



**6th ANNUAL EVENT
15 March 2012
TRADES HALL, GLASGOW**

REPORT

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

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

Introduction

The 6th GoWell Annual Event was held on Thursday 15 March 2012 at the Trades Hall, Glasgow. The event was attended by 78 delegates from a range of backgrounds and organisations including tenant representatives, practitioners from various disciplines, and policy-makers working in local communities, at a city-wide level, and nationally.

The focus of this year's annual event was on findings from two of the programme's qualitative studies – one on mixed tenure communities and the other on the lived realities of transformational regeneration.

Delegates received a copy of three new reports, available to download below.

- [Progress Report 2011/12](#)
- [Residents' lived realities of transformational regeneration](#)
- [Residents' perspectives of health and its social contexts](#)

Presentations were given by the three GoWell Principal Investigators: Prof Carol Tannahill provided the opening address; Prof Lyndal Bond presented the findings from the mixed tenure study; and Prof Ade Kearns presented the findings from the initial phase of the 'lived realities' study. These were followed by a round table discussion session involving reflection on and discussion of the issues raised.

Opening address: Prof Carol Tannahill

Prof Carol Tannahill, Director of the Glasgow Centre for Population Health and one of the GoWell Principal Investigators, opened the morning. Carol reminded delegates that GoWell is a research and learning programme that is focussed on 15 communities in Glasgow. Delegates identified themselves as living and/or working in one of the GoWell communities, at a city level, or nationally, which demonstrated a good balance across these sectors within the room. Carol highlighted that this is one of the strengths of GoWell in that we are learning about the processes of health improvement in regeneration from a whole range of disciplinary and geographical perspectives.

Carol reminded delegates of the context in which GoWell was established and in particular referred to the gap that exists in life expectancy – not only when comparing Glasgow with Scotland or with comparator areas in England and Wales, but also between areas within the city. Life expectancy is a good measure as it reflects not only individual behaviours and health status but also the other aspects of people's lives that influence their health and wellbeing – such as education, work, social status, housing, the environment and so on. GoWell seeks to understand how regeneration can be delivered in a way that improves all of these aspects of people's lives in order to bring about better health and wellbeing for communities. In order to do this, GoWell is looking at six types of intervention: housing improvements, transformational regeneration, resident relocation, mixed tenure communities, changes in dwelling types, and community engagement and empowerment; and at four types of outcome: residential, social and community, empowerment, and health and wellbeing.

Carol referred to the 2011/12 annual progress report which all delegates had received. The centre section of the report summarises some of the key findings that have emerged from the programme to date, and Carol went on to highlight three key

issues. The first is that the GoWell communities are demonstrating the positive outcomes that can be achieved through regeneration. For example, community empowerment increased in all of the study area types between the first and second surveys; as did housing satisfaction. Furthermore, despite concerns about the potential negative impact that the process of moving home might have on residents of regeneration areas, particularly around disruption to their social networks, GoWell found some very positive outcomes. These examples show the benefits that can be achieved through concerted effort and investment in particular areas and issues, and through alignment of national and local policy.

The second issue that Carol highlighted is that the GoWell communities also cast light on a number of areas where current approaches are not yielding encouraging outcomes. Perceived informal social control and levels of honesty and trust have declined in most areas and are much lower than comparable areas in England; and perceptions of safety after dark have declined in all areas. This suggests that investment in physical improvements has not yet been matched by similar attention to some of these social factors. Furthermore, there is no evidence that improvements in the 'social health' of communities will happen as a by-product of investment in physical regeneration. At the 2011 GoWell annual event there was considerable discussion of this issue of social regeneration and where/with whom responsibility for it lies. Although there is still a long way to go, there have been a number of encouraging developments since then which suggest an increased focus is being placed on this issue: several organisations have approached GoWell for further discussion about how to respond; the Scottish Government is developing a new community empowerment and renewal bill, at the centre of which is this issue of social regeneration; and within community planning in Glasgow there has been a renewed emphasis on how engagement with local communities might be developed.

