



GLASGOW COMMUNITY  
HEALTH AND WELLBEING  
RESEARCH AND LEARNING  
PROGRAMME



2014/15

# Progress Report

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

# Foreword

It is my pleasure as Chair of the GoWell Steering Group to introduce and welcome you to this Annual GoWell Progress Report, which provides an overview and features some of the activities undertaken during 2014/15.

As has become tradition since the first year of the programme in 2006, a GoWell annual event marked last year's activities and the start of this new year. These annual events provide an important opportunity for local community representatives, practitioners and policy-makers to come together to consider and discuss key findings that have emerged from GoWell. They also act as a forum to inform future developments and priorities for the programme. The event held on 28 March 2014 had the added interest and weight of an address from the then Deputy First Minister of Scotland, Nicola Sturgeon – now, of course, our First Minister. Commending the sustained commitment and work of the GoWell team and sponsors, Ms Sturgeon emphasised the local and national value of the programme and, in a full and rounded address, which can be heard on the GoWell website, highlighted the importance of keeping a focus on wellbeing at the heart of regeneration strategies. This is a focus that is close to the heart of all of the GoWell Steering Group members and sponsor organisations. As we move towards the end of this initial ten-year phase of GoWell funding, we will ensure that it is at the core of our synthesis of the learning and recommendations emerging from the programme.

This past year has been a year of ongoing success for GoWell. In April, the East End study was joint gold medal winner of a Game Changer Award for Research Impact. These Awards were set up to recognise and celebrate the contributions that Scotland's colleges and higher education institutions are making to the 2014 Commonwealth Games and its legacy. And in December we were particularly delighted at the outcome of the Research Excellence Framework assessment of the research carried out by British higher education institutions. The Department of Urban Studies at Glasgow University achieved joint first place in its category, with almost half of its submission being ranked as world-leading. The GoWell programme made the largest single contribution to this result. Our colleagues in Urban Studies have expressed their thanks to the communities involved in GoWell and to all partners and sponsors. I am sure that everyone involved in GoWell will join me in extending our congratulations to Ade Kearns and the team in the Department of Urban Studies for this exceptional ranking.

Congratulations are due too to Joanne Neary, the first student to complete a GoWell-based PhD. Joanne, a student in the MRC/CSO Social and Public Health Sciences Unit, submitted her thesis at the end of 2014 and was examined in January 2015. We are delighted that she has been awarded her doctorate, and you can read more about her research in this Progress Report. Joanne's research looked into the experiences of young people living in areas undergoing regeneration, and who themselves were relocated to different parts of the city. This focus on young people's experiences is now integral to several components of GoWell, and is also helping to shape a growing interest in the links between regeneration and education. The 2015 GoWell annual event has this focus on young people as its theme, and we look forward to a rich discussion there.

As always, it has been a pleasure for me to chair the GoWell Steering Group over the past year. I am very grateful to the programme sponsors and partners for the commitment they make to the programme and for their ongoing engagement with the findings and learning that emerges. Sincere thanks, too, to all of the staff working on GoWell and whose productivity continues to impress the Steering Group. I am delighted to welcome Jill Muirie who joins the GoWell team to strengthen its work examining GoWell's impacts on health inequalities and to provide additional leadership for the community engagement activities. We say cheerio, however, to two long-standing team members. Fiona Crawford (who has been a core member of the ecological monitoring sub-team from the start of the programme) has moved to a new post with NHS Greater Glasgow and Clyde, and at the end of March 2015 Sheila Beck (also a member of the ecological team from the outset and a member of the Steering Group) will retire. Our very best wishes are extended to them both with sincere thanks for their many influential contributions to GoWell.

**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. Established 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 intervention changes take place.

## Who's involved?

GoWell is a collaborative partnership between the Glasgow Centre for Population Health and the University of Glasgow's Department of Urban Studies and 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, depending on the type of regeneration and investment they are receiving. These are described below and shown on 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** multistorey flats and **St Andrews Drive**.

#### Wider Surrounding Areas (WSAs)

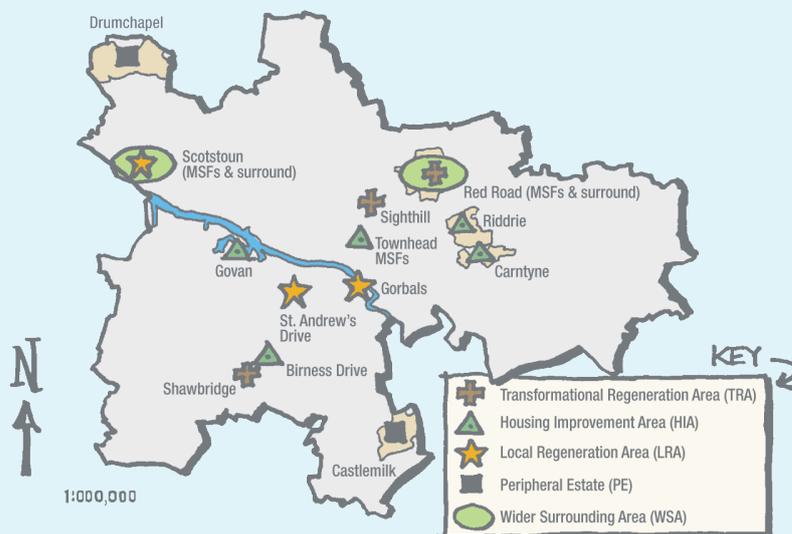
Places of mixed housing types surrounding TRAs and LRAs that may be affected by the transformation of those areas as well as by improvements in their own housing stock. Study areas are **wider Red Road** and **wider Scotstoun**.

#### 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 **Birnness Drive**, **Carntyne**, **Govan**, **Riddrie** and **Townhead**.

