



**GoWell Phase 3
Proposal to Scottish Government
and NHS Health Scotland**

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1. Introduction

GoWell is an important national resource for generating better understanding of the relationships between housing, neighbourhood quality, community life, wellbeing and health. Now reaching the end of its second phase of activity, the programme 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. 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.

GoWell was established in 2004 to investigate the impacts of Glasgow's investment in housing and neighbourhood renewal on the health and wellbeing of individuals, families and communities in Glasgow. It focuses on some of the poorest, least healthy, least stable and most ethnically diverse communities in Scotland, and through a spectrum of research approaches, aims to build an understanding of the ways in which a range of area-based interventions impact on those communities. It is in communities like these that health will need to improve at a greater rate than in the rest of the population if the Scottish Government's commitments to a Fairer Scotland with reduced health inequalities are to be achieved.

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. Without the evaluations provided by GoWell, the results of the investment may be difficult to discern, and an opportunity to build further understanding would be lost. In the current financial context, and in light of the Christie Commission recommendations, the importance of this work is more evident than ever.

GoWell was launched in 2005, and was originally designed as a 10-year research and learning programme. At its core is the community survey of fifteen areas of the city. Two surveys have been completed (in 2006 and 2008), and the third is currently being undertaken. A fourth is planned for 2014. An increasingly significant dimension of the surveys is the longitudinal cohorts embedded within them – allowing GoWell to assess impacts over time on individuals and families. The potential of these surveys will start to be realised more fully once the results of the third survey become available in 2012. The availability of data over three time points begins to yield insights into trends over time, and opens up much more potential to assess how the effects of interventions vary by duration and population sub-group and are affected by the wider context. However, health impacts may take many years to be realised, and the pace of intervention has slowed down with the economic recession, so the fourth time point (planned for 2014) will be crucial.

Longitudinal studies of complex social policies are difficult to design and implement and require prior warning of the timing and nature of implementation. They also require close links between researchers and stakeholders and a well designed programme to evaluate. GoWell is one of the few large-scale social policy evaluations in Scotland that has secured these conditions.

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. 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. A new focus on young people’s experiences has been introduced, and the economic evaluation methodologies have been reviewed and revised. The potential of linking GoWell data to other data sets has also been explored, with significant new developments in linkage with crime data and health survey data, and a potentially fruitful linkage to education data in the near future.

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. Phase 1 (2005 – 2008) and Phase 2 (2009 – 2011/12) have seen a high level of delivery against the proposals for those periods. This document sets out the programme proposals for Phase 3 (covering the four year period from April 2012 – March 2016). A report on progress and achievements during Phase 2 is provided as an accompanying document.

National policy

GoWell is a resource for informing policy and for assessing its implementation and impact. The breadth of issues that are researched as part of the programme mean that the findings have direct relevance to policy in the following areas:

- Social Strategy (Equally Well, Achieving our Potential, and the Early Years Framework)
- Housing (eg the Strategy and Action Plan for Housing 2011-2020)
- Regeneration (eg Building a Sustainable Future)
- Health (eg Towards a Mentally Flourishing Scotland; Good Places Better Health)
- Justice (eg Promoting Positive Outcomes)
- Community Empowerment (proposed legislative Bill)
- Planning (eg planning policies on Designing Places and Designing Streets)
- Education (eg the Skills Strategy and 16+ Learning Choices programme)

In addition to these areas of issue-specific relevance, GoWell enables examination of the relationships between several of these areas of policy interest – supporting the aspiration towards joined-up government.

The GoWell team is committed to developing the programme so that it provides evidence and analysis to guide policy implementation in these areas, monitoring change, and shaping future related policy developments. Examples of the sorts of contributions that could be made are provided in Section 6 of this submission.

2. Aims and Objectives

GoWell **aims**:

- 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.

GoWell evaluates change at three different levels: the **individual or household**, the **neighbourhood or community** and the **city**. And it looks at change from the perspective of: the **people** involved, the **places** involved, and the **processes** taking place.

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.

Our learning **objectives** are:

- To distil learning from across the various components of GoWell, in a way that enables regeneration policy and implementation to take greater account of opportunities to improve health and wellbeing.
- To make opportunities to influence policy across Government Directorates and at a regional and local level.
- To facilitate capacity of the GoWell communities and their local structures to use learning in a way that empowers them.
- To disseminate methodological developments and research findings to academic and practitioner audiences, through a range of written and verbal communications.

3. The Elements of GoWell

This section describes the GoWell Programme in terms of the outcomes of interest, the interventions being studied, and the main components of activity.

Outcomes

We are studying the impacts of interventions and change upon four sets of outcomes for individuals and communities. These outcomes are directly relevant to the Government's national strategic objectives to become Healthier (by helping people to sustain and improve their health, especially in disadvantaged communities) and Safer and Stronger (through helping local communities to flourish, becoming stronger, safer places to live, offering improved opportunities and a better quality of life).

Residential Outcomes: A range of outcomes may be produced or improved by residential improvements including higher resident ratings of the quality of their housing and neighbourhoods (including the built and natural environments and local amenities) and higher levels of resident satisfaction. People may also derive a number of psychosocial benefits from their dwelling and neighbourhood, pertaining to control/privacy and status/reputation.

Social and Community Outcomes: A good, supportive social environment is important for people's quality of life, and so we examine social outcomes in terms of interactions and trust, with both immediate neighbours and people in the local area more generally. Therefore, we look at neighbourly behaviours, social networks and social support, safety and trust in the local area, and people's sense of community. These things can be changed for better or worse by public policy interventions which alter the social composition of the local area, or which change the opportunities for positive or negative social interactions locally.

Empowerment: Residents can be more or less empowered in relation to their housing, neighbourhoods and life goals. These outcomes are founded on a number of enablers or inhibitors including: customer services and relationships with service providers (housing and others); community organisational capacity to be both reactive and proactive; and individual aspirations and expectations. Housing improvements and neighbourhood regeneration activities can impact directly and indirectly upon empowerment through these mechanisms.

The above three sets of outcomes may feed through into a fourth set of outcomes:

Health and Wellbeing Outcomes: Improved or changed housing and neighbourhood conditions may impact upon general health and the incidence of illnesses (short and medium term). The way in which these changes are delivered, and the residential and social conditions in which people live, may also affect how people feel and behave. Given that local environments both reflect and influence lifestyles, we are also interested in mental health and wellbeing and in health behaviours – most notably walking, smoking and alcohol consumption. All these health impacts may also be reflected in levels of use of health services. The distribution of impacts within and across communities may contribute positively, or negatively, to the scale of health inequalities.

Interventions

Our particular interest is in whether these outcomes result from national and local public policy interventions delivered on an area-level basis in some of the most deprived communities in Scotland. The interventions of most interest are the following.