The third headline message highlighted by Carol was that although the GoWell communities are atypical of Glasgow or Scotland as a whole, they also reflect and magnify wider societal trends. Specific examples referred to included higher breastfeeding rates in the Transformational Regeneration Areas due to the ethnic mix of the population and different cultural norms, growth in self-reported mental health problems across all GoWell areas, and the increasing proportion of single-person households and of people saying they have no emotional support available. These all reflect wider societal trends and raise the possibility of learning from the GoWell communities about how we should think about diversity across Scotland as a whole, and what sorts of approaches and interventions may help address the general increase in mental health problems and lack of emotional support.

Before concluding, Carol asked delegates to think about three issues while listening to the presentations: (i) something that could always be done to support residents living through neighbourhood regeneration; (ii) how the opportunities for change associated with relocation can be maximised; and (iii) what issues GoWell should prioritise in the third phase of the programme. Finally, Carol concluded with a quote from the Global Commission on Social Determinants of Health:

'Where people live affects their health and chances of leading flourishing lives. Communities and neighbourhoods that ensure access to basic goods, that are socially cohesive, that are designed to promote good physical and psychological wellbeing, and that are protective of the natural environment, are essential for health equity.'

(Closing the gap in a generation, WHO headquarters, 2008)

A copy of Carol's presentation slides are available [here](#).

Lived realities of mixed tenure: Prof Lyndal Bond

Prof Lyndal Bond, Associate Director of the MRC/CSO Social and Public Health Sciences Unit and GoWell Principal Investigator, presented a summary of the findings from a qualitative study of mixed tenure.

Mixed tenure is a major feature of urban policy and is reflected in many regeneration strategies. It is purported to provide a wide range of benefits to communities including better neighbourhood reputation, better facilities and services, increased social cohesion, role models for work and education, and more job opportunities. Two years ago GoWell conducted a review of the evidence for this and found a surprising lack of evidence. This led to a qualitative study of residents of mixed tenure neighbourhoods to understand more about how they feel about living in a mixed tenure community. The study involved 37 families from across three areas in Glasgow: New Gorbals, Castlemilk and Drumchapel.

Most people thought tenure mixing was a good idea, as it promotes equality, opportunities and responsibility, and informal social control. Some people had mixed feelings and offered qualified support, in particular in terms of concerns about care for the environment and behaviour. Notably, though, these tended to be concerns about the 'potential', rather than actual experiences of these problems.

A number of people felt that mixed tenure was more likely to work where residents had grown up, or lived for a long time, in the area. They were perceived to be more likely to share a sense of community and be willing to invest in the area, irrespective of tenure. In these circumstances, owners and social renters were also likely to interact more. In New Gorbals there was a strong sense of community between social renters and owner occupiers but not with private renters – this latter group being perceived as lacking a history with the area and being more transient.

Residents also felt there needed to be a balance between owners and renters, so that neither group was heavily outnumbered. However, mixing within the same building was regarded as problematic due to concerns about the sharing of maintenance issues and bills, renters not taking as much care of their surroundings, and owners having more rights than renters.

Looking at differences between owners and social renters, owners were more likely to note negative features of mixed tenure, mainly around concerns of antisocial behaviour and care for the environment. Owners in the more segregated mixed tenure areas (within Castlemilk and Drumchapel) tended to be more negative and made clear distinctions between their area of residence and other social rented areas. Residents from New Gorbals were the most positive and reported more interaction across tenures. This difference may reflect the tenure change processes within the different areas: the process having been developed incrementally within Castlemilk and Drumchapel, but as more of a wholesale new development in New Gorbals.

Lyndal's presentation slides are available [here](#).

Lived realities of regeneration: Prof Ade Kearns

Prof Ade Kearns, Professor of Urban Studies at the University of Glasgow and GoWell Principal Investigator, presented the initial findings from the first wave of the 'lived realities' study.