#### Peripheral Estates (PEs)

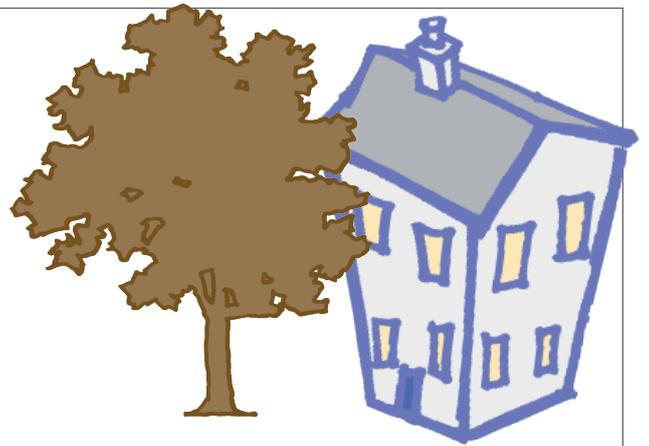
Large-scale housing estates on the city boundary where incremental changes are taking place, particularly in terms of housing. These estates were originally entirely social rented but now have a significant element of owner-occupied as well as private rented housing. Private housing development and housing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



## Interventions and outcomes

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

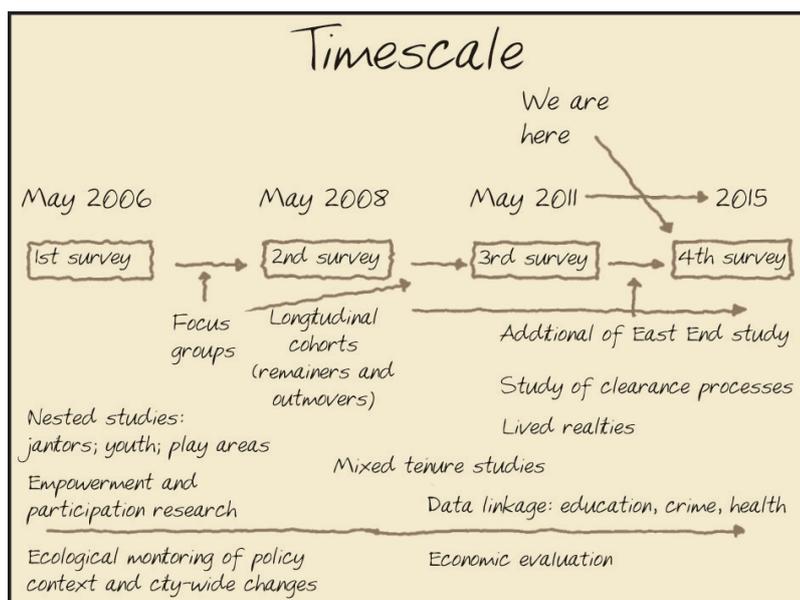
- Housing improvements
- Transformational area regeneration
- Resident relocation
- The creation of mixed tenure communities
- Changes in dwelling type (demolition of high-rise blocks and replacement with lower-rise flats and houses)
- Community engagement and empowerment.



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 both directly from the interventions and indirectly via changes in the other three outcome categories.

## Study components

A spectrum of research approaches are being used, some of which will run throughout the study; some repeated at different intervals; while others are short-term in nature.



At the core is a **community survey** of our 15 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 will take place in 2015. A particularly rich resource within these surveys are the **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 to study 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, financial stress, and young people's experience of regeneration. An **ecological analysis** provides an added dimension by tracking wider changes in Glasgow and placing them within their historical and policy context. Finally, an **economic evaluation** aims to assess whether the interventions described above provide 'value for money' in terms of investments in health and wellbeing.

# An evolving programme

The complexity, scale and breadth of our research has expanded year-on-year, over the past nine years of GoWell. While still retaining a focus on the original and overarching aims and objectives (outlined in Box 2 below), this flexibility in the research programme has been crucial in ensuring our research remains useful and relevant to sponsors, stakeholders and communities and is responsive to their priorities as well as to contextual changes.

## Box 2. Aims and objectives.

### Our aims are:

- To investigate the health and wellbeing impacts of regeneration activity associated with the Glasgow investment programme.
- To understand the processes of change and implementation which contribute to (positive and negative) health impacts.
- To contribute to community awareness and understanding of health issues and enable community members to take part in the programme.
- To share best practice and knowledge of 'what works' with regeneration practitioners across Scotland on an ongoing basis.

### And our research objectives are:

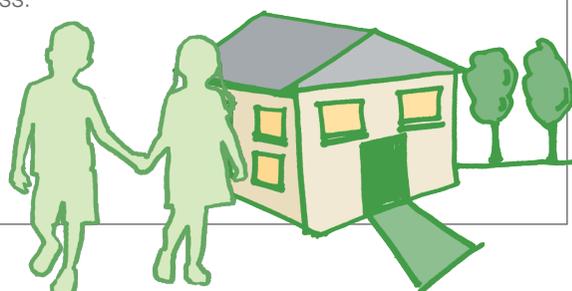
- To investigate how neighbourhood regeneration and housing investment affects individuals' health and wellbeing.
- To assess the degree to which places are transformed across a range of dimensions through processes of regeneration and housing improvement.
- To understand the processes that support the maintenance or development of cohesive and sustainable communities.
- To monitor the effects of regeneration policy on area-based health and social inequalities across Glasgow.
- To develop and test research methods appropriate to the investigation of complex, area-based social policy interventions.

One of the issues that has become increasingly evident as the programme has progressed is that quantitative analyses of the survey data are not in themselves adequate to yield the types of insights needed to shape policy and practice. In light of this, GoWell has become increasingly multi-dimensional – incorporating a wider range of research and learning methods. This has included establishing shared datasets on crime, health and education, using geographical information systems to look systematically at changes in amenities over time, and a range of qualitative research methods to build our understanding of particular topics. One of these themes concerns young people and we feature the findings from two of our qualitative studies on the following two pages.

