



2013/14

## Progress Report

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

# Foreword

It is a pleasure to introduce and welcome you to this year's progress report, which provides an overview of the activities, findings and impacts from the GoWell programme during 2013/14. Every year the programme grows in scale and influence, and I should like to start by playing tribute to the GoWell team, and the programme's sponsor and partner organisations.

There have been some significant changes to the team over the past year. We have been delighted to welcome Professor Anne Ellaway as a new GoWell Principal Investigator. Anne leads the MRC/CSO Social and Public Health Sciences Unit's programme of research on Neighbourhoods and Health, and has a longstanding interest in exploring the processes by which features of the local social and physical environment might influence health and the ability to lead a healthy life. With the addition of Anne's expertise, we are already seeing a strengthening of GoWell's research into the ways in which the quality of Glasgow's neighbourhoods is changing over time and how these changes impact on residents' health and wellbeing.

Dr Matt Egan, who had been a full-time GoWell researcher since the programme's inception, left us during the year for a Senior Lectureship at the London School of Hygiene and Tropical Medicine. Matt contributed to GoWell in too many ways to mention and his presence in the team is greatly missed. We wish him very well in his new role and record our sincere thanks for his many contributions to GoWell. Matt's vacancy is now being filled and we extend a warm welcome to our new programme Administrator, Laura Baggley, and Community Engagement Manager, Cat Tabbner.

The economic climate of the past year has presented difficult circumstances for those delivering and receiving regeneration programmes. Tight budgets bring into sharp focus the importance of understanding the impacts of programmes, and using this understanding intelligently to shape future decisions. It is to the credit of the sponsors of GoWell that they remain committed to achieving these aims. Long-term studies of complex interventions are difficult to implement and require close and sustained links between researchers and stakeholders. GoWell is one of the few large-scale social policy evaluations in Scotland that has secured these conditions. It has depended not only on the financial support of sponsors but also on an openness and flexibility of approach. That sort of shared commitment, money cannot buy.

The need for regeneration to be holistic – operating across physical, economic, social and cultural dimensions of policy and practice – has long been recognised. Over the past year, GoWell has sought to extend its research to look at a wider range of impacts. This has included establishing shared data sets on crime and education, using geographical information systems to look systematically at changes in amenities over time, and undertaking detailed analyses of the experiences of financial stress within our study communities. These developments not only enable a wider range of impacts to be captured, but also allow the programme's influence to extend to new areas of policy and practice.

At the heart of this year's progress report is a summary of three dimensions of the study. These relate to mixed tenure, neighbourhoods and social regeneration. Some of the influential programme findings and how these have been used are also described. An update on our study of the East End of Glasgow is then provided before the report looks forward to what the next year holds for GoWell. I hope that you find it of interest and value to our collective goal of learning how regeneration can bring better health for communities in Scotland.

**Dr Andrew Fraser**  
Chair, GoWell Steering Group



# Introduction

## What is GoWell?

GoWell is a research and learning programme, investigating the impacts of investment in housing and neighbourhood regeneration in Glasgow on the health and wellbeing of individuals, families and communities. Launched in 2005, and planned as a ten-year programme, the study design allows us to examine a range of neighbourhood, housing and health-related factors before, during and after changes take place.

## Interventions and outcomes

The regeneration of these communities involves a range of interventions including:

- Housing improvements
- Transformational regeneration
- Resident relocation
- The creation of mixed tenure communities
- Changes in dwelling type (demolition of high-rise blocks and replacement with lower-rise flats and houses)
- Community engagement and empowerment.



GoWell is studying all of these and is specifically looking at the impacts they may have in terms of four key sets of outcomes: **residential satisfaction**; **social and community relations**; **individual and collective empowerment**; and **health and wellbeing**. Health and wellbeing outcomes are conceived as resulting primarily from positive changes in the other three categories.

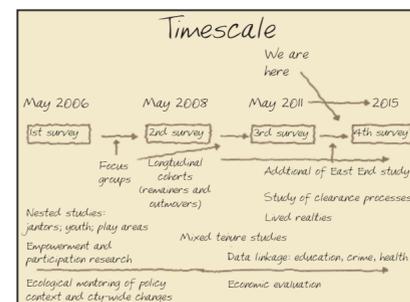
## Study components

A spectrum of research approaches are being used to do this, some of which will run throughout our life-span; some repeated at different intervals; while others are short-term in nature.

At the core is a **community survey** of our fifteen study areas. Three surveys are complete, the first in 2006 (involving 6,016 participants), the second in 2008 (involving 4,657 participants) and the third in 2011 (involving 4,063 participants). A fourth survey is planned for 2015. A particularly rich resource within these surveys is the increasing **longitudinal cohorts** embedded within them. Additional to this is a longitudinal **'outmovers study'**, whereby residents who move out of selected study areas are tracked over time through their experience of relocation.

