



**3<sup>rd</sup> ANNUAL EVENT  
28 MAY 2009  
THE TEACHER BUILDING**

**REPORT**

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

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

The third GoWell annual event was held on 28 May 2009 at The Teacher Building, Glasgow. It was attended by 103 delegates drawn from health, housing, and regeneration sectors, and from a range of disciplines including policy makers, planners, service providers, researchers and community members.

### **Format**

Andrew Fraser introduced the event with a brief overview of how the morning would progress:

- Opening address by Mr Alex Neil, Minister for Housing and Communities
- Presentation of GoWell Wave 2 community health and wellbeing survey findings by Prof Ade Kearns
- Parallel workshops
- Final discussion session and plenary

### **Opening address – Alex Neil MSP, Minister for Housing and Communities**

Mr Neil opened the morning by highlighting the uniqueness of GoWell, not just in Scotland or the UK but internationally, in terms of the scope, size and longitudinal nature of the programme. He also highlighted and welcomed the iterative process going on between the research team and the communities involved, to feedback findings and keep communities updated on progress.

Mr Neil then outlined why the Scottish Government is making a major investment in housing and regeneration not just in Glasgow but throughout the rest of Scotland. He stated that the key strategic objective is to substantially reduce and, through time, eliminate poverty and deprivation in Scotland. Mr Neil talked about recent child poverty figures that demonstrated the very significant levels and concentrations of poverty and deprivation in Scotland (20% of pensioners and children living in poverty, and 5% of those in work living in poverty). He compared this with Denmark (a country of a similar size) where the level of child poverty is under 2%.

Given the challenges that these figures present, Mr Neil described GoWell as being “so critically important” as it is evidence-based, runs over a sustained period of time and “will allow us to look at the dynamics of investment in housing and regeneration as well as the sums involved and the activity rates”.

Mr Neil then highlighted two particular areas of interest to him personally. The first related to the need for not only physical or economic regeneration but also social regeneration. He talked about the evaluation of the Glasgow Eastern Area Renewal (GEAR) Project, one of the conclusions of which was that while physical regeneration was successfully achieved, there was less success in terms of economic and social regeneration, with a disconnect between what was done in terms of physical investment and what was done in terms of making the community self-sustaining in the long term. He discussed the debate or policy choice between focussing on economic regeneration (in the hope the trickle down effect of the increased employment and prosperity generated is a reduction in poverty and deprivation) or focussing on physical regeneration, in the hope that economic regeneration will flow from that. He stated that there is enough evidence now to demonstrate that it is necessary to move on all fronts at once rather than believing that improvement in one domain will automatically lead to improvement in others.

The second area of policy interest highlighted by Mr Neil was that of mixed development or mixed tenure communities. He recognised there are examples of success in terms of helping to create more mixed communities, but also that there are examples of mixed development having the opposite effect and reinforcing the

division in communities. Mr Neil talked about the Scottish “obsession about home ownership” and suggested that this reinforces many of the divisions in society. He talked about other countries such as America and Germany where the norm is for most people to rent their home. Even amongst owner-occupiers this is not predominantly seen as a speculative investment but rather as a home. Mr Neil recognised that policies as they are currently designed here are not working well and in some instances have been counterproductive. The mixed development, mixed tenure research being carried out as part of GoWell was therefore highlighted as being “particularly important in helping to inform us about future housing and regeneration policy”.

Mr Neil concluded by thanking the GoWell team for the work being carried out, adding that he looked forward to the new findings report which the Government would “look at very closely, not just in housing and communities” but across directorates to “see where we as politicians can do things better”.

### **GoWell Wave 2: Area Conditions and Change Over Time – Ade Kearns**

Professor Ade Kearns, gave a presentation of the first tranche of findings from the GoWell wave 2 community health and wellbeing survey. The survey involved 4,600 Glasgow residents and was conducted during spring/early summer 2008. Data were collected through face-to-face structured interviews with residents from across the 15 GoWell study areas. The data were weighted to reflect the characteristics of the resident populations in each of the study areas, and compared with the findings from the wave 1 survey conducted in 2006.

The findings fell into 4 sections:

- **Housing:** residents’ views of their homes and housing services, psychosocial benefits derived from homes and house moves
- **Neighbourhoods:** residents’ views of their neighbourhoods, amenities and services, anti-social behaviour, neighbourhood change, neighbourhood reputations and issues of empowerment
- **Communities:** issues of sense of community, neighbourliness, social support, safety and community cohesion
- **Mental wellbeing:** Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) scores.