We are of course also studying change in an ever-changing context. One of the most profound changes to have affected our study communities during the period was the economic downturn which impacted on residents, developers and service providers across our study areas in a variety of ways, including through: welfare reform, a steady rise in energy prices, the rise of zero-hours contracts and in-work poverty, significant budget cuts for service providers and a slowing down of development in some areas.

More positively, opportunities for GoWell have also emerged as a result of significant events in the city. A recent example of this is the 2014 Commonwealth Games which expanded our original study to include a new study *GoWell: studying change in Glasgow's East End*. Further information on this is available on the east end study pages of the GoWell website.

The centre section of this report features key findings from five recent areas of research. These are illustrative of the wide range of topics the programme is now looking at: three of the 'original' or anticipated topics of research: young people's experiences of regeneration; housing improvements and health; and community safety; and two of our newer topic areas: the recession, austerity measures and health; and loneliness.



# Young people's experiences of regeneration



Young people's experiences of regeneration is an aspect of regeneration that has been relatively under-researched. Research that has been conducted has tended to originate from the USA and focus on relocation taking place over a large distance. Participants at previous GoWell annual events have highlighted the importance of developing a better understanding of how young people are affected by processes of neighbourhood regeneration, and how they might be more actively involved in decision-making. We were interested therefore to understand more about young people's experiences of regeneration and how relocation over a short distance impacts upon them. We developed a number of qualitative studies to understand more about this which we feature here.

The **first study**, conducted by GoWell PhD student Joanne Neary, involved 15 young people between the ages of 11 and 18 years. At the time of the study, all of the participants lived in high-rise flats that were due for demolition, and were anticipating being relocated in the following months. These young people participated in three interviews: a walking interview around their neighbourhood, an individual or family interview in their home, and a photography interview. The last interview involved giving the participants a camera for one week to photograph things they liked and disliked about their neighbourhood. Five of the 15 young people also took part in a follow-up interview 18 months later.

## Regeneration in the neighbourhood

The majority of participants felt their lives had been negatively impacted in some way by the ongoing regeneration of their neighbourhood. Some experienced their friends moving to another neighbourhood or their youth club closing down. For others, the slow progress of regeneration meant experiencing continuing (or worsening) physical and social problems in the neighbourhood. For example, participants who were aware or concerned about antisocial behaviour (ASB) in the neighbourhood were also more likely to feel that regeneration had made their neighbourhood a more dangerous place to walk around. The majority described having to change their routines or use of space to adapt to the new challenges presented by regeneration.

However, others felt that the regeneration had led to some positive changes. In some areas, the local "neds" had moved out, leading to participants feeling safer when they walked around their local neighbourhood. For some participants, the relocation of their friends to nearby neighbourhoods meant that they were able to keep in touch, and sometimes meet new people when they visited their friends. Some of the younger participants suggested that the spaces created by demolition had created new play-spaces for themselves and their friends.

## Experience of relocation

The majority of participants had prior relocation experience, so the current move was seen as non-problematic. While some participants felt they would miss living in the high-rise flat (due to existing positive relationship with neighbours, or enjoying the views afforded by living on the 16th floor), they were also excited about the prospect of a new home. For some, relocation meant being able to have their own bedroom. For others, relocation meant their social life would improve as they were moving closer to existing school friends.

For those who had already been relocated prior to being interviewed, their perception of the new neighbourhood was overall more positive than of their old neighbourhood. They often described their new neighbourhood as being quieter and less troublesome than their old neighbourhood. On the other hand, they also suggested that there were still problems of ASB: bikes being stolen; attempted break-ins; or being physically threatened for being the "new kid" in the neighbourhood.

## Growing up within and through the changes

One of the most important findings was the clear need to recognise that young people are growing up while regeneration is taking place. As a consequence, some young people experienced biographical changes that took precedence as part of their life experience, over and above the changes experienced in the neighbourhood. These other changes included moving to a new school, applying for college, relationship breakdowns, parental separation, or a change in aspirations.

## Lack of formal engagement

We also found that young people appeared to be excluded from formal discussions regarding both regeneration and their own relocation. While some voiced anger regarding the poor design of play-spaces, suggesting that if the developers had consulted with young people, the final product would be improved; the majority of complaints

concerned the lack of knowledge regarding the overall aim and purpose of the regeneration of their neighbourhood and demolition of their homes. The main knowledge sources for these young people appeared to be asking their parents, or listening to the rumours circulating around their neighbourhood. This often led to young people either being misinformed or pessimistic regarding the planned outcomes of regeneration.

Our **second study** involving a focus on young people is our qualitative '*lived realities*' longitudinal study of families, led by Louise Lawson. Although the focus of this research was not specifically on children and young people, by exploring how families experience living through major change in their neighbourhoods we learnt much about younger household members. Three waves of data have been collected through in-depth interviews in 2011, 2012 and 2014. Twenty-three households were involved at the start of the study and these included 40 children and young people, ranging in age from babies through to teenagers and young adults. These families were tracked over time and at wave 3, 14 households remained in the study, including a total of 32 children and young people.

We were once again interested in whether children and young people featured in the decision-making process of relocation and whether or how they were empowered by this. We identified three areas where children and young people influenced parental decision-making.

The first related to **rationalising the need to move**. The majority of families rationalised their need to move on the basis of better physical conditions at home, particularly more space for their children and young people, and a better quality of life related to an improved neighbourhood. Many parents identified how their current home and neighbourhood conditions had an impact on the psychosocial welfare of their children, through a degree of stigma and embarrassment associated with living in the high-rise flats prior to relocation. There were also issues of anxiety and concerns over safety and security, which was a particular problem for those with younger children.

