

Progress Report

2011/12



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 & Clyde.

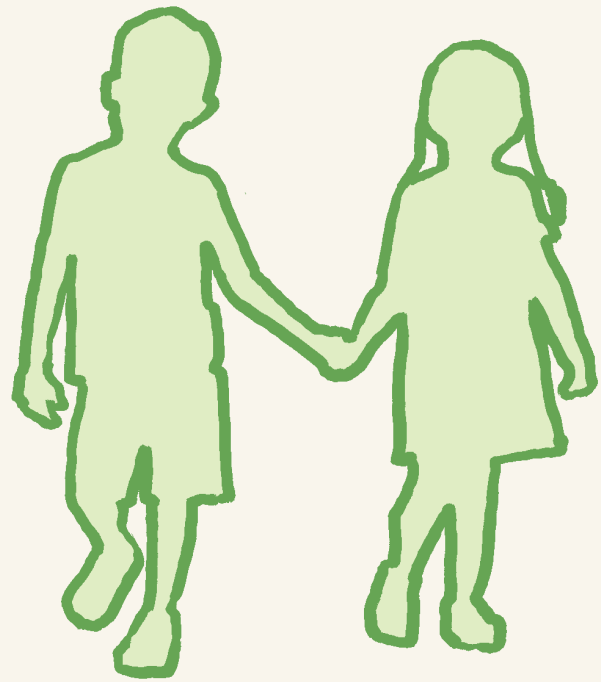
Foreword

On behalf of the GoWell team and the programme's sponsors, it is my pleasure to welcome you to this progress report.

Now reaching the end of its second phase of activity, GoWell has successfully generated new evidence and insights on a range of issues, including: mixed tenure communities, high-rise living, community engagement and influence, antisocial behaviour, the experience of migrant communities, influences on mental wellbeing, and social regeneration. Most importantly, the direct relevance of the GoWell 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.

The scale, variety and complexity of the changes taking place in Glasgow not only make them particularly interesting to study, they bring an associated moral imperative to ensure that lessons are learnt as the regeneration programmes proceed, and that the impacts of the investments are assessed. In the current financial context, the importance of this work is more evident than ever.

It has become increasingly clear as the programme has progressed that we need to look at the issues of interest in a range of different ways – going beyond the 'numbers', to obtain a deeper sense of people's experiences, hopes and aspirations. In light of this, GoWell has developed to incorporate a wider range of research and learning methods. During Phase 2 of the programme, a range of qualitative research methods have been deployed to build our understanding of resident and practitioner experiences of community engagement, mixed tenure communities, clearance processes, and transformational regeneration. Insights from these qualitative studies will be the focus of the 2012 GoWell annual event.



It has been the tradition of these progress reports to summarise the programme's activities over the previous year. This report is somewhat different. It includes a synthesis of some of the key findings that have emerged over the years from the GoWell study to-date. We have seen the learning build up over time: sometimes findings are conflictual, sometimes quite surprising. But crucially they demonstrate how things are changing in some of Scotland's poorest, least healthy, and most ethnically diverse communities, what types of change are most strongly associated with better wellbeing and satisfaction, and what the priorities for enhanced attention or investment need to be.

Programmes like GoWell depend not only on hard work and resources, but crucially on the good will, flexibility, trust, commitment and vision of the various players involved. From its outset, GoWell has been sponsored by the Scottish Government, NHS Health Scotland, Glasgow Housing Association, the Glasgow Centre for Population Health, and NHS Greater Glasgow and Clyde. I should like to express my sincere thanks to all of these sponsors, and the Steering Group members more widely, for the support that they give to the programme in so many ways. Many thanks too to all the members of the GoWell team for their unstinting hard work, and to the study participants for being willing to give of their time to tell us about their experiences, their neighbourhoods, and their aspirations.

I hope that you find this report 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



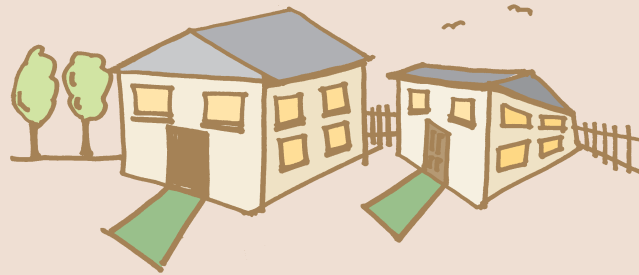
Introduction

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. Established in 2006, 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.

What do we aim to do?

- To investigate the health and wellbeing impacts of activity associated with the Glasgow housing and regeneration 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.



