



Progress report 2008/09



GLASGOW COMMUNITY
HEALTH AND WELLBEING
RESEARCH AND LEARNING
PROGRAMME

www.gowellonline.com





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

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Foreword

Last summer the Scottish Government published its cross-cutting policy for tackling health inequalities in Scotland. *Equally Well* highlights the unacceptability of the health gap between different communities in Scotland and seeks to establish joined-up approaches to addressing the underlying causes of health inequalities, based on the best evidence available and with a commitment to add to that evidence as the policy is implemented.

Two GoWell data reports produced in the past year highlight the centrality of our work here with Glasgow communities to the *Equally Well* vision. The GoWell study areas cover almost a tenth of the Glasgow city population. In these areas, male life expectancy is only 66 years, four years less than for the city as a whole and eight years less than the Scottish figure. Put another way, 60% of 15 year old boys in GoWell areas will survive to age 65, compared to almost 70% in Glasgow as a whole and 80% in Scotland. 12% of the city's lung cancer and alcohol-related deaths, and 14% of suicides, involve people from GoWell areas – much higher proportions than expected on the basis of population size alone.

Statistics like these act as a stark reminder to all of the GoWell sponsors and partners of the importance of our work. The health and wellbeing of these communities continues to fall behind other parts of the country, and area-based regeneration is our 'best bet' to reverse that trend. This year the GoWell team will report for the first time on the changes being experienced in our study areas as they undergo regeneration of different types. We are measuring changes in different aspects of community life: services, the physical environment, the social environment, economy and

employment, safety, individual behaviours, and so on. As our work progresses, we are placing increased importance on mental health and wellbeing, social networks and participation, and physical activity as factors that are fundamental to community health.

2008 has been a pivotal year for the GoWell team, involving ongoing analysis and dissemination of the wave 1 community survey findings, the nested studies and the qualitative research on community empowerment, whilst designing and supporting the delivery of the wave 2 survey, tracker and tracer studies. This progress report provides an overview of all of this activity – and more – together with a taster of some of the results to date. Much more can be found on the GoWell website www.gowellonline.com which provides a single point of access to information on all aspects of the programme.

I am delighted that all of the GoWell sponsors have sustained and extended their support for the programme, and I should like to thank them all for their ongoing commitment to steering the programme successfully along its course. We are collectively signed-up to responding to GoWell findings, and to using the research and

learning to inform policies and strategies at all levels: local, city-wide and nationally. And as interest in GoWell is growing beyond Scotland too, over time we may collectively contribute to putting Glasgow at the forefront of regeneration and health developments internationally as well.

Finally, I want to return to one of the principles of *Equally Well* – “to engage individuals, families and communities most at risk of poor health in services and decisions relevant to their health”. This principle is at the core of GoWell too. Our research would not be possible without the engagement of individuals and families from our GoWell communities, and we have made a significant effort to reflect openly on what we hear, and to feed back to local communities on what we are finding. Many thanks are due to the local people and organisations who have facilitated and participated in these processes.

I hope that, whatever your relationship to GoWell, you find this progress report of interest and that you will use it as a springboard for further engagement with the programme.

Dr Andrew Fraser
Chair
GoWell Steering Group

Introduction

Welcome to the third GoWell Annual Progress Report. The purpose of this report is to provide an update on progress and overview of activity in the past year (April 2008 to end-March 2009).

GoWell was developed and designed to achieve not only research aims (to investigate the processes and impacts of neighbourhood regeneration on health and wellbeing) but also learning aims (to contribute to community understanding, influence practice and policy development and to share knowledge of best practice). GoWell is evaluating change at different levels: the **individual or household**, the **neighbourhood or community** and the **city**. It is looking at these changes from the perspectives of: the **people** involved, the **places** involved, and the **processes** taking place. Three years on from our launch in February 2006, we have made significant progress towards both our research and learning aims, and in evaluating change at the three different levels and from the different perspectives.

The programme is made up of five separate but inter-connected research and learning components or themes (listed below), each of which addresses particular aspects of the regeneration process and/or health and wellbeing. This report has a separate section for each of these research components, summarising some key findings or recommendations alongside a description of work over the past year.

We have continued to analyse the findings from our wave 1 (baseline) *survey* and in particular have looked at the health and wellbeing effects of living in high-rise flats, and whether a person's environment affects the level of physical activity they undertake.

A major part of our work during 2008 was the completion of the second wave of our *community health and wellbeing survey*. In addition to recruiting a random sample of households across our 15 study areas, we attempted to re-interview those people who took part in the wave 1 survey still living at the same address (our *tracker study*). Almost 4,700 people participated and we are currently analysing the data and comparing them with the baseline survey findings. This will give us our first insight into the changes taking place at a **neighbourhood or community level**.

COMPONENTS

- Community health and wellbeing survey
- Governance, participation and empowerment
- Monitoring wider change (ecological monitoring)
- Wider action nested studies
- Economic evaluation
- Communications and learning





As part of this second survey we are also conducting a *tracer* study involving a sample of people who took part in wave 1 and have moved to a different area. The longitudinal information from the *tracker* and *tracer* studies will help us understand what change happens at an **individual or household level** and also to examine whether there are any differences between people who move away from communities and those who stay.

As part of our *monitoring wider action* or 'ecological' component, we analysed a range of health and wellbeing indicators both for the GoWell study areas and for Glasgow as a whole. Two reports were produced from these analyses, adding to our understanding of change at a **city level** as well as across areas. Work has also continued to understand change at a **neighbourhood level** through visiting areas to take photographs and conduct stakeholder interviews, and by linking the neighbourhood audit data with the survey findings.

Our *governance, participation and empowerment* component has advanced on a number of fronts. We have continued our study of community engagement in the planning stages of neighbourhood regeneration in three study areas and some lessons for future community engagement efforts have emerged. We have also examined the factors that can influence community empowerment within regeneration. This component contributes to our understanding of the **people** involved, and the **processes** taking place.

This year has seen the completion of three of the *nested or wider action studies*. One of these focussed on evaluating a selection of youth diversionary projects operating across Glasgow; while the others focussed on assessing two separate environmental improvement programmes: Glasgow Housing Association and Glasgow City Council's joint play areas programme; and the community janitors environmental employability programme. Residents in our wave 1 survey had identified 'young people hanging around' and the quality of the environment surrounding their homes as important issues, and these studies will help contribute to understanding about how these local priorities might be addressed.

A large part of our *communications and learning* activities have involved publicising the wave 2 survey, to enhance local knowledge of the survey and encourage residents to take part. We have continued to disseminate our wave 1 survey findings through various discussion seminars at community, practice and policy levels. We have developed our website (www.gowellonline.com) which now has a separate section for each of our research and learning components. This will be updated regularly so we hope that you will visit it over the coming year to keep informed about our progress and activity.

Community Health and Wellbeing Survey

The community health and wellbeing survey is the most substantial quantitative component of GoWell. Our work in the past year has advanced on two fronts: further analysis of the wave 1 (baseline) data from 2006, and the planning and execution of the wave 2 survey.

Analysis of the wave 1 survey

The information in the wave 1 dataset is broad ranging, consisting of responses from over 6,000 people from 14 study areas, grouped into our five different area types:

- Transformational Regeneration areas: Red Road multi-storey flats (MSFs), Shawbridge and Sighthill
- Local Regeneration areas: Gorbals Riverside, Scotstoun MSFs and St Andrews Drive
- Housing Improvement areas: Carntyne, Govan, Riddrie and Townhead MSFs
- Areas Surrounding MSFs: Red Road surrounding area, Scotstoun surrounding area
- Peripheral Estates: Castlemilk and Drumchapel.