The second area of influence related to **deciding where to move to**. Most parents recognised the desire for their children to stay close to social and/or family connections and wanted to limit disruption to their lives. Most were aware of their children's preferences and took these into account when considering relocation. Sometimes, the parents and their children's preferences were seen to coincide, making it easier for the parents to decide where to go. In some instances parents made compromises on behalf of their children's desires. Here, children's preferences overruled those of the parents.

The third area related to **helping children to cope and adjust**. It was mainly younger children who were said to be unhappy about moving, either not wanting to move at all or worried about moving a distance away from where they were settled. Younger children often did not have the wider social connections that older children had made. In such instances parents did things to make the transitions easier: in all cases except one this involved maintaining connections with previous schools.

Through this study we are also interested in **outcomes** for children and young people and how these can be related to relocation. This is work in progress based on the longitudinal data and we will report on this aspect of the study later this year.

Our studies of young people's experience of regeneration show contrasting findings on two key themes. First, young people's non-involvement in regeneration decision-making and lack of information about regeneration raises questions about how regeneration agencies might better engage with young people during the course of the regeneration process, and what part a link with local schools might play in this. On the other hand, we found that young people are informed, considered and consulted by their parents about the relocation that accompanies regeneration, giving them an indirect influence on the outcome. Second, we found that young people experience some positive gains from relocation, but their lives could not be said to be transformed by this movement. The fact that relocation, at least in Glasgow, involves movement over fairly short distances has both benefits, in not disrupting young people's social ties, and potential disadvantages, in not relocating them to neighbourhoods of much better quality, and without much antisocial behaviour. This leaves an unanswered question as to whether more could be achieved in terms of outcomes for young people through a more radical relocation process.



# The recession, austerity measures & health



In 2014, we developed a qualitative study to understand more about the relationship between financial difficulties and health. This involved 25 in-depth interviews, conducted by Filippo Trevisan, with participants who had been identified in our 2011 wave 3 survey as experiencing increasing financial difficulties.

Most participants reported that they were “*struggling*” or just about “*getting by*” financially and explained their financial difficulties as being related to a cost of living crisis, and difficulties scheduling bill payments. This was blamed on a mismatch between wages/benefits and prices – amounting to a reduction in income in real terms. This lack of money or “*zero reserves*”, resulted in no contingency money being available, and participants only being able to budget for the very short term (i.e. daily/weekly).

These issues affected both those who relied solely on benefits and those in employment, who were described as the “*working poor*”. There was widespread recognition that work does not pay enough – both among those in employment and participants more generally.

Specific benefit changes – both benefit cuts such as the spare room subsidy or ‘bedroom tax’, and procedural changes such as increased sanctions for Jobseeker Allowance claimants – added to these general affordability issues and generated periods of intense financial hardship for some, which in turn led to increased stress.

Food was identified as a particular issue, and all participants mentioned one or a combination of the following effects: changes in shopping habits; eating more frozen/ready meals; use of food banks and, in the most extreme cases, skipping meals altogether. There were consequences for health such as unintended weight loss. Several participants talked openly about it, associating it with changes in their shopping habits and diet more generally and one participant described it as “*the benefits diet*”.

Some of the strategies adopted to cope with financial difficulties included prioritising between household budget items (although fuel was the least affordable item it was also a top priority for most) and prioritising between household members. Generally, ensuring those perceived as being most “*in need*” (usually children) were provided for, meant “*cuts*” for others (i.e. parents skipping meals or not buying any new clothes for themselves).

As a result of debt mounting up, several participants had resorted to bankruptcy. This was generally a route suggested by money advisors and other support services and doubled as both a financial response and psychological coping strategy. Participants talked of it as a “*huge weight off my shoulders*” and a new start in life. Most people felt ashamed, however, and only one person openly talked to others about it in the hope that it may help them overcome similar circumstances.

A number of behavioural responses of concern emerged from the research. The first was a deepening isolation among participants. This stemmed from not being able to socialise or spend time outside the house as it was perceived to be too expensive; avoidance of talking to others about financial difficulties and stress (both with people in similar circumstances and not); and a reluctance/refusal to seek support from their GP about increased stress and anxiety. Reasons for not visiting their GP included a perception that their GP did not have enough time (due to short appointment slots) to really understand their issues and a lack of understanding from medical staff. There were also cases where recovering alcoholics had relapsed into harmful levels of alcohol consumption as a way to stop thinking about money problems.

We also found a number of psychological responses which put participants at risk of both worsening mental health and further financial problems. These included trying to ignore debt problems, “*blocking out*” information about welfare reforms, and avoiding talking to others about their situation.

Despite the different support routes available, detailed information about welfare changes is struggling to reach those people that need it the most. It is essential that a way is found to break through the barrier of fear that surrounds welfare changes and prevents people from being informed and prepared. It is concerning that people are not accessing support from their peers and support services such as their GPs, and a priority must be to consider how those who disengage from existing and traditional support networks can be reached and how further help (financial, in-kind, advice and support) can be targeted to groups who most need it.



# HEALTH IMPACTS OF HOUSING IMPROVEMENTS

We have matched Glasgow Housing Association (GHA) property records (from 2003 to 2013) with our survey datasets (from 2006, 2008 and 2011) to conduct analysis of the impacts of housing improvements on the health and wellbeing of occupants.



Two outcome measures were used - looking at physical and mental health.



We examined the impacts of four types of housing improvement works, looking at the effects of each type of works in combination with the others.

Kitchen, bathroom and rewiring [36%]



Fabric works [30%]

The types of housing improvements examined, including the % of the sample group to receive them.

Doors [25%]



Central heating [19%]

## Key findings - physical and mental health



Fabric works



Positive effect upon physical health



However...

Central heating works had a negative effect upon physical health.



All four types of housing improvement had a positive effect upon mental health.

And the largest effect came from having a new front door installed, an effect seen less than a year after installation.