There are 15 communities involved in our study, shown in the map overleaf.

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. It brings together housing, regeneration and health sectors through its **sponsorship** by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde. Details of the current **team**, working on the programme on a day-to-day basis across the partnership organisations can be found within the team section of our website.

Our findings

We are now over six years into our programme of research and learning. New evidence and insights have emerged on a range of issues, generating better understanding of the relationships between housing, neighbourhood quality, community life, wellbeing and health. A key element of GoWell is to ensure that these findings are shared, discussed and considered with our study communities, policy-makers and practitioners so that they are translated into useful and practical information and recommendations for policy and practice.



Timeline

Our study comprises a number of different research and learning components; some of which will run throughout our life-span; some repeated at different intervals; while others are short-term in nature. The timeline diagram overleaf shows these different components and the stage we have reached within this.

This report

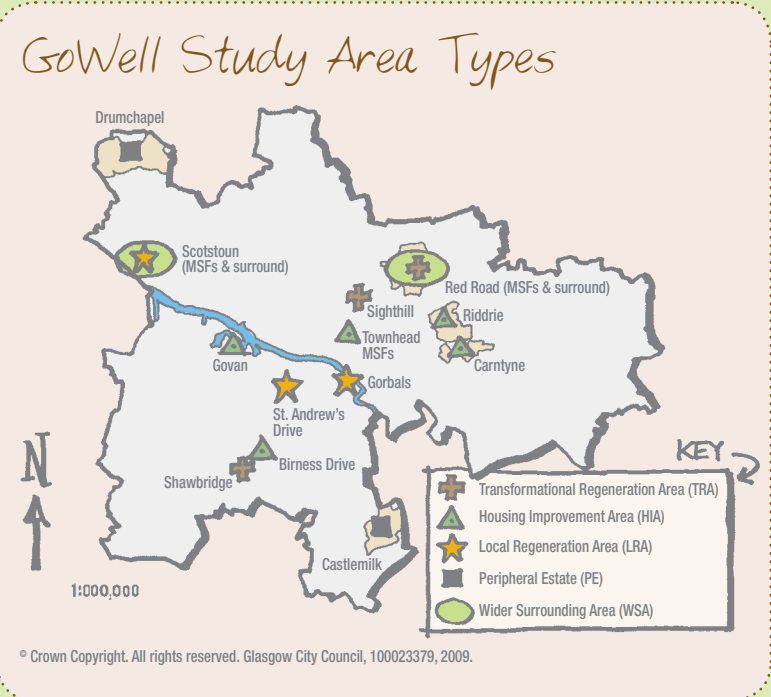
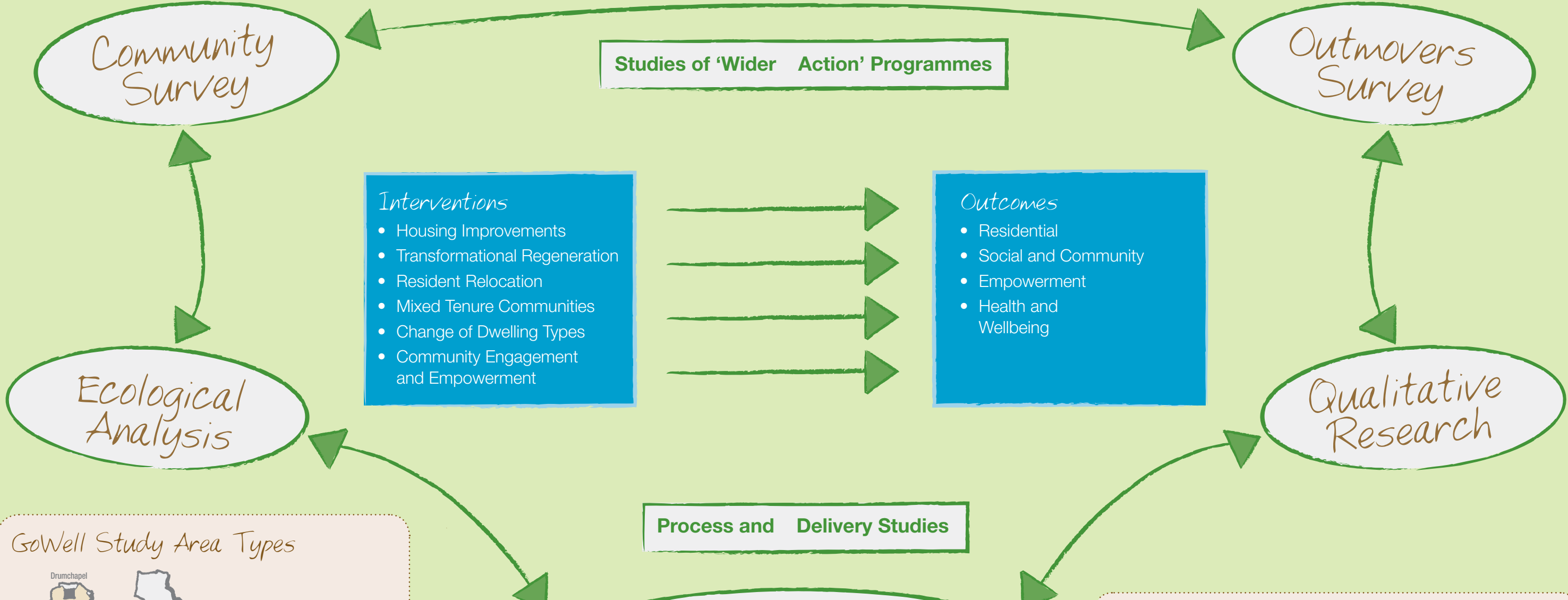
Our management and sponsorship arrangements mean that GoWell is planned and funded in phases. As we approach the end of Phase 2 of GoWell, which runs from January 2009 to end-March 2012, the centre section of this report summarises the key findings that have emerged during this Phase. This is followed by a brief forward look at the research we have planned for Phase 3. More detailed information on both Phase 2 and Phase 3 of GoWell can be found in our Phase 2 Interim Progress Report and GoWell Phase 3 Proposal. These documents are available from our website.