A body of **qualitative research** allows further in-depth research into issues raised through the survey or on specific topics. These have included resident and practitioner experiences of community engagement, mixed tenure communities, housing clearance processes, and young people's experience of regeneration. An **ecological analysis** component of GoWell provides an added dimension

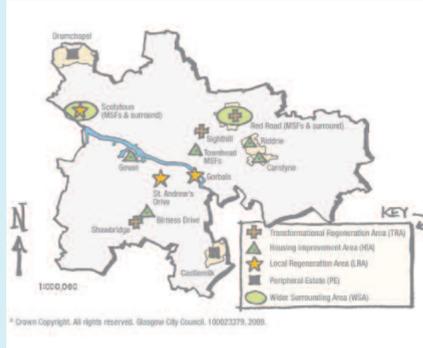
to the survey by tracking wider changes in Glasgow and placing them within their historical and policy context. Finally, the **economic evaluation** strand of GoWell aims to assess whether the interventions described above provide 'value for money' in terms of investments in health and wellbeing and to inform future policies on housing and regeneration in Glasgow and beyond in terms of this.



# Who's involved?

GoWell is a collaborative partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit. The current team, working on the programme on a day-to-day basis across the partnership organisations, is listed on the back page of this report. The sponsorship of the programme by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde brings together housing, regeneration and health sectors.

There are **15 communities** involved in the main study, which are categorised into five types of area dependent on the type of regeneration and investment they are receiving. These are described below and shown in the map.



## Box 1. GoWell Intervention Area Types (IATs).

### Transformational Regeneration Areas (TRAs)

Places where major investment is underway, involving a substantial amount of demolition and rebuilding over a long period. Study areas are **Red Road**, **Shawbridge** and **Sighthill**.

### Local Regeneration Areas (LRAs)

Places where a more limited amount and range of restructuring is taking place, and on a much smaller scale than in TRAs. Study areas are **Gorbals Riverside**, **Scotstoun** multi-storey flats and **St Andrews Drive**.

### Wider Surrounding Areas (WSAs)

Places of mixed housing types surrounding TRAs and LRAs that may be affected by the transformation of those areas as well as by improvements in their own housing stock. Study areas are **wider Red Road** and **wider Scotstoun**.

### Housing Improvement Areas (HIAs)

Places which are considered to be popular and functioning successfully, but where significant internal and external improvements are taking place to dwellings. Study areas are **Birness Drive**, **Carntyne**, **Govan**, **Riddrie** and **Townhead**.

### Peripheral Estates (PEs)

Large-scale housing estates on the city boundary where incremental changes are taking place, particularly in terms of housing. These estates were originally entirely social rented but there is now a significant element of owner-occupied as well as private rented housing. Private housing development and housing association core stock improvement works both take place on these estates. Study areas are parts of **Castlemilk** and **Drumchapel**.

In addition to these fifteen communities in the main study, there are six neighbourhoods in our East End study. These are Bridgeton, Calton, Camlachie, Dalmarnock, Gallowgate and part of Parkhead. Further information on our study of the East End is provided later in this report.

# Impact and influence

## *The nature of our evidence*

GoWell is a rich resource for generating better understanding of the relationships between housing, neighbourhood quality, community life, wellbeing and health. A key element of the programme is to ensure that these findings are discussed with our study communities and with policy-makers and practitioners so that they are translated into practical information and recommendations for policy and practice.

Due to the complexity of GoWell's subject matter, however, our findings rarely yield simple answers to questions, or lead to single policy recommendations. Rather, over time, we are building up a patchwork of evidence and understanding, in which some parts of the picture are becoming clearer (for example because findings are proving to be consistent over time and across different study components), others fade in and out of clarity, and others are relatively unexplored and unexplained.

The evidence we are generating is also highly context-dependent. Given the scale, variety and complexity of the changes taking place in our study communities, and the fact that GoWell is taking place during a period of economic constraint and austerity, the task of drawing out generalisable and transferable lessons is even more challenging.

Our forthcoming context briefings attempt to attend to this issue somewhat by describing the city-level changes in terms of population, deprivation and health; progress with the housing and regeneration interventions in our study areas; and neighbourhood change in terms of amenities and facilities, to help place our survey findings in the context of these wider changes.

## *How we impact and influence*

Despite these words of caution, the longitudinal nature, breadth and scale of GoWell means that we are well placed to inform policy and practice developments, nationally and more locally, across a range of policy dimensions. Indeed the direct relevance of our findings for national and city-level policy and practice has resulted in the programme playing an increasing role in influencing priorities and shaping thinking about the relationships between area-based regeneration and health.

What follows is a selection of messages that have emerged from our findings in terms of housing, communities, neighbourhoods and health. In addition the centre section of this report provides a more detailed synthesis of our findings relating to three topics: mixed tenure; social cohesion and social regeneration; and neighbourhoods, health and wellbeing.



## Housing



The large-scale regeneration of areas involves moving people out of their homes and neighbourhoods to facilitate redevelopment in order to provide improved and changed housing (eg from high-rise to lower-rise flats and gardens). Past studies have suggested possible detrimental impacts from this 'displacement', so we have been looking closely at the social, community, health and wellbeing impacts of this housing intervention.

We found the effects of relocation to be generally positive for individuals and households – with no detrimental impacts on health and wellbeing and improvements in social and community outcomes. This may be because prior social and community conditions were not as strong or cohesive as assumed, but also because housing staff have been able to take their time and exercise flexibility to meet residents' relocation needs.