Housing Improvements: Through the implementation of the Scottish Housing Quality Standard and the investment programme undertaken by Registered Social Landlords (RSLs) and by Glasgow Housing Association (GHA) since housing stock transfer in 2003, there is a substantial programme of housing improvement works being applied to all social housing in the city. Most of our study areas have received large numbers of housing improvements, and residents may therefore be experiencing the twin effects both of individual housing improvements, and of area-level impacts from multiple improvements which transform the appearance of a neighbourhood.

Transformational Regeneration: Three of our study areas are undergoing transformational regeneration involving almost entire redevelopment over time. Three further study areas are experiencing restructuring that is less than full redevelopment. Regeneration involves physical change through the replacement of residential and other buildings, other neighbourhood improvement works (such as to green spaces and shops), and housing and social restructuring towards mixed-tenure communities. Economic development, cultural activities and wider skills development/educational processes may also form part of the intervention.

Resident Relocation: A necessary element of transformational regeneration is the relocation of residents to housing elsewhere in order to enable restructuring to occur. Some people may move more than once as a part of this process, and very few people will move back to the restructured area even if they had originally thought they might do so. Relocation has generally been considered to be a negative experience and to have detrimental impacts upon people, due to loss of attachment and disruption to social connections, though as researchers we need to retain an open mind on this.

Mixed Tenure Communities: Mixed tenure communities is a central tenet of housing and regeneration policy, with an associated set of desired outcomes relating to residential satisfaction, area reputation, community pride and place attachment, and resident aspirations and behaviours. Mixed tenure is occurring in the regeneration areas within the study, but also, more incrementally, in the peripheral estates.

Dwelling Types: All the above interventions involve changes in dwelling types for communities and residents. Urban, planning and housing policy provide support and incentives for different types of dwelling to be provided for populations, with potentially different consequences for health and wellbeing and their determinants. We are particularly interested in the effects of living in high-rise versus lower-rise flats, and whether any differences between them are altered by housing improvement works; and in the individual and community level effects of residing in houses with gardens rather than in flats of whatever kind.

Community Engagement and Empowerment: Housing and regeneration policy-makers and practitioners regard community engagement and empowerment as core tenets of their approach to delivering services and change. Public sector organisations (individually, and collectively through community planning processes)

are required to engage with relevant communities/user groups in the development and implementation of strategies and new initiatives. This is held to have benefits for the effectiveness of services and for service providers, as well as having positive impacts upon communities in terms of confidence, capacity and cohesion – all seen as virtuous in themselves but also as necessary for other outcomes, for example in relation to health and wellbeing and employment. GHA, for example, has a strategic aim of ‘Empowering communities to extend wellbeing and opportunities’.

Study Components

The methods used by GoWell to study these interventions and their impacts on the outcomes of interest can be described in terms of the following components.

Community Survey: Our study communities (15 in total) have been surveyed three times so far, in 2006, 2008 and 2011. The community survey enables us to record how communities change in composition and character as interventions progress, and also to monitor residents’ opinions and feelings about their housing, neighbourhoods and communities. The survey comprises a longitudinal study of the occupants of existing dwellings within the communities (Remainers), as well as a survey of the occupants of new build properties provided within the communities.

Outmovers Survey: In order to assess the effects of relocation, we have been tracking people who have moved out of the six regeneration areas in the study after 2006 in order to interview them in their new location. At each survey wave, we attempt to interview all post-2006 outmovers, therefore developing an expanding longitudinal cohort of outmovers. Outmovers’ responses to the survey can be studied over time, and in comparison to the responses of those people who continue living in regeneration areas (the ‘Remainers’).

Qualitative Research: Often our survey work raises issues that require further in-depth research in order to develop better understanding or explanations. In order to pursue these issues, we also conduct qualitative research with residents, participants and practitioners involved in the interventions or living in the study areas. During Phase 2, we established a longitudinal qualitative study of a sample of households living in regeneration areas and awaiting rehousing from tower blocks due to be demolished. In addition, we set up a qualitative study of the experiences of young people living through regeneration. Other qualitative research has focussed on processes of Governance, Empowerment and Participation within our study communities, and this theme will return as a focus in Phase 3.

Ecological Analysis: As well as studying a particular set of communities within the city, we are also examining changes across the city as a whole. Our ecological analysis allows us to consider whether our study areas improve or deteriorate over time compared with trends for all other parts of the city. Through analysis of secondary data for the city as a whole, we can also investigate causal pathways suggested by our survey results to see if they hold true in general terms; for example whether, even when deprivation level is taken into account, mixed tenure communities have lower crime rates than mono-tenure ones within Glasgow.

Communication and Dissemination: A key element of GoWell is to ensure that our findings are regularly fed back to – and discussed with – our study communities, policy-makers and practitioners. As well as being part of good research practice, this has helped to support the processes of translating research findings into useful intelligence for use by these different stakeholders. Regular activities are undertaken

to give and receive feedback from all these groups, as well as events planned to bring them together to consider issues raised by our findings. These processes have also helped to shape study developments (for example the emerging focus on social regeneration) and have supported the programme's commitment to ensuring that the study is useful to sponsors during its course as well as later on.

Economic Evaluation: The economic evaluation views housing and regeneration interventions as investments in health and wellbeing. The aims of the evaluation are: (i) to assess whether the current interventions being evaluated by GoWell represent 'value for money' in achieving policy aims, and (ii) to inform future policies on housing and regeneration in Glasgow and elsewhere, in terms of this. The economic evaluation will undertake three different approaches to measuring outcomes: cost consequence analysis, cost effectiveness analysis, and cost benefit analysis. The first audits all of the outcomes and costs that can be attributed to housing and regeneration. The second approach focuses upon health outcomes exclusively to generate quality adjusted life years (QALYs), a measure that permits the impacts of housing and regeneration to be compared with more traditional health sector interventions (eg medications). The third approach then seeks to value all outcomes detected under the cost consequence analysis, by surveying general population preferences and converting outcomes to financial values.

Nested Studies: Earlier phases of GoWell included a number of nested studies which comprised evaluations of projects funded under GHA's Neighbourhood Regeneration Programme, including evaluations of children's play area improvements, and the environmental employability programme and youth diversionary projects operating in a number of our study areas. No nested studies are currently planned for Phase 3. Rather, we have sought to realise the potential of collaborating with other researchers and organisations with shared interests and access to data sets that could allow additional research into issues core to GoWell's objectives. Through these routes, additional resources and expertise can be brought to the GoWell programme, increasing our capacity and output without cost to the sponsors. These proposals are presented in the section on ***Extending GoWell in Phase 3 (see page 16).***

4. Proposed Work Programme for Phase 3 (April 2012 – March 2016 inclusive)

What follows sets out the activities that are proposed for Phase 3 of GoWell. These build on the work to date and seek to address some of the issues that have emerged from our analyses in Phase 2 and from discussions with sponsors. We describe the proposals first in relation to progressing each of the study components, and then in terms of how we propose to use the study components to advance knowledge and understanding.