Much of this information has been summarised in earlier reports, but over the past year we have begun to analyse the data in much greater depth. Of the many aspects that it is possible and useful to examine, we initially chose four topics:

- the effects of living in high-rise flats on people's health and wellbeing;
- how the levels of physical activity of the GoWell respondents vary in relation to characteristics and perceptions of their homes and neighbourhoods;
- the social effects of tenure-mixing within neighbourhoods;
- influences upon mental health and wellbeing.

The first two of these sets of analyses are complete. Some of the key findings are as follows:

Living in high-rise flats

We compared the views of a sample of residents who lived in high-rise flats (in buildings of five or more storeys in height) with those who lived in other flats and houses. We looked at differences in a number of issues that could be influenced by high-rise living:

- Residential satisfaction
- Sense of community
- Mental health and psychosocial wellbeing
- Physical health
- Health behaviours

The range of information collected in the GoWell surveys allows us to analyse these issues in a way not previously possible, for example by accounting for the characteristics of neighbourhoods and residents of the different types of dwellings.

In general, we found that residential satisfaction – measured both in relation to the dwelling and the neighbourhood – was lower among people living in high-rise flats than those in other flats or houses. Furthermore, people living in high-rise flats were more likely than occupants of other dwelling types to cite problems of internal noise, lack of security of the home, and serious problems of anti-social behaviour.

Several indicators of physical health (for example physical functioning, general health and recent health problems) were found to be worse among high-rise dwellers compared to the occupants of other types of flats. We also found that high-rise dwellers were less likely than other people to take moderate or vigorous exercise, and less likely to walk around their neighbourhood.

Associations with mental health and wellbeing were more varied, however, high-rise dwellers were less likely to feel empowered in respect of local decisions, and less likely to derive a range of psychosocial benefits, such as privacy, control and a sense of progress, from their homes.



Physical activity and the urban environment

We asked people how many times a week they did 30 minutes of moderate physical exercise, 20 minutes of continuous vigorous exercise, and went for a walk around their neighbourhood. We were able to combine the three components to give an overall classification of low, moderate or high exercise-based physical activity for each respondent.

We found that 37% of respondents reported low levels of overall physical activity (including 10% who reported doing nothing), while 50% and 13%, respectively, reported moderate and high levels of activity on a weekly basis.

Levels of physical activity were associated with many personal, domestic and neighbourhood characteristics. Aspects of environmental quality (including attractiveness, peacefulness, and cleanliness) were more strongly associated with levels of physical activity than the type of housing in which the respondent lived, or the floor that they occupied.

There were substantial differences between the area types, with levels of physical activity being lower in the regeneration areas than in the other areas.

Community Health and Wellbeing Survey

Planning and carrying out the wave 2 survey

We are interested to know how things have changed for residents of the GoWell study areas in the two years since the wave 1 survey and what has happened to the people who have moved away from the areas during this time. We planned an ambitious survey of an equivalent number of respondents as at Wave 1, distributed across three samples:

- a cross-sectional sample of all the study areas;
- a 'tracker' sample of people from the six regeneration areas who were interviewed in 2006 and were still living at the same address in 2008 ('remainers');
- a 'tracer' sample of people who were living in one of the six regeneration areas in 2006 but had since moved out of their original area ('outmovers').

The cross-sectional sample can tell us about how things are changing at the level of the areas and area types and features the largest number of respondents of the three samples. Although there are considerably fewer respondents in the tracker and tracer samples, the longitudinal information they provide is particularly valuable because it tells us how things have changed for individuals and their households.

Cross-sectional sample

For the 2008 survey, we added an additional housing improvement area, the MSFs at Birness Drive, making a total of 15 study areas.

The main survey work was carried out¹ between June and September 2008, using a questionnaire similar to that used in 2006. Considerable effort was made to interview someone at every occupied address in the regeneration areas because (a) these respondents are of particular interest since they are likely to be experiencing regeneration activities most directly, and (b) their numbers are small, because they are being moved out of the transformational regeneration areas as part of the regeneration process. In addition, a random stratified sample of addresses in the other areas was visited by the interviewers to obtain a cross-sectional sample from these areas.



We obtained 3,800 interviews, which was about three-quarters of the target number. The shortfall was mainly due to the greatly reduced number of occupied addresses in the transformational regeneration areas, but was also affected by the large number of dwellings where no-one answered the door. The response rate for the study areas as a whole was about 45%, but was lower (36% and 40%, respectively) in the transformational and local regeneration areas. We are confident that we have, however, obtained sufficient interviews from all our areas to make meaningful comparisons with the 2006 survey data.

¹ All 3 components of the wave 2 survey data collection have been carried out by BMG Research Ltd

Tracker sample

While carrying out the cross-sectional survey in the regeneration areas, we tried to interview as many as possible of the households that we had interviewed in 2006, where the occupant was still thought to be at the same address. We achieved 857 interviews, which was 97% of our target number. Overall a 55% response rate was achieved.

Table 1 shows the number of residents from each area who took part in the cross-sectional and tracker survey.

Table 1: Wave 2 cross-sectional and tracker survey participant numbers

AREA	TOTAL PARTICIPANTS IN 2008
Birness Drive	178
Carntyne	266
Castlemilk	484
Drumchapel	476
Gorbals Riverside	194
Govan	255
Red Road	286
Areas surrounding Red Road (Balornock, Barmulloch and Petershill)	370
Riddrie	260
Scotstoun multi-storey flats at Plean Street and Kingsway Court	349
Wider Scotstoun and Yoker area	214
Shawbridge	309
Sighthill	478
St Andrews Drive	275
Townhead	263

Tracer sample

It is a major challenge to locate people who have moved away from their original areas: a record of their new address is not always available and the data protection and ethical considerations to which we adhere limit our abilities to directly seek out respondents. However, the regeneration areas have very high levels of social housing tenants, most of whom are Glasgow Housing Association tenants. Through their records, they identified that, in the regeneration areas between June 2006 and the end of 2008, at least 1,022 households moved out of their original area, 131 of whom we interviewed at wave 1.

The majority of outmovers have moved to a few areas that are not very far from their original homes, rather than being scattered across the city. We are attempting to contact all of these households during the first quarter of 2009 and aim to interview around 500 of them. In addition to most of the questions we asked of the cross-sectional and tracker samples, we are asking respondents about their experience of moving, and how they rate aspects of their new home and neighbourhood compared to their old one. The information obtained will be particularly valuable, and we will compare the views of these outmovers with those of the remainers in the tracker sample to investigate the effects of displacement caused by regeneration.

Governance, Participation and Empowerment

Within this research component, two studies are described. First, we identify the key findings from a study of community engagement in the planning of regeneration in Glasgow; second, we present two models of community empowerment, developed in the context of the study of social housing management and ownership.

1. Community engagement in the planning of regeneration

The aim of this ongoing study is to examine how local communities in our three transformational regeneration areas (Red Road, Sighthill and Shawbridge) have been involved in the planning and implementation of the major regeneration initiatives in their areas. The findings presented here are based on a study of community engagement at the start of the *planning* phase.

The data reported here were collected between 2006 and 2008 and reflect people's experiences at that time. It should be noted that these discussions took part at an early stage of the regeneration process and both the regeneration of these areas and the community engagement is an ongoing process. We held discussions and focus groups with the Community Forum/Development Groups, and with a sample of residents, from the three areas. In addition, interviews and meetings were held with consultants and informants from Glasgow Housing Association (GHA)/Local Housing Organisations (LHOs).

From our reviews of policy and academic literatures we identified seven aims of community engagement in regeneration (five are shown here). We analysed the data we collected in relation to these. Findings are summarised here.



1. Good governance

"It seems to me that every time somebody makes a decision, there's always somebody else to make a decision ... and you do get the feeling that the more we talk and the more decisions [we make] will always be subject to somebody saying, oh, no, you can't do that.there's a feeling that whatever we decide, could very well be overruled because, you know, this is wrong and that's wrong and so on"

In each of the three areas, groups (titled Development Groups or Community Forums) comprising local residents were formed to work alongside consultants in developing local regeneration plans. A slightly different method was used for each area and the groups differed in their composition and degree of local representation. Although the groups were not formally constituted or elected on behalf of the wider community (they had no formal powers) they did play a *role* in the regeneration. Wider community engagement took place via newsletters, exhibitions, local surgeries, a freephone information line, a DVD and surveys.

