

Two issues which may be worthy of particular attention in relation to residential outcomes are neighbourhood safety and area reputations.

Perceptions of anti-social behaviour in the neighbourhood have worsened nearly everywhere and feelings of safety outside after dark have similarly declined. Most people feel safe within their homes, in part due to actions taken to improve home security, but this contrasts with more people deciding not to venture outside after dark. More investigation, by GoWell and by service-providers, is required to establish why there should be this decline in neighbourhood safety and whether concerns about anti-social behaviour are the product of actual behaviours, changes in neighbourhood supervision services, or for other reasons.

Trends in area reputations highlight a strong contrast between improving internal reputations (what people feel their neighbours think about an area) and worsening external reputations (what people think outsiders think about their area). Again this is an issue meriting further attention both to identify its causes and potential solutions. The transformation of areas which currently have a large social housing presence will partly depend upon being able to change the areas' image and reputation. Housing investment and regeneration programmes have yet to substantially change the tenure and physical structures of these areas, and this could make a contribution to shifting area reputations in due course, but we expect that dedicated and specialist efforts to change area reputations will also be required.

Social / community outcomes

There have been some notable improvements in social and community outcomes, in particular in relation to reported social harmony and perceived community influence, though there still remains substantial scope to improve community empowerment in Regeneration Areas.

The picture of social and community outcomes is often a mixed one across the study areas, with improvements on some issues and but not others. Thus, whilst social harmony has improved, perceived informal social control has worsened. There are more people who have daily social contacts, but also more people who have none. Whilst in some areas there has been little change in the availability of social support, in many other areas there have been drops in social support, with more people less inclined to ask anyone for help.

Generally, social outcomes are poorer in Regeneration Areas where there is greater diversity and turnover of residents; and within these areas, such outcomes are lower for families. This is an issue that may require consideration from public agencies, as relatively low levels of sense of community and of neighbourliness among families in Regeneration Areas were found. These are also places with large numbers of families, often headed by adults at the younger end of the age spectrum (in their 20s and 30s) who may benefit from a greater degree of social integration.

Another group whose social integration may require more attention is asylum seekers and refugees, for despite the increase in feelings of social harmony (at least indicating that social tensions between groups have been reduced), a low sense of feeling part of the community was also found among the migrant group within Regeneration Areas, suggesting that efforts so far to assist their integration have been working in one respect (reducing conflict) more so than in another (promoting inter-group engagement).

There is a positive relationship between many community outcomes and reports of the community's influence over local decisions; thus, efforts to enhance the sense of community within Regeneration Areas may be important not only for their effects upon community activity and social interactions, but also for their potential return in terms of community empowerment.

Human capital / health outcomes

In terms of human capital and health outcomes, there appears to have been progress in respect of employment, with substantially more adult men reporting employment than previously, together with a small reduction in the number of younger adults with no useful activity. However, rates of non-employment remain high across the study areas, and rates of seeking employment are low among those out of work. Mental health outcomes are worsening more than physical health outcomes, although two particular concerns which straddle the physical/mental health divide are very high rates of physical inactivity and a decreasing sense of vitality (feeling energised) among adults in many areas.

Whilst the prevalence of physical ill-health has not worsened over time in the study areas, those people who do have health problems are reporting more of them. On measures of physical health, Regeneration

Areas are generally no worse than other places, due to having younger and migrant resident groups who report better health than others. One exception to this is the higher reporting of psychological and stress-related illnesses by women living in LRAs, which requires more investigation.

Compared to national norms, and particularly for deprived areas across Scotland, many health behaviours are no worse in the GoWell study areas than elsewhere. On the other hand, physical inactivity is very high across the study areas. Several health behaviours are worse in Regeneration Areas than elsewhere, including physical inactivity, poor diet and the amount of alcohol consumed by drinkers (though rates of smoking and drinking are lower in Regeneration Areas due to the presence of migrant groups).

The reporting of long-term mental health problems (lasting over a year) increased across all the types of study area, with GP consultations on these issues also increasing in the LRAs and WSAs. However, many people who saw their GP for a mental health reason did not report a long-term mental health condition, suggesting an increase in shorter-term episodes of anxiety, depression and other emotional problems. Also of concern are the declines in feelings of vitality ('having a lot of energy') in the Regeneration Areas and in the WSAs. The question of how to make more people feel 'energised', and doing things which aid their social integration, physical health and mental health is therefore an issue to be addressed in many areas.