To provide some context, Ade reminded delegates that of the 15 areas being studied in GoWell, six are classified as regeneration areas: three being Transformational Regeneration Areas (involving major redevelopment, including demolition and new build), and the other three being Local Regeneration Areas (receiving improvements to the housing and surrounding environment).

We have looked in-depth at the experience of those residents who remain living in these areas as they are transformed and regenerated around them. Ade highlighted that regeneration is not just about the end goal of a redeveloped and improved community, but about the temporary endurance of difficult conditions until that is achieved. In studying the effects of regeneration, what happens during the process therefore is just as important as the end-product. Through listening to residents' experiences of living through regeneration, and their hopes and expectations for the future, we can understand if the process of change can be improved.

Ade referred to three new reports that focus on 'remainders' (the residents who have remaining living in these regeneration areas), listed and available to download below:

- [Sticking with it? Short to medium term outcomes of remaining living in regeneration environments in Glasgow](#)
- [Residents' lived realities of transformational regeneration](#)
- [Residents' perspectives of health and its social contexts](#)

The first report summarises the survey findings from the six regeneration areas, involving almost 600 people who took part in both the wave 1 and wave 2 surveys. The second two reports are based on in-depth interviews conducted with 23 families living in the high-rise flats in the three Transformational Regeneration Areas. These families were interviewed twice, and between each interview took some photographs of their local area, depicting their daily lives.

Ade described what residents told us about their current situation, in terms of their homes, their neighbourhood and their health, focussing first on the survey findings followed by the findings from the in-depth interviews.

In terms of housing, the survey found within this group declining levels of housing satisfaction, declining quality ratings, and declining psychosocial benefits such as sense of control and progress. However, three out of five households reported receiving some housing improvements, with which they were very satisfied. When speaking in-depth about their homes, participants mainly spoke about the coldness and difficulties trying to heat their homes, dampness and the damage this causes, and lack of space. In terms of their block, they mainly spoke about the common areas, the lifts, the stairs, and the drying areas. The quotes included in the [slides](#) demonstrate the issues with these aspects of their homes.

In terms of the neighbourhood, although the survey found that overall neighbourhood satisfaction was unchanged over time, antisocial behaviour was perceived to have worsened in some of the areas, and ratings of the attractiveness and peacefulness of local environments had declined; as had ratings of local services, particularly youth

services. Ratings of parks and open spaces had improved. When speaking in detail about their neighbourhoods, participants spoke a lot about the local shops and services including public transport and churches/community groups – while some were positive about these others spoke about them declining. The other main issue participants highlighted was antisocial behaviour. Again, the quotes in the [slides](#) provide more detail of what was said about these aspects of their neighbourhood.

Participants also spoke about the impact some of these issues had on their lives. Ade presented these in terms of behavioural impacts (including fear of going out or going further afield to get away from areas), social impacts (including isolation due to friends and relatives deterred from visiting), and psychological impacts (including boredom, feeling depressed, embarrassment, and stigma). However, Ade highlighted that some residents did lead active and fulfilling lives despite the poor conditions. These tended to be the participants who had jobs or were involved in their community, voluntary work and/or training opportunities, with active social lives, hobbies and interests, and good social and family connections.

The survey findings on health are more mixed and the analysis of this has yet to find a link between regeneration and changes in reported health. Through the in-depth interviews, we were interested to understand what participants thought caused their ill health, what made it worse and what might make it better. Despite the small sample, there was a wide range of illnesses and perceived causes, but the range of illnesses that respondents attributed to the physical residential environment was relatively narrow. Rather, it was poor social relationships and non-residential factors that were the most common themes. When asked what might improve their health, some participants did mention housing and moving to a new home, but also consistently spoke about participating in local organisations, social contact and friendship with neighbours, feeling safe, and good quality local services (including health, housing, police, schools and voluntary sector activities). Participants seem to perceive the social environment to influence health and wellbeing at least as much as (if not more than) the physical environment of homes and neighbourhoods. From this, Ade highlighted that the potential benefits of urban regeneration would be maximised if strategies included improvements to social as well as physical environments.