Each group worked with the consultants through a process to create a range of options and arrive at a preferred option. In this sense there was an element of choice. However, there was a feeling expressed to us that some of the decisions that were being taken regarding the future of the areas were not being made in a way that was open and accountable to the communities concerned. Some members of the groups became sceptical about the decision-making process and felt that ultimately the community would have little influence in making final decisions as these would be taken by other agencies.

2. Sustainable communities

A 'Master Plan' was produced for each area. While there are subtle differences based on area specific characteristics, the plans in the three areas are similar in that they represent the professional best-practice view of sustainable communities. The community's preferences did not always align with that view, however: one example being a community preference that the majority of houses would be for social rent rather than 'mixed-tenure'.

3. Community empowerment

"They listened to everything we said"

Consultants and residents worked together in regular meetings to develop plans through sharing information and visiting places to see other examples of regeneration. Most residents reported positive experiences and felt they were valued, listened to and had some input into the process of developing plans.

4. Cohesive communities

"There's not a thing here for the kids to do. It's full of drug addicts, all the young'uns and it's getting to the stage where people won't go out at night because they don't want to walk the streets at night"

"I want to stay here, I want the houses done up. I like the view, I like my neighbours, I like my church, I like Tesco's, I'm happy here. I don't want to move out because if I move out I won't get back"

'Sense of community', retaining the 'established community' and generating a 'coherent sense of place' were documented in the plans as being important components of the new areas. The process for achieving these components, and their contribution to community cohesion, however, was not made clear in the consultation and master-planning exercise. Our findings indicate that the focus tended to be on the physical environment, and not how it would be achieved nor how the new community would feel or function.

There were a number of concerns relating to community cohesion that were expressed by study participants. The lack of facilities for young people was identified as a major cause of anti-social behaviour and there was a fear that this situation would not improve. For some, regeneration was seen as a *threat* to cohesion: communities wondered who would live in the new areas and who would be given priority after redevelopment. Some residents feared being re-housed to areas they did not know, leaving behind friends, neighbours, homes and communities and never getting the chance to return.

5. Effective implementation

"There's plans, drawings... mock-ups. That's all it is"

"I mean, people keep saying, well when is this gonna happen, when is that gonna happen. I'll no be here, I'll be kicking up the daisies"

Since the studies were complete the majority of the residents who were involved had no further involvement in the regeneration planning process except in piecemeal ways. Few appeared to know what the next stages in the process were or what their role was going to be. Some group members expressed views about the ambitious nature of the plans, feeling that they may never become a reality, and highlighting the complexities of turning them into something tangible.

Two important lessons that have emerged from this study are:

- Community engagement in the planning of neighbourhood change should deal with regeneration processes as well as components. Our findings suggest that the aim of achieving sustainable communities was interpreted – or at least expressed – by practitioners predominantly as a question of spatial planning, and not also as a question of community development for the existing or future community.
- There is the need to maintain *continuity* in community engagement between planning and implementation: community members involved in developing plans had no sense of any further involvement beyond this. Without such continuity, gains from community engagement to date may be eroded.

Governance, Participation and Empowerment

The following study is looking at the processes of community engagement in the implementation phases of regeneration.

2. Understanding community empowerment

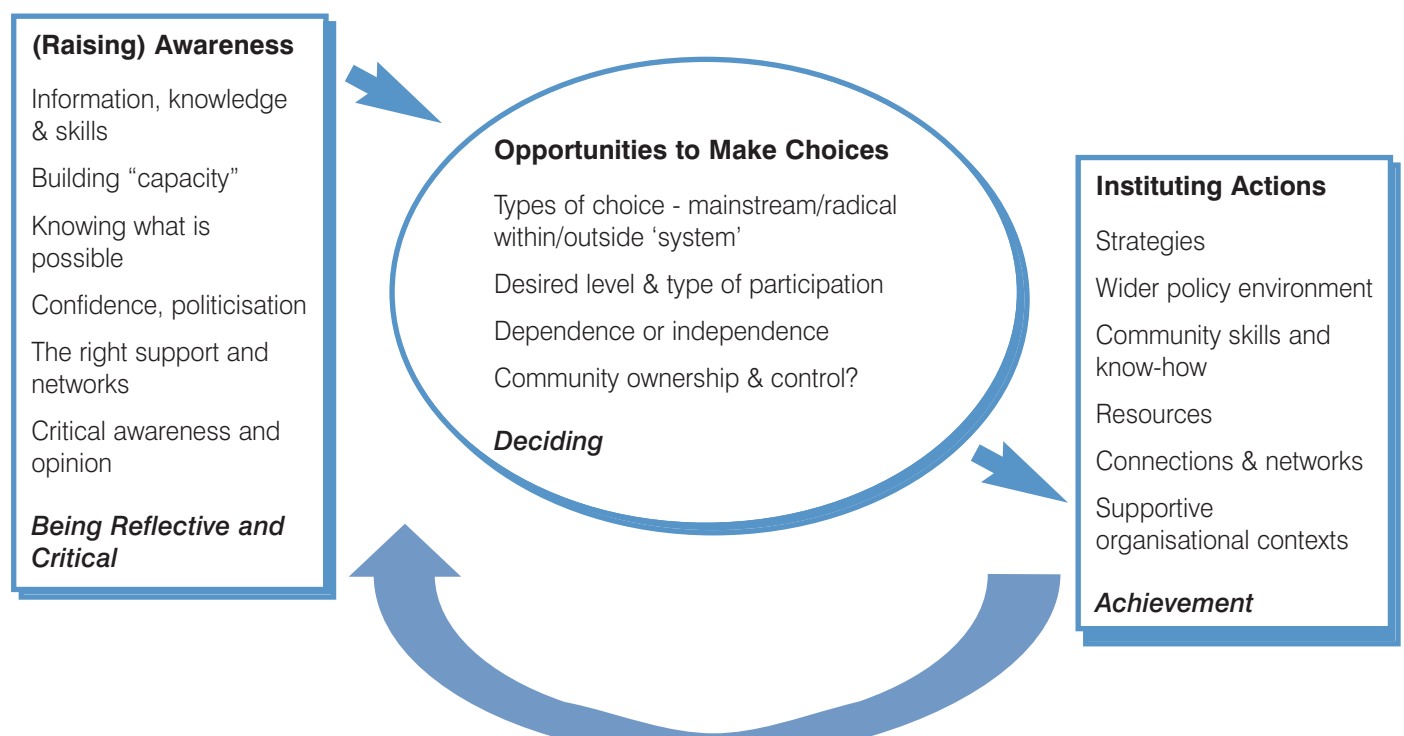
The importance of community empowerment is now stressed in regeneration and health policies, locally and nationally. It remains a rather vague concept, however, and there is little agreement over what factors might influence it. Our study on the management and ownership of social housing in Glasgow provided the opportunity to examine the concept of community empowerment from a more theoretical perspective: as something we will explore more over time as our understanding in this area grows. We have developed two models that illustrate what community empowerment can mean.

Our first model has three parts (see Figure 1). The first component is based on (raising) *awareness* so that communities are able to be critical and reflective about where they want to be and how to achieve their aims.

Opportunities to make *choices* is the second component in the model. The notion of choice can mean many things: some communities may choose to take a proactive agenda-setting role; others might try to ensure that they exercise better control over existing activities through more rigorous monitoring and accountability arrangements. In a social housing context it may mean choosing 'Community Ownership' or better management arrangements.