A copy of the presentation slides are available [here](#).

Following this presentation delegates broke into workshops. A summary of the main discussion points from each of these and links to relevant materials follow.

### **Workshop 1: Living the high-rise life**

Facilitator: Phil Mason, GoWell Researcher and Data Analyst, University of Glasgow

The workshop commenced by looking at some of the GoWell findings relating to high-rise flats and whether there is an additional effect of living in a high-rise flat over and above the effect of area deprivation, age, sex etc. A copy of the presentation slides are available [here](#). Generally, high-rise living appears to have more of an effect on housing and neighbourhood satisfaction than flat or house living. This mainly seems to be around issues of noise, safety and security.

There was discussion regarding the importance of perception and it was highlighted that it is perceptions that affect how people feel and behave rather than reality. Therefore, how to manage perceptions better is an important issue.

There was much discussion regarding the value of secure door entries and concierges in improving residents' perceptions of safety, and agreement that these are important supports/services within high-rise flats.

The diversity of high-rise living was highlighted and it was noted that some high-rise blocks within Glasgow are extremely popular and work well. It was thought that part of this is due to the density of blocks and those on a smaller scale or individual blocks seem to work better. Location and occupancy/stability of occupancy are also important factors. The group also discussed the importance of local involvement and engagement, and influence over decisions.

### **Workshop 2: Meaningful community engagement**

Facilitator: Louise Lawson, GoWell Researcher, University of Glasgow

The aim of this workshop was to explore and discuss workshop participants' views and experiences regarding community engagement (CE) and why it is 'done'. The workshop started with a brief presentation to look at some examples of community engagement from the GoWell study areas that form the GoWell research component on Governance, Participation and Empowerment. The presentation slides are available [here](#).

It was felt that clarity is needed about the aims/purpose of CE and what it is trying to achieve. Do organisational and community expectations correspond? The purpose will not only affect the process itself but also measurement issues. There are useful and accessible resources such as VOICE, developed following the establishment of the ten national standards for community engagement, that can help organisations and communities work through these sorts of issues.

Clarity is also needed regarding the difference between information, consultation, engagement and empowerment as these terms are often used interchangeably although they are quite different.

There was agreement that organisations need to start the process with issues and approaches that are meaningful to the community. One workshop participant cited the fact that in his community, they had recruited and trained 14 local people from different BME groups as peer researchers which had improved their confidence and wellbeing as well as providing an avenue to engage with different members of the community. Also, it is important to organise meetings/events at a sensible time for local people, and in venues that people can reach and feel comfortable in.

There are well-known differences between age groups as well as important issues of confidence and trust among individuals in communities. For example, young people are often seen as completely disengaged but older people often have more time to get involved and the issues discussed may be more relevant to them. In addition, there is cynicism as people sometimes feel they've heard it all before and have not been able to influence decisions and/or there is a pre-determined agenda (a 'fait accompli').

There are good examples of engaged and disengaged communities and lessons to be learned from both of these. Rather than assuming that communities are apathetic

if they don't engage, organisations should consider whether they are 'engaging' on the right issues (those relevant to communities) and in the right way. It is important to let communities themselves identify and influence the issues. In addition, continuity and follow through are important.

### **Workshop 3: Accommodating asylum seekers and refugees: Implications for communities**

Facilitator: Ade Kearns, GoWell Principal Investigator, and Professor of Urban Studies, University of Glasgow

The workshop started with a brief overview of the GoWell research and findings in relation to asylum seekers and refugees (ASRs). Generally, ASRs were positive about amenities in their areas and the community as a whole but there were also some reports of harassment, mainly from younger members of the community. The Scottish residents had more mixed views of the community and ASRs – lots of positives and negatives, some sympathetic, some racist, many of which likely reflect a lack of understanding of this population group. Ade also highlighted that regeneration is a complex issue and in some areas the influx of ASRs has increased the complexity of the change. Presentation slides were not used at this workshop but a briefing paper summarising these findings is available [here](#).

There was some discussion around the ASR policies and procedures in Glasgow and agreement that 'rules' relating to ASRs are ever changing. How the decisions are made on 'leave to remain' requests has an impact on all work relating to ASRs and this should be considered when decisions are being made.

There was comment on the lack of ability to track people who leave Glasgow after they are granted refugee status. Anecdotal evidence suggests that many move to England for a 'better quality of life', some move out of Glasgow but remain in Scotland, while some move to other neighbourhoods in Glasgow. This was refuted in the room and it was stated that this tracking information is available and it's just about looking in the right place.