Ade then presented participants' feelings about the future, in terms of moving home and their expectations and anxieties regarding this. Most people were looking forward to moving and many felt it couldn't come quickly enough, although some were emotional about having to leave their home and neighbourhood. In one of the areas some residents stated they would have stayed in the area if new build houses had been built quicker there. Participants had an expectation of better conditions and more space after moving home, of having a 'home' that they could identify with and invest in, of better relationships with family members in the home and outwith the home, and of a better neighbourhood. In particular they talked about getting away from antisocial behaviour and wanting good neighbours. They also talked about the move being 'a fresh start' and a starting point to get their lives back on track – mainly in terms of getting a job.

Anxieties mainly concerned who their new neighbours would be, what the area would be like and when the move would happen. In particular, those with children wanted to move at the right time in the school year. There were also some concerns about adjusting to low-rise living such as having more social contact with neighbours, security of ground level housing, and not having a concierge.

Given the findings, Ade asked if more can be done in terms of managing areas in decline. He recognised that conditions in the flats are poor as they are going to be

demolished, and that there has been some work to try to maintain their condition, but a lot of the concerns expressed were about antisocial behaviour – so can more be done about that?

Community activities and inclusion are very important to people. The participants who were involved in these types of activities were the only ones who spoke quite positively about their life, health and wellbeing. Therefore the importance of social regeneration cannot be emphasised enough.

In terms of moving, early information is crucial. The residents who had seen plans about where they would be moving to, or who knew the area and had gone and visited it, were much less anxious than others. Pre-move support services are useful in order to alleviate anxieties about a new area, and different housing. But just as important are post-move support services: there is a group of people who want to make changes in their lives but they require support to help make those changes.

In terms of next steps for the study, Ade confirmed we will be re-interviewing these participants again later this year. Many will have relocated to their new home and area by that stage so we will be able to find out how well they settle in after moving and whether that has stimulated or enabled the other changes they want to make to their lives.

A copy of Ade's presentation slides are available [here](#).

Discussion session:

Delegates at each table collectively reflected on and discussed what they had heard during the morning, focussing on three key questions:

From what you've heard this morning, if there is one thing that could change or should always be done for residents living in communities undergoing regeneration, what would it be?

In feedback, the main points made were:

- Good communication throughout the regeneration process, particularly given the slow pace of change. Information should be provided in various forms and at different times with opportunities for residents to air their views and concerns.
- Information should extend beyond housing to include the services and resources that are available and how to access these when moving to new areas.
- Dedicated one-to-one contact and genuine engagement should be offered, coupled with a concerted effort to help local people influence decisions.
- A central meeting/coordinating point to help communicate with residents as well as deal with practicalities in relation to management of regeneration (such as providing a space for tradesmen to communicate with each other and residents about delays or changes to work programme). This also allows residents to be kept much more involved in issues that directly affect them.
- More use of/provide more resources to Housing Officers and community hubs, who can signpost and provide links to other services.
- As areas empty and buildings become vacant and/or scaffolding is erected, security becomes even more important for those remaining, as do measures to reduce antisocial behaviour. Community policing initiatives and night patrols were suggested as means to do this.

- A practical example from an area post-regeneration, was a ‘best garden competition’, in order to stimulate local action on repair and recovery of gardens which had been affected by the regeneration.
- The third sector has a crucial role to play but this requires support in terms of resources.

Moving to a new environment is seen by people as an opportunity to make changes in their lives. Are there specific recommendations to maximise these opportunities?