There were substantial increases in reported rates of employment among working age men across the study areas, with more modest improvements for women. Two types of study area (WSAs and HIAs) now had a majority of working-age men in employment. The rate of NEETs (not in employment, education and training) among those aged 16-24 also dropped slightly over time. However, high proportions of adults (both men and women) of working age (in Regeneration Areas more so, but also in other areas) still report that although they are economically active, they do not have a job. Indeed, of those working-age adults not in employment across the study areas, only a minority (one-in-six) had taken any action to seek employment in the past year.

To sum up…A number of areas of progress have been identified across the study areas, but also many remaining challenges, most notably affecting the Regeneration Areas but also particular challenges in other areas too. Overall, physical changes and residential outcomes are progressing better or faster than other outcomes, though reported increases in social harmony, community empowerment and adult employment are notable successes. However, our overall view is that the social regeneration agenda - embracing community level issues (such as social interactions with neighbours, engagement with the wider community, local organisations and facilities) and personal issues (such as the motivation, health behaviours, skills and training of individuals) – needs an increased level of commitment, planning, resourcing and partnership working among a range of agencies at the local level so that social outcomes and health and human capital outcomes might be enabled to keep pace with and improve alongside residential outcomes in future.

The Changing Context in Glasgow

Many regeneration (and related) activities have taken place in Glasgow during the early years of the GoWell programme. These have been delivered by a range of public and private sector providers, often in partnership and often seeking to engage local people in decision-making. The most widespread activity so far has been the delivery of housing improvements, which has occurred in all the study communities to a significant degree. Some key developments are summarised below. It should be noted that targets and timescales are subject to revision. It should also be noted that much of GoWell's information comes from GHA – which means that some of the activities of other Registered Social Landlords (RSLs) and other organisations are under-represented in this summary. In fact there are a range of agencies (e.g. Glasgow City Council, RSLs, police, other Glasgow Community Planning partners, Health Boards, Scottish Government, etc) working in partnership to regenerate Glasgow and so it would be wrong to assume that GHA (or indeed the housing sector) will or should have the prime responsibility for tackling every issue covered in this report. Readers should bear this in mind and GoWell needs to try and address the issue in future summaries of activity.

- **Policy context:** The Scottish Government has taken a broad definition of area regeneration linked to local and national sustainable economic growth. Health and health inequalities feature prominently in government strategies.
- **Local policy:** The advent of community planning brought renewed emphasis on joint working between service providers and community input. Many local outcomes and targets in Glasgow's Single Outcome Agreement[1] are relevant to GoWell's study areas.

- **Economic development:** The upgrading of housing stock in Glasgow forms part of the wider attempt to improve strategic infrastructure in the city region (including water, sewerage, transport and the treatment of derelict land) so that regional economic development is advanced.
- **Recession:** Regeneration is intended to help facilitate economic revival for deprived areas but current macro-economic forces hinder this and obstruct some regeneration activities: e.g. slowing private sector house-building activity in the city (although social sector activity has been maintained to date).
- **Tenure mix:** No GoWell area type experienced substantial changes in tenure mix during the period 2006-2008. There were small overall reductions in the proportion of social rented housing (particularly in areas experiencing demolition), and the PEs experienced a small reduction in the proportion of privately owned homes.
- **Physical improvements:** 75% of Glasgow's social housing stock did not meet the Scottish Housing Quality Standard (SHQS)[2] in the period 2004-2007. RSLs across Glasgow have however improved their stock and by 2008/9 56% of social housing in Glasgow City met the SHQS[3]. Data GoWell has received from GHA shows their improvement programme has included the installation of heating systems to almost all its stock, fitting of new kitchens and bathrooms (to over half its stock), external fabric improvements, and the fitting of new windows to most GHA stock.
- **Demolitions:** The demolition of low demand social housing has been progressing, although some of this activity postdates the two GoWell surveys. By the end of 2009 approximately 30% of the social housing stock in GoWell TRAs had been demolished, with more being cleared for future demolition.
- **House building:** The social housing new build programme of 're-provisioning' will assist the clearance programmes. Plans included the building of 2,800 new GHA homes within the agreed timescales of 2014-2015. None of these homes had been completed by the time of the wave 2 survey (summer 2008), though the first phase of 239 units went on site that year. The second phase (approximately 400 units) has since commenced. GCC has a target of 10,000 new social sector homes through community based housing associations (CBHAs) from 2004-14. The 'reprovisioning' output (for people affected by demolition across the city) for 2008-09 was 278 units.[4] The effects of new build activity around the TRAs should appear by the time of the next (3rd) GoWell survey in 2011.
- **Social regeneration:** Community actions implemented by RSLs, supported by the Scottish Government's Wider Role Fund[5], have focused on issues such as employability, financial inclusion and community facilities. Various Neighbourhood Renewal / Wider Role programmes funded by GHA partner agencies and other RSLs have been delivered. The most large-scale partnership GHA activities that GoWell is aware of have included youth diversionary programmes, play area improvements and employability programmes such as the Environmental Employability Programme, a training programme active in 45 GHA LHO neighbourhoods. Glasgow Community Planning Partnership also seeks to contribute to the reduction of social inequalities in the city, and to furthering social regeneration by supporting a variety of projects with the Fairer Scotland Fund[6] (which replaced the Community Regeneration Fund[7]).