(i) Progressing the Study Components

We propose to undertake the following work during Phase 3 of GoWell.

Community Survey: During the first two years of Phase 3, we will concentrate on the analysis of the Wave 3 (2011) survey, as well as the construction and analysis of the GoWell longitudinal dataset across Waves 1 to 3. In the six regeneration study areas we will have three cross-sectional surveys/censuses, but within those there will be a large proportion of longitudinal cases (by both property and household). In our non-regeneration study areas, we will have a longitudinal sample of properties across the three waves, with a large proportion (anticipated to be up to 70%) being longitudinal household cases.

The second half of Phase 3 will comprise planning and conducting the Wave 4 (2014) survey; the main difference to Wave 3 being the inclusion of more newly constructed dwellings and their occupants within the regeneration study areas and some of the other study areas. We will again be attempting to extend the longitudinal nature of the sample in all study areas.

Outmovers Survey: Again, our early efforts will be to analyse the Wave 3 Outmovers sample, which should be at least three times the size of the equivalent Wave 2 sample. This will give us more analytical power and greater representativeness of the Outmover experience for different household types in different destination locations.

The second half of Phase 3 will comprise preparing and conducting the Wave 4 Outmovers survey. The size of the sample should grow once again as the remaining blocks in regeneration areas are cleared, and a greater proportion of the sample will comprise people we will have interviewed previously through the community survey. At this stage, the Outmovers survey will be one of, if not the, largest of its kind pertaining to a study of regeneration, and the only predominantly longitudinal such sample available.

Qualitative Research: During Phase 3 we will conduct our second wave of interviews as part of the Lived Realities (LR) study. Most of the participants in the study (adult householders, many with dependent children), interviewed in their existing accommodation during Phase 2, will move home as part of the clearance process within the first year or so of GoWell Phase 3. The LR study will then proceed with the analysis of people's experience of housing and other life changes through relocation, comparing their thoughts, feelings and expectations pre-move to their assessments and reflections post-move.

Allied to the LR study, we will also conduct a second round of interviews with our sample of young people living in regeneration areas. Following this, we will proceed

with analysis of their first and second wave interviews about experiencing the regeneration process during their formative years.

We will also pursue qualitative research to further examine issues of community engagement and empowerment. One issue of interest is how well communities are engaged during the mid-period of implementation, as original timetables and plans for regeneration are altered by events. This work will involve further discussions with local practitioners and key resident contacts within our regeneration study areas.

A second area of inquiry is to ask to what extent, and by what means, community organisations may help to empower communities. Characteristics of such organisations that might be important to empowerment include: area of activity or remit; financial assets and resources; premises; skilled staff; reputation and track record; internal democracy; communication with the community; informal connections with other local and non-local organisations; and formal connections to decision-making circuits and arenas. This work may be conducted through a small number of case studies of local communities.

Ecological Analysis: Through ecological analysis during the next phase of GoWell we will aim to look at three things. First, we will examine area inequalities across the city of Glasgow, to establish the extent to which differences in levels of deprivation and health have narrowed across the city's communities, and with particular reference to the GoWell study areas. If improvements are found in any specific indicators, further analysis will be undertaken to examine attribution.

Second, we will link our participants' health records (in the half of cases where permission has been given for this) to their survey responses. This will allow a wider range of health outcomes than those included in the survey questionnaire to be examined for these participants, and enable a more detailed range of analyses over a longer follow-up period. 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. We will also try to make use of other health survey data for the city to examine whether inequalities in health change as investment programmes have been rolled out across the city over the past ten years (identifying health survey respondents living in areas of substantial investment). The 2011 census data, which should be available at small-area level in 2013, will also be deployed to provide more up-to-date descriptions of the study area populations and health inequalities within them (eg by ethnicity, gender and age group). Furthermore, the census data will also enable a series of trends analyses to be undertaken for the study areas in comparison to Glasgow, Scotland and other relevant comparator geographies. This will allow us to compare rates of change between GoWell areas and elsewhere over the period 2001-2011 for a range of economic (eg types of employment, housing tenure), social (eg educational attainment, living arrangements), demographic (eg age, ethnicity) and health (eg limiting illnesses) topics.

Third, we will gather into a new database information on how our study areas have changed in terms of local amenities and the provision of public services. This intelligence will be gathered from service providers as well as from local key contacts. We will also maintain our database of relevant policy developments. Together these databases will provide the context to assist in the interpretation of the Wave 3 and Wave 4 survey findings. We also plan to undertake a further objective assessment (audit) of neighbourhood quality. Three dimensions are of particular interest: (i) assessment of the 'walkability' of our study areas would add an objective assessment of the nature and quality of local environments to our analysis of the

influences upon levels of walking as reported by our survey participants; (ii) exploration of the *quality* of neighbourhood amenities, to supplement existing research into their distribution across Glasgow; and (iii) re-runs of the neighbourhood audits undertaken at baseline, which described aesthetics, amenities and access.

Communication and Dissemination: We will continue to focus our communication and dissemination activities in terms of our five key audiences (sponsors and stakeholders; study communities; practitioners and policy-makers; research communities; and international and national interest groups). This will involve ongoing use and development of our existing mechanisms including 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. A key message that emerged during Phase 2 was to be more explicit about the policy and practice implications and recommendations from our work, and also about how our findings have been - and should be - used and by whom. We will aim to ensure that future outputs increasingly address these issues.

Through our annual reviews and reflection on our activities during Phase 2, it seems that one of the most effective and valued ways to share our findings and encourage their use in policy and practical terms is through face-to-face contact via group discussions/seminars. There will therefore be an increased emphasis on this type of activity throughout Phase 3, linked to the release of new findings/publication of briefing papers. This two-way communication not only serves as a way to share and discuss our findings and their implications for communities, policy and practice but as a way to further our understanding and interpretation of them by adding a local context and perspective.

We also plan to establish a stronger online presence through the use of a wider range of e-communications, and in particular the use of social media (e.g. Twitter, Facebook, U-tube). This has the potential to reach all our target audiences and to reach a new/wider range of people within those groups. It may be possible to use social media routes to involve local people in our study communities more directly in the programme – for example, providing observations about ongoing regeneration developments or other changes in their areas – and a proposal for doing this will be brought to the Steering Group towards the end of Phase 2.