However, despite these 'benefits', in and of itself relocation it is not a 'transformative experience' in the way that relocation programmes in other countries attempt to achieve. Generally we have found that people relocated from regeneration areas have not moved very far, often move to other relatively deprived areas and have mixed views about the outcome – tending to be positive about their new home but disappointed that their new neighbourhood is not more mixed both in relation to housing tenure and in social terms. If redevelopment of their original neighbourhoods could be progressed more quickly, more residents might have opted to stay within these, eventually living in more mixed communities.

We have also found indications of negative impacts on receiving or new 'host' communities including on: perceived neighbourhood attractiveness; feelings of progress; ratings of service provider responsiveness; trust and reliance in neighbours. There may therefore be an issue here for policy and services to consider how to support communities who are due to receive incoming residents being relocation from regeneration areas.

## Neighbourhoods

A range of outcomes may result from neighbourhood improvements, including greater overall levels of satisfaction and higher resident ratings of the quality of neighbourhoods. People may also derive a number of psychosocial benefits from their neighbourhood, pertaining to control/privacy and status/reputation.

Through our measurement of these aspects of neighbourhoods, the importance of neighbourhood quality as a determinant of health and wellbeing has become increasingly apparent. For example, we have found:

- **The use of local amenities is associated with more walking and may be influenced by both the provision and perceived quality of those local amenities;**
- **Nutritious food retail outlets and supermarkets are associated with healthier snacking;**
- **The attractiveness of the local environment, the extent to which it is quiet and peaceful, and feelings of safety walking in the area are associated with better mental wellbeing.**

We have therefore encouraged the development of a national neighbourhood quality standard as a means to specify and assess the various dimensions of neighbourhood quality necessary to foster community wellbeing. Comprehensive and specific neighbourhood quality standards, including a full range of commercial and public sector amenities, could strengthen the ability of regeneration processes to positively impact these. The role of community consultation and involvement in informing plans for local neighbourhoods is a crucial part of this.

## Health

Housing, neighbourhood and community conditions may impact upon general health in several ways including the incidence of illnesses (short and medium term), GP use, mental health and wellbeing and health behaviours such as diet, walking, smoking and alcohol consumption.

We measure all of these through our community surveys but given the scale and duration of change required to impact on the longstanding health challenges in our study areas, significant change cannot be expected at this point. However, we are starting to see some indications of potential positive health benefits associated with the regeneration of our communities.

For example, we found housing improvements to be associated with an intention to quit smoking – although this has not translated into actual quitting. Given that smoking is strongly socially patterned and smokers living in deprived areas are less likely to quit smoking, this is an important finding.

Although housing improvements may not be sufficient to significantly reduce smoking rates, they may provide a 'critical moment' for more targeted smoking interventions. An implication is that linking health improvement programmes to housing improvement programmes might result in interventions that capitalise on this 'crucial moment'.

## Communities



Feelings of empowerment – as recipients of housing and other services, and as residents within neighbourhoods undergoing change – are important for mental wellbeing. We examine various aspects of community empowerment including: being satisfied with housing providers' services; being kept informed by service providers and authorities; being consulted and feeling that your views are listened to by those making decisions; being involved in decision making itself; and being able to take action on your own or with others when needs be.

We have found all these forms of empowerment, from the passive to the proactive, to be associated with mental wellbeing, with the associations seeming to be strongest in relation to satisfaction with the housing services provided by one's landlord, and feeling able to influence decisions affecting the local area.

Although we have found overall improvements in most areas in residents' perceptions of their own empowerment in relation to neighbourhood change processes, it is still the case that only about two-in-five people feel they can influence decisions affecting

their area – most do not. Furthermore, our qualitative research within regeneration areas, where consultation processes took place with members of the communities concerned, found a number of weaknesses in the design and delivery of community engagement.

We have called for: communities to be given more information about how and by whom decisions are made and services are provided (we found that communities can understand little about who is doing what and when, which gives them less scope for influence); ongoing capacity building support to develop a critical awareness of regeneration processes, possibilities and alternatives to enable more critical engagement with service providers and decision-makers; organisations that are given an 'official voice' on behalf of communities in regeneration situations to be democratic and representative; and the standards for community engagement within regeneration processes to be strengthened with more active monitoring of community engagement processes, outcomes and follow-through.

## Mixed tenure communities

The idea that more communities, both new and existing, should become mixed in housing tenure terms – i.e. combining social rented with owner occupied housing, and to a lesser extent, private rented housing, has been prevalent in the UK since at least the early 1990s. The ultimate aim is that communities should be mixed in income and social class terms, with housing tenure as the means to achieve this. So-called 'mixed communities' are expected to function more successfully in social terms, to make a lower call on public services, and to be more sustainable – in that demand to live in the areas would be higher and more long-lasting. However, our review of the UK research on mixed tenure communities found that the evidence for positive effects was generally of poor quality and very variable in its findings. Moreover, many studies did not specify what levels and kinds of mix they had investigated, therefore making it hard for policy-makers and practitioners to identify how to replicate any positive effects that had been found.