Effective choice is where communities are capable of making decisions that can be initiated, as opposed to making abstract choices that do not lead to change. The third component therefore involves instituting actions based on decisions made so that communities *achieve* their aims. It is a cyclical process in that the ability to institute actions may lead to improved awareness, confidence and so forth.

Figure 1: A model of community empowerment

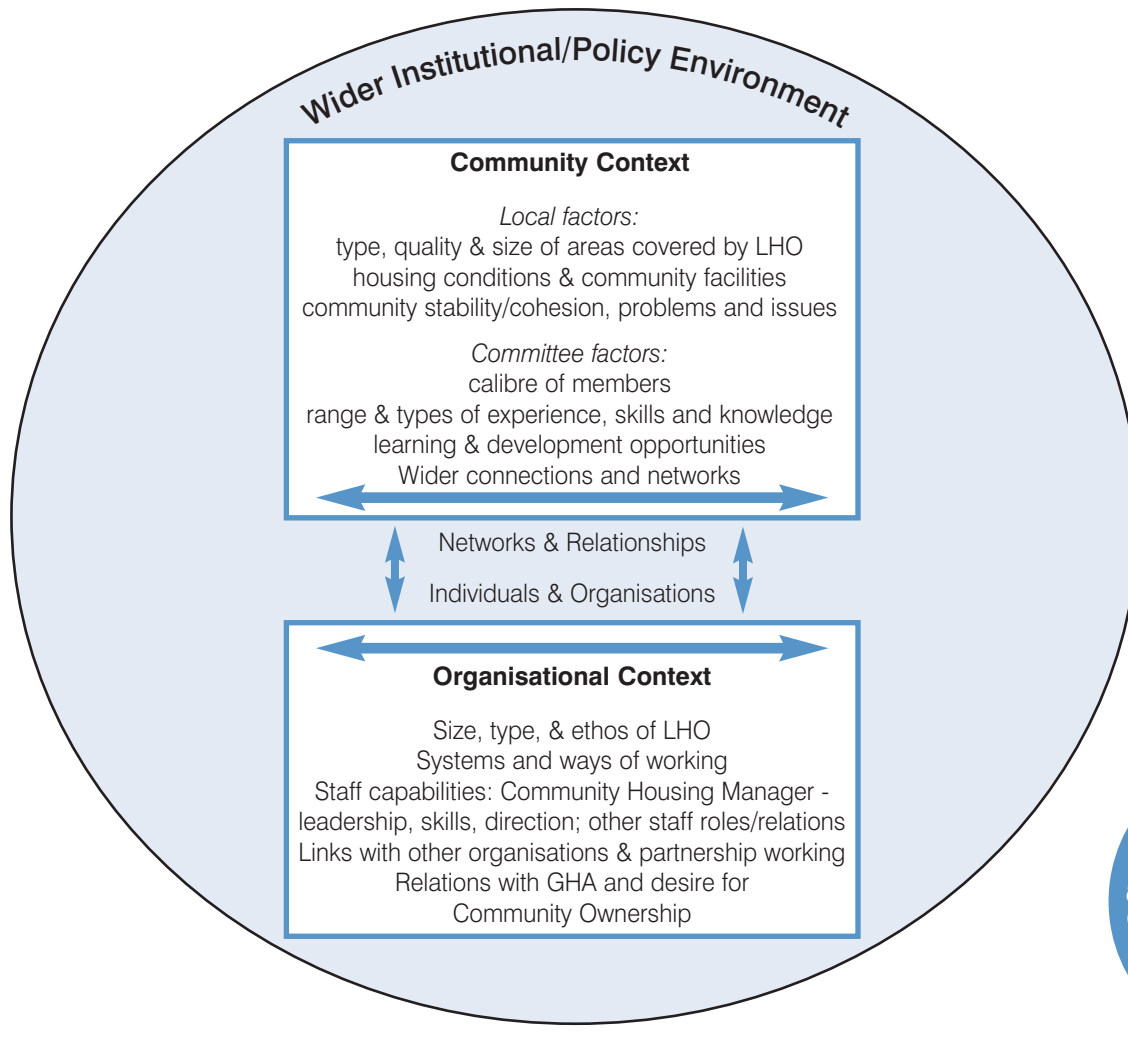




Our second model (Figure 2) illustrates the factors that can influence community empowerment.

Two key contextual factors influence empowerment and help explain the variations in empowerment observed (in our study of social housing). These are the *community* context and the *organisational* context. The networks and relationships *within* the community and organisational contexts and also *between* them is an essential aspect of this model.

Figure 2: Factors influencing community empowerment



Monitoring Wider Change (ecological monitoring)

The aim of the ecological monitoring component of GoWell is to monitor changes (in the study areas and across Glasgow) that could influence the health and quality of life of residents, and to understand these changes within their historical and policy contexts. We have used both quantitative and qualitative approaches to this, including data analyses and profiles, literature/policy reviews, key informant interviews and neighbourhood audits.

Quantitative analysis

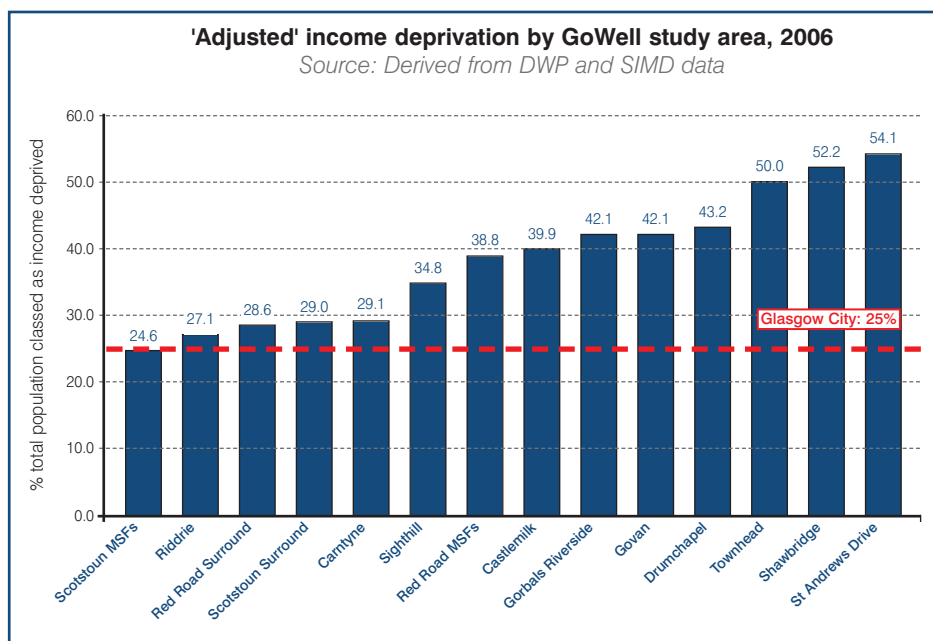
Two reports – *Health and Wellbeing in GoWell and Social Housing Areas in Glasgow*, and *Health and Wellbeing in Glasgow and the GoWell Area: deprivation based analyses* – were produced during the year.

The aims of these two complementary reports were to assess the health and wellbeing status of each of the GoWell study areas prior to regeneration, and – importantly – to show how these profiles related to the general patterns and trends of health and health-related factors seen across Glasgow.

Analyses of the city using a Glasgow-specific 'income deprivation' index showed striking variations in a range of health and wellbeing related indicators (e.g. life expectancy, alcohol and drug-related deaths, lone parent households, educational attainment, crime, maternal health) alongside persistent and – with few exceptions – widening inequalities between the least and most deprived groups over time.

Levels of 'income deprivation' were calculated for each GoWell study area, enabling us to place the GoWell areas within the overall spectrum of deprivation (and associated health status) seen across Glasgow. This process confirmed that the study areas are all among the most deprived areas in Scotland, but also that differing levels of deprivation are evident across the areas themselves. Figure 3 presents the income deprivation levels for each GoWell area. The horizontal dotted line shows the overall Glasgow figure.