Further information

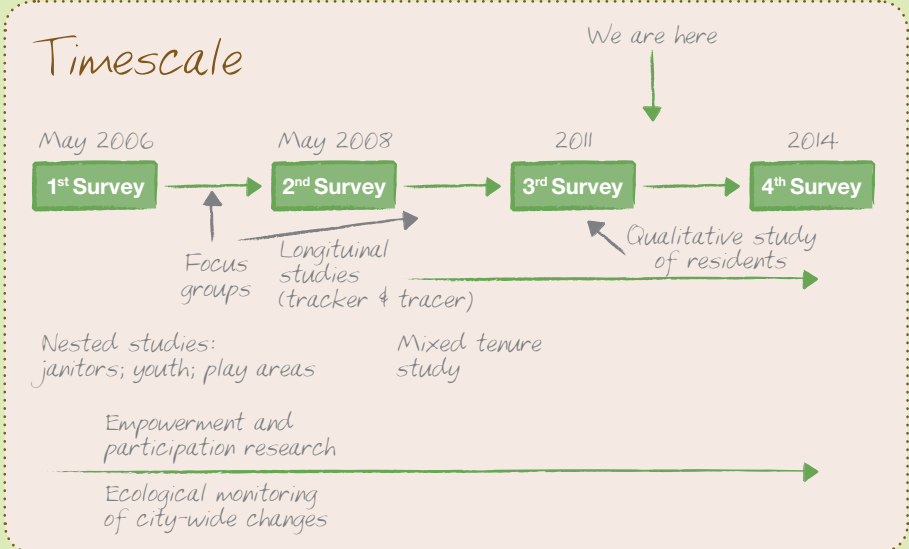
In addition to presentations and discussion seminars we hold with our stakeholders, we report our findings through a variety of outputs including newsletters, findings reports, briefing papers, journal articles and our website. All of these, and further background and contextual information on the programme, can be accessed by visiting the GoWell website at www.gowellonline.com or by contacting Jennie Coyle at jennie.coyle@drs.glasgow.gov.uk or on +44 (0)141 287 6268.

Elements of GoWell

Regeneration of the GoWell communities involves a range of interventions which we are studying through a spectrum of research approaches, specifically looking at the impacts they may have in terms of four key sets of outcomes.

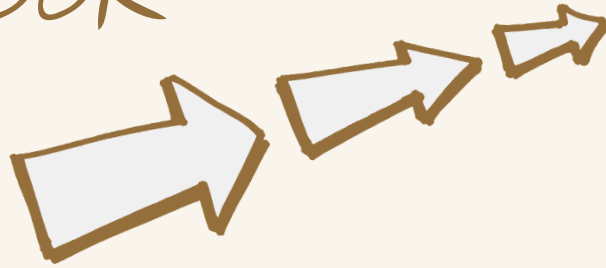


Communication & Dissemination



Forward look

2012-16



The proposed next phase of GoWell (Phase 3) is being planned to run from April 2012 to end-March 2016. Our proposals for this Phase are currently being reviewed by our sponsors. If the plans are approved, we anticipate undertaking the following research activities during this period.