People and Circumstances

The demographic characteristics of the study areas may play a large part in shaping people's lives, neighbourhoods and communities.

- WSAs and HIAs have large elderly populations with many older people living alone.
- PEs have large numbers of younger adults, and only half of all adults of working age have jobs.
- The residents of TRAs and LRAs are more likely to be male and relatively young. These areas are also characterised by having large numbers of families (and also large families) and large proportions of immigrant groups.

Demographic and housing differences could be associated with the responses given to many of the items investigated and could be at least partially responsible for some of the differences reported. Conversely, they might mask some genuine differences between the study areas. As people move in and out of the areas over time, the demographic characteristics could change. This is likely to influence survey responses as, for example, new people arrive with different perspectives on their home and neighbourhood and potentially different personal circumstances, behaviours and health characteristics.

Of the five types of area, the inner-city housing estates that form the Regeneration Areas have the most atypical demographic characteristics, compared to most of Scotland's neighbourhoods. It is doubtful that the creation of such highly unusual communities was intended as an outcome when the neighbourhoods were designed. They have arisen over time due to the way the housing market operates and due to the

operational practices of a range of agencies. The present profile of these areas raises a question for public agencies involved in renewal as to whether these characteristics (or others) are compatible with the social regeneration of the communities. Does planning regeneration include trying to shape the social composition of places as well as the physical characteristics? Some of the most distinctive demographic characteristics are presented below:

- **Age:** Two of the study area types contain relatively elderly populations: over a fifth of adults are aged over 65 in WSAs and HIAs. By contrast, the adult population is relatively young in the TRAs and LRAs: around three-in-five adults are aged under 40 and less than one-in-ten are aged over 65. In the PEs, one-in-five adults are under 25 years old.
- **Gender:** Adult men outnumber women by at least 10% in the TRAs and LRAs.
- **Ethnicity:** Many immigrants reside in the TRAs (two-in-five being non-British citizens) and LRAs (more than one-in-four). Few live in the other types of areas. GoWell areas do not include sizable British-born black and minority ethnic communities.
- **Crowded homes:** The average number of persons-per-room (ppr) is high (over 1.5 ppr) for two-parent families in TRAs and LRAs and in MSFs, and also quite high (1.3 ppr) for single parent families in TRAs and WSAs.
- **Tenure:** The TRAs and LRAs are dominated by social housing with nine-in-ten dwellings being in the social sector. Home ownership has a significant presence in WSAs (half of all dwellings), HIAs (two-in-five dwellings) and to a lesser extent PEs (one-in-five dwellings).
- **Employment:** One-in-seven working age men say they are economically inactive. Most men of working age in WSAs and HIAs report that they are working, and half do so in PEs. Only a minority of men in the Regeneration Areas report that they are working. Higher reported employment rates were found among men in all the types of study area in 2008 compared with 2006. The same was found for women in two area types: TRAs and HIAs.
- **Other economic activity:** High proportions of adults (both men and women) of working age (40-50% in Regeneration Areas; 20-30% in other areas) report that they are economically active but do not have a job.
- **Looking for work:** Only around 11% of respondents who were of working age, were eligible for work and not in full- or part-time employment or full-time education, had sought work at some point during the year preceding the 2008 survey. These figures were higher (over 14%) in the Regeneration Areas.

Housing

Housing improvement work has been widespread and popular with survey respondents. Significant increases in housing satisfaction were found. Some improvements mentioned by respondents may have been independent of the regeneration investment, but the overall scale of reported improvement suggests an intervention effect. There has been deterioration in the perceived quality of MSFs and a higher rate of intention to move in the Regeneration Areas – where clearances for demolition have often been the dominant housing intervention. One exception to the less positive findings from the Regeneration Areas is that of enhanced feelings of safety inside the home, probably due to the installation of Secure by Design doors, windows and entry systems.