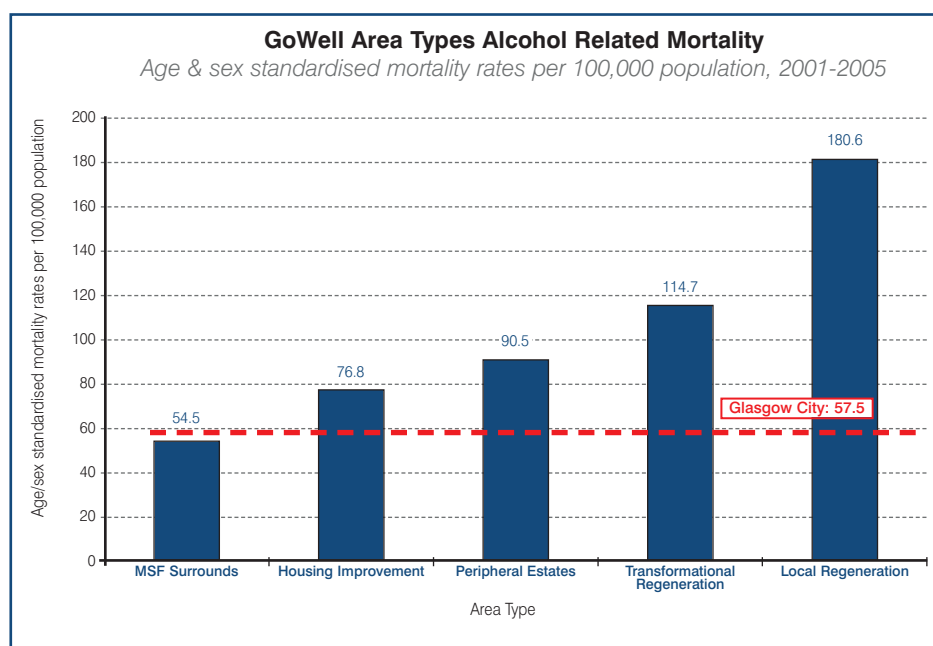
Figure 3



Profiles of the study areas alongside areas of Glasgow Housing Association (GHA) and other social housing showed the disproportionate 'burden' of ill health borne by certain parts of the city. For example, while areas in the city which include social housing account for just over 50% of Glasgow's population, they account for almost 75% and 80% of the city's total number of alcohol-related deaths and lung cancer deaths respectively.

The GoWell areas are generally associated with a range of poor health factors compared to the rest of the city. These include higher rates of mortality and hospitalisation for various causes, higher levels of suicide, and higher rates of maternal smoking. Figure 4 shows the levels of alcohol-related deaths by each GoWell area type. The horizontal dotted line shows the overall Glasgow figure.

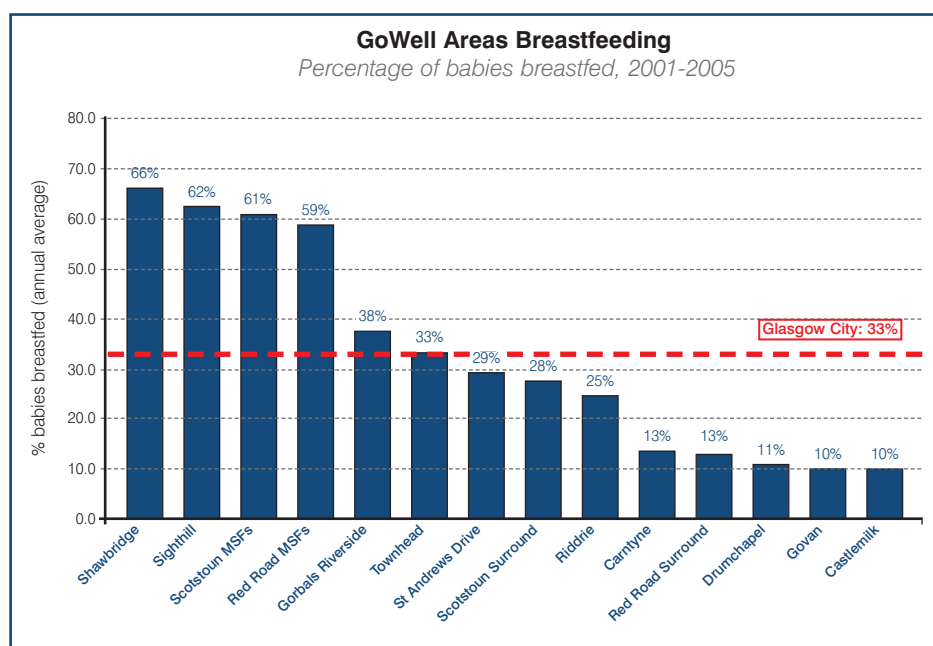
Figure 4



However, the profiles also showed the positive influence of some of the study areas' asylum seeker and refugee populations on aspects of maternal and child health. Figure 5 shows breastfeeding rates for each of the GoWell areas. The four GoWell areas with the highest rates of breastfeeding all have relatively large populations of asylum seekers. The horizontal dotted line shows the overall Glasgow figure.

Taken together, the reports provide valuable baseline information for the long-term monitoring of change in the GoWell areas, and link that information to the overall patterns of health, wellbeing and deprivation in the city as a whole. With the gap between the city's least and most deprived populations widening in a number of health-related areas, 'success' might be to prevent the gap widening further in the first instance.

Figure 5



Monitoring change over time in study areas

Baseline reports for each GoWell study area were produced in 2006 to provide a description of the areas against which change over time could be monitored. An important component of the ecological team's work is to update these baseline reports to monitor change in the study areas, providing a context within which survey responses and other GoWell analyses can be more meaningfully interpreted.

Over the past year this process focussed on the three transformational regeneration areas – Red Road, Sighthill,

and Shawbridge. We visited each of the areas and conducted semi-structured interviews with a small number of key informants to collect information on recent changes to the area, the current situation and plans for future changes.

During our visits to each area, we also took photographs of the housing, neighbourhood and local amenities to provide a visual record. Summary reports have been produced as well as web based summaries which have been published on the GoWell website.

Monitoring Wider Change (ecological monitoring)

Neighbourhood audits

In 2006, we undertook a neighbourhood survey to assess the quality of the housing and local environment in the GoWell areas. We worked with independent researchers ('surveyors') to assess the appearance, attractiveness and physical features of the housing and immediate surroundings of around 100 addresses in the GoWell neighbourhoods. We also collected information on the level and quality of amenities within the local area, as well as access and public transport links to key services outside the area (such as emergency services, leisure facilities etc).

This neighbourhood audit has been useful to help us describe the physical composition and quality of the different GoWell areas. Within the GoWell areas there is a wide range of housing types. Almost half of the addresses we visited were in areas with mainly low-rise flatted accommodation and a quarter of the addresses were in areas with mainly high-rise flats, with the remaining addresses made up of houses and four-in-a-block flats. Levels of attractiveness varied little between areas and in many issues of graffiti and disrepair were reported. Most (86%) of the GoWell areas had access to green space within 100m; but over half of the addresses had some graffiti to local buildings and three-quarters of addresses had some buildings with signs of damage or disrepair nearby. Below are a selection of photos showing some of this neglect.



We are currently using this neighbourhood audit along with data from the GoWell baseline survey to investigate which neighbourhood characteristics affect feelings and impressions about an area. We have looked at aspects such as appearance, attractiveness and maintenance of the buildings and area generally; the attractiveness and maintenance of communal areas and green space; the presence of unattractive or untidy private gardens; and presence of road safety features and neighbourhood watch schemes. The aesthetics and maintenance of the local buildings and area, and attractiveness and maintenance of communal spaces and green space seem to affect the surveyors' overall impression of the neighbourhood as a place to live. However, these aspects of neighbourhood did not seem to affect levels of neighbourhood satisfaction among local residents (as reported in the GoWell baseline survey). Analysis is ongoing and we are currently investigating what other factors predict neighbourhood satisfaction among residents. In particular, we are interested to look at housing satisfaction, feelings of attachment and belonging to the neighbourhood, and levels of neighbourliness.