As in previous phases, an annual communication and dissemination strategy will be developed in collaboration with the GoWell Steering Group, which will provide more detail on how to take these proposals forward on an annual basis during Phase 3.

(ii) Advancing Our Knowledge and Understanding

Here we set out how we intend to use the study components to undertake analysis which advances our knowledge and understanding of the operation and impacts of the policy interventions of interest. We identify those subject areas in which we would intend to produce outputs, although we do not specify the type or mix of outputs (briefing papers, reports, journal articles) to be produced on each topic. Our experience is that the precise nature and volume of outputs is best determined in discussion with our Publications Group.

Housing Improvements: After Wave 3, we will have a longitudinal dataset which includes respondents who have experienced housing improvements consisting of different packages of works to different types of buildings within the social rented

sector. Moreover, those works will have taken place at different times during the study. This will enable us to examine the differential impacts of housing improvements for different household types, and for those people living in different kinds of dwellings, over time. The analyses would look at residential outcomes and health and wellbeing impacts. Outputs from this work will focus on the following issues:

- **Sustaining benefits from housing improvement works**
A unique opportunity exists for us to more closely examine the impacts of housing improvement works since not only will we have longitudinal data for many households, but we can also combine our survey data with GHA records of the precise timing and nature of improvement works on a dwelling-by-dwelling basis. By comparing before-and-after responses from dwelling occupants within this combined dataset, we can identify which types of work have what impacts for occupants, and whether those impacts are sustained from the short- to the medium-term. We can also test the pathway to health and wellbeing outcomes from improvement works, for example whether that route is material or psychosocial.
- **Household derived benefits from housing improvement works**
As well as looking at whether housing improvement works have different impacts for people in different kinds of dwellings, we can also consider to what extent different types of household benefit. A key group of interest here will be older people, who are often reported to find improvement works disruptive even if also beneficial. Different household types may also have different priorities for dwelling improvements, therefore benefiting in different ways from standard packages of works.

Transformational Regeneration: By the time of our Wave 4 survey, regeneration will have been underway for eight years, clearance will be nearly completed and new construction well underway.

- **The extent of area transformation**
Combining our survey findings with our ecological analysis will help us to assess the extent to which our different types of study area have been improved through regeneration, other neighbourhood interventions, new housing provision and public service improvements. One issue of interest is whether the gap between physical and social regeneration reported from our Wave 2 findings still holds or has been partially addressed.
- **The experience and impacts of regeneration upon Remainers**
As the timescale for regeneration lengthens, our interest is to monitor how residents who remain living in regeneration areas fare as neighbourhood deconstruction advances and renewal proceeds at a slower pace than originally intended. Our Wave 2 findings indicated that outcomes at that time had deteriorated for Remainers, so we need to see whether, and at what point, that situation is reversed. Ultimately, we want to know if Remainers gain more or less than Outmovers in terms of the range of outcomes we are assessing.
- **The recreation of community and inclusion of Inmovers**
By the time of our Wave 4 survey, a significant proportion of the residents within regeneration areas should be Inmovers from elsewhere, mostly occupying newly built accommodation, and incorporating social renters and

owner occupiers. An important, unknown outcome in these circumstances is whether the newly created community in such areas is able to establish a sense of identity, belonging and cohesion such that the residential and social environment is better than that which previously existed and is supportive of better health and wellbeing outcomes for residents.

- **The impact of area-based housing improvement programmes**

Some of our study areas have been transformed in environmental terms through the extent of housing improvement works in the locality. Using GHA data we can measure the extent of completed improvements within neighbourhoods at the time of our surveys and over time. Through this means, we should be able to establish whether area-wide improvement works have benefits for residents, over and above the improvement of their own dwelling. This of course was a benefit claimed for the tenement rehabilitation programme of the 1970s and 80s, though it has not been confirmed through empirical research. Such an area-based impact would justify the use of large improvement contracts in an area-based approach to housing improvements.

Residential Relocation: A key element of GoWell is our ability to track and re-interview those people relocated through clearance processes as part of regeneration. Through Waves 3 and 4, we will have a sizeable, and to a larger extent also longitudinal, dataset on Outmovers. This will enable us to more firmly establish the effects of relocation, through before-and-after analysis and comparisons between Outmovers and Remainers.

- **Medium-term outcomes of relocation**

For the first time, we will be able to use longitudinal data on both Remainers and Outmovers to compare social, residential and health and wellbeing outcomes. This should be a more robust assessment than we have been able to conduct so far, and allow us to investigate further the health and wellbeing outcomes of relocation, which presented a conundrum in cross-sectional analysis (i.e. health outcomes being worse for Outmovers despite improvements in many factors considered to be determinants of health).

- **Quality of life impacts of relocation**

The qualitative data from the Lived Realities study involving households moving under clearance will throw light on how the functioning of households is affected by moving to a new or improved home. Our Wave 3 Outmovers survey also includes a question on the impacts of relocation on particular household members. It is expected that residential outcomes should improve for those relocated, but we are less certain whether people's everyday lives are affected (for better or worse) by the change. It is also unclear whether families' aspirations (both prior and post move aspirations) are changed, or become more or less possible to achieve, as a result of a move to a better dwelling and a different location. We have included new questions about aspirations and expectations into our Wave 3 survey accordingly.

- **Area-based impacts of relocation: the spillover effects of regeneration**

By this time, large numbers of people have been relocated from regeneration areas into other locations, mostly nearby neighbourhoods. Using data provided from the sample frames for our Outmovers surveys, we can measure the volume of relocation into particular study neighbourhoods. We can then investigate whether the receipt of relocatees has any impact upon

the perceived quality of the social environment within destination areas. So-called spillover or 'waterbed' effects have recently received a lot of attention in regeneration research in other countries.

- **Health behaviours**

The question we wish to address here is what influences our respondents either in reporting that they had modified their behaviours, or that they intend to do so. In particular, does a major life change such as moving into a new (or newly improved) home, or moving away from a problematic neighbourhood cause people to reduce unhealthy behaviours (such as smoking or drinking) or to extend healthy behaviours such as walking or having a good diet? Furthermore, is there any evidence of peer effects within local areas such that individual behaviours, and behavioural changes, partly reflect the activities of neighbours living around people? Both these issues – the influences of residential change and of prevalent neighbourhood behaviours – are things we can investigate using our cross-sectional and longitudinal datasets.

Mixed Tenure Communities: Our Wave 3 survey has taken place in the same year as the Census 2011, which offers possibilities for new analysis during the next phase of GoWell, as area-level data become available from the census.