In terms of housing activity, the main challenge now is to improve dwelling quality for residents in the Regeneration Areas - and for some of the residents in the PEs, where there are also many aspects of dwellings rated less than 'good'. Generally, MSFs in Regeneration Areas were found to be less capable of providing high levels of housing satisfaction or of psychosocial benefits than other types of dwelling, thus supporting the idea that they should be replaced wherever possible. Furthermore, most people in Regeneration Areas and a third of people in PEs do not have a garden to use, and the issue of access of private green space is an important one given its potential contribution to health and wellbeing.

- **Type of house:** In the TRAs and LRAs, around eight-in-ten homes are in MSFs and almost no-one has a garden to use, whereas in other locations most people have a garden. Around seven-in-ten homes in WSAs and HIAs are houses or

four-in-a-blocks, whilst PEs are evenly divided between houses and flats.

- **Residential stability:** Regeneration Areas are residentially unstable. Their residents were two to three times more likely to have lived locally for no more than two years (30%) compared to the other area types in 2008.
- **Housing improvement:** Over one-in-three respondents (36%) reported that 'improvement works' had been carried out to their homes in the past two years. This was highest in LRAs (45%) followed by WSAs (39%) and HIAs (38%).
- **Satisfaction with housing improvement:** Resident satisfaction with housing improvement works was very high, with 90% of those who had received improvement works in the past two years being satisfied with the works that had been carried out to their homes. Satisfaction was highest in the WSAs, with 58% 'very satisfied', and lowest in the TRAs where 35% were 'very satisfied' (though overall satisfaction (i.e. 'very' and 'fairly' satisfied) still reached 85%).
- **Satisfaction with the home:** Rates are improving, particularly with regard to those who are 'very' satisfied with their homes. There remain gaps of around 15% in satisfaction rates between the social rented and private sectors in all types of area, except the HIAs, where ratings are much closer ('private sector' in this instance refers mainly to owner occupied homes but also includes some private lets).
- **Condition of the home:** There have been improvements in the reported internal and external quality of homes for most housing types in most areas, but not for MSFs in Regeneration Areas. However, most residents rated specific housing condition features as being less than 'good' on an item-by-item checklist in Regeneration Areas and the PEs.
- **Housing management and local engagement:** In 2006, there was a low level of satisfaction that the landlord or factor took residents' views into account when making decisions. This had increased significantly by 2008 for all area types - especially PEs (+16%) and LRAs (+20%). There were smaller improvements in the levels of residents' satisfaction with being kept informed about decisions. Residents in the private sector are the most satisfied with their homes, but tenants of GHA are the most satisfied with the housing services provided by their landlord or factor, more so than private sector or RSL residents.
- **Psychosocial benefits of the home:** Here we use the term 'psychosocial' to describe potential mechanisms by which people's mental wellbeing might be affected by their social environments. MSFs are shown to provide psychosocial benefits to their occupants to a lesser extent than other types of flats or houses. This is especially true of those benefits which impact upon how people feel about themselves, such as a sense of progress, status, and reflecting their identity and values. It remains to be seen whether this continues to be the case where comprehensive improvement to MSFs takes place. We also need to further explore whether poorer psychosocial outcomes associated with GoWell's MSFs apply generally to MSFs, whether the outcomes vary by different types of MSF, or by their location (e.g. is there a neighbourhood effect?).

Neighbourhoods

There have been widespread, though not universal, actions to improve neighbourhood environments, and also to improve some local amenities such as children's play areas. There have been actions in study areas to enhance community facilities and support community arts / recreation projects. Generally, residents' ratings of their local environments have improved since 2006, with the notable exception of the aesthetics of environments (whether they look attractive). Ratings of environmental aesthetics have worsened in Regeneration Areas – which is not surprising given the impacts of processes of clearance and demolition – and remained modest and unchanged in the PEs. Residents' ratings of local amenities are generally relatively high and in many cases have also improved over time. The outcome measure that appears to have most consistently responded to neighbourhood improvements is that which measures the psychosocial benefit of whether people feel a sense of personal progress in their lives through where they live.

Exceptions to this general improvement include perceptions of anti-social behaviour, youth and leisure services, and declines in feeling safe outside after dark. This is in spite of numerous initiatives to reduce anti-social behaviour and provide young people with more opportunities and facilities. In all area types, except the HIAs, there appears to be an increasing sense among residents that their neighbourhood has a bad reputation amongst other people in Glasgow.