The neighbourhood audit provides a useful record of the physical appearance of the GoWell areas at the start of the regeneration process and will allow us to systematically monitor changes in the local areas and neighbourhood quality over time.

Below are a selection of some of the photographs taken in the neighbourhood audits which demonstrate the range of both residential and amenity quality and attractiveness.

High Scoring addresses



Low Scoring addresses



Graffiti and disrepair were sometimes next door to attractive housing



High Scoring shops



Low Scoring shops



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Wider Action Nested Studies

This component of the programme involves carrying out 'nested' short-term studies of initiatives taking place at a community level alongside the housing improvements. To date these have focussed on three of Glasgow Housing Association's (GHA) Neighbourhood Renewal or 'Wider Action' initiatives. These studies are funded separately from the core GoWell programme with funding provided by GHA, Glasgow Centre for Population Health and the Scottish Government.

Play areas audit

One focus of GHA's Wider Action programme has been on the development or refurbishment of a number of play grounds and recreation areas. Playgrounds and recreation areas can provide opportunities for children to be physically active and meet friends and be a social venue for their caregivers. Better quality play provision may also impact upon the lives of local adult residents by improving the aesthetics of the local environment. Through showing signs of investment in the area, they may also affect local pride.

GHA and Glasgow City Council refurbished nine play parks in Glasgow under their joint Play Area Improvement Programme for 2006/07. The development or refurbishment included providing play equipment appropriate for specific age groups and multi-purpose games courts.

Our evaluation of the programme focussed on a sample of six of the nine play areas, selected to provide a representative cross section of play area types as well as city-wide coverage. Before and after audits of the physical features of the environment were carried out using a checklist covering safety and aesthetics, as well as aspects of incivilities. Photographs were taken to document the quality of the facilities.



Daisy Park - Before



Daisy Park - After



Knightswood Park - Before



Knightswood Park - After

The playground audits showed significant improvements in the provision of play areas (new equipment, provision of safety surfaces etc). Litter was a minor problem within the play parks. Graffiti however, remained a problem.

To complement the audit, GHA commissioned interviews with Local Housing Organisations (LHOs) and six focus groups with residents and parents living nearby the six play areas. They also commissioned an assessment of the impact of the programme on local children living in the catchment areas of the improved play areas. All elements of the evaluation will be reported in the first half of 2009.

Youth diversionary project

Under the Wider Action Fund GHA has supported, with a range of partners, over 20 youth diversionary projects across Glasgow. The central objective of this initiative is to improve community safety. Some of these projects work with large numbers of young people and provide a range of activities (e.g. coached sporting activities, dance, art, drama, IT). Others work to reduce the offending behaviour of smaller groups of young people.

Members of the GoWell team have conducted an evaluation of three of these youth diversionary projects. We investigated the impacts of the projects on young people's involvement in anti-social behaviour as well as impacts for the wider community.

One small project targeted offenders in a neighbourhood which was then undergoing major regeneration. In particular the project aimed to reduce the problem of arson in vacant buildings awaiting demolition. Following the project the number of deliberately started fires was greatly reduced. However, at the same time local buildings that had been vacant were demolished and this may also have contributed to the reduction in fires.

A larger multi-site project providing sporting and other activities to large numbers of young people in the neighbourhood was also included in the evaluation. This project was viewed positively by the young people participating in it, as well as, by project staff, local stakeholders (e.g. police and fire services, local housing organisations), and local residents. There were a number of reports from different sources that young people's involvement in gang fighting and anti-social behaviour had fallen since the introduction of the Youth Diversionary projects. It was also reported that local public space was now safer and more accessible to all members of the community, and that relationships between young people and the police were improved. It may be that some gang activity was displaced from these neighbourhoods to other areas. Analysis of crime data from the neighbourhoods around these projects is underway to explore this. It is hoped that these data will describe any changes in reported crime over the period of the projects.



Wider Action Nested Studies



Environmental employability programme evaluation

The Community Janitors or 'Environmental Employability Programme' is a combined employability and environmental maintenance programme. It aims to help local unemployed residents into employment through paid training to do a range of environmental maintenance jobs coupled with skills and qualification development and support to move into employment. At the same time it provides an environmental service to GHA's LHOs helping them respond to and manage local maintenance issues and needs. The programme commenced in June 2006 and is ongoing.

The programme is delivered through the five Local Regeneration Agencies (LRAs). Trainees are employed for a maximum of 26 weeks and supervised and supported by a team of supervisors.

An evaluation of the programme was conducted by *Hexagon Research and Consulting* in collaboration with the MRC Social and Public Health Sciences Unit. Employment monitoring data, tenant surveys and interviews and focus group discussions with trainees, LHO staff and LRA supervisors and co-coordinators were used to assess the effects of the programme on employability and the environment.

It was expected that the programme would offer 253 training places and 160 participants would move into employment. The programme significantly exceeded these targets with 346 places provided and 205 trainees getting jobs. A high proportion of the trainees and those who moved into employment were previously economically inactive or unemployed and some were on incapacity/sickness benefit. The programme was therefore successful in reaching people who had been out of employment for some time.

In terms of environmental outcomes, 48,849 tasks were completed between June 2006 and March 2008. The most common tasks were de-littering, sweeping paths, weeding, grass cutting, hedge trimming and uplifting bulky items. Improvements to the local environment were identified by all the stakeholder groups involved in the evaluation.

Trainees were very positive about their involvement in the programme. They felt it was worthwhile and appreciated by the local community and saw it as a good way of getting back into work, particularly identifying the practical work experience to be a real benefit, and valuing the support and encouragement received in job searching.

"I've been in a lot of 'dead end' jobs where you get poorly paid for doing work that nobody values. This seemed like an opportunity to work at something that would make a difference and help local people."

"Feedback is that a lot of people appreciate what we're doing; it's good for the community. It helps to see people making an effort to get the place tidied up. I'm surprised at the amount of people that say 'you're doing a good job boys'."

"They didn't just say 'here's a job, you should be applying for it'. They would say 'you can do this' and help you fill out the application and whatever else you needed. I felt they cared rather than just ticking boxes in forms."

LHOs felt that the community janitors were a valuable asset in helping to address many of the environmental problems identified by tenants and thereby contributing to improved relationships with their tenants.

"They [LHO staff] are pleased with the scheme; it is a tool to get things done. It makes them feel better because for once they are getting a bit of praise from tenants."

The full evaluation report is available from GHA.



Economic Evaluation

GoWell provides an exciting and timely opportunity to assess which regeneration initiatives provide a cost-effective means of improving health and wellbeing and to help determine how future regeneration programmes can be conducted successfully. The assessment of value for money will be undertaken in GoWell by comparing the additional outcomes achieved through the various initiatives, to the additional costs required by those initiatives. The key issues for this economic evaluation will be (i) the identification and measurement of the resource use and financial data and (ii) the definition and measurement of the outcome(s).

Over the past year, progress has been made towards the delivery of the economic evaluation through the development of a formal proposal regarding the format and nature of the economic evaluation. This innovative proposal takes a three-pronged approach, suggesting:

- (a) a simple comparison of the costs and consequences associated with each of the initiatives,
- (b) a comparison of the costs of the initiatives with the outcomes in terms of health (measured by quality adjusted life years) and
- (c) the comparison of the costs of the initiatives with the outcomes in terms of wellbeing (including the concepts of social, human, economic and cultural capital).

Over the next year the proposal will be developed into a formal analysis plan for the economic evaluation, including information about the specific costs and outcome data to be incorporated within the analysis. Additional resources will be sought to enable the full proposal to be implemented. The economic evaluation proper will not be completed until the last stage of the GoWell study is complete, however the analysis plan will be fully tested, over the next year, using data from the wave 1 and 2 surveys.