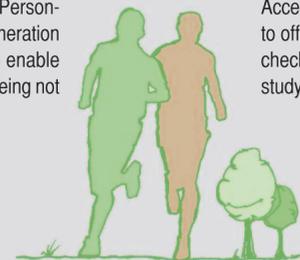
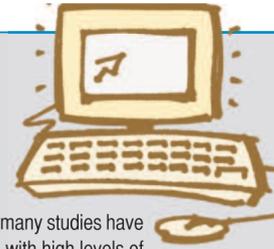
Within GoWell, we have been investigating the effects of mixed housing tenure upon a variety of outcomes in Glasgow, relating to crime, education, health, and residential satisfaction.

**Crime:** Using crime data supplied by the Scottish Police Force, we calculated crime rates for datazones in Glasgow for 2001 and 2008. We then analysed these in relation to five types of housing tenure structures across Glasgow's datazones, controlling for the social structure and deprivation of areas. The effects of housing tenure structure were different in the two years. In 2001, property crime rates were lower in areas where social renting was the majority tenure, and higher in areas with greater residential turnover. In 2008, rates of violent crime were higher in all areas that were not dominated by owner occupation, and this effect was greatest in areas where social renting was the majority tenure. However, the strongest neighbourhood structural influences upon crime in both years were the level of income deprivation in an area, and the number of licensed alcohol outlets.

**Health:** We analysed data from the Scottish Health Survey 1998 and 2003 for the four largest Scottish cities, including Glasgow, looking at a range of health outcomes covering physical health, mental health and health behaviours. As before, we related these outcomes to a measure of the tenure mix of datazones as at 2001, controlling for age, sex, personal risk factors (such as marital, employment and smoking status) and area deprivation. The most notable effects upon health that we observed were the following: poor self-rated health was twice as likely in areas with a significant social rented sector (at least 25%); admission to hospital for accidental injury was more than twice as likely in either areas with a significant private rented sector (around a quarter of the dwellings), or areas where social renting was the majority tenure (around two-thirds of the dwellings); and hospital admission for alcohol-related conditions was nearly four times as likely in areas with majority social renting.

**Education:** We examined educational performance data for Glasgow's secondary schools for 2011 in relation to the characteristics of the catchment area for each school. We found that a 10% increase in the proportion of owner occupied dwellings in a school's catchment area was associated with (i) a 30% increase in the likelihood that a pupil would achieve five standard grades at credit level, and (ii) a 24% increase in the likelihood that a pupil would enter higher education after school. These effects were particularly present in schools with a deprived pupil intake.

**Resident satisfaction:** We conducted qualitative research with residents in mixed tenure neighbourhoods in Castlemilk, Drumchapel and New Gorbals to explore whether residents were positive or negative about mixed tenure, and also whether the way in which the tenures were mixed on the ground had any influence on their views. We found that most residents were positive about living in mixed tenure situations, but that owner occupiers tended to qualify their support in some way. The most positive views were expressed by those who lived in neighbourhoods where the tenures were spatially integrated (i.e. tenures mixed within streets and buildings). Those who lived in segregated configurations (i.e. tenures separated by a major access road within an estate) generally had mixed or negative views about tenure mixing. Those who lived in integrated or segmented neighbourhoods (i.e. different tenures in adjacent cul-de-sacs) were more likely to report cross-tenure social interactions than those who lived in segregated neighbourhoods.



## Neighbourhoods, health and wellbeing

### Feeling safe

We have previously shown that the extent to which residents feel safe and trust others in their neighbourhood is associated with the amount of walking they do in their local area. This year we have built on this work by exploring the effect of crime rates on walking behaviours, by examining both recorded crime data obtained directly from the police, and perceived crime based on what residents say about levels of crime, safety and trust both in the neighbourhood and inside their homes. Strathclyde Police kindly provided data on crimes which we used to calculate average annual crimes per 10,000 people for each neighbourhood over a five year period. Our survey asked how much of an issue neighbourhood problems such as antisocial behaviour, violence and house break-ins were in the neighbourhood. It also explored feelings of safety; how likely respondents were to walk around their area after dark; perceptions of honesty of local people; involvement in local activities; and ratings of the quality of local facilities such as parks and open spaces.

Our analysis showed that property crimes were approximately 1.5 times those of crimes against the person for the same period. We found that there was no association between recorded property crime rates and levels of walking. However, there was a suggestion of a link between recorded person crime rates in the neighbourhood and walking, whereby higher crime rates were associated with a higher likelihood of walking more often. This is an unexpected result, since many studies have found that walking is less likely in higher crime areas. However, our findings may simply reflect the fact that there are fewer alternatives to walking in more deprived communities in Glasgow (only a third of households in deprived areas had access to a car at the time of our survey) as residents still have to carry out their day-to-day activities (e.g. shopping, taking children to school) despite feeling unsafe. Our findings also suggest that the potential benefits that might arise from walking may be reduced if they are offset by feeling unsafe or stressed by levels of crime in their neighbourhood affecting residents' mental health.