It was noted that GHA have seen a significant rise in the level of ASRs seeking housing with the ethnic diversity of many communities increasing dramatically year on year. This suggests that many stay within Glasgow when granted refugee status.

The difference in terms of having 'asylum seeker' or 'refugee' status was discussed. It was suggested it can be more difficult on people when they are granted refugee status as there is an expectation that life will change for the better, they will be able to work etc but in fact there is a lot to 'cope with'. The question was asked whether this has an adverse affect on their mental health and whether more support needs to be available during this transition. Would learning more about the local community and culture make the transition less difficult for them?

The attitude among the Scottish population continues to be negative among some people/in some places. There are 'myths' about ASRs that continue. It was proposed that a citywide communication campaign was needed to dispel these myths (such as 'they take all the jobs'; 'they slow regeneration down'; 'they take precedence over the 'local Scottish' population' etc). In addition to these myths, it was suggested that ASRs are used as scapegoats for social problems such as drug-dealing in the community.

Resources and dwelling issues were discussed and in particular the lack of fit between family and house sizes. There seems to be a lag between development and need in that more three and four bedroom accommodation is required but by the time this is built families may have moved on or other solutions sought. It was noted that this is a housing issue in general, not one that is specific to ASRs, although they tend to have larger families.

Planning was therefore raised as an important issue alongside dealing with uncertainty. How do we plan for trends and patterns we can't foresee, such as how and when decisions are made on ASR status, and how and what decisions ASRs make when granted leave to remain?

#### **Workshop 4: Local initiatives for employment and wellbeing**

Facilitators: Prof Lyndal Bond, GoWell Principal Investigator, and Associate Director MRC Social and Public Health Sciences Unit; and Rachel Florence, Glasgow Housing Association

The workshop discussed local initiatives for employment and wellbeing, with specific reference to the example of GHA's 'Community Janitors' project (officially known as the 'Environmental Employability Programme'), a programme aimed at providing unemployed people in the community with the skills to find, and maintain, permanent employment. A copy of the presentation slides is available [here](#). A briefing paper summarising the findings of the Community Janitors project evaluation is also available [here](#).

Three specific questions were posed for discussion, concerning:

- *the barriers to this kind of project,*
- *how those barriers can best be overcome, and*
- *how local organisations/communities can encourage people to participate into unpaid work.*

The main summary points from the discussion were as follows:

The Community Janitors programme has been extremely successful, as evidenced by the published evaluation. However, its success is not a surprise; rather, it could have been predicted, given that there have been similar initiatives in the past, all of which have also proved to be highly successful. Such previous initiatives tend to have been the victim of funding cuts and/or short-term funding – indeed, money was identified as one of the principal barriers to the success of this kind of programme. It was noted that the Community Janitors project costs in the region of £2m per annum to support 200-300 individuals.

In terms of overcoming such barriers, two main points were made. First, we need to be able to demonstrate (and importantly this could be done fairly easily) the cost effectiveness of this, and similar, schemes. In fact, £2m is likely to be a very small amount compared to the savings involved in reduced benefit take-up and the impact of longer term improved physical and mental health among residents. Second, to ensure that this kind of initiative becomes permanent (and not subject to short-term funding etc) we need 'organisational buy-in' from the various relevant agencies and organisations. This would require other barriers to be overcome in terms of the way funding is allocated within those organisations, and in terms of organisational culture (e.g. to enable them to work alongside other agencies with a different cultural ethos).

In terms of how community residents can be encouraged to participate in voluntary work, the consensus from the group was that there is already a great number of such schemes in place which do this very thing. The more important issue therefore concerns how these different initiatives can be fully aware of other, relevant schemes, and how they could share best practice. A couple of mechanisms were suggested in this regard such as the GoWell newsletters, and the Scottish Centre for Regeneration's learning networks (see [www.partnersinregeneration.com](http://www.partnersinregeneration.com)).

#### **Workshop 5: Pathways from regeneration to health**

Facilitators: Matt Egan, GoWell Researcher, MRC Social and Public Health Sciences Unit; and

Jennifer McLean, Programme Manager, Glasgow Centre for Population Health

The workshop began with a presentation introducing the ideas of evaluation, logic modelling and results chains. A copy of the presentation slides is available [here](#).

The group broke into three discussion groups following the presentation to discuss the ways in which regeneration activity might influence the health of the local community. Participants were asked to think specifically about a fictional place called 'Shieldinch' where there were proposals to improve the social rented housing and to build some new private sector homes on some local green space, and to think about the likely impacts on health of the outline plans participants were given.