# Loneliness in the GoWell areas

There are growing concerns that societies are getting lonelier. This is recognised as having an important impact on people's quality of life and is associated with a range of health problems. As people are living longer and more people are living alone in single adult households, concerns about loneliness are likely to increase.

It is within this context that we have been using the GoWell survey data to look at how prevalent loneliness is in the GoWell areas and what factors are associated with it. Some of our key findings are outlined below:

## How prevalent is loneliness in the GoWell areas?

- Two in five adults reported feeling lonely in the past fortnight, including 17% of men and 15% of women who reported frequent loneliness.
- Loneliness was most common among those who were long-term sick or disabled, and people living alone.
- Co-habiting older people and those in two-parent family households were the least likely to report being lonely.
- There were also differences across age groups (middle-aged people experiencing more loneliness), by education (those with no qualifications being lonelier) and employment status (people in work, training or education being less lonely).
- No significant difference was seen between different citizenship groups.

## What aspects of the home, neighbourhood and community are associated with loneliness?

- Those who used more local amenities were less likely to report loneliness, as were those who talked more often to people in their neighbourhood.
- Loneliness was related to feelings of trust and safety. Those who reported more antisocial behaviour problems in the area, who thought it unlikely that neighbours would take action in an instance of antisocial behaviour, and those who felt unsafe walking alone at night-time were all more likely to report loneliness.
- Loneliness was not related to length of residence in the area or to dwelling type (flats compared with houses).

The analysis also found **social contact and support** was associated with loneliness – those who had regular contact with family and neighbours, talked to people in the neighbourhood and had sources of support (practical and emotional) were less likely to be lonely.

**Health and wellbeing** (particularly poor mental health) was found to be associated with reported loneliness.

Neighbourhood design and amenities play an important role in facilitating social contact and breaking down social barriers within communities. Given that perceptions of the local area and social networks and behaviours are linked to people's experiences of loneliness, it is clear that local regeneration activities have a role to play in reducing loneliness in communities.

In the absence of family and friendship networks, public and third sector organisations have an important role to play in providing practical and emotional support for people. Greater prominence given to these issues within local plans and priorities could help to reduce the experiences of loneliness that have been seen within these Glasgow communities and in turn positively impact on health and wellbeing.



# FACTORS INFLUENCING SAFETY - INDOORS AND OUTDOORS

We looked at our three cross-sectional survey datasets (2006, 2008 and 2011) to identify trends in feelings of safety among residents

## Key findings - safety at home



The number of people agreeing with the statement 'I feel safe in my home' has been steadily increasing over time in all study areas



In 2011  
80-90%  
[depending on exact area]

of survey respondents felt safe at home.

### Factors influencing higher feelings of indoor safety:

Respondents who felt their landlord kept them informed were **3 times** more likely to feel safe.

Good neighbourhood relationships and strong networks of social support in the area also influence higher feelings of safety at home.

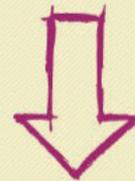
Respondents who had recently married or set up home with a partner were **twice as likely** to have strong feelings of safety at home.



## Key findings - outdoor safety



The number of people who say that they feel safe walking alone in the neighbourhood after dark is lower in 2011 than in 2006 in all study areas.



The number of people who say that they 'never walk alone after dark' has approximately trebled over time, from 2006 to 2011. **3x**

### Factors influencing higher feelings of outdoor safety:

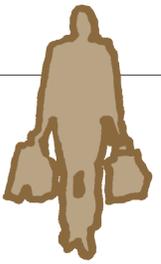
Respondents were around **one-and-a-half times** more likely to feel very safe if they were very satisfied with local policing, parks/open spaces and street lighting.

If they strongly agreed they could influence decisions affecting the local area respondents were **nearly twice as likely** to feel very safe.

Respondents were **twice as likely** to feel very safe if they had good neighbourhood relationships and felt there was informal social control in their area.



# A focus on health



One of GoWell's aims is to develop a better understanding of the contributions that housing improvement and neighbourhood regeneration can make to the health and wellbeing of residents and communities. At the start of the programme, we undertook a series of interviews with people involved in regeneration in different ways to explore how the links between regeneration and health were understood at that time.

As GoWell has progressed, so has our thinking about the links between regeneration and health. A greater understanding of the relationship between regeneration and health has also developed within national policy in Scotland, with the 2011 *Achieving a sustainable future* strategy describing this in a fuller way than its 2006 predecessor, *People and place*. Nevertheless, the most strongly emphasised route (within policy) to improving health outcomes was the role played by the physical environment.

In 2009 we published our Capitals Framework<sup>a</sup> which provided an overview of the various types of change needed to bring about improvements to health and wellbeing. Since then we have done further work to clarify the sorts of pathways involved, including the physical or environmental, the economic, the social, and the psychosocial, working both separately and in various combinations.

In developing our understanding of these relationships, we recognise the many factors that affect people's health and wellbeing, with these effects accumulating over the life course. In our lived realities study, for example, residents described the consequences of early childhood experiences, and a series of later life events and health issues. This means that we have to have realistic expectations about the scale of the impacts we can expect to see from changes in one set of factors, or in any one of the pathways described above. Moreover, health effects are likely to happen further down the line, and to depend on other changes taking place first. Nevertheless, even small impacts are important – and a lot of small impacts can make a big difference to people's lives and prospects.