Key findings relating to GoWell's neighbourhood outcomes are summarised below:

- **Neighbourhood satisfaction:** Neighbourhood satisfaction rates were reasonably high but changed little between surveys. While three-out-of-five people in Regeneration Areas were satisfied with their neighbourhood as a place to live in 2008, this was true of four-out-of-five people in the other three types of area.
- **Anti-social behaviour:** There has been a substantial increase in the mean number of anti-social behaviour problems perceived by residents to be a serious problem in their neighbourhood (percentage change since 2006: +34% for TRAs; +24% for LRAs; +19% for WSAs; +5% for HIAs; +57% for PEs).
- **Safety at night:** Feelings of safety at night time in the local area have declined in all area types, dramatically so in the case of Regeneration Areas where the proportion who reported feeling sufficiently safe in 2008 was roughly half that reported in 2006.
- **Parks and play areas:** The percentage of residents rating parks and play areas as good was higher in 2008 than in 2006 in all area types (percentage change since 2006 ranging from +18% for PEs, to +24% for HIAs). This followed widespread investment in such facilities.
- **Environmental aesthetics:** Resident ratings of the appearance of the local environment and buildings have improved markedly in HIAs (+7% environment, +11% buildings) and WSAs (+12% environment, +10% buildings). However, these outcomes deteriorated by 10% to 25% in the Regeneration Areas and by 1% to 2% in the PEs.
- **Childcare/nurseries and shops:** There have been significant improvements in the quality ratings of these amenities in all area types (childcare/nurseries: increases ranged between +13% and +30%; shops: increases ranged between +4% and +22%).
- **Youth and leisure services:** Considering the increase in perceived anti-social behaviour, it is a cause for concern that youth and leisure services received lower ratings than most other amenities across all GoWell area types in 2008. Moreover, compared to 2006, fewer residents in 2008 felt youth and leisure services in Regeneration Areas were good (-16% for TRAs and -4% for LRAs).
- **Engagement in neighbourhood regeneration:** Regeneration planning has involved numerous consultation exercises. However, only a minority of residents of Regeneration Areas felt well informed about regeneration, or felt that there were enough opportunities for them to have a say about processes of change.

Community

With regard to community outcomes, the picture is fairly static in WSAs and HIAs, with a mixed picture in PEs, and a worsening of many measures of community in the Regeneration Areas. From what we know of the GoWell areas, community activities and/or initiatives to boost people's sense of community are often patchy and small-scale (but there are limits to what we know: we do not have a comprehensive list of all such activities). Sense of community in the Regeneration Areas is often lower for families and for non-British citizens than for other social groups, suggesting a need for additional support to integrate these residents (i.e. in addition to current efforts). In many areas, barely a majority of people have confidence in their community's ability to exercise informal social control to prevent anti-social behaviour, and only a minority believe in the honesty of people in their area. The situation on these issues is worse in the Regeneration Areas than in other IATs.

Community Planning and CHCPs have a role to play in promoting community development and engagement. Individual organisations, including housing providers, also have community engagement structures and support developments in local areas. GHA consultations concerning regeneration and new build housing areas are one example. There have been improvements across all the study areas in the degree to which people feel that they can, with other people, influence decisions affecting their areas. However, only in WSAs and HIAs do a majority of residents feel they can exert influence.

- **Community spaces:** Only in two of the types of study area did as many as six-out-of-ten people rate their local social and community venues as at least 'good' (WSAs and HIAs). This suggests that there is therefore substantial scope for the improvement of available community spaces, even before the potential introduction of any other resources or personnel to support community development.
- **Inclusion:** Between 52-57% of householders living in Regeneration Areas feel included in their local community, compared to between 81-88% of householders from the other GoWell area types. This is only partly explained by the presence of asylum seekers and refugees, whose sense of community is lower than others. Even British citizens in these areas have a low sense of inclusion compared to other area types.
- **Belonging:** Sense of belonging has also declined in TRAs (-13%) but changed little in other areas. This may reflect the clearances and demolitions in the TRAs but the picture may also be complicated by the presence of asylum seekers and refugees.
- **Harmony:** Respondents in all types of area have reported a higher sense of social harmony between people of different backgrounds than they did in 2006 (range between around +5% and +25%), particularly so in Regeneration Areas.
- **Trust:** Few people in Regeneration Areas see their local social environment as one which maintains high standards of behavioural norms. For example, trust in other people – in terms of reliance on others to exercise social control, and the perceived honesty of fellow residents – has declined dramatically in TRAs and LRAs.
- **Neighbourliness:** Most householders report speaking to neighbours frequently, but this is less common in the Regeneration Areas: (speaking to neighbours: 52% TRAs; 50% LRAs; 80% WSAs; 75% HIAs; 78% PEs in 2008). Often this contact does not seem to convert into more sustained or in-depth knowledge or exchanges, nor does it extend to feelings of trust and reliance in people within the wider locality.
- **Isolation:** Most people report regular social contact, but an increasing minority report having no contact with relatives (between 7% and 11% in 2008), friends (between 6% and 20% in 2008), or neighbours (between 4% and 15% in 2008).
- **Social support:** The availability of different forms of social support has been fairly stable in WSAs and HIAs, but has fallen in other types of area. This is mostly due to an increase in people's reluctance to ask for help. The biggest drop in access to social support has occurred in the PEs.
- **Perceived influence:** There have been improvements in all types of area in residents' perceived influence over decisions affecting their local areas – but from a low base. In Regeneration Areas, around a third of residents in 2008 said they had any influence compared to around a half in the other area types. Community empowerment appears to be underpinned by people's sense of community more broadly. The more people feel a sense of inclusion and belonging, have social connections with neighbours, and trust in the morality and norms of their co-residents, the more likely they are to also feel collectively empowered.