- **Housing tenure structures and residential, social and community outcomes**

Our data allow us to consider whether, for deprived communities, tenure structures make a difference to residential, social and community outcomes for local people. We can do this for non-regeneration areas where tenure structures have been evolving over time. By comparing the 2001 and 2011 census results for small areas, we can examine the influence both of current tenure structure and of change in tenure structure over time. We may also be able to look at these issues for the entire city of Glasgow if we are able to make use of the NHS Greater Glasgow and Clyde Health and Wellbeing Survey, which is also being carried out in 2011.

- **Perceptions of residential mixing**

In our Wave 3 survey, we included new questions that will enable us to examine the relationship between residents' perceptions of community mix, in social class and ethnic terms, and the reality of mix as recorded for our study sub-areas in the survey. This will tell us what degree of actual mixing is perceived by residents as constituting low or high levels of mix. We can then also see how their perceptions of mix influence their degree of satisfaction and enjoyment of their neighbourhoods and communities. This is a key issue for the policy of developing 'mixed communities' which has yet to be answered in a UK context.

Dwelling Types: The social rented sector is being restructured over time towards more low-rise and newly built dwellings, and we can examine the effects of these shifts.

- **The impacts of housing improvement works for occupants of high-rise flats in the social rented sector**

Our earlier work showed the negative effects over a long time period of living in high-rise flats. This work will allow us to ask whether improvements to high-rise buildings can deliver sustained beneficial outcomes for occupants equivalent to those obtained from living in improved, low-rise dwellings, or whether low-rise dwellings continue to have advantages. This will contribute to our understanding of under what conditions high-rise accommodation can be successful in the social rented sector – an important issue given that, despite demolition, much high-rise will remain in existence.

- **The advantages of moving to a new build dwelling**

Today's dwellings should be built to higher standards than those of past eras. Through the use of our survey data, which includes at Wave 3 a special sample of new build dwellings, and through the data collected through the Lived Realities qualitative study from those people moved into new build dwellings, we should be able to identify those aspects of newly built dwellings most appreciated by occupants. The further question we can examine is whether those dwelling gains are influential in changing occupants' lifestyles, including health behaviours and aspirations.

Community Engagement and Empowerment: It is important that we continue our work on the empowerment of communities within regeneration processes, but we also see merit in extending our work on empowerment to look at the perspective of individuals and families themselves, and the role of local community organisations as key elements of the capacity required for empowerment. This area of work will make a specific contribution to GoWell's research into social regeneration.

- **The identification of aspirations and the attainment of personal objectives**

At the heart of empowerment is the ability of people to have the means to achieve objectives which they have set for themselves. Using our Wave 3 and Wave 4 datasets, we will examine whether or not residents identify priority goals for themselves and their families and the nature of those aspirations. We will also examine the extent to which residents expect to (at Wave 3) and in reality do (at Wave 4) achieve their aspirations.

- **Engagement and empowerment in neighbourhood renewal**

Through a combination of our survey findings and new qualitative research, we will report on whether and how residents have input to the development of their communities in social and service terms as regeneration proceeds, public services are subject to change, and the communities themselves are reconstructed in some cases.

- **The role of community organisations in local empowerment**

We aim to report on how community organisations may provide a fundamental platform for community empowerment. Further, we intend to identify which characteristics, offered by what types of organisations, seem most relevant in this respect. Another important aspect of this issue will be to

elaborate on how such organisations operate both within and outside formal decision making structures.

- **Resident empowerment through housing organisations and services**
Our earlier findings indicated that housing services, and customer relations within that, were important factors in enabling tenants to feel respected and empowered. During the next phase of GoWell we will report on the pattern of contribution of housing services to resident empowerment in the context of organisational variation within the social housing sector, particularly in Glasgow where stock transfer will have resulted, ten years down the line, in a variety of local housing organisational forms. Each of which will have different governance arrangements, different degrees of autonomy for particular communities, and different capacities to offer services and assistance to communities.

5. Extending the GoWell Programme in Phase 3: Added Value

We are proposing to operate a number of collaborations during GoWell Phase 3, making greater use of our own survey data and utilising other data sources to undertake further research on some of our main areas of interest. These areas of work – focussed on crime, education and health – will extend our research beyond our own study areas and datasets. They bring added value to the programme at no additional costs to sponsors. The GoWell team will work to foster these collaborations so that they contribute to the programme's objectives, and will ensure that they conform with the GoWell principles for data handling, analysis and reporting.

Crime

Through a collaboration with Jon Bannister and Mark Livingston in Urban Studies at the University of Glasgow, we will make further use of police recorded crime and offender data for Glasgow, in combination with our own survey data, to address the following three issues:

- **Community safety and levels of local walking**
So far we have looked at the influence of local environmental quality and composition upon walking patterns. Using crime data for different time periods, we can consider whether changes in levels of reported local walking across our surveys are influenced by changes in crime rates and in the incidence of certain high-profile crimes, either directly or via the effects of crime upon perceptions of safety.
- **Perceptions and realities of local crime**
A question that is often asked is how do residents' perceptions of crime and antisocial behaviour relate to the reality of events. We can use our own survey data as well as the NHS Greater Glasgow and Clyde Health and Wellbeing Survey data to investigate this issue. By attaching computed area crime rates to the survey datasets, we can consider how resident perceptions of local crime and antisocial behaviour problems are affected by aggregate crime rates, changes in crime rates, and the incidence of certain types of crimes. For providers of safety services it will be important to know whether lower crime rates are associated with lower perceptions of problems and higher feelings of safety, or whether the need for reassurance persists irrespective of the ability to combat crime.
- **Local crime and the location of offenders**
Some communities may suffer higher crime rates as a result of the location of large numbers of offenders within their areas; this may include people returning to their former address after release from custody, or offenders moving into an area for the first time either through choice or placement by probation or housing services. Local crime rates may reflect the presence of offenders themselves, as well as any influence offenders may have on others, affecting offending rates by new offenders and rates of re-offending. We intend to look at these patterns and influences across Glasgow's communities, using crime and offender data over time, and in so doing to consider whether there are any impacts of communities containing higher-than-average numbers of offenders, so called threshold-effects, indicating the need to 'dilute' the presence of offenders within certain communities. This

would provide a unique perspective on approaches to reducing crime risk within communities.

Health

In order to extend our work on health behaviours we will collaborate with Dr Anne Ellaway, Programme Leader for Neighbourhoods and Health at the MRC/CSO Social and Public Health Sciences Unit. Anne's team have developed an extensive database on neighbourhood conditions and the provision of local amenities across communities in Glasgow. We also plan to work with the Glasgow City CHP in relation to behaviour change interventions.