The main discussion points fed-back were:

- Welcome information packs when residents move into new homes, signposting them to services and facilities in the area. These should focus not just on public services but also on local clubs/hobbies which can help new residents build contacts and networks in the area.
- Housing officers are there to engage with and advise tenants not just to provide them with information packs. Taking time at the initial interview stage provides a good opportunity to develop a relationship between housing officers and tenants and there should be follow-up interviews six/eight weeks post-move. It was felt there isn’t necessarily a shortage of workers on the ground but rather about a focus on the important part of their jobs.
- Help to get to know neighbours, perhaps through a neighbourhood ‘buddy’ or ‘mentor’ scheme.
- Investment in community/social structures as well as physical environment.
- More joined up thinking at an agency level and a more strategic approach to support these transitional residents. At its heart this should involve communication, utilising housing officers, employability, health workers, community policing, neighbourhood groups and charities/third sector. Better integration between services could really help people make changes in their lives e.g. referral or signposting from housing officer to smoking cessation services in the NHS for someone who wants to give up smoking or support to gain work via employability services for someone wanting to move into employment.
- Partnership working is crucial but it doesn’t always happen, and it needs the buy-in and support of all, but perhaps there is a need to recognise that one agency does have to take the lead to make things happen.
- Glasgow Regeneration Agency provided an example of where this joined up approach is working particularly well in practice. This involved a project working with the Roma population in Govanhill and involves health, housing, social care, and employability agencies. It was felt that strategic level support but a ground level approach has been crucial to the success of this partnership project.

What is important to try to understand better as we move into the next Phase of GoWell?

The main discussion points fed-back were:

- A sense of what is going right, what the positive findings are and what we can learn from those.
- Periodicity – Wave 3 findings disseminated sooner and need to better sell the robustness of GoWell.
- Primary research question of whether regeneration impacts on health and wellbeing.
- How do you really do social regeneration? And what does it include?

- Impact of economic downturn – not just on communities overall but also in terms of individuals. Interesting to see whether economic downturn will have an impact on comparative poverty in terms of comparing oneself with neighbours. Will there be an increase in social renters?
- How are the experiences of people on the edge, like drug users and people with alcohol problems, included? Lots of GoWell data talk about fears of such people, and how they decrease the worth of an area or the experience for many within it, but how do their views of regeneration and how it affects them become part of the discussion?
- Keep a focus on reaching local level audiences so findings are reaching communities in widest possible sense. Need to show value/benefit for residents and community groups and highlight GoWell's unique position of where it sits between residents and policy makers.
- A better 'buy-in' – need to target those not attending the annual event such as key decision makers and senior management at a city level but also those with no direct buy-in, such as the media, to ensure results are best used. A heavier media involvement might help to break down the unimaginative stereotypes of some residents or areas.
- Are there lessons to be learnt from other countries that have gone through regeneration programmes of a similar scale?
- Can GoWell be used as a form of Social History by archiving interviews etc for posterity (e.g. with Glasgow University /Glasgow Libraries?)

Sum-up:

Ade summarised what was achieved during the morning, and felt we had demonstrated the usefulness of the qualitative as well as the quantitative research in GoWell. It is important to hear what people have to say about changes in their lives and communities. This will guide GoWell in terms of the impacts that we might look for as we move on in the programme. Hearing delegates' responses and suggestions is also extremely useful.

Ade highlighted some of the key priorities for GoWell over the coming year. A large focus will be the analysis of the findings from the third wave of the community survey conducted in mid-2011. There is now a growing longitudinal cohort of data which enables us to understand how things are changing for individuals as well as communities.

We will also look further at the issue of mixed tenure – specifically whether people perceive their neighbourhoods to be mixed or not and also whether it has an impact through the education system in terms of school and pupil performance.

On the topic of relocation through regeneration, we will be re-interviewing the 23 households from the 'lived realities' study again this year, and combined with three waves of survey data, will be able to see whether people are able to achieve the changes in their lives that they aspire to when they move. Linked to this we are in the process of producing a report on how the clearance process works. We have seen that transformation for residents is not just about a change in housing but also many other issues in their lives and for their children. The issue therefore is whether the clearance process can be expanded beyond housing in order to support people to make these changes in their lives. This is not just an issue for their landlord but for public services in general.

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