Physical Health

The findings for self-reported physical health problems do not follow the pattern of many of the housing, neighbourhood and community findings. Most of the comparisons of illness prevalence between the two surveys have found no significant changes over the period, and most of the differences that were statistically significant were still relatively small (≤ 5%) in real terms. The health findings tended not to show consistent disadvantages in Regeneration Areas (or PEs) compared to the other GoWell area types. This is despite the fact that the Regeneration Areas have been changing in very different ways to the other areas (i.e. experiencing large scale clearances and demolitions). This suggests that self-reported health does not bear a strong relation to housing and regeneration activity at this relatively early stage of regeneration.

A small decline in self-reported general health and no change in the use of General Practitioner (GP) services have been found. More people reported having no health problems but those people with health problems tended to report having more of them than previously (indicating more co-morbidity). Health behaviours – inactivity, smoking, poor diet, alcohol consumption – were often worse among white Scots, flat dwellers (and particularly occupants of MSFs), the unemployed and long-term sick, and among single adults below retirement age.

- **General health:** Most respondents reported that their current general health is good or excellent: approximately 80% in 2006 and 75% in 2008. Increases in householders reporting not good mental health were significant ($p<0.05$) in the TRAs (+4%) and the PEs (+7%).

- **Long term illness:** Overall reporting of no (zero) long term health problems (lasting at least 12 months) increased by 7% for men and women. The mean number of long term conditions for householders with at least one long term problem also increased for men (from 1.43 to 1.63) and women (from 1.45 to 1.65).
- **Recent illness:** Reporting of no recent health problems (in the previous four weeks) changed little. The mean number of recent conditions for householders with at least one recent problem however increased for men (from 1.91 to 2.06) and, less so, for women (from 1.97 to 1.99).
- **Heart health:** Several measures, sometimes linked to heart-related problems (pain in chest, palpitations/breathlessness, faintness/dizziness), show small but statistically significant findings of reduced prevalence over time, particularly for women. Reductions of between 3% and 5% were found in TRAs, LRAs and PEs.
- **Seeing a doctor:** GP use did not differ markedly between 2006 and 2008.
- **Health behaviours:** The findings on health behaviours support the view that unhealthy behaviours are particularly prevalent in deprived areas. However, levels of population health and healthy behaviours were raised in the Regeneration Areas by the presence of migrants who reported better health and less health damaging behavours.
- **Physical (in)activity:** In terms of health behaviours, the biggest challenge identified was physical inactivity, with two-thirds of respondents across the study areas having not done any moderate or vigorous physical activity in the past week, and one-in-four also reporting that they had not walked for at least ten minutes in the past week.
- **Diet:** In 2008, 55% of GoWell respondents recalled eating at least five portions of fruit or vegetables in the last 24 hours. There was a small overall decrease (from 47% in 2006 to 43% in 2008) in the proportion who ate one or more fast-food main meals in the past seven days. There were considerable variations by area type, ranging from a decrease of 10% in the TRAs (from 50% to 40%) to an increase of 7% in the WSAs (from 42% to 49%).
- **Alcohol:** High levels of self-reported teetotalism (44% across GoWell areas as a whole) are a notable exception to the generally negative picture of health behaviours. This may be a characteristic of populations living in Scotland's deprived areas, particularly when those populations include many residents born outside the UK. However, the results are surprising and their accuracy needs further exploration.
- **Smoking:** Self-reported smoking prevalence was less in 2008 than 2006 (40% and 44% respectively). Nearly half of all smokers said they would never quit. Respondents from the TRAs were the least likely to smoke. Respondents from the HIAs were the most likely to smoke.