### Physical activity

The links between physical activity and mental health and wellbeing are well known. Although many studies have found that mental wellbeing is poorer in deprived areas, few studies focus on deprived areas with high levels of ill health such as that experienced by residents in our study areas. We examined how often our respondents took part in physical activity and whether this was associated with mental wellbeing. We found that physical activity may affect mental wellbeing both directly and indirectly; however, it is important to note that that physical activity is only one of many factors that may influence mental wellbeing. We also found better mental wellbeing among those respondents who were employed, better educated, free of long-term illness, living in a house and home owners. There are potential benefits to mental wellbeing from boosting physical activity among residents of deprived neighbourhoods, especially those with particularly low general levels of mental wellbeing. Person-based interventions supporting physical activity might be successfully incorporated as part of urban regeneration programmes that already provide many of the social and environmental improvements required to enable increased physical activity and improved mental wellbeing. Gaining employment may boost mental wellbeing not only directly, but also indirectly through increased levels of physical activity.

### Local amenities

This year we have also been focusing on examining the availability of facilities and amenities within walking distance of GoWell respondents. We have mapped a range of amenities for everyday life, such as shops, schools, playgrounds and facilities for physical activity, and explored if this differs across the five Intervention Area Types. We have looked at the picture in 2011 when we conducted our third survey and also how this compares with 2006 when the first household survey took place. We found that fast food outlets increased by over 20% across our study areas over the period 2006-2011. There has also been a substantial rise in the number of general food stores across this period. However, there has not been a similar rise in access to facilities for exercise and play, with playground provision reduced while sports facilities as a whole showed a small (6%) rise in GoWell areas. Access to alcohol increased throughout the city, both in terms of the provision of pubs and bars, and in relation to off-licenses. Over the coming year we will be examining the data in more depth using other sources to cross check some amenities of particular interest and in conjunction with socio-demographic characteristics of our study area populations.

## Social cohesion and social regeneration

Scottish policy calls for a holistic approach to regeneration, balancing and integrating physical, economic and social dimensions. The term *social regeneration* generally refers to community-based activities designed to reduce social exclusion and improve social cohesion within communities. GoWell findings have highlighted the challenges of undertaking neighbourhood regeneration in a truly holistic way, and suggest that social regeneration has had a lower profile and been given less strategic attention than the other dimensions.

When we reported on our second GoWell survey findings (2008 data), we were struck by the differences in the direction of movement between indicators of physical regeneration (such as housing quality and satisfaction) which were improving, and indicators of social regeneration (such as feelings of safety, trust and belonging) which were getting worse. As a result, the GoWell programme has developed a strong focus on building a better understanding of the factors affecting social cohesion within our study areas, and about social regeneration approaches that could foster healthier and more sustainable communities. Components of this work include:

**A new focus on loneliness within our study communities.** Of GoWell respondents in 2011, 17% of men and 15% of women reported being frequently lonely. Social networks and behaviours, and perceptions of the local neighbourhood were clearly linked to people's feelings of loneliness. Where family and friendship networks are weak, public and third sector organisations have an important role to play in providing practical and emotional support for people.

**Understanding people's lived experiences of regeneration.** We have used qualitative research methods to hear about people's experiences in Transformational Regeneration Areas, and of being relocated from these areas. The importance of social influences on wellbeing, acting at different stages of the lifecourse, has been striking. Many participants have health problems of different types – and the 'sources' of these problems were most commonly described in terms of relationships with others (abuse, bereavement, family circumstances, problems with neighbours, etc). Improvements to physical living conditions, while frequently welcomed, were not expected to address these problems.

**The changing nature of communities: looking at the social integration of migrants.** Within our study communities, people who were not born in the UK are less integrated into their communities than are UK-born residents. Migrants report lower levels of social connectivity and are less likely to feel socially included. Social integration increases with the length of time spent in the UK (and particularly living in the particular community). It also increases with employment, education and ability to speak English.

**Understanding differences in trends across areas undergoing different types of regeneration.** Using survey data from 2006, 2008 and 2011, we see positive findings on indicators of close social contact (eg with neighbours and friends) but indicators of wider social cohesion (eg feelings of safety, and feeling part of the community) have generally worsened over time. Most of the decline happened between 2006 and 2008, and in many cases there have been improvements in the more recent years (though not yet reaching the 2006 levels). Strikingly, trends in the Wider Surrounding Areas have been more negative than in the other area types, suggesting the need for a greater focus to be placed on the social consequences of changes being experienced in these areas.

**Community empowerment and the importance of how things are done.** Feelings of empowerment are an important indicator of the success of social regeneration. A minority of respondents (four out of ten) in 2011 felt that, on their own or with others, they could influence decisions affecting their local area. Only 5% of respondents felt strongly that they could. Within our study communities, the factors most clearly associated with feelings of empowerment were 'satisfaction with neighbourhood' and 'feeling a sense of belonging'. We also found a very strong association between empowerment and mental wellbeing, indicating that processes of community empowerment may bring mental health gains for residents. GoWell findings have also shown other benefits from involving communities in decisions that affect them. For example, outcomes after relocation are better for those who felt they had a greater degree of involvement in the decisions about their move.