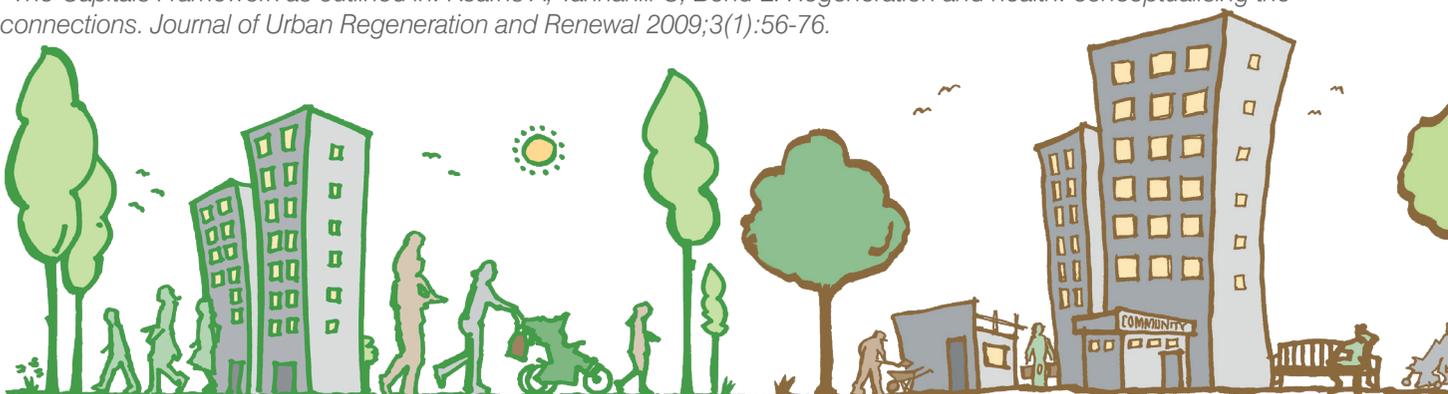
Within GoWell, we have been looking at health in a number of ways. Baseline analyses carried out in our ecological monitoring sub-team, showed that at the start of the noughties, the areas we are studying had lower life expectancy than Glasgow as a whole, as well as faring less well on a number of other health indicators. These analyses will be updated at the end of the ten-year period, allowing us to assess the change in our study areas compared with similar areas of Glasgow.

We have also looked at changes in health in our areas through the GoWell surveys, comparing responses from 2006, 2008 and 2011. There are indications that levels of mental wellbeing in the GoWell areas are similar to those in Scotland as a whole, and that improvements in wellbeing are taking place in the regeneration areas. Health behaviours within the GoWell areas have also improved slightly overall, consistent with national trends, although they remain relatively poor. Self-reported general health seems to be worsening over time and there is greater use of primary health care services. In all of the GoWell study area types, recent health problems (those experienced in the past four weeks) have increased in incidence, and we noted a rise in co-morbidity (people experiencing multiple health problems at the same time).

As well as monitoring these changes in health and health-related behaviours, we are working to understand the relationships between different health indicators and components of neighbourhood regeneration. We have found mental wellbeing to be the health indicator most clearly associated with processes of regeneration, at this stage in the programme.

Mental wellbeing is strongly associated with the environmental quality of the neighbourhood, and with factors such as the external appearance of one's home and the quality of one's front door (which is likely to be a product of its security function). Interestingly, the associations are particularly strong when the quality becomes 'very good' rather than merely 'good'. Environmental quality seems to matter for mental health, supporting the role of the environmental pathway to health improvement.

<sup>a</sup> *The Capitals Framework as outlined in: Kearns A, Tannahill C, Bond L. Regeneration and health: conceptualising the connections. Journal of Urban Regeneration and Renewal 2009;3(1):56-76.*



Further supporting the role of environmental factors as influences on health, we have also found clear associations between the presence of neighbourhood amenities and health-related behaviours. For example, we have found more walking in areas where residents make use of a number of local amenities and consider parks and open spaces to be of good quality. GoWell evidence about the effects on neighbourhood walking of perceptions of safety and trust in others provides some support for the social pathway.

We have also found mental wellbeing to be associated with how people perceive their relative position (for example in terms of housing and quality of life) compared with others in their area (the psychosocial pathway). Those who have a sense of 'doing well in life', partly as a result of their home and neighbourhood, also have better mental wellbeing. This suggests that processes of regeneration should avoid increasing differentials within neighbourhoods, such that more people feel that they are being left behind their neighbours. Nevertheless, we have found that, if delivered well, mixed tenure communities can be beneficial and appreciated by residents.

Linked to these findings is a strong association in our evidence between empowerment and mental wellbeing. Empowerment can be thought of as a process (doing things in a way that gives more control to local people and recipients of services) or as an outcome (people feeling that they have more power and influence). Both are associated with mental wellbeing among GoWell participants. How things are done matters. Mental health is better when people are involved in decisions that affect them, and when they feel their views are taken into account.

Earlier sections of this progress report have summarised key findings from our work looking at two issues that have emerged as being of particular concern during the lifespan of GoWell: loneliness, and financial stress associated with the economic recession and welfare reforms. These remind us that mental health is impacted both through specific life events and through the chronic stress associated with poverty and social isolation – highlighting the important role that social landlords and other community organisations can play in assisting those with limited resources.

We have also looked more widely at the effects on health of different types of life events among our respondents. Here we see the importance of employment-related life events, and are again reminded about the need to place housing-related changes in a wider context and of the importance of economic regeneration.

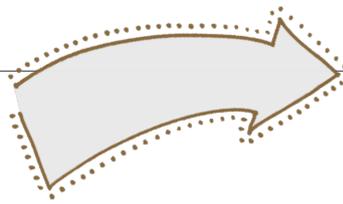
Another feature of our work has been to examine different types of intervention and their relationship to health. To date we have looked at the health impacts of housing improvements and of relocation. Health gain is most likely to occur where housing improvements are targeted towards those most in need. At the level of whole communities there is a complicated relationship between specific housing improvements (provided alone or in combination) and their impacts on different measures of health. We were struck, though, by the finding that gaining employment had a much bigger effect on health (four-fold for physical health outcomes) than any housing intervention. This finding, like the one on employment-related life events, adds support to the economic pathway linking regeneration and health.