Mental Health and Wellbeing

The picture of mental health among GoWell residents is complex. It might have been expected for mental health to have become worse in the Regeneration Areas between 2006 and 2008 relative to the other IATs, because of the higher levels of poverty and deprivation in these areas, as well as the disruption and inconvenience caused by renewal activity. This is largely borne out by respondents' experiences of mental health problems, which were more common in the Regeneration Areas than in the WSAs and HIAs, and were getting worse over time. It was also found that disproportionately many of the people with the lowest scores on the measure of positive mental health were residing in the Regeneration Areas. However the increase in the incidence of respondents seeking help from their GP for a mental health problem was negligible in the TRAs, where regeneration activity might be expected to be most intense, and was more substantial in the LRAs and WSAs. Further analysis, including controlling for potential confounders and demographic characteristics will help to clarify the current findings while future GoWell survey waves will show whether or not a clearer pattern of mental health findings develop in the medium to long term.

- **Mental health problems:** Mental health problems (such as longer-term stress, anxiety and depression) have increased in prevalence over time in all areas, though particularly in the Regeneration Areas.
- **Regeneration areas:** The impact of mental health issues upon quality of life and daily functioning has lessened in the Regeneration Areas while worsening elsewhere. This could be for a number of reasons, such as:
  - o populations in Regeneration Areas are more resilient to the impacts of mental health upon daily functioning;
  - o residents in Regeneration Areas become habituated to difficult and challenging circumstances and so are less likely to feel 'down' about them;
  - o the more deprived circumstances themselves lower the opportunities for mental health problems to have impacts upon daily life;
  - o the prospect of change in the area acts as a buffer or in a protective way against the potentially negative impacts of mental health issues.
- **Quality of life:** Three components of mental health quality of life as measured by the SF-12[8] health survey (Role Emotional, Mental Health, Social Functioning) showed significant improvements between 2006 and 2008 in the TRAs and LRAs, and small declines or no change in the WSAs and HIAs and the PEs.
- **Vitality:** The fourth aspect of mental health quality of life - Vitality ('having a lot of energy') - decreased substantially in all IATs between 2006 and 2008.
- **Worsening mental health:** More than two-in-five of those people in the TRAs, LRAs and HIAs who reported having a mental health problem over the previous year, said that their condition had worsened since 2006.
- **Seeing a doctor:** In the LRAs and WSAs there were marked increases between 2006 and 2008 in the number of people seeking help from their GP for a mental health problem – with no significant change elsewhere. Substantial proportions of those seeking help from a GP do not report a long-term mental health condition, suggesting an increase in the incidence of acute episodes of anxiety, stress and depression.
- **Mental wellbeing:** Positive mental wellbeing scores as measured by the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)[9] were somewhat lower in the TRAs and LRAs than in the other IATs, and a disproportionately large percentage (57%) of the respondents with the poorest scores lived in Regeneration Areas. Area type differences were also present in respect of measures of vitality and social functioning, with people in Regeneration Areas again scoring lower (after taking age and sex differences between areas into account).
- **Demographics:** Significant amounts of the variation in the measures of components of mental health may be accounted for by the demographic profile of the IATs, rather than, or in addition to, the differences in the regeneration activities taking place. Middle-aged men may be of particular concern as they often report the lowest scores across a range of measures of mental health.