# Studying change in Glasgow's East End

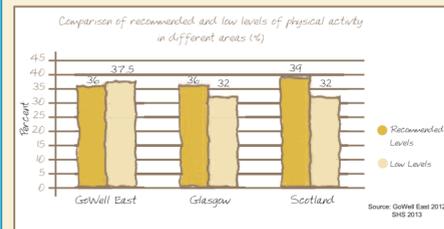
## sports and physical activity

### A new study area

In 2012, GoWell added a new study area, to the east of the city centre. We are interested in the East End as it is an area that is changing very rapidly, in great part because of regeneration efforts associated with the Commonwealth Games (CWG). This includes a considerable amount of physical change, from house building and road construction to new and upgraded sports facilities. Our study area contains the Emirates Arena and Sir Chris Hoy Velodrome, as well as the Athletes Village, which will include a mix of private and social rented housing after the Games. It is also bordered by the new Glasgow National Hockey Centre and the refurbished Tollcross International Swimming Pool. We want to know how all these activities might affect the health and wellbeing of neighbouring communities.

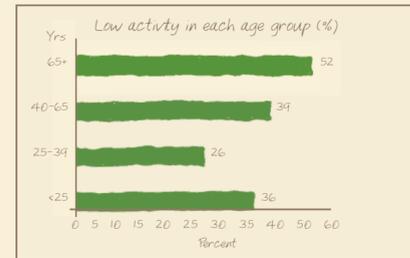
### What have we found so far?

We conducted our first community survey between May and August 2012, speaking with 1,015 people. Analysis of interviewees' physical activity levels showed that 36% of the cohort achieved recommended levels of physical activity in the past seven days. This was defined as 30 minutes of moderate or vigorous exercise on at least five days per week. This figure is low compared to national levels but comparable with rates of activity in Glasgow overall.

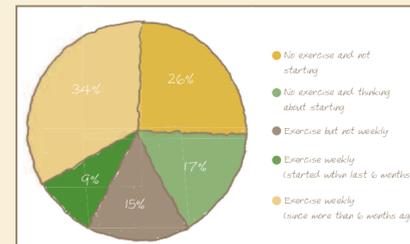


The percentage of people in the study area who had low levels of physical activity in the previous week gave greater cause for concern. Low levels of physical activity were defined as below 30 minutes of moderate exercise, such as carrying light loads, sweeping or cycling, in a week. We found 37.5% of the East End study participants had low levels of activity, which compares poorly to Scotland and the rest of the city.

Furthermore, when we looked at people reporting low levels of physical activity by age group, we found that over half of those who reported low levels of physical activity were in the 65 years and over age bracket. This confirms a need to particularly consider older people in any programmes aimed at boosting physical activity rates.

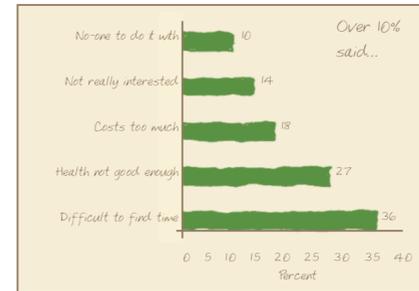


In order to understand more about the participants' attitudes towards exercise, we asked 'Which of these statements best describes your behaviour just now?' and offered a choice of five responses, as shown in the below chart.



More than two-in-five of the participants reported taking regular exercise i.e. weekly. However, at the other end of the spectrum, over a quarter of the cohort did no exercise and had no intention of starting to exercise. Given the new amenities in the East End and publicity around the Commonwealth Games, these figures may change over time. We also asked if people intended to become involved in the Games by using a new or improved sports facility linked to the Games and 41% of people interviewed replied positively.

Although it is in many ways similar to the main study, *GoWell: studying change in Glasgow's East End* has a stronger focus on participation in sports activities. A further set of questions for the 2012 cohort addressed barriers to sports participation. We asked 'are there any particular reasons you have not done more sport in the last four weeks?'. The most frequently cited reason for not participating in, or doing more, sports activities was difficulty finding time.



In a supplementary question, lack of childcare and shift work were raised as factors. Therefore, an examination of facility opening hours and supervision for children may be among solutions to increasing sports participation. A stronger role for advice, support and encouragement around sport and physical exercise may also be necessary, as over a quarter of respondents (27%) considered their health was not good enough to do more sport, while a smaller number (6.7%) listed fear of injury as a concern.

## Next steps

We are continuing to analyse the data from our baseline survey conducting two sets of analysis: community level; and analysis by equalities groups. Short reports on both of these will be produced over the coming year. Planning is also underway for our second survey of the study cohort to take place in the immediate post-Games period, scheduled to commence in mid-September.

Data from a survey we conducted with all S1 and S5 pupils in six Glasgow secondary schools in May 2013 is also currently being analysed to identify inter-school differences in rates of sports participation and in the extent of sedentary activities undertaken by children in their leisure time. A second survey of the S1 cohort (now in S2) is planned for April 2014.

A prospective assessment of the economic impacts of the CWG is also nearing completion. This combines survey findings, legacy programme information, and a review of existing research evidence in order to consider whether we might expect economic impacts from the various types of programme being delivered before and during the Games. A second prospective assessment is planned looking at physical activity impacts.

We also aim to commence qualitative research in South Dalmarnock in Spring 2014. This work will look at resident perceptions of neighbourhood and community changes brought about through CWG-related developments and activities.

In addition to all of this we continue to disseminate and feedback the baseline survey findings through our stakeholder discussions and community feedback mechanisms.