Community Survey



Analysis of our Wave 3 (2011) survey, as well as the construction and analysis of our longitudinal dataset across Waves 1 to 3, will be an early priority. In the second half of Phase 3 we will be busy planning and

conducting our Wave 4 (2014) survey which will involve occupants of more new build dwellings completed in some of our study areas.

Outmovers Survey

Our early efforts will focus on analysing the Wave 3 Outmovers sample, and later in the phase we will prepare and conduct the Wave 4 Outmovers survey. We anticipate the size of this sample will increase as the remaining blocks in our regeneration study areas are cleared.

Qualitative Research

We will conduct the second phase of interviews in our 'Lived Realities' study. Most of the participants in the study, interviewed in their existing home during Phase 2, will move home as part of the clearance process within the first year or so of Phase 3 of GoWell. Allied to this we will conduct a second round of interviews with our sample of young people living in regeneration areas.

We will also pursue further qualitative research around the issues of community engagement and empowerment including looking at how well communities are engaged during the mid-period of implementation, as original timetables and plans for regeneration are altered by events. We are also interested in understanding the extent to which, and by what means, community organisations may help to empower communities.

Ecological Analysis

The ecological analysis during Phase 3 of Gowell will focus on three areas. First, we will examine area inequalities across Glasgow, to establish the extent to which differences in levels of deprivation and health have narrowed, particularly in relation to our study areas. Second, we will link our participants' health records (where permission has been given) to their survey responses. This will be the first time individual health records (linked to survey data) have been used in the UK to examine the impacts of housing investment and regeneration upon health. Third, we will undertake a further neighbourhood audit of our study areas, including a 'walkability' assessment of the environments.

These research components will help advance our knowledge and understanding of our key outcomes of interest. In addition, through a number of collaborations and by making greater use of our own survey data and other data sources, we are interested in developing our research further on the issues of crime, education and health.

Communication and Dissemination

Ensuring our findings are shared and discussed with our study communities, policy-makers and practitioners on an ongoing basis so that they are translated into useful and practical information will continue to be a key focus throughout Phase 3. This will involve not only ongoing use of our existing mechanisms – reports and briefing papers, journal articles, the GoWell website, community newsletters and discussions, presentations at local, national and international interest groups and conferences, and media coverage – but an increased focus on discussion seminars as a way of furthering understanding and interpretation of our findings and encouraging their use in policy and practice terms. Digital engagement with our key stakeholders through the use of social media is a new priority for us as we move into Phase 3, so look out for us on Twitter and Facebook in the future.



Our outputs and presentations



Below is a list of the publications we produced during Phase 2 of GoWell (from January 2009 to end-March 2012). In addition to these reports, briefing papers and journal articles, we have delivered a large number of presentations and seminars at a local, national and international level. There are too many to list here but full details are provided in our Phase 2 Interim Progress Report. All of these are available to download from the GoWell website or in hard copy from Jennie Coyle.

Reports

Findings Reports:

- Progress for people and places: monitoring change in Glasgow's communities Report and Executive Summary (February 2010)
- Synthesis of research findings 2006-2009 (April 2010)
- Health, wellbeing and social inclusion of migrants in north Glasgow (September 2010)
- Evaluation of Glasgow Housing Association's youth diversionary programme (October 2010)
- The wider relevance of GoWell to other urban areas in Scotland (November 2010)
- Moving out, moving on? Short to medium term outcomes from relocation through regeneration in Glasgow (May 2011)
- Sticking with it? Short to medium term outcomes of remaining in regeneration environments in Glasgow (November 2011)
- Migration and health in Glasgow and its relevance to GoWell (February 2012)
- Residents' perspectives of health and its social contexts. Qualitative findings from three of Glasgow's transformational regeneration areas (February 2012)
- Residents' lived realities of transformational regeneration: phase 1 findings (February 2012)