Figure 1.1 Map of GoWell study areas

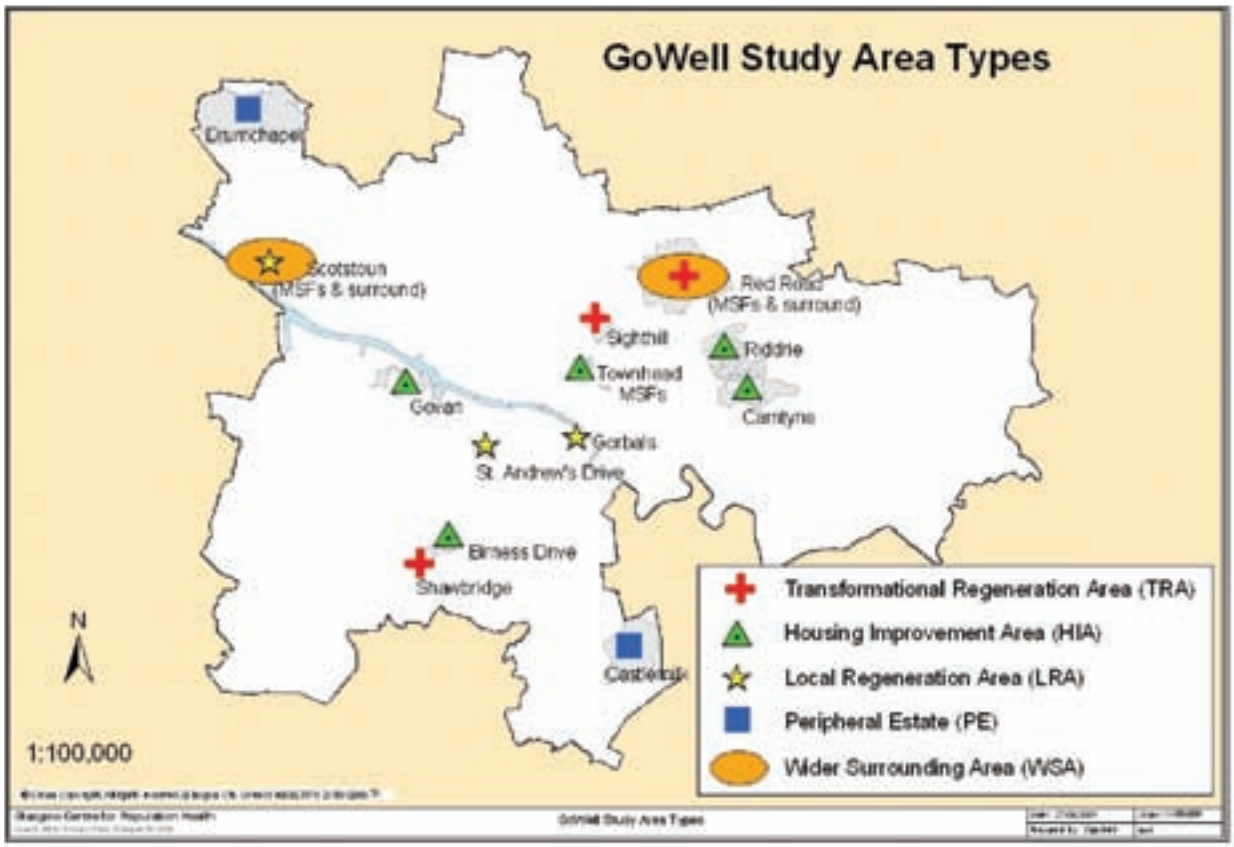

Table 1:1 GoWell Intervention Area Types (IATs) and study areas

Intervention Area Type (IAT)	Distinguishing features of regeneration	No. of areas	Description of study areas
Transformational Regeneration Areas (TRAs)	Multi-faceted neighbourhood redesign may involve demolitions, new builds, housing improvement, improved amenities and services, and community interventions.	3	3 inner-city large housing estates: Shawbridge, Red Road, Sighthill.
Local Regeneration Areas (LRAs)	Similar to transformational regeneration but targeting smaller pockets of disadvantage.	3	3 inner-city housing estates: St Andrews Drive, Scotstoun MSFs, Gorbals Riverside.
Wider Surrounding Areas (WSAs)	Neighbourhoods surrounding TRAs and LRAs may be affected by the transformation of those areas. Also receiving housing improvement and community interventions.	2	2 inner-city gardened estates: Wider Red Road and Wider Scotstoun.
Housing Improvement Areas (HIAs)	Includes internal and external housing improvements, delivered on a house-by-house basis – mostly to social housing. Also receiving housing improvement and community interventions.	4[1]	2 inner-city gardened estates: Carntyne and Riddrie. 2 inner-city large housing estates: Townhead MSFs and Govan.
Peripheral Estates (PEs)	These area types include many social rented homes managed by other local housing organisations beside GHA. Large number of new builds planned.	2	2 peripheral estates: Drumchapel and Castlemilk.

[1] In 2008, a 5th HIA (Birness Drive) was added but does not feature in this report.

Notes: MSFs = multi-storey flat. New build = newly built homes (private and/or social rented).

The key features of each IAT are summarised above but plans can change. Some types of regeneration initiative will be delivered in all the IATs (e.g. housing improvement, community interventions or 'wider actions', community engagement/consultation, service improvement), but the level of investment and combination of initiatives will vary.

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