- **Neighbourhood opportunities and health behaviours**

We will be able to attach a range of objective measures of neighbourhood environments and local behavioural opportunities (e.g. retail outlets of various kinds, local green space, leisure facilities etc) for our study sub-areas to our survey data so that we can examine the influence of both objective measures and subjective assessments of local neighbourhoods upon residents' behaviours. For different behaviours we will be interested in the influence of proximity to opportunities (does it matter how near an amenity or outlet is) as well as in the effects of density of opportunities (does it matter how many such amenities there are nearby).

- **Supporting behavioural change through intervention at the time of relocation**

The Phase 2 report *Moving Out, Moving On?* highlighted many positive housing, neighbourhood and community outcomes for study participants who had been relocated (Outmovers). However, health outcomes were much less positive, although intention to change was relatively encouraging. Working with the Glasgow City CHP, we will attempt to evaluate a personal support intervention provided to some of our participants who are due to be relocated through clearance. The intervention is likely to involve an existing approach, such as Keep Well, developed to target this particular population. This will provide us with an opportunity to test whether a housing and public health collaboration within regeneration programmes, specifically aimed at encouraging behavioural change to accompany the 'fresh start' of being relocated to a new home and neighbourhood, could constitute an effective strategy for instigating behavioural change among resident populations. This study will depend upon us securing the necessary co-operation of housing providers and public health agencies in one or more of our study areas, as well as financial support from a new sponsor.

Two other health areas have been identified by sponsors as priorities for them, but ways of progressing them within GoWell have not yet been explored. The first concerns the ageing population, and the potential role of social housing providers in enabling older people to remain at home for longer, and to receive care within their communities. The second relates to the other end of the lifespan – the early years – and the potential within area-based regeneration processes to create the conditions that support a Good Start in Life. For each of these areas, discussions will be held with sponsors to clarify what role, if any, GoWell might play.

Education

A collaboration developed with the MRC/CSO Social and Public Health Sciences Unit and Glasgow City Council will be used in order to look at whether community structural change, in particular housing tenure mixing, is reflected in educational outcomes.

- **Changing communities, changing schools?**

Our intention is to use Glasgow City Council (anonymised) data on pupils and schools over time to examine whether changes in the housing tenure and social structures of areas – especially social housing estates that have become mixed-tenure communities over time – impacts upon schools. This includes looking, firstly, at changes in the composition of school pupils (e.g. measured through social class and free-school-meal indicators), and secondly, at the educational performance of pupils as a whole within schools, as well as the performance of individual pupils from different social class backgrounds within particular schools. The plan is to conduct this analysis using data over a 20 or 30-year period, if educational data can be made available over that length of time since we should be able to use the censuses to establish the social class and housing tenure make up of the relevant school catchment areas at different points in time (covering around 49 primaries and 17 secondary schools within the city).

6. The National Policy Context: GoWell's Contribution

We believe that GoWell provides a valuable and unique resource for policy-makers and related analysts, both in relation to the programme of research set out above, and in constituting a flexible resource that can be used by officials to provide evidence on policy issues as and when required, especially as GoWell's longitudinal nature grows and its breadth of issue-coverage expands.

Housing: A number of elements of the GoWell Programme are providing and will continue to provide valuable evidence on the household and community impacts resulting from the achievement of targets and ambitions set out in *The Scottish Government's Strategy and Action Plan for Housing 2011-2020*, as follows:

- *To ensure that all social sector dwellings pass all elements of the Scottish Housing Quality Standard by 2015.*

GoWell is a key, longitudinal source of evidence on the health and wellbeing impacts of this major public sector investment programme over the past decade. The survey findings will include before-and-after comparisons of psychosocial and health outcomes for residents who have experienced housing improvement works of various kinds under this policy.

- *To provide more energy efficient housing, especially through new construction and the implementation of enhanced building standards in 2010 and 2013.*

Through our community and outmover surveys up to 2014, we will be able to assess the extent to which households report financial stress through the costs of fuel and other housing related costs, and what is more, to report on how this changes as households are relocated to new build social sector housing. We can also compare the experience of new build occupants (private and social sector residents) with that of the occupants of other residents in the same locations.

- *To build more attractive, successful and sustainable neighbourhoods through the application of design guidelines for places and (more connected) streets, and in so doing deliver benefits for health.*

The impact of neighbourhood and street layouts on health behaviours such as local walking is an important area of enquiry within GoWell. Allied to the Wave 3 and 4 surveys, we will be assessing the 'walkability' of our study neighbourhoods and examining the association with walking and social interaction in the area. We also aim to examine how these behaviours within the redeveloped regeneration areas, built in accordance with the new planning policies *Designing Places* and *Designing Streets*, compare to the prior situation as recorded in our earlier surveys.

- *To raise standards and empower tenants in the rented sectors through new legislation (the private rented sector) and the regulation of outcomes to be set out in the proposed Scottish Social Housing Charter.*

We will continue to be able to report on tenants' satisfaction with the services provided by the landlords and with the way their landlords communicate with them. In this way, we will be able to establish how well developments under the legislation and charter impact upon tenants, and to what extent this feeds through into feelings of empowerment. Further, we can contrast the situation in different parts of the social rented sector within Glasgow, therefore helping to evaluate the operation of the social housing sector as reformed over the

past decade under housing stock transfer and subsequent restructuring through second-stage transfer and other alternative organisational structures. This evidence on the impacts of housing reforms will come through both our survey data and our qualitative research on governance, engagement and empowerment.

Communities and Regeneration: GoWell provides ongoing evidence about the success and impacts of regeneration activity in Glasgow, therefore playing an important role in evaluating regeneration policy in practice. Our findings also help to identify issues for consideration in the ongoing development of regeneration strategy as they relate to priorities set out in the Scottish Government's discussion paper *Building a Sustainable Future*.

- *The challenge of maintaining regeneration efforts in a difficult operating environment through new partnerships and funding models involving the public and private sectors.*

The Scottish Government has stated its commitment to supporting transformational regeneration efforts in Glasgow. GoWell is an important means of tracking the progress and impacts of this regeneration programme which aims to deliver housing and other developments through the involvement and co-operation of a number of public agencies as well as private developers. It is crucial for the communities concerned and for the regeneration sector that the task is completed successfully, and GoWell is a tool for monitoring and maintaining the profile of this programme.

- *Overcoming persistent area-deprivation and reducing inequalities in outcomes between communities.*

These general aims of regeneration policy, tackled through area-based interventions as well as through wider efforts to raise performance and outcomes in towns and cities, can be assessed through the measurement of changes in Glasgow, the country's most deprived and most unequal city. Our ecological analyses will provide new forms of evidence on the nature, patterns, and progress of deprivation and inequalities across the city.