# Forward look

We are currently in our third phase of funding which commenced in 2012 and runs until end-March 2016. This section outlines our priorities for the year ahead for the period April 2014 to end-March 2015.

## Ecological analysis

The main activity undertaken by the ecology team during 2014/15 will be to develop and finalise the design and methodology for a repeat neighbourhood audit of the GoWell study areas which will be commissioned in 2015, following the Wave 4 survey. Further synthesis work on emerging GoWell findings and messages in the context of relevant national, regional and local policy developments will also be produced. The team also plan to use new 2011 census data, alongside other administrative and survey data, to assess change over time in the GoWell areas compared to elsewhere in the city in relation to a variety of topics such as material deprivation and wider socio-economic circumstances.

## Economic evaluation

The methodology for the economic evaluation will continue to be developed and a protocol paper will be submitted to a relevant journal this year. Information on the costs of interventions within the study areas will continue to be identified and provided by partners in advance of the full economic analysis being conducted once the final wave of survey data is available in 2015/16.

## Communications

We will continue to use a range of communication mechanisms (newsletters; reports, briefing papers and journal articles; website and social media; presentations/seminars; and media) to share our findings with our study communities and policy-maker and practitioner audiences. Last year saw an increased focus on synthesising learning and findings from across GoWell and drawing out the contextual, policy and practice implications more and this will continue. Alongside this, we will try to capture the 'impact' and influence that our communications and findings are having at a local, city and national level. In this regard, we welcome feedback on *what* and *how* findings are being used by others.

We will increase and enhance the community engagement element of our communications and learning through the appointment of a new Community Engagement Manager, who took up post in March 2014.



## Community survey

Analysis of the wave 3 and longitudinal datasets will continue over the year ahead on a wide range of issues including: neighbourhood regeneration; housing improvements; relocation; crime and safety; physical activity; and mixed tenure.

Alongside this analysis, we will start planning for the Wave 4 community survey, due to take place in 2015.

## Qualitative research

We will continue to analyse the responses from the first two waves of interviews from our longitudinal 'Lived Realities' study of families experiencing rehousing as a result of regeneration. This is focussing on several aspects including: respondents' health status before and after relocation; residential changes and impacts on family and children; how children's interests feature in the relocation decisions of adult householders; and why migrants living in regeneration areas might exhibit better mental health than others, despite the often traumatic experience of migration. We have also started recruitment for the third wave of interviews which will be conducted during 2014.

The next phase of our qualitative research will focus on community empowerment and cohesion, and a qualitative study of the experience of welfare reform will also commence.



# Our outputs

Below is a list of the publications and presentations produced and delivered over the period April 2013 to end-March 2014. These are available to download from [www.gowellonline.com](http://www.gowellonline.com) or in hard copy from Jennie Coyle. To keep up-to-date with new publications follow us on Twitter @GoWellonline.

## Reports and briefing papers

- Context briefing 1: City-level changes in population, deprivation and health
- Context briefing 2: Progress with housing and regeneration interventions
- Context briefing 3: Changes over time in the provision of amenities and facilities
- Context briefing 4: Media analysis
- 'Getting a move on': tenant experiences of the rehousing process in Transformational Regeneration Areas
- Giving the 'all clear': housing staff experiences of the rehousing process in Transformational Regeneration Areas
- Briefing Paper 21: Does perceived relative position affect mental wellbeing?
- Financial stress and mental wellbeing in an age of austerity: evidence from the GoWell surveys 2006 – 2011
- GoWell in Glasgow's East End Baseline Community Survey 2012. Report One: Headline Indicators.

## Journal articles

- Lawson L, Kearns A. Rethinking the purpose of community empowerment in neighbourhood regeneration: the need for policy clarity. *Local Economy* (E-pub ahead of print. DOI: 10.1177/0269094213519307).
- Lawder R, Walsh D, Kearns A, Livingston M. Healthy mixing? Investigating the associations between neighbourhood housing, tenure mix and health outcomes for urban residents. *Urban Studies* 2014; 51(2): 264-283.
- Livingston M, Kearns A, Bannister J. Neighbourhood structures and crime: The influence of tenure mix and other structural factors upon local crime rates. *Housing Studies* 2014; 29(1).
- Kearns A, McKee M, Sautkina E, Weeks G, Bond L. Mixed tenure orthodoxy: practitioner reflections on policy impacts. *Cityscape* 2013; 15(2).
- Bond L, Egan M, Kearns A, Tannahill C. GoWell: The challenges of evaluating regeneration as a population health intervention. *Preventive Medicine* 2013; 57(6): 941-947.
- Mason P, Kearns A. Physical activity and mental wellbeing in deprived neighbourhoods. *Mental Health and Physical Activity* 2013; 6(2): 111-117.
- Kearns A, McKee MJ, Sautkina E, Cox J, Bond L. How to mix? Spatial configurations, modes of production and resident perceptions of mixed tenure neighbourhoods. *Cities* 2013; 35: 397-408.
- Mason P, Kearns A, Livingston M. "Safe Going": The influence of crime rates and perceived crime and safety on walking in deprived neighbourhoods. *Social Science and Medicine* 2013; 91:15-24.
- Egan M, Katikireddo VS, Kearns A, Tannahill C, Kalacs M, Bond L. Health effects of neighbourhood demolition and housing improvement: A prospective controlled study of natural experiments in urban renewal. *American Journal of Public Health* 2013; 103(6): 47-53.