Communications and Learning

Our communications and learning component strives to keep our participants, communities, sponsors and the wider health and regeneration community informed of progress and findings *throughout* our ten year programme, and ensure findings are reflected upon, and lessons learnt, *during* the regeneration process, not only after it.

We undertake this work in a variety of ways including through our written outputs (reports, briefing papers, working papers, journal articles, and professional and community newsletters); discussion seminars and presentations; and our website (www.gowellonline.com). During 2008 we made progress in each of these areas.

A lot of effort has gone into publicising our second community health and wellbeing survey in order to ensure local awareness of GoWell and encourage residents to participate. This involved putting up posters and placing flyers and leaflets in public areas across our study areas. GHA and the local housing organisations were very helpful with this, including articles in their newsletters, displaying information in their offices, and in some areas sending letters to tenants. Their help has been invaluable and we greatly appreciate the time and effort they put in.

We are also extremely grateful to all the residents who took the time to participate in the survey. This participation really helps us gain an understanding of the actual impacts of the regeneration investment on people's lives and wellbeing. Given the time period between conducting the survey and reporting the findings, we disseminated a newsletter across our study areas in January 2009. This was sent to almost 24,000 addresses and thanked the residents who took part, informed the community of when we will report their area's findings, and provided a general update on how we are disseminating the survey findings and other learning from GoWell.

In terms of our written outputs, we have produced two new reports, submitted a range of articles to academic and practitioner journals and are developing a series of briefing papers. A full list of these is provided in Appendix 1.

We have also developed our website (www.gowellonline.com) significantly. It now has more background and contextual information, a section for each of our research components, a new references and reading section, and updated study area pages.



We have made presentations and held discussion seminars with a range of organisations, conferences and decision-making forums, at local, national and international levels.

At a **local** level, we have established links with many of the local housing organisations across our study areas and we aim to maintain and expand these links over the coming year. During 2008 we held two 'Housing and Health' workshops with North Glasgow and Queen's Cross Housing Associations. The first seminar was held with senior staff and committee members from each of the associations; the second seminar followed up on some of the issues identified and enabled further discussion of housing associations' roles in addressing the major health challenges in the area. Here's what Robert Tamburrini, Chief Executive of North Glasgow Housing Association, had to say about the workshops:

"We know from what tenants tell us that good quality housing can make a real difference to their health and quality of life. But we recognise that we need to do more than just improve housing conditions.... We are delighted to be taking this a stage further and working in partnership with the GoWell programme to look closer at the links between housing and health in communities across North Glasgow".

Our communications and learning activities crucially aim to ensure that our findings are of real use to local communities and contribute to community understanding. At the request of both GHA and a local campaigning group, we produced a report on residential conditions and health and wellbeing in St Andrews Drive in May 2008. This report was used by both parties in reaching a decision and agreement over the future of the housing in the area.

During autumn 2008 we made presentations to the 12 Glasgow City Council Area Committees that cover our study areas. These area committees are made up of local councillors and community representatives. They are responsible for monitoring how Council services are delivered and developed locally and aim to be responsive to local issues and priorities. We presented a range of health and wellbeing findings and encouraged them to consider specific issues that residents raised with us including: satisfaction with homes and neighbourhoods, public service ratings, levels of community cohesion and levels of involvement and empowerment. Our presentations were well received, with some requests for additional information and an invitation to present our wave 2 findings later this year. Speaking on behalf of the Area Committees, Cllr James Coleman, Deputy Leader of the Council said:

"Within the City Council, GoWell continues to be an important topic for discussion at 12 of the Council's 21 Area Committees. This has meant that both elected members and community councillors have been able to discuss local people's perceptions about the areas where they live and their own health. This unique insight allows us to plan better for future service provision and also to examine in more detail the very important relationship which exists between the communities and service providers".

At a **national** level we held a series of discussion seminars with Scottish Government analysts and policy officers from across government directorates. These aimed to raise awareness and understanding of the programme, encourage the use of our findings to support policy development, and help inform future priorities and direction of GoWell. A similar seminar series is planned for 2009.

The Scottish Centre for Regeneration recently launched three national learning networks which aim to connect people from across Scotland and we plan to actively contribute to these over the coming year.

Our collaborative work with the Scottish Urban Regeneration Forum (SURF) had also helped ensure that the learning from GoWell is applied not just at a local or regional level but across Scotland. Our work with SURF over the past year has involved a joint 'Food for Thought' event which explored some of the themes that emerged from our earlier Theories of Change work, a regular GoWell column in Scotregen, and input at the 2009 Annual SURF Conference. Reflecting on this collaborative work the Chief Executive of SURF Andy Milne had this to say:

"As Scotland's independent, cross sector regeneration network, SURF helps to improve regeneration policy and practice by sharing knowledge and experience across all sectors. SURF believes that Health and Wellbeing is the point of regeneration not just a factor in it. Our members are also aware of the need for more practical and authoritative research to confirm the dynamics of this relationship. We have therefore been very pleased to link closely with the GoWell project in a range of activities over the last year which have helped enhance and spread wider understanding of the interconnectedness of health and regeneration agendas. SURF is looking forward to building further on this successful, cooperative relationship as the vital learning, available via GoWell's important ongoing work, continues to unfold."

GoWell has also attracted UK wide and international interest over the past year, with presentations made to conferences across Scotland, and in other parts of the UK, Europe and Canada. Appendix 1 provides a full list of these presentations. Over the coming year we will continue to share our findings widely in this way.

We are now preparing for our next annual event, on 28 May 2009. Once again this will provide an opportunity for local residents and organisations to get together and discuss our findings. The coming months will also see the production of our wave 2 findings report which will be launched at our annual event.



The GoWell Team and Sponsors

The team

The GoWell team is made up of a combination of full-time core staff and a wider team of people, who although not working exclusively on GoWell are responsible for specific aspects of the programme.

The team has seen many changes over the past year. We are delighted to welcome some new members: Elena Sautkina who is a full-time core member working specifically on the effects of mixed-tenure communities; Chloe McAdam who has joined the team on a part-time basis working on the neighbourhood audit data; and Jennifer McLean, a new Public Health Programme Manager within the GCPH who will work part-time on GoWell. We also had a number of student attachments over the summer: Sophie Turner who completed a three month attachment working on the quantitative analysis of health and wellbeing related indicators; and Ross Grant who completed a four week attachment conducting a pilot exercise in Sighthill to inform how to update the baseline reports on an ongoing basis. Liz Aston who worked on the Youth Diversionary projects evaluation has moved on to a new post and we would like to thank her for her hard work and wish her well. Matt Egan, one of our full-time researchers, has been on secondment during 2008/09 and we look forward to his return to the team in April 2009.

The full GoWell team over 2008-09 was:

Liz Aston (*Researcher - Youth Diversionary Projects*) - until December 2008

Sheila Beck (*Member of Ecological Monitoring Team*)

Lyndal Bond (*Principal Investigator*)

Jennie Coyle (*Communications Manager*)

Fiona Crawford (*Member of Ecological Monitoring Team*)

Ross Grant (*Student attachment*)

Elizabeth Fenwick (*Researcher - Economic Evaluation*)

Ade Kearns (*Principal Investigator*)

Louise Lawson (*Researcher - Governance, Participation and Empowerment*)

Rebecca Lenagh-Snow (*Administrator*)

Phil Mason (*Researcher and data analyst*)

Chloe McAdam (*Researcher - Neighbourhood Audits*)

Jennifer McLean (*GCPH Programme Manager*) - since February 2009

Elena Sautkina (*Researcher - Mixed-tenure effects*) – since October 2008

Carol Tannahill (*Principal Investigator*)

Hilary Thomson (*Researcher - Neighbourhood Audits*)

Sophie Turner (*Student attachment*)

David Walsh (*Member of Ecological Monitoring Team*)

The sponsors

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. It is sponsored by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde.