- *Achieving community-led regeneration.*

The regeneration discussion paper raises two main issues about community-led regeneration, both of which are central to GoWell's future work on community engagement and empowerment. First, how can the capacity and sustainability of community organisations be supported? We propose to conduct case-study research on how communities develop empowerment through the operations of community organisations of different types and with different characteristics and areas of operation. Second, what are the governance implications of community-led regeneration? There are two sides to this question as identified in the discussion paper, and which we have already begun to report on and will investigate further in our next phase, namely: how can community organisations feed into existing governance and decision-making arrangements for regeneration, mainstream services and community planning; and, what are the accountability and equality issues raised by the operations of community organisations as the 'voice' of communities?

- *Targeting and reshaping public services to meet the needs of disadvantaged communities.*
All the GoWell study areas are classified as among the most deprived in the country and so are relevant to the objective of making mainstream services 'fit' the needs of disadvantaged areas better, through targeting, co-ordination, innovation and devolved decision-making. Our future survey findings and our proposed qualitative work will report on the extent to which local residents and community actors perceive that service providers are being responsive to their needs and requests. We will also establish what changes in local service arrangements are most valued and most demanded by communities.
- *Community empowerment.*
The development of a regeneration policy statement will necessarily focus partly on community empowerment as a legislative bill has been promised by the Scottish Government. Regeneration's contribution to empowerment will entail a stronger emphasis on social regeneration, and in this area GoWell has much to offer, both in terms of helping to define the parameters and components of social regeneration, and using the findings from both our quantitative and qualitative work to assess strengths and weaknesses in social regeneration within a range of deprived communities over time.
- *Mixed-Tenure Communities.*
Regeneration of disadvantaged communities will continue to involve restructuring through the development of mixed-tenure housing areas. Our qualitative work on mixed tenure areas, and our survey data linked to spatial information on tenure structures at a local level will enable us to provide evidence for policy-makers on the following kinds of issues, central to the value of mixed tenure as an approach to housing and communities: in what ways is mixed tenure beneficial to, or valued by, residents; does mixed tenure contribute to enhancing an area's reputation; is mixed tenure disruptive to local social relations or does it offer new avenues for interaction between residents; and are the benefits of mixed tenure partially dependent on certain levels or spatial configurations of mix.

Health: GoWell has a clear contribution to make in relation to *Equally Well: the report of the ministerial task force on health inequalities*. The principles underpinning this strategy all connect with aspects of the GoWell programme, but in particular GoWell contributes to the research and learning base necessary to deliver the following *Equally Well* principles:

- *Improving the whole range of circumstances and environments that offer opportunities to improve people's life circumstances and hence their health and Reducing people's exposure to factors in the physical and social environment that cause stress, are damaging to health and wellbeing, and lead to health inequalities.*
GoWell findings report on a number of housing, neighbourhood and community circumstances that have the potential to impact on people's health either positively (for example in terms of how services are provided, or the neighbourhood is managed) or negatively (factors such as antisocial behaviour, vandalism, etc). GoWell shows how these factors are changing over time as a consequence of different types of intervention, and can assess their impact upon a number of measures of psychological health, including indicators of anxiety, depression and stress which have been collected at

each survey wave. By focussing on some of the most deprived communities in Scotland, we are able to assess the extent to which improvements are taking place in those parts of the country with the poorest health.

- *Basing current and future action on the available evidence and adding to evidence for the future, through introducing new policies and interventions in ways which allow for evaluating progress and success.*

Gowell is examining whether and how changes in the residential environment (physical and social) influence changes in health behaviours such as walking, diet (e.g. snacking), smoking and drinking, and additional ways of doing this using new data are proposed for Phase 3. Through its Steering Group and its range of communications processes, GoWell seeks to ensure that the evidence it is generating is used to inform action. Reflection on the approaches used to date suggests that face-to-face processes have been more effective in this regard, particularly the smaller-scale seminars and presentations delivered to Scottish Government and the GHA, and particularly when supported by short reports/Briefing Papers or fact sheets. The GoWell team will endeavour to deliver more of this type of activity in Phase 3.

GoWell is also directly relevant to *Towards a Mentally Flourishing Scotland*, and the priority it gives to Mentally Healthy Communities. This states that “Most actions intended to promote and regenerate communities will also support the development of social capital and mental wellbeing” and “The quality of the physical environment has an important role to play in mental health improvement.” GoWell has been an enthusiastic proponent of mental wellbeing as an outcome of regeneration. Phase 2 analyses have reported on the relationships between a number of regeneration processes and WEMWBS scores, and also on housing and neighbourhood characteristics and their association with mental wellbeing. Further analyses involving SF12 are being undertaken and by the end of Phase 3 we will have a series of findings reporting on how our interventions of interest have impacted on mental health and wellbeing.

Justice: Our work within GoWell is relevant to two pillars of Justice policy within Scottish Government.

- *Community safety and tackling antisocial behaviour.*
Two elements of the *Promoting Positive Outcomes* policy and its associated *Antisocial Behaviour Action Plan* can be informed by GoWell findings. As regeneration and neighbourhood transformation progresses (both in transformational regeneration areas and other locations), we will be able to assess whether those changes succeed in tackling some of the causes of antisocial behaviour (e.g. deprivation and alcohol problems) and are reflected in lower levels of reported antisocial behaviour. We are also looking at whether mixed tenure housing is associated with lower levels of crime and antisocial behaviour, in line with the expectation that higher levels of informal social control and peer effects on behaviours should operate in such areas.

The second area of antisocial behaviour policy which GoWell can contribute to is the ‘unlocking of knowledge and information’ to ‘empower’ practitioners. Following work we did during Phase 2 on *who* identifies ‘young people hanging around’ as a problem within their neighbourhoods, we have included a further question in our Wave 3 survey to establish resident perceptions of the *number* of local young people who are considered problematic in order to get a better understanding of residents’ concerns. Further, our work on the relationship between actual recorded crimes and perceptions of safety and

antisocial behaviour will provide new knowledge on whether reducing crime levels and/or tackling particular types of crime can have an impact of resident perceptions of problems and feelings of safety.

- *Reducing Reoffending.*
The *Reducing Reoffending Programme* aims to forge stronger links between justice policy and community settings, including more rehabilitation within communities for low level offenders. Our proposed work adds a further dimension to this approach by examining whether crime and re-offending rates are influenced by the residential settings in which offenders are accommodated, and in particular whether the density of offenders in very small areas affects crime and re-offending rates. The issue is one of whether housing services help to create 'criminal communities' to some extent; if so, this would suggest a new area for policy development on reoffending.

Education: Through both our survey data – which includes information on the activities of all household members and difficulties experienced with dependent and young household members – and through the use of school and pupil level data from Glasgow City Council Education Services, GoWell can provide information on the role of the residential environment as a contributor to educational policy objectives.