## Conference and seminar presentations

- Studying the health impacts of housing improvements: unpacking a complex intervention. NHS Health Scotland Healthy Environment Network Housing and Health seminar, Glasgow: 2014.
- Can neighbourhood demolition really be a low impact public health intervention? Complex findings from a UK natural experiment evaluation. London School of Hygiene and Tropical Medicine, London: 2014.
- Mental wellbeing and financial stress. National Mental Health Environment Network, Edinburgh: 2014.
- Health and wellbeing impacts of regeneration: Benefits (sic) and setbacks; complexity and contradiction', Delft University of Technology, Netherlands: 2014.
- Financial stress and mental wellbeing in an age of austerity: Evidence from the GoWell surveys 2006-2011. Scottish Government, Edinburgh: 2013.
- GoWell: Approaches, challenges and insights. GoWell knowledge exchange seminar, University of Glasgow: 2013.
- "I don't know where I'm going": Using go-along interviews when discussing neighbourhood change with young people in two deprived neighbourhoods in Glasgow, UK. European Sociology Conference, Torino, Italy: 2013.
- The role of friendship and social networks mediating young people's experiences of regeneration and relocation in two deprived neighbourhoods in Glasgow, UK. European Sociology Conference, Torino, Italy: 2013.
- Housing improvements, housing relocation and smoking behaviours. Scottish Tobacco Alliance Research Group, ASH Scotland, Edinburgh: 2013.
- Participation in SURF Academic, Policy and Practice Panel, Edinburgh: 2013.
- The neighbourhood imperative – examples of the effectiveness of understanding local communities better for improved locality based interventions. North Ayrshire Council Neighbourhood Planning day, West Kilbride: 2013.
- Studying regeneration and relocation: A case of complexity and contradiction. City Health Conference, Glasgow: 2013.
- Participation in round table discussion on deprivation and regeneration in Glasgow with UN Special Rapporteur on Adequate Housing. Glasgow City Council, Glasgow: 2013.
- Using photography to capture young people's everyday experience: reflections on ethics, representations and risks. University of Glasgow Research Methods seminar: Introduction to Visual Methods in Qualitative Social Research, Glasgow: 2013.
- Measuring empowerment in an urban regeneration setting. Public Health and Health Economics and Health Technology Assessment Departments, University of Glasgow, Glasgow: 2013.
- Verbal and written evidence to the Scottish Parliament's Local Government and Regeneration Committee's Inquiry into regeneration in Scotland, Edinburgh: 2013.
- Housing improvements and health. The International Energy Agency and the European Environment Agency 'Capturing the multiple benefits of energy efficiency: Roundtable on health and wellbeing impacts' conference; Copenhagen, 2013.
- Natural experiments and complexity: The GoWell study – too complex for a cluster RCT. London School of Hygiene and Tropical Medicine, London: 2013.
- Natural experiments, complexity and the regeneration of Glasgow: the GoWell programme. Cardiff University Centre for the Development and Evaluation of Complex Interventions for Public Health Improvement, Cardiff: 2013.
- Overview of GoWell. Glasgow Housing Association seminar for North England Chartered Institute of Housing delegates, Glasgow: 2013.
- Investing in health: Is social housing value for money? The International Health Economics Association World Congress on Health Economics, Sydney, Australia: 2013.

## Our team



The current GoWell Team is as follows:

**Laura Baggle** (PA/Administrator)

**Sheila Beck** (Ecological Monitoring Team)

**Julie Clark** (Researcher)

**Jennie Coyle** (Communications Manager)

**Fiona Crawford** (Ecological Monitoring Team)

**Angela Curl** (Researcher)

**Matt Egan** (Researcher - until November 2013)

**Anne Ellaway** (Principal Investigator)

**Ade Kearns** (Principal Investigator)

**Louise Lawson** (Researcher)

**Mark Livingston** (Researcher)

**Phil Mason** (Researcher)

**Jennifer McLean** (Ecological Monitoring Team)

**Kelda McLean** (Programme Administrator)

**Cat Tabbner** (Community Engagement Manager)

**Carol Tannahill** (Principal Investigator)

**David Walsh** (Ecological Monitoring Team)

We are also pleased to have five PhD students **Camilla Baba, Joanne Neary, Maureen Kidd, Oonagh Robison** and **Nick Sharrer** working with us.

## Our accounts

### Income 2013/14\*\*

Sponsor	Amount
Glasgow Centre for Population Health	£50,000
NHS Health Scotland	£113,676
NHS Greater Glasgow and Clyde	£40,000
Scottish Government	£113,676
<b>Total</b>	<b>£317,352</b>

\* Glasgow Housing Association contribute funding of approx £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.

\* GoWell: Studying Change in Glasgow's East End is accounted for separately.

### Expenditure 2013/14 (from 1 April 2013 to end-March 2013)

Activity	Amount
Research and support staff and associated costs	£219,376
Communications, events and outputs	£40,000
<b>Total</b>	<b>£263,676</b>