Briefing Papers

- Briefing Paper 1: Health, wellbeing and deprivation in Glasgow and the GoWell study areas (January 2009)
- Briefing Paper 3: GoWell findings: asylum seekers and refugees in Glasgow's regeneration areas, 2006-07 (April 2009)
- Briefing Paper 5: How will regeneration activity impact on the health of residents of Glasgow? A GoWell briefing paper on policy and key informant interviews in 2007 (May 2009)
- Briefing Paper 6: Community engagement in the initial planning of regeneration in Glasgow (May 2009)
- Briefing Paper 7: Area reputation: an examination of newspaper coverage of the Sighthill estate (February 2010)
- Briefing Paper 8: Who says teenagers are a serious problem? GoWell's findings on householder perceptions of youth related problems in deprived areas of Glasgow (February 2010)
- Briefing Paper 9: Youth diversionary programme evaluation (September 2010)
- Briefing Paper 10: Glasgow's deprived neighbourhood environments and health behaviours: what do we know? (August 2010)
- Briefing Paper 11: The effects of high-rise living in the social rented sector in Glasgow (April 2011)
- Briefing Paper 12: The contribution of regeneration to mental wellbeing in deprived areas (April 2011)
- Briefing Paper 13: Community empowerment in transformational regeneration and local housing management in Glasgow: meaning, relevance, challenges and policy recommendations (September 2011)
- Briefing Paper 14: Putting a spring in Glasgow's step: neighbourhood walking in deprived areas (April 2011)
- Briefing Paper 15: Intolerance and adult perceptions of antisocial behaviour: focus group evidence from disadvantaged neighbourhoods of Glasgow (July 2011)
- Briefing Paper 16: Young people's experience of intolerance, antisocial behaviour and keeping safe in disadvantaged areas of Glasgow (July 2011)
- Briefing Paper 17: Housing improvements, housing quality and psychosocial benefits from the home (February 2012)
- Briefing Paper 18: Area reputation: an examination of newspaper coverage of the Red Road estate (February 2012)
- Briefing Paper 19: Area reputation: comparing newspaper coverage of the Sighthill and Red Road estates (February 2012)



Progress Reports:

- Progress Report 2008/09 (May 2009)
- Progress Report 2009/10 (April 2010)
- Progress Report 2010/11 (May 2011)
- Progress Report 2011/12 (March 2012)



Articles

Published:

- Kearns A, Tannahill C, Bond L. Regeneration and health: conceptualising the connections. *Journal of Urban Regeneration and Renewal* 2009, 3:1, 56-76
- Kearns A, Lawson L. (De)Constructing a policy "failure": housing stock transfer in Glasgow. *Evidence & Policy* 2009, 5:4, 449-470
- Lawson L, Kearns A. Community empowerment in the context of the Glasgow housing stock transfer. *Urban Studies* 2010, 47 (7): 1459-1478
- Lawson L, Kearns A. Community engagement in regeneration: are we getting the point? *Journal of Housing and the Built Environment* 2010, 25:1, 19-36
- Beck S, Hanlon P, Tannahill C et al. How will area regeneration impact on health? Learning from the GoWell study. *Public Health* 2010, 124(3): 125-130
- Egan M, Kearns A, Mason P et al. Protocol for a mixed methods study investigating the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of residents: the GoWell Programme. *BMC Medical Research Methodology* 2010,10:14
- Bond L, Kearns A, Sautkina E. Mixed messages about mixed tenure: do reviews tell the real story? *Housing Studies* 2011, 26(1): 69-94
- Mason P, Kearns A, Bond L. Neighbourhood walking and regeneration in deprived communities. *Health & Place* 2011, 17(3): 727-737
- Bond L, Kearns A, Mason P et al. Exploring the relationships between housing, neighbourhoods and mental wellbeing for residents of deprived areas. *BMC Public Health* 2012,12:48
- Kearns A, Whitley E, Mason P, Bond L. Living the high-life? Residential, social and psychosocial outcomes for high-rise occupants in a deprived context. *Housing Studies* 2012, 27:97-126
- Sautkina E, Bond L, Kearns A. Mixed evidence on mixed tenure effects: Findings from a systematic review of UK studies, 1995-2009. *Housing Studies* 2012 (In Press)
- Clark J, Kearns A. Housing improvements, housing quality and psychosocial benefits from the home. *Housing Studies* 2012 (In Press)

There are also a number of other articles that are currently being reviewed by various journals. To make sure you receive alerts of these and other new publications, sign-up for the **GoWell Learning Network** by emailing your contact details to Jennie Coyle.

Our accounts



Income 2011/12

Sponsor	Amount
Glasgow Centre for Population Health	£100,000
NHS Health Scotland	£110,838
NHS Greater Glasgow and Clyde	£40,000
Scottish Government	£110,838
Total	£361,676

*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.

Expenditure 2011/12 (from April 2011 to end-January 2012)

Activity	Amount
Research and support staff and associated costs	£156,876
Communications, events and outputs	£21,835
Total	£178,711

*Expenditure figures for February to end-March 2012 not available at time of printing.