The Steering Group brings together representatives from each of the sponsor organisations along with a representative from Glasgow City Council and three external advisers, one of whom is the Chair. The current membership of the Steering Group is listed here:

There are also a number of named 'associates' from each of the partner organisations who can attend Steering Group meetings on behalf of named members. It is not possible to list all of these here but over the past year significant contributions have been made from Suzie Scott and Helen Jackson from GHA and Bill Brown from GCC.

We are extremely grateful to each of our sponsor organisations not only for the financial contributions that they have made but the ongoing support, advice and championing of the programme that they provide. Thanks are also due to our three external advisers whose expertise and objective advice have been invaluable over the past year.

NAME	ORGANISATION
Andrew Fraser (External Adviser & Chair)	Scottish Prison Service
Steve Platt (External Adviser)	University of Edinburgh
Ian Cole (External Adviser)	Sheffield Hallam University
Taroub Zahran	Glasgow Housing Association (GHA)
David Fletcher	Glasgow Housing Association (GHA)
Craig McLaren	Scottish Government
Elinor Devlin	Scottish Government
Laurence Gruer	NHS Health Scotland
Lorna Kelly	NHS Greater Glasgow and Clyde
Steve Inch	Glasgow City Council (GCC)

“Longitudinal research on major regeneration programmes combining qualitative and quantitative methods is at a premium, and vital if we are to learn from them - not just in research terms but also in rethinking neighbourhood and city-wide urban and housing policies.”

Ian Cole, Professor of Housing Studies and Director of CRESR, Sheffield Hallam University

“I have thoroughly enjoyed serving as an external member of the GoWell Steering group over the past three years. This is a highly ambitious project in many respects. It aspires to be relevant to, and influence, public policy in many areas (including, but not limited to, health, housing and regeneration), to achieve a high degree of methodological rigour and scientific quality, and to promote extensive public engagement at local (neighbourhood) level. In my view considerable success has already been demonstrated in all these areas, and I am confident that the project will continue to flourish in the years to come.”

Steve Platt, Professor of Health Policy Research, University of Edinburgh

“It is increasingly recognised that the environment in which people live has a major impact on health. GoWell is a very important study to help us understand the impact of regeneration in Glasgow on people's health and wellbeing. The results will assist agencies and communities to maximise benefits to people's wellbeing. The findings of GoWell are even more important at this time of a global financial crisis and economic downturn. Having a prospective analysis of the health and wellbeing during this period can help public agencies monitor the effectiveness of actions to mitigate the effects of the economic situation.”

Dr Linda de Caestecker,
Director of Public Health, NHS Greater Glasgow & Clyde

“Health Scotland exists to improve health and reduce health inequalities in Scotland. GoWell provides a unique opportunity to find out a lot more about whether we can build our way to better health. For that reason, deciding to support GoWell was very easy.”

Dr Laurence Gruer OBE,
Director of Public Health Science,
NHS Health Scotland

“We need to know a lot more about how to improve Glasgow's health, and integrate this knowledge with our regeneration strategies. GoWell is starting to make an important contribution in helping us understand the impact of current strategies on community wellbeing and health inequalities, and over time will help us realign strategies to the benefit of residents in the city.”

Cllr George Redmond,
Executive Member for Health and Wellbeing,
Glasgow City Council

“The Scottish Government is absolutely determined to improve the life chances of our most deprived citizens and give them safe and supportive environments in which to thrive. Given this, we are pleased to support the second phase of the GoWell research and learning programme. It will allow us, and our local partners, to better understand and learn from the impact of our housing and regeneration investment.”

Alex Neil, Minister for Housing and Communities,
Scottish Government

“GHA's vision to deliver better homes and better lives for our tenants is core to everything we do, and the GoWell programme is fundamental in helping us and our partners to measure how far we achieve this. Findings from the programme will contribute to the development of an action plan for GHA and its partners, assisting communities to address wider neighbourhood problems. We hope that our regeneration activities can help break the cycle of deprivation that has dogged a number of the city's neighbourhoods for decades, and help produce lasting, positive change.”

Jim Sneddon, Executive Director of Regeneration, Glasgow Housing Association



Appendices

Appendix 1

Outputs and Presentations

Below is a full list of the GoWell publications and presentations delivered over the period April 2008 to end-December 2008.

Reports

- *Residential conditions and health in St Andrews Drive, Glasgow* (May 2008)
- *Health and wellbeing in GoWell and Social Housing Areas in Glasgow* (November 2008)
- *Health and wellbeing in Glasgow and the GoWell Areas – deprivation based analyses* (November 2008)

Articles

- *Housing Stock Transfer in Glasgow – the First Five Years: A Study of Policy Implementation.* Housing Studies 23: 6, 857-878.
- *Regeneration and Health: Some early findings from the GoWell project.* Scotregen, issue 44: winter 2008.

Community meetings/presentations

- Pollokshields Local Housing Organisation - 12 May 2008
- North Glasgow and Queens Cross Housing Associations – 25 August 2008
- East Centre Area Committee – 27 August 2008
- Govan Area Committee – 27 August 2008
- Newlands/Auldburn Area Committee – 28 August 2008
- Drumchapel/Annie'sland Area Committee – 11 September 2008
- Springburn Area Committee – 15 September 2008
- Canal Area Committee – 30 September 2008
- Pollokshields Area Committee – 8 October 2008
- Anderston/City Area Committee – 9 October 2008
- Linn Area Committee – 9 October 2008
- Drumchapel Cultural Development and Arts Strategy Group – 16 October 2008
- Southside Centre Area Committee – 20 October 2008
- Garscadden/Scotstounhill Area Committee – 21 October 2008
- North East Area Committee – 24 October 2008

Conference and seminar presentations

- *Housing, Regeneration and Health – Applying lessons from the past today.* Health, Housing and Regeneration: Policies and Partnerships for Healthier Communities conference - May 2008, Edinburgh
- Scottish Government Introduction seminar – May 2008, Edinburgh
- *Residential environments and physical activity*, poster presentation at HEPA Europe 2008 conference – September 2008, Glasgow
- *Youth diversionary projects and community safety: challenges for evaluation*, oral presentation at European Society of Criminology Conference – September 2008, Edinburgh
- *Youth Diversionary Projects: challenges in evaluating the health effects of a social intervention*, oral presentation at the International Conference on Urban Health – October 2008, Vancouver
- *Health and regeneration*, facilitated workshop at the SFHA conference – October 2008, Glasgow
- *Delivering a Healthy Scotland: what's your role?* keynote presentation at the Employers in Voluntary Housing annual conference – October 2008, St Andrews
- *Community Empowerment in the Context of the Glasgow Housing Stock Transfer*, joint Scottish Government Seminar (with Hal Pawson from Heriot-Watt University) – October 2008, Edinburgh
- *Development of housing typology and wider ecological monitoring*, Scottish Government seminar – October 2008, Edinburgh
- *Young People and GoWell*, Scottish Government seminar – November 2008, Edinburgh
- *Understanding and Investigating Regeneration's Impact Upon Health: View from the [Far] North*, presentation at Tyne & Wear Research and Information (TWRI) Conference – December 2008, Newcastle
- *Asylum Seekers and Refugees in the GoWell study*, Scottish Government seminar – December 2008, Edinburgh

Appendix 2

Summary of Accounts

Income 2008/09

Sponsor	Amount
NHS Health Scotland	£44,551
Scottish Government	£59,261
NHS Greater Glasgow & Clyde	£40,000
Glasgow Centre for Population Health	£100,000
Total	£243,812

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

Expenditure 2008/09 (to end-December 2008)

	Amount
Research staff	£160,415
Communications, events & outputs	£31,852
Running costs & support staff	£8,207
Total	£200,474