The main conclusions from the discussions were:

- It is not possible to know what the health outcomes should be as this depends on how the regeneration activity is delivered on the ground.
- The level of uncertainty associated with regeneration activity was described as a 'roller coaster ride' – and there is a catch up once the change becomes more certain. Particular issues include access to services and volunteering.
- There was agreement that there should be more of a focus on mental health – providing people with more support and reducing stigma. This would help pick people up.

#### **Workshop 6: Youth diversionary initiatives and health**

Facilitator: Hilary Thomson, Researcher – Neighbourhood Audits, MRC Social and Public Health Sciences Unit

Following a very brief presentation, the slides of which are available [here](#), delegates started by discussing the term 'youth diversionary'. There was agreement that this implies the programmes are designed to divert youth from criminal activities which they would otherwise be involved in - and that this is not necessarily the case. Delegates agreed that young people are, in general, positive citizens and that they are not waiting around to commit crime.

The group raised concern about the general criminalisation of youth and some behaviour which leads to increased fear of crime and/or young people. Delegates thought that a lot of young people were unnecessarily feared and victimised. Indeed they believed that the perception of crime is worse than reality and that residents' perceptions may be heightened by more common petty crime (e.g. vandalism, graffiti, underage drinking), as well as through hearing about more serious crimes (both locally and further afield e.g. assaults, murders, etc) which are less prevalent.



In discussing the health impacts of neighbourhood crime/anti-social behaviour (ASB) on residents, although perceptions of crime may be greater than the reality, it was agreed that crime/ASB still causes worry and distress and may impact upon mental wellbeing. In terms of young people, the group suggested that they may have different concerns from those of adult residents, policy makers or staff since they may actually be personally more at risk of assault and violent crime. However, for both adults and youth, fear of going out (especially after dark) may mean that people socialise less and become isolated. People may be reluctant to go to the shops or outside for example and may interact less and less with other people, which may lead to low self esteem and poor wellbeing. Physical health may also be affected by being less physically active and by spending more time indoors. These possible health effects may also be gendered, since women may be more likely to stay inside for fear of crime/ASB.

The group discussed the possible causes of ASB and crime amongst young people and felt that if young people fear becoming victims of crime then they may join gangs/groups for protection. Joining gangs occurs at a key life stage and at a time which is crucial for making decisions about education/jobs/relationships which will impact on their life chances and also on their health in later life.

Delegates suggested there is also evidence of some young people not going outside and not taking certain jobs due to territoriality and this again may harm their long term employment prospects and ultimately their health. Furthermore, some young people may be 'self medicating' their mental or social health problems through the use of alcohol/illicit drugs.

Other suggested causes of youth crime/antisocial behaviour were:

- Poverty
- Bullying
- Child abuse
- Domestic abuse
- Alcohol abuse (parents/children)
- Illiteracy/poor education
- Lack of parenting skills
- Lack of role models/knowledge of choices
- Increase in the numbers of parents in prison resulting in a lack of adult supervision
- Underlying mental health issues of young people that are not addressed
- Regeneration itself - which may break up communities resulting in less control of youth by local adults
- Design of neighbourhoods - may facilitate youth disorder e.g. places to hang around where they can't be seen/are not challenged
- Consumerism and a wider general malaise exacerbates these problems (which are not new)

Some delegates believed that there is limited funding for youth programmes and that resources have been taken from youth work or cultural and leisure facilities and given to antisocial behaviour/youth diversionary programmes.

Delegates also pointed out that policy makers and researchers don't talk sufficiently to young people to hear their views. The programmes are adult orientated/have a top down approach but there is a wealth of knowledge to be gained from young people which could be gathered to target programmes more effectively.



It was suggested that the deeper causes of crime (noted above) cannot be targeted through these types of programmes alone. Government policies are currently driven by employability and have the underlying philosophy that if young people can be persuaded and helped into work then their other problems will be solved. However, delegates believed that when some staff try to help young people into work they realise that many face more health, education or social problems than they can adequately deal with from an employability perspective. Delegates believed that a holistic approach would be more successful and that if we can help young people to deal with their emotional health first then they may be more able to seek employment/improve life in other ways on their own. Delegates also suggested that it is difficult/impossible to build relationships and trust with young people if staff are on short-term contracts or if funding, targets and policies are constantly changing.