Relocation does not, at least in the short term, appear to provide any benefits for health-related behaviours, and those relocated record lower mental health scores than their previous neighbours. We are not sure if these outcomes will change given more time, and will examine them further after our next survey wave.

Looking ahead, GoWell will increasingly focus on health and wellbeing – and particularly on health inequalities. We are interested in the impacts of the changes we are studying on different population groups, including different age groups, genders, and ethnic groups. We are also interested in knowing whether regeneration in Glasgow helps to narrow the health gap that is so striking between different parts of the city. This is a long-term aspiration, but is perhaps the most important question of all. We look forward to reporting on our findings at a later date.



# 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 2015 to end-March 2016.

## *Community survey*

Our wave 4 community survey will commence in May 2015. Similar to previous surveys (conducted in 2006, 2008 and 2011) this is a repeat cross-sectional survey with a nested longitudinal study. It also includes a tracer study, tracking residents who have moved out of their original study area since 2006. The overall aim of the survey is to measure medium-term (nine years) outcomes for different types of regeneration and to obtain a fourth set of data on outcomes for individuals, allowing us to establish how these have changed over time. Analysis will commence in 2016 following survey completion, data cleaning and matching. Alongside this, analysis of the wave 3 and longitudinal datasets will continue on a wide range of topics including: neighbourhood regeneration; housing improvements; relocation; community cohesion; migration and health; crime and safety; and physical activity.

## *Qualitative research*

We will continue to analyse the data from the three waves of interviews from our 'lived realities' longitudinal study of families experiencing rehousing as a result of regeneration. Several outputs will be produced from this, including an initial focus on outcomes for children and young people. We have also commenced a qualitative study of social contact and community cohesion in our two Wider Surrounding Areas, which have received 'incomers' from nearby regeneration areas. This will involve interviewing residents and 'key informants' from each of the study areas alongside secondary and GoWell data analysis to measure population and social change and a mapping exercise of local amenities and community projects.

## *Ecological analysis*

Analyses will be undertaken of new (2011) and historic census data, alongside other administrative and survey data, to assess change over time in the GoWell areas compared with elsewhere in the city in relation to a variety of topics such as material deprivation and wider socioeconomic circumstances. Further synthesis work on emerging GoWell findings and messages in the context of relevant national, regional and local policy developments will also be produced. An updated analysis of the changing policy context in which GoWell is placed will also be undertaken, supported by stakeholder interviews to explore if, and if so how, the concept of regeneration has evolved over the GoWell study period.

## *Economic evaluation*

The economic evaluation is dependent on obtaining data about the costs of the interventions being studied and of other significant interventions in the study areas. Much of this has now been gathered, and effort will be made to try to fill remaining gaps in the coming year. The information on outcomes required for this part of the study will come from the wave 4 survey, together with routine administrative data on health, education and crime, for example. Progress with this part of the analysis will therefore take place once the survey is completed and analysed. A separate dimension of the economic evaluation is a PhD study being undertaken by Camilla Baba, looking at the economics of community empowerment. This will be completed in 2015 and reported thereafter.

## *Communications*

A key activity for the start of the year is to raise awareness of the wave 4 survey with our study communities. There will be a particular focus on maximising participation from our longitudinal participants i.e. residents who have already been interviewed at one, two or three previous surveys. We will continue to synthesise learning and findings from across GoWell and draw out the contextual, policy and practice implications. This will be shared with our study communities and policy-maker and practitioner audiences through a range of communication mechanisms including: newsletters; reports, briefing papers and journal articles; website and social media; presentations/seminars; and through the media.

## *Community engagement*

Our Community Engagement Manager, Cat Tabbner, will be working with groups and networks across the 15 core GoWell areas to understand how GoWell's key findings and survey data can be most usefully made available. We will be using a variety of approaches to do this including general awareness raising, the development of our community newsletters and the GoWell network, and the creation of a new community panel. Many thanks are given to the groups who have already opened their doors and shared their time with Cat.



# Our outputs

Below is a list of the publications we produced from the beginning of April 2014 to end-March 2015. These are available to download from the GoWell website or in hard copy from Jennie Coyle. In addition to these reports, briefing papers and journal articles, we have delivered a number of presentations and seminars at a wide range of forums, which are also listed below.

## Reports and briefing papers

- Briefing Paper 22: Loneliness in Glasgow's deprived communities.
- The Glasgow 2014 Commonwealth Games: A prospective assessment of regeneration for a physical activity legacy.
- GoWell East study of physical activity in secondary school pupils in Glasgow: Headline Indicators Report for S2 Pupils in 2014.
- GoWell in the East End pre-Games findings 2012: Community comparison report.
- A comparison of physical activity among S1 pupils in six Glasgow secondary schools: Findings from the 2013 survey.
- People, place and prosperity in the east end of Glasgow: An assessment of the potential economic impacts of the 2014 Commonwealth Games and associated regeneration activities on local communities.

## Journal articles

- Lawson L, Kearns A, Egan M, Conway E. "You can't always get what you want...?" Prior-attitudes and post-experiences of relocation from restructured neighbourhoods. *Housing Studies* 2015 (E-pub ahead of print).
- Kearns A, Mason P. Regeneration, relocation and health behaviours in deprived communities. *Health & Place* 2015; 32: 43-58.
- Curl A, Kearns A. Financial difficulty and mental wellbeing in an age of austerity: The experience in deprived communities. *Social Policy and Society* 2015; 14(2).
- Kearns A, Whitley E, Tannahill C, Ellaway A. "Lonesome town"? Is loneliness associated with the residential environment, including housing and neighbourhood factors? *Journal of Community Psychology* 2015 (in press).
- Curl A, Kearns A, Mason P, Egan M, Tannahill C, Ellaway A. Physical and mental health outcomes following housing improvements: evidence from the GoWell study. *Journal of Epidemiology & Community Health* 2014; 69(1): 12-19.
- Kearns A, Whitley E, Tannahill C, Ellaway A. Loneliness, social relations and health and wellbeing in deprived communities. *Psychology, Health and Medicine* 2014 (E-pub ahead of print)
- Livingston M, Galster G, Kearns A, Bannister J. Criminal neighbourhoods: does the density of prior offenders in an area encourage others to commit crime? *Environment and Planning A* 2014; 46(10): 2469- 2488.