- *Early Years.*
The *Early Years Framework* emphasises the importance of parental interaction with young children and recognises the negative impact of family stresses. Moving home, for example, has been identified in the Growing Up in Scotland study as having a negative impact on children; to which we might add the 'degeneration' effects of neighbourhood restructuring. On the other hand, housing improvement works and relocation through clearance might have a positive impact of family relations and on the educational performance of children and young people if conditions in the home are improved. We will be able to look at whether parental reports on the activities of children change as domestic living conditions are improved.
- *Successful Young People.*
The Scottish Government's *Skills Strategy* and *16+ Learning Choices* programme aim to ensure that more young people have positive destinations, especially involving learning, after high school. Our survey data will provide information on the activities of young people within households and reported family difficulties with young people which we can examine in relation to their residential context. Further, our Lived Realities study and other qualitative work with young people will provide more detail on how this key group are affected by regeneration
- *Schools.*
The latest published figures on *Attainment, Leaver Destinations, School Meals* shows that 50% of all school pupils in Scotland achieve at least one Higher qualification and 85% of school leavers move on to a positive destination, with ministers declaring that the former statistic is a baseline to be improved upon in future. Performance will vary markedly between schools however, with policies on the curriculum (*Curriculum for Excellence*), parent engagement (*Parental Involvement Act 2006*) and teacher training and professional development put in place to contribute to improving school and pupil performance. However, another aspect of schools which affects their performance is the pupil intake or composition, for which there are no

improvement-related policies. Our future work will focus on how pupil composition influences whole-school performance and individual pupil performance across the state school sector in Glasgow. We also wish to see whether regeneration and housing policies which aim to deliver more mixed communities (in housing tenure and income group terms) appear to have an influence on school composition and via this on pupil performance, or whether this impact is diluted through the use of the placing request system. The value of a more balanced pupil intake in schools is a pertinent issue for the development of Scottish cities and schools and for education policy in the future.

7. The Governance and Management of GoWell

GoWell is a partnership between the Glasgow Centre for Population Health, the University of Glasgow and the MRC/CSO Social and Public Health Sciences Unit, sponsored by the Scottish Government, Glasgow Housing Association, NHS Health Scotland and NHS Greater Glasgow and Clyde. The programme is governed by a Steering Group, chaired by a senior national public health figure, and comprises representation from all partners and sponsors, together with two external academics.

GoWell is delivered by the core staff team, which is led and managed by three Principal Investigators (PIs): Ade Kearns, Carol Tannahill and Lyndal Bond. The core team is supplemented by staff contributions in kind from GHA and NHS Health Scotland; and (at periods) by student attachments.

Core responsibility for programme management and accountability and staff management lies with the PIs. Financial management (except for the survey costs) is the responsibility of the Glasgow Centre for Population Health.

Wider advice, support and governance responsibilities for the programme sit with the Steering Group, the key responsibilities of which are:

- *Annual Review* of the programme framework and steering group membership.
- *Monitoring* of progress in the Programme and its component elements.
- *Championing and Facilitating* GoWell in order to raise the profile and assist in the undertaking of the Programme.
- Providing a route of *Accountability* for the PIs in conducting the Programme and expending resources.
- *Advising* on key elements and strategies within GoWell.
- *Approval* of an annual report and future activity plans.
- *Approval* of papers prepared in support of this Framework document, detailing the research approach to be taken within each component of the GoWell Programme.
- *Receive and comment* on GoWell reports and briefing papers. There is a Publications Group with representation from the sponsors which advises and comments on GoWell publications, and which reports to the Steering Group.

To ensure effective management and communication across the different components and complexity of the programme, a set of internal management mechanisms are in place.

At the centre are those directly involved in delivering the programme: the core staff (full-time staff and part-time contributors), and the PIs. This core group meets bi-monthly, to focus on the practical details of the programme and to ensure shared ownership and good communication among the core programme team. This is supported by a sub-team structure involving: the GoWell analysis group (GoWAG); the GoWell qualitative research group (GoQual); the ecological monitoring group; the communications and management group; and fortnightly PI meetings. The core team also conducts an annual review of progress and development session.

9. Conclusion

Scotland faces ongoing challenges of inequalities in health, area-based deprivation, neighbourhood quality and social exclusion. Population changes associated with migration, ethnic diversity and changing family structures are also all highly evident. Emphasis is currently being placed on the importance of preventative spending to reduce the costs associated with adverse health and social outcomes, and of effective, coordinated public service delivery.

Against this backdrop, GoWell offers a highly pertinent programme of research and learning that can inform policy development and programme implementation, monitor change and evaluate interventions, and provide 'value for money' evidence. While focussed on Glasgow, the programme has wider national relevance – and indeed has international recognition, thereby contributing to the high regard in which Scotland is held in relation to population based research into health inequalities and urban health.

During the first two phases of the programme, the GoWell team has demonstrated a strong track record in undertaking innovative, high quality policy-relevant research and a commitment to knowledge exchange and translation. GoWell findings have had a direct impact on policy thinking at national level and in Glasgow, and have influenced organisational action plans. A growing number of interest groups, researchers, umbrella organisations and government bodies are turning to GoWell for advice and evidence to feed into their deliberations. The partnership involved in sponsoring and delivering GoWell has remained strong and has ensured that the work is informed by the experience and insights of those key organisations.

The GoWell team is committed to continuing into a third phase, and the delivery organisations (Glasgow University, the Glasgow Centre for Population Health, and the MRC/CSO Social and Public Health Sciences Unit) have confirmed their ongoing support for the programme. The true potential of GoWell is becoming ever more evident, as its longitudinal cohorts grow in size and additional research methods are brought to bear on the questions of interest.

The ambitious plans for Phase 3 have been outlined in this document. Key features of these proposals include:

- analysis and reporting on two further waves of the community survey (Wave 3, from 2011 and Wave 4 from 2014) and on the longitudinal samples of Outmovers and Remainers
- detailed reporting of the qualitative research looking at the lived realities of people residing in areas undergoing regeneration and being relocated as part of the implementation, including the experiences of young people
- further examination of community engagement and empowerment, including attention to the role of community organisations
- updated analyses of the health and deprivation levels of our study areas, and data linkage to participants' health records, a first for studies of regeneration
- new objective assessment of neighbourhood characteristics
- economic analysis, identifying the costs of our interventions of interest and quantifying outcomes to give a sense of 'value for money'
- ongoing commitment to disseminating and discussing GoWell findings in a range of forums
- new collaborative developments to extend analysis in the areas of crime and community safety, health and education

As outlined in this submission, GoWell has direct contributions to make to a range of Scottish Government policy areas. We are not aware of other existing research that could provide the sorts of evidence and insights that GoWell offers.