It was noted that there is very little sense of what does/does not work in terms of youth projects improving health, but they could potentially impact health via improving self-esteem and boosting confidence. Additionally, health behaviours may be improved through health education programmes that are part of some workshops designed to encourage healthy lifestyles.

#### **Close and next steps – Carol Tannahill**

Prof Tannahill closed the day by highlighting the next steps for the team which include further analysis and a report on the wave 2 survey findings. The longitudinal studies - to compare not just areas but to look at the experience of people over time - will continue and we will report on these at next year's event.

Other components that were touched on during the morning and which will continue are the ecological monitoring; the governance, participation and empowerment component; the mixed tenure study – which will report by the end of this calendar year; and new work to look at the experiences of young people. Information on each of these different components alongside findings, reports and briefing papers are available from the GoWell website at [www.gowellonline.com](http://www.gowellonline.com) or from Jennie Coyle ([jennie.coyle@drs.glasgow.gov.uk](mailto:jennie.coyle@drs.glasgow.gov.uk) or 0141 287 6268).

Prof Tannahill highlighted the fact that GoWell is a research and *learning* programme and so the work with the GoWell sponsor organisations – NHS Health Scotland, NHS Greater Glasgow and Clyde, GHA and the Scottish Government – will continue in order to distil the recommendations from the findings. Over the next year we will also provide local areas with opportunities to receive feedback on the findings for their area. With this community and policy input we will continue to build up a set of policy recommendations.

Prof Tannahill concluded by thanking, in particular, the GoWell participants and local housing organisations and other local community groups, the GoWell sponsors and advisers, the morning's speakers and workshop facilitators, and the communications team who organised the event.

## **Feedback**

All delegates received and were asked to complete a feedback form. Only 17 feedback forms were received.

The feedback forms asked for the following:

- general comments on the main plenary;
- general comments on the workshop attended;
- an indication as to whether they had previously attended any GoWell events;
- their view on the usefulness of the event;
- which of the issues discussed, or points made, they considered most important;
- suggestions how future GoWell events could be improved.

Overall the comments and feedback received were very positive. A summary of the comments made and examples of each are provided below.

### **General comments on the main plenary**

The overall feedback and general comments on the plenary were that it was very informative and well presented. Given the amount of information included, one delegate suggested it may have been useful to provide a simple summary of the key points.

Examples of comments:

'Excellent - very informative'

'Well presented'

'All very useful and interesting. Ade presented a lot of complex information in a very clear and easy to understand way'

'Wonderful detail, precision and analysis'

'Minister's speech was impressive! Excellent presentation from Ade - a lot of information to take in'

### **General comments on the workshops**

The workshops feedback was generally positive and a good opportunity for discussion.

Examples of comments:

Community engagement – 'Good discussion and facilitated well'

Asylum seekers and refugees – 'Interesting to hear varying views - also to note lack of information and strategic direction around the area/issue'

Pathways from regeneration to health – 'Difficult subject well tackled. A little more time to share experience would have been better'

Local employment initiatives – 'Very good - was a real workshop which had lots of discussion, rather than a presentation followed by Q&A'

Youth diversionary initiatives and health – 'Great opportunity for wide range of interests to express and inform'

### **Previously attended any GoWell events**

10 people had previously attended a GoWell event, 6 had not, and 1 didn't say.

### **Usefulness of the event**

All comments on the usefulness of the event were positive with the majority saying it was very useful, interesting and informative.

Examples of comments:

'Very informative and useful'  
'Extremely good forum for shared learning/experience and networking'  
'Very useful for sharing information and allowing discussion'  
'Fundamental importance to future of city'

### **Most important points made or issues discussed**

The points made that respondents highlighted as being most important were a mixture of those relating both to GoWell as a whole and specific findings/issues. The most recurring issue was around mental health with others mentioning community engagement and the relevance and importance of GoWell to practice and policy.

Examples of comments:

'Mental wellbeing - it seems that this has clear links to the other four areas discussed in the findings'  
'Need to ensure the research influences policy makers - locally and nationally'  
'Too many to list!'  
'Positive engagement should continue before, during and after regeneration. Not enough inclusion or engagement with all age groups'  
'The relevance and potential of the GoWell programme across a range of spheres'

### **How to improve future events**

The main suggestions related to having more time for discussion and including more community members.

Examples of comments:

'A longer event rather than a 1/2 day. A full day to have deeper discussion.'  
'Giving extra time for discussion and debate'  
'Just right'  
'Include more people at receiving end of regeneration'  
'Better mix between policy, strategic and research staff and community members and practitioners. Humanise issues - stories not statistics!'

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