## Conference and seminar presentations

- The 2014 Commonwealth Games: legacy planning and practice in Glasgow's East End. Griffith University, Gold Coast, Queensland Australia; 2014.
- Seminar on mixed-methods research using GoWell in the East End. Scottish Graduate School summer school for PhD students. University of Glasgow, Glasgow; 2014
- Young people and physical activity in Glasgow secondary schools. Glasgow City Council Policy Development and Scrutiny Committee, Glasgow; 2014.
- GoWell East findings overview. NHS Greater Glasgow and Clyde Public Health Directorate CPD Session, Glasgow; 2014.
- GoWell in the East End: Studying pathways to a physical activity legacy from the 2014 Commonwealth Games. NHS Health Scotland, Glasgow Public Health Science and Programme

Delivery Team seminar, Glasgow; 2014.

- Physical activity legacy in the East End of Glasgow and the Glasgow 2014 Commonwealth Games. Glasgow City Council Sport and Activity Committee, Glasgow; 2014.
- Resilient and cohesive places. Education Scotland workshop, Livingston; 2014.
- Sports and physical activity legacy impacts of the Commonwealth Games. The International Regeneration, Enterprise, Sport and Tourism (REST) conference, Glasgow Caledonian University; 2014.
- Baseline findings from the GoWell East schools study. Glasgow City Council Children and Families Policy Development Committee, Glasgow; 2014.
- Evaluation of the impact of the Commonwealth Games. The Royal Statistical Society Glasgow, local group scientific meeting, Glasgow; 2014.
- Changing landscape, changing habits? Exercise and environment in the East of Glasgow. The European Network of Housing Research, Edinburgh; 2014 and at The Royal Geographical Society Institute of British Geographers conference, London; 2014.
- GoWell findings seminar: Housing improvements and health, Glasgow; 2014.
- GoWell overview. UK Chartered Institute of Housing conference, Manchester; 2014.
- GoWell findings seminar: Understanding and applying the findings of studies of clearance, rehousing and relocation in Glasgow, Glasgow; 2014.
- Keynote address to the Performing Places Symposium at the Royal College of Arts, Music and Drama, University of London, London; 2014.
- Community engagement and empowerment. Scottish Government housing policy and practitioner stakeholder seminar. Edinburgh; 2014.
- Exploring crime and safety in Glasgow: Summary of findings and future inquiries. Scottish Government seminar. Edinburgh; 2014.
- Quantitative and qualitative findings on the health impacts of financial stress. Workshop for Wheatley Group front-line staff, Glasgow; 2014.
- GoWell findings seminar: Good for health? The economic crisis, austerity measures and welfare reform in deprived areas of Glasgow, Glasgow; 2014.
- Exploring accessibility and walkability in the context of housing led regeneration in Glasgow. Housing Improvements and Health Seminar, The Royal Geographical Society Institute of British Geographers conference, London; 2014.
- Ghost stories in changing neighbourhoods: the effect of regeneration on young people's perception of socio-spatial risk in the neighbourhood. Children, young people, and changing environments conference, Northampton; 2014.
- "A space of ma' ain", Young people's experiences of living in high-rise flats. In/between spaces symposium, Liverpool University, Liverpool; 2014.
- Can housing policy lead to improved school and pupil outcomes in Glasgow? European network for housing research new researchers' colloquium 2014, Edinburgh; 2014.
- The 'benefits' diet: Financial hardship and health in the age of austerity. Poster presentation, European public health conference 2014, Glasgow; 2014.

To ensure you are alerted to new outputs and publications over the year ahead, register for our e-update on the GoWell website ([www.gowellonline.com](http://www.gowellonline.com)), and follow us on Twitter @GoWellOnline.

# Our team

The GoWell Team during 2014/15 consisted of:

- Mirjam Allik** (Researcher)
- Laura Baggley** (PA/Administrator)
- Sheila Beck** (Ecological Monitoring Team)
- Julie Clark** (Researcher)
- Claire Cleland** (Researcher)
- Jennie Coyle** (Communications Manager)
- Fiona Crawford** (Ecological Monitoring Team) until October 2014
- Angela Curl** (Researcher)
- Anne Ellaway** (Principal Investigator)
- Ade Kearns** (Principal Investigator)
- Louise Lawson** (Researcher)
- Phil Mason** (Researcher)
- Emma McIntosh** (Health Economist)
- Jennifer McLean** (Ecological Monitoring Team)
- Kelda McLean** (Programme Administrator)
- Jill Muirie** (Ecological Monitoring Team) from January 2015
- Cat Tabbner** (Community Engagement Manager)
- Carol Tannahill** (Principal Investigator)
- Filippo Trevisan** (Researcher) from February to August 2014
- David Walsh** (Ecological Monitoring Team)
- Elise Whitley** (Researcher)



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

# Our accounts

## Income 2014/15\*†

Sponsor	Amount
NHS Health Scotland	£113,676
NHS Greater Glasgow and Clyde	£40,000
Scottish Government	£113,676
<b>Total</b>	<b>£267,352</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 2014/15 (from 1 April 2014 to end-March 2015)

Activity	Amount
Research and support staff and associated costs	£227,376
Communications, events and outputs	£25,000 (estimated)
<b>Total</b>	<b>£